



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, February 5, 2021
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/96981073843>

Meeting ID: 969 8107 3843

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 969 8107 3843

A G E N D A

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for December 18, 2020 (Attachment 5)
6. Action Items
 - a. Reappointment of Advisory Board Members
 - b. Election of Chair and Vice-Chair
 - c. Block Grant RFP Sub-committee
7. Informational Items
 - a. Advisory Board Member Recruitment
 - b. SBH-ASO Annual Crisis Report (Attachment 7.b)
 - c. Development of Biennial Advisory Board Work Plan
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

February 5, 2021

Action Items

A. REAPPOINTMENT OF ADVISORY BOARD MEMBERS

On December 31, 2020, the terms for Jon Stroup, Roberta Charles and Janet Nickolaus expired.

- Jon Strop has expressed interest in extending his term through December 31, 2021.
- Roberta Charles has expressed interest in extending his term through December 31, 2021.
- Janet Nickolaus is evaluating the option of continuing to serve.

Staff requests the Advisory Board make recommendations to the Executive Board regarding reappointments.

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

Per the SBH-ASO Advisory Board By-laws, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. In 2020, Lois Hoell served as Chair and Janet Nicklaus served as Vice-Chair.

- Lois Hoell has expressed willingness to continue to serve as Chair.

C. SBH-ASO BLOCK GRANT RFP SUB-COMMITTEE

On January 6th, the Health Care Authority (HCA) convened a brief meeting with BH-ASOs to discuss the potential for additional Block Grant Funding. This was a very preliminary conversation and did not include important details such as when the funds may be dispersed or the amount of funds. However, the HCA has asked BH-ASOs to begin planning for how these funds could be quickly utilized to provide behavioral health treatment and treatment supports.

At this point, it has been suggested that if these funds are appropriated to the HCA, they could possibly be contracted to BH-ASOs as soon as this summer. It is also quite possible that it could take HCA until late fall of 2021 to execute contracts. HCA also indicated that the amount of funds could be as much as BH-ASOs standard annual allocation. This could be as much as 1 million dollars for Salish BH-ASO.

Unfortunately, the amount of information shared thus far makes meaningful planning quite challenging. At this point, staff anticipates needing to release an RFP to manage the subcontracting of these additional Block Grant Funds.

Staff is requesting the Advisory Board Chair to appoint members to a Block Grant RFP Committee. Staff is also requesting that the Block Grant RFP Committee's recommendations be considered the recommendations of the full Advisory Board.

Informational Items

A. ADVISORY BOARD MEMBER RECRUITMENT

At the conclusion of 2020, the SBH-ASO Advisory Board was comprised of 2 Clallam County Representatives, 1 Jefferson County Representative, 3 Kitsap County Representatives and 2 Tribal Representatives. Seventy-five percent of Salish Advisory Board Membership reported having lived experience or were parents/legal guardians of persons with lived experience. The Salish Advisory Board Membership must be comprised of at least 51% of individuals with lived experience or parents/legal guardians.

Per SBH-ASO Advisory Board By-laws, membership is comprised of 3 representatives from each county and 2 Tribal Representatives. In order to have a quorum, a member from each of the 3 counties must be present. For this reason, staff suggests that recruitment efforts should be focused first on Jefferson County. Lastly, one of the remaining vacancies needs to be filled by an individual that is qualified to represent law enforcement.

Staff would like to discuss strategies for recruitment in Jefferson County while in the midst of a pandemic.

B. SALISH BH-ASO ANNUAL CRISIS REPORT

Per contract with HCA, Salish BH-ASO must submit an annual Crisis System Report for the previous calendar year. The report includes information about the structure and operations of the Regional Crisis System, as well as information about the individuals utilizing crisis services (funding source, age, gender, ethnicity).

SBH-ASO's Annual Crisis System Report is attached for the Advisory Board's review. This report was submitted to HCA on January 28, 2021.

Staff will briefly summarize the contents of this annual report.

C. DEVELOPMENT OF A BIENNIAL ADVISORY BOARD WORK PLAN

Staff would like to discuss the development of a biennial work plan. The process of developing the 2-year work plan would include identification of the Advisory Board's priorities and goals.

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

**Friday, December 18, 2020
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – Sandy Goodwick inquired about Closed Captioning during presentation and offered a new program that allows for Closed Captioning within Zoom meetings.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

MOTION: Anne Dean moved to approve the meeting minutes as submitted for the October 2, 2020 meeting. Jon Stroup seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **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.

SBH-ASO Advisory Board members discussed a case regarding supporting housing and follow up to discuss community resources.

Discussed Involuntary Treatment Act, RCW 71.05 and RCW 71.34, initial 72-hour detentions are changing to 120-hours as of January 1, 2021.

MOTION: Janet Nickolaus moved to approve Approval of January-June 2021 Federal Mental Health Block Grant Plans. Anne Dean seconded the motion. Motion carried unanimously.

MOTION: Anne Dean moved to approve Approval of January-June 2021 Federal Substance Use Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **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.

Vivian reported the following trends: Third Parties asking for help/information; decline in grievance in first part of year; grievance increasing in third quarter; and stabilization services.

Discussion of MCO processes and expectations related to grievances and standardizing releases of information (ROI's) across MCO's. Coordinating meetings with MCO's to help reduce barriers, identify grievance contacts at MCO's, and increase coordination of care.

The HCA released a draft of an Ombuds report. Across the state Ombuds are advocating and have support from other agencies to protect an individual's anonymous grievances. Regional Ombuds voiced concern for privacy and confidentiality of individuals who wish to remain anonymous and fears for retaliation of individuals calling to Ombuds. Currently the HCA request has been put on hold due to these statewide concerns.

Grievances are completed at the assigned MCO and/or ASO. Agencies are not required to have a complaint process by the HCA, however, each of the providers in our region do have a complaint process.

Reviewed Bridges Ombuds PowerPoint presentation. SBH-ASO Advisory Board members appreciated the presentation and information.

➤ **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.

➤ **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.

Requested completed SBH-ASO Code of Conduct attestations to be emailed to Stephanie Lewis and/or Martiann Lewis by Thursday, December 31, 2020.

➤ **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

Email summarizing the dates and outlook invitations be sent was a request that the SBH-ASO will use to communicate the SBHASO AB meetings.

Stephanie noted that she is exceptionally grateful for the time SBH-ASO Advisory Board members committed to Salish BH-ASO this year.

PUBLIC COMMENT

- Tabitha Domingue, Brain Injury Alliance of Washington serving Kitsap County, wanted to share their contact information, 877-982-4292.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:31 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Stephanie Lewis, SBH-ASO Administrator	Vivian Morey, Bridges Ombuds
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Tabitha Dominguez, Brain Injury Alliance of Washington serving Kitsap County
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	
Janet Nickolaus, SBH-ASO Advisory Board		
Helen Havens, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
<i>Excused:</i>		
Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		

NOTE: These meeting notes are not verbatim.

Salish BHASO Annual Crisis Report for 2020 complete 1.28.21

Crisis System annual reports must be submitted by January 31st for the previous calendar year and must include:

- 1. A summary and analysis about each regions crisis system, to include information from the quarterly crisis system reports, callers funding sources (Medicaid, non-Medicaid, other) and caller demographics including age, gender, and ethnicity.**

Salish BH-ASO serves Clallam, Jefferson, and Kitsap Counties. There are 4 distinct geographical areas that are served by the crisis system. Each of these areas is served by the behavioral health agency serving that area of the region. The Salish Regional Crisis Line provides 24-hour toll-free crisis line services across the three-county region.

Salish BH-ASO crisis services encountered 23,905 contacts from 3190 unduplicated individuals. Medicaid enrollees account for 47% of those individuals. The remaining 53% are categorized as non-Medicaid.

Adult contacts account for 93.5% of total crisis contacts. Adults account for 91% of Medicaid crisis contacts and 95% of non-Medicaid crisis contacts.

Youth contacts account for 6.5% of total crisis contacts. Youth account for 9% of Medicaid crisis contacts and 5% of non-Medicaid crisis contacts.

The tables following breakout demographics by Medicaid and non-Medicaid, gender, and age for all crisis contacts. This includes crisis line and direct contact with local crisis providers. The tables identify Medicaid Adult, Medicaid Youth, Non-Medicaid Adult, and Non-Medicaid Youth. We have also provided Salish Regional Crisis Line data and tables. This is a subgroup of the full crisis system data.

Demographic information is only available for callers that were not anonymous or who provided information about themselves. It is also important to consider that individuals who are anonymous and/or do not identify as Medicaid and do not provide enough demographics to identify Medicaid status are categorized in the non-Medicaid group.

ATTACHMENT 7.b

Medicaid/Non-Medicaid	AgeGroup	Gender	RaceDescrip	HispDescrip	Unduplicated # of services	Unduplicated Individuals					
Medicaid	Adult	Female	(blank)	Cuban	1	1					
				Mexican	1	1					
				Not of Hispanic Origin	145	31					
				Other Specific Hispanic	7	2					
				Specific Origin Unknown	1	1					
				Unknown	165	30					
				(blank) Total	320	62					
				American Indian/Alaskan Native	Mexican	5	2				
					Not of Hispanic Origin	62	11				
					Specific Origin Unknown	1	1				
					Unknown	59	2				
				American Indian/Alaskan Native Total	127	16					
				Black or African American	Not of Hispanic Origin	63	13				
					Other Specific Hispanic	9	1				
					Unknown	12	4				
				Black or African American Total	84	18					
				Filipino	Unknown	1	1				
				Filipino Total	1	1					
				Guamanian or Chamorro	Unknown	2	1				
				Guamanian or Chamorro Total	2	1					
				Native Hawaiian	Not of Hispanic Origin	2	1				
				Native Hawaiian Total	2	1					
				Other Asian	Not of Hispanic Origin	12	4				
				Other Asian Total	12	4					
				Other Pacific Islander	Not of Hispanic Origin	5	1				
				Other Pacific Islander Total	5	1					
				Other Race	Mexican	6	1				
					Not of Hispanic Origin	7	3				
					Other Specific Hispanic	4	2				
					Puerto Rican	1	1				
					Specific Origin Unknown	3	1				
					Unknown	65	5				
				Other Race Total	86	13					
				Unknown	Mexican	1	1				
					Not of Hispanic Origin	34	9				
					Unknown	1553	240				
				Unknown Total	1588	249					
				White	Mexican	18	9				
					Not of Hispanic Origin	1538	305				
					Other Specific Hispanic	42	8				
					Specific Origin Unknown	9	4				
					Unknown	516	78				
				White Total	2101	377					
				Female Total	4280	602					
				Male	(blank)		Mexican	4	3		
							Not of Hispanic Origin	118	38		
							Other Specific Hispanic	19	1		
							Puerto Rican	1	1		
							Unknown	209	30		
						(blank) Total	346	72			
						American Indian/Alaskan Native	Not of Hispanic Origin	22	9		
							Other Specific Hispanic	2	2		
							Unknown	23	3		
						American Indian/Alaskan Native Total	47	14			
						Black or African American	Not of Hispanic Origin	148	20		
							Unknown	26	8		
						Black or African American Total	174	25			
						Cambodian	Not of Hispanic Origin	10	1		
							Unknown	29	2		
						Cambodian Total	39	3			
						Filipino	Not of Hispanic Origin	3	3		
							Other Specific Hispanic	2	2		
							Unknown	19	4		
						Filipino Total	24	9			
						Guamanian or Chamorro	Mexican	2	1		
							Not of Hispanic Origin	4	1		
						Guamanian or Chamorro Total	6	2			
						Japanese	Unknown	18	1		
						Japanese Total	18	1			
						Native Hawaiian	Other Specific Hispanic	1	1		
						Native Hawaiian Total	1	1			
						Other Asian	Not of Hispanic Origin	12	5		
						Other Asian Total	12	5			
						Other Pacific Islander	Not of Hispanic Origin	12	2		
						Other Pacific Islander Total	12	2			
						Other Race	Mexican	2	1		
							Not of Hispanic Origin	14	5		
							Other Specific Hispanic	11	4		
							Specific Origin Unknown	3	2		
							Unknown	83	9		
						Other Race Total	113	21			
						Unknown	Not of Hispanic Origin	67	18		
							Other Specific Hispanic	14	2		
							Puerto Rican	1	1		
							Specific Origin Unknown	1	1		
							Unknown	2570	308		
						Unknown Total	2653	326			
						White	Mexican	30	6		
							Not of Hispanic Origin	1690	337		
							Other Specific Hispanic	26	8		
							Specific Origin Unknown	29	5		
							Unknown	870	136		
						White Total	2609	448			
						Male Total	5957	716			
						U	Other Race		Not of Hispanic Origin	5	1
									Other Race Total	5	1
									Unknown	165	49
								Unknown Total	165	49	
								White	Not of Hispanic Origin	5	2
									Unknown	2	1
	White Total	7	3								
	U Total	175	52								
	Adult Total	10412	1336								

ATTACHMENT 7.b

Medicaid/Non-Medicaid	AgeGroup	Gender	RaceDescrip	HispDescrip	Unduplicated # of services	Unduplicated Individuals
Medicaid	Youth	Female	(blank)	Not of Hispanic Origin	30	15
				Other Specific Hispanic	3	2
				Unknown	16	6
			(blank) Total		49	22
			American Indian/Alaskan Native	Not of Hispanic Origin	1	1
				Unknown	5	3
			American Indian/Alaskan Native Total		6	4
			Black or African American	Not of Hispanic Origin	40	4
				Unknown	14	2
			Black or African American Total		54	6
			Filipino	Specific Origin Unknown	2	1
			Filipino Total		2	1
			Guamanian or Chamorro	Not of Hispanic Origin	2	1
			Guamanian or Chamorro Total		2	1
			Native Hawaiian	Unknown	5	1
			Native Hawaiian Total		5	1
			Other Pacific Islander	Unknown	15	1
			Other Pacific Islander Total		15	1
			Other Race	Mexican	5	2
				Not of Hispanic Origin	2	1
				Puerto Rican	10	1
				Specific Origin Unknown	2	1
				Unknown	2	1
			Other Race Total		21	6
			Unknown	Mexican	2	1
				Not of Hispanic Origin	8	3
				Unknown	168	48
			Unknown Total		178	49
			White	Mexican	6	1
				Not of Hispanic Origin	185	70
				Puerto Rican	1	1
				Specific Origin Unknown	6	2
				Unknown	94	20
			White Total		292	89
			Female Total		591	144
		Male	(blank)	Not of Hispanic Origin	38	10
				Specific Origin Unknown	6	1
				Unknown	16	4
			(blank) Total		60	14
			American Indian/Alaskan Native	Not of Hispanic Origin	4	2
			American Indian/Alaskan Native Total		4	2
			Black or African American	Not of Hispanic Origin	15	4
				Unknown	8	3
			Black or African American Total		23	6
			Other Pacific Islander	Not of Hispanic Origin	6	1
			Other Pacific Islander Total		6	1
			Other Race	Mexican	3	2
				Not of Hispanic Origin	2	1
				Other Specific Hispanic	10	2
				Unknown	4	1
			Other Race Total		19	6
			Unknown	Not of Hispanic Origin	7	4
				Unknown	94	35
			Unknown Total		101	39
			White	Mexican	8	3
				Not of Hispanic Origin	157	51
				Puerto Rican	2	1
				Unknown	19	10
			White Total		186	63
			Male Total		388	110
		U	Unknown	Unknown	22	8
			Unknown Total		22	8
			White	Unknown	2	2
			White Total		2	2
			U Total		22	8
			Youth Total		1001	259

Medicaid/Non-Medicaid	AgeGroup	Gender	RaceDescrip	HispDescrip	Unduplicated # of services	Unduplicated Individuals				
Non-Medicaid	Adult	Female	(blank)	Not of Hispanic Origin	78	23				
				Other Specific Hispanic	10	1				
				Specific Origin Unknown	2	1				
				Unknown	114	36				
				(blank) Total	203	59				
				American Indian/Alaskan Native	Not of Hispanic Origin	20	8			
					Other Specific Hispanic	10	2			
					Unknown	10	5			
				American Indian/Alaskan Native Total	40	15				
				Asian Indian Total	1	1				
				Black or African American	Not of Hispanic Origin	45	7			
					Unknown	6	3			
				Black or African American Total	51	10				
				Cambodian Total	1	1				
				Chinese	Not of Hispanic Origin	1	1			
					Unknown	8	1			
				Chinese Total	9	2				
				Filipino	Not of Hispanic Origin	2	1			
					Unknown	6	1			
				Filipino Total	8	2				
				Korean Total	4	1				
				Native Hawaiian Total	9	1				
				Other Asian	Not of Hispanic Origin	20	2			
					Unknown	2	1			
				Other Asian Total	22	3				
				Other Pacific Islander Total	1	1				
				Other Race	Mexican	1	1			
					Not of Hispanic Origin	6	3			
					Other Specific Hispanic	26	9			
					Specific Origin Unknown	4	1			
					Unknown	14	5			
				Other Race Total	51	19				
				Unknown	Not of Hispanic Origin	50	15			
					Other Specific Hispanic	3	2			
					Specific Origin Unknown	1	1			
					Unknown	5827	368			
				Unknown Total	5881	381				
				White	Cuban	1	1			
					Mexican	1	1			
					Not of Hispanic Origin	1058	227			
					Other Specific Hispanic	23	5			
					Unknown	448	105			
				White Total	1524	321				
				Female Total	7733	713				
				Male	(blank)		Mexican	2	2	
							Not of Hispanic Origin	123	25	
							Other Specific Hispanic	2	1	
							Specific Origin Unknown	1	1	
							Unknown	96	31	
						(blank) Total	224	60		
						American Indian/Alaskan Native	Mexican	4	2	
							Not of Hispanic Origin	58	15	
							Unknown	29	7	
						American Indian/Alaskan Native Total	91	24		
						Asian Indian	Not of Hispanic Origin	1	1	
						Asian Indian Total	1	1		
						Black or African American	Not of Hispanic Origin	45	18	
							Unknown	48	10	
						Black or African American Total	87	26		
						Cambodian	Not of Hispanic Origin	9	2	
						Cambodian Total	9	2		
						Filipino	Not of Hispanic Origin	28	1	
							Unknown	11	2	
						Filipino Total	39	3		
						Guamanian or Chamorro	Unknown	2	1	
						Guamanian or Chamorro Total	2	1		
						Korean	Not of Hispanic Origin	6	1	
						Korean Total	6	1		
						Native Hawaiian	Not of Hispanic Origin	2	2	
							Unknown	5	1	
						Native Hawaiian Total	7	3		
						Other Asian	Not of Hispanic Origin	9	3	
							Unknown	6	1	
						Other Asian Total	15	4		
						Other Pacific Islander	Not of Hispanic Origin	19	4	
							Other Specific Hispanic	3	2	
							Puerto Rican	3	1	
							Unknown	4	2	
						Other Pacific Islander Total	28	8		
						Other Race	Cuban	1	1	
							Mexican	27	5	
							Not of Hispanic Origin	3	2	
							Other Specific Hispanic	5	3	
							Specific Origin Unknown	1	1	
							Unknown	16	5	
						Other Race Total	53	16		
						Unknown	Mexican	1	1	
							Not of Hispanic Origin	59	18	
							Other Specific Hispanic	2	1	
							Unknown	1789	451	
						Unknown Total	1833	466		
						White	Mexican	1	1	
							Not of Hispanic Origin	884	233	
							Other Specific Hispanic	20	4	
							Unknown	638	136	
						White Total	1541	353		
						Male Total	3868	834		
						Unknown	American Indian/Alaskan Native	Unknown	3	1
						American Indian/Alaskan Native Total	3	1		
						Unknown	Unknown	317	98	
	Unknown Total	317	98							
	White	Not of Hispanic Origin	2			1				
		Other Specific Hispanic	2			1				
		Unknown	4			2				
	White Total	8	4							
	Unknown Total	325	102							
	Adult Total	11926	1595							

ATTACHMENT 7.b

Medicaid/Non-Medicaid	AgeGroup	Gender	RaceDescrip	HispDescrip	Unduplicated # of services	Unduplicated Individuals
Non-Medicaid	Youth	Female	(blank)	Not of Hispanic Origin	10	5
			(blank) Total		10	5
			American Indian/Alaskan Native	Mexican	1	1
				Not of Hispanic Origin	19	3
				Unknown	10	4
			American Indian/Alaskan Native Total		30	8
			Black or African American Total		1	1
			Filipino Total		1	1
			Native Hawaiian Total		2	1
			Other Asian Total		4	1
			Other Race	Mexican	2	2
				Not of Hispanic Origin	3	1
				Other Specific Hispanic	2	1
				Specific Origin Unknown	2	1
			Other Race Total		9	5
			Unknown	Not of Hispanic Origin	2	2
				Unknown	105	46
			Unknown Total		107	48
			White	Not of Hispanic Origin	26	14
				Unknown	69	19
			White Total		95	30
		Female Total			256	91
		Male	(blank)	Not of Hispanic Origin	12	3
				Unknown	32	8
			(blank) Total		44	11
			American Indian/Alaskan Native	Not of Hispanic Origin	4	1
				Unknown	3	1
			American Indian/Alaskan Native Total		7	2
			Black or African American Total		17	3
			Filipino	Not of Hispanic Origin	11	2
				Unknown	7	1
			Filipino Total		11	2
			Middle Eastern	Unknown	3	1
			Middle Eastern Total		3	1
			Other Race	Mexican	2	1
				Other Specific Hispanic	9	3
				Specific Origin Unknown	4	1
				Unknown	4	2
			Other Race Total		19	7
			Unknown	Not of Hispanic Origin	7	2
				Unknown	105	40
			Unknown Total		112	42
			White	Mexican	10	2
				Not of Hispanic Origin	52	19
				Unknown	23	11
			White Total		85	30
		Male Total			295	88
		Unknown	Other Race	Mexican	1	1
			Other Race Total		1	1
			Unknown Total		14	8
			White	Not of Hispanic Origin	1	1
			White Total		1	1
		U Total			15	9
		Youth Total			566	183
Non-Medicaid Total					12492	1776

Salish Regional Crisis Line

Salish Regional Crisis Line encountered 16,640 calls in 2020 from 2116 individuals. Volunteers of America (VOA) is the provider of the 24-hour toll-free crisis line. VOA reports 50% of calls are dispatched to the Mobile Crisis Outreach Teams across the region. VOA reports 30% of calls are resolved during the call with no additional need for referral. VOA reports 15% of calls were referred to other services. The remaining 5% would be accounted for by caller hang-up, follow-up requests, and other outcomes not meeting identified categories.

Demographic information is only available for callers that were not anonymous or who would share sufficient information.

Medicaid

Medicaid recipient calls totaled 7099 from 952 individuals. This represents 43% of calls. The 2 attached tables breakout demographics for Medicaid Adults and Medicaid Youth.

Non-Medicaid

Non-Medicaid calls totaled 9541 from 1239 individuals. This represents 57% of callers were identified as non-Medicaid. This group may include Medicaid individuals who did not identify themselves with enough information to verify Medicaid eligibility. This would include those who provide limited information or chose to remain anonymous.

Medicaid/Non-Medicaid	AgeGroup	Gender	Reported Race	Hispanic	Unduplicated # of Services	Unduplicated # of Individuals	
Medicaid	Adult	Female	(blank)	Not of Hispanic Origin	53	10	
				Unknown	154	26	
		(blank) Total				207	36
			American Indian/Alaskan Native	Not of Hispanic Origin	5	1	
				Unknown	2	1	
		American Indian/Alaskan Native Total				5	2
			Black or African American	Not of Hispanic Origin	18	2	
				Other Specific Hispanic	7	1	
				Unknown	4	1	
		Black or African American Total				29	4
				Native Hawaiian Total		2	1
				Other Asian Total		7	3
				Other Pacific Islander Total		5	1
			Other Race	Mexican	5	1	
				Not of Hispanic Origin	2	1	
				Other Specific Hispanic	4	2	
				Specific Origin Unknown	3	1	
				Unknown	22	4	
		Other Race Total				36	9
		Unknown Total				1365	192
			White	Not of Hispanic Origin	594	73	
				Other Specific Hispanic	18	3	
				Unknown	301	34	
		White Total				913	110
		Female Total				2569	358
		Male	(blank)	Not of Hispanic Origin	41	11	
				Other Specific Hispanic	19	1	
				Unknown	198	24	
		(blank) Total				258	36
			American Indian/Alaskan Native	Not of Hispanic Origin	5	1	
				Unknown	8	1	
		American Indian/Alaskan Native Total				13	2
			Black or African American	Not of Hispanic Origin	64	9	
				Unknown	15	1	
		Black or African American Total				79	10
				Cambodian	10	1	
				Unknown	14	1	
		Cambodian Total				24	2
				Filipino Total		11	1
				Other Pacific Islander Total		2	1
			Other Race	Not of Hispanic Origin	10	2	
				Other Specific Hispanic	4	2	
				Unknown	71	7	
		Other Race Total				85	11
			Unknown	Not of Hispanic Origin	17	4	
				Other Specific Hispanic	14	2	
				Unknown	2308	246	
Unknown Total				2339	252		
	White	Mexican	16	1			
		Not of Hispanic Origin	616	80			
		Other Specific Hispanic	4	2			
		Unknown	544	64			
White Total				1180	147		
Male Total				3991	462		
Unknown	Other Race	Not of Hispanic Origin	5	1			
Other Race Total				5	1		
		Unknown	116	20			
Unknown Total				116	20		
	White	Not of Hispanic Origin	3	1			
		Unknown	2	1			
White Total				5	2		
Unknown Total				126	23		
Adult Total				6686	839		

Medicaid/Non-Medicaid	AgeGroup	Gender	Reported Race	Hispanic	Unduplicated # of Services	Unduplicated # of Individuals
Medicaid	Youth	Female	(blank)	Not of Hispanic Origin	8	3
				Unknown	12	5
			(blank) Total		20	8
			Black or African American	Not of Hispanic Origin	14	1
				Unknown	6	1
			Black or African American Total		20	2
			Other Race	Not of Hispanic Origin	2	1
				Unknown	2	1
			Other Race Total		4	2
			Unknown	Not of Hispanic Origin	4	1
				Unknown	113	34
			Unknown Total		117	35
			White	Not of Hispanic Origin	33	10
				Unknown	54	9
			White Total		87	19
		Female Total			248	66
		Male	(blank)	Not of Hispanic Origin	3	1
				Unknown	12	2
			(blank) Total		15	3
			Black or African American	Not of Hispanic Origin	4	1
				Unknown	5	2
			Black or African American Total		9	3
			Other Race	Other Specific Hispanic	10	2
				Unknown	4	1
			Other Race Total		14	3
			Unknown Total		69	23
			White	Mexican	2	1
				Not of Hispanic Origin	29	8
				Unknown	11	4
			White Total		42	13
		Male Total			149	45
		Unknown Total			16	3
	Youth Total				413	113

Medicaid/Non-Medicaid	AgeGroup	Gender	Reported Race	Hispanic	Unduplicated # of Services	Unduplicated # of Individuals			
Non-Medicaid	Adult	Female	(blank)	Not of Hispanic Origin	51	11			
				Other Specific Hispanic	10	1			
				Unknown	105	30			
			(blank) Total		166	42			
			American Indian/Alaskan Native	Not of Hispanic Origin	7	2			
				Other Specific Hispanic	8	1			
				Unknown	7	2			
			American Indian/Alaskan Native Total		22	5			
			Black or African American	Not of Hispanic Origin	26	2			
				Unknown	3	1			
			Black or African American Total		29	3			
			Chinese	Unknown	8	1			
			Chinese Total		8	1			
			Filipino	Not of Hispanic Origin	2	1			
				Unknown	6	1			
			Filipino Total		8	2			
			Korean Total		4	1			
			Other Asian	Not of Hispanic Origin	6	1			
				Unknown	2	1			
			Other Asian Total		8	2			
			Other Race	Not of Hispanic Origin	2	1			
				Unknown	14	5			
			Other Race Total		35	13			
			Unknown	Not of Hispanic Origin	38	7			
				Other Specific Hispanic	3	2			
				Specific Origin Unknown	1	1			
				Unknown	5414	258			
			Unknown Total		5456	268			
			White	Not of Hispanic Origin	398	95			
				Other Specific Hispanic	23	5			
				Unknown	322	58			
			White Total		743	158			
			Female Total		6479	495			
			Non-Medicaid	Adult	Male	(blank)	Not of Hispanic Origin	105	17
							Specific Origin Unknown	1	1
							Unknown	90	29
						(blank) Total		196	47
						American Indian/Alaskan Native	Not of Hispanic Origin	9	3
							Unknown	6	3
						American Indian/Alaskan Native Total		15	6
						Black or African American	Not of Hispanic Origin	17	7
							Unknown	30	4
						Black or African American Total		47	11
						Cambodian	Not of Hispanic Origin	9	2
						Cambodian Total		9	2
						Filipino	Not of Hispanic Origin	24	1
						Filipino Total		24	1
						Korean	Not of Hispanic Origin	6	1
						Korean Total		6	1
						Other Asian	Not of Hispanic Origin	9	3
	Unknown	6				1			
Other Asian Total		15				4			
Other Pacific Islander	Not of Hispanic Origin	4				1			
	Other Specific Hispanic	3				2			
	Unknown	3				1			
Other Pacific Islander Total		10				4			
Other Race	Mexican	15				2			
	Not of Hispanic Origin	2				1			
	Other Specific Hispanic	5				3			
	Unknown	13				3			
Other Race Total		35				9			
Unknown	Mexican	1				1			
	Not of Hispanic Origin	25				8			
	Other Specific Hispanic	2				1			
	Unknown	1290				314			
Unknown Total		1318				324			
White	Mexican	1				1			
	Not of Hispanic Origin	446				103			
	Other Specific Hispanic	20				4			
	Unknown	436				75			
White Total		903				183			
Male Total		2578				592			
Unknown	Unknown	152				44			
Unknown Total		152				44			
White	Not of Hispanic Origin	2				1			
	Other Specific Hispanic	2				1			
	Unknown	4				2			
White Total		8				4			
Unknown Total		160				48			
Adult Total		9217				1133			

Medicaid/Non-Medicaid	AgeGroup	Gender	Reported Race	Hispanic	Unduplicated # of Services	Unduplicated # of Individuals			
Non-Medicaid	Youth	Female	(blank)	Not of Hispanic Origin	9	4			
			(blank) Total		9	4			
			American Indian/Alaskan Native	Not of Hispanic Origin	16	3			
			American Indian/Alaskan Native Total		16	3			
			Native Hawaiian	Unknown	2	1			
			Native Hawaiian Total		2	1			
			Other Race	Not of Hispanic Origin	3	1			
				Other Specific Hispanic	2	1			
			Other Race Total		5	2			
			Unknown	Unknown	57	22			
			Unknown Total		57	22			
			White	Not of Hispanic Origin	15	6			
				Unknown	48	15			
			White Total		63	21			
			Female Total					152	53
			Male	(blank)	Not of Hispanic Origin	8	1		
				Unknown	21	6			
		(blank) Total			29	7			
		American Indian/Alaskan Native		Unknown	3	1			
		American Indian/Alaskan Native Total			3	1			
		Black or African American		Unknown	11	1			
		Filipino		Not of Hispanic Origin	4	1			
		Filipino Total			4	1			
		Other Race		Other Specific Hispanic	7	2			
				Unknown	4	2			
		Other Race Total			11	4			
		Unknown		Not of Hispanic Origin	7	2			
				Unknown	52	20			
		Unknown Total			59	22			
		White		Mexican	10	2			
				Not of Hispanic Origin	25	9			
			Unknown	13	5				
White Total		48	16						
Male Total					165	52			
Unknown	Unknown	Unknown	Unknown	7	2				
Unknown Total					7	2			
Unknown Total					7	2			
Youth Total					324	107			

2. A summary of crisis system coordination activities with external entities, including successes and challenges. External entities addressed in the summary must include but are not limited to regional Managed Care Organizations (MCOs), community behavioral health providers, First Responders, partners within the criminal justice system, and Tribal entities.

Challenges:

- COVID-19 impacted outreach to regional based meetings. Challenges with agencies understanding the role of MCO in crisis services and how to engage in a way that would be beneficial to individuals.
- COVID-19 has also impacted the development of a regional consortium within the region. Progress on this project was slowed due to the challenges in starting new programs during COVID. SBH-ASO wanted to support agencies and time

was diverted to supportive activities early in 2020 due to COVID related services changes.

Successes:

- SBH-ASO was able to continue facilitation and participation in most existing meetings using digital platforms.
- In 2020, Salish BH-ASO facilitated a monthly meeting with all crisis providers to discuss system changes, barriers, and successes. SBH-ASO also engages in a variety of community facilitated meeting to maintain connection with local needs. As outlined below, there are several additional meetings that directly and indirectly facilitate care coordination within the region, including those that address the specific stakeholders mentioned above.
- The Salish Regional Crisis Line (through VOA) began operations starting January 1, 2020. SBH-ASO and Volunteers of America staff started a community education campaign in November of 2019. This group met with provider groups, medical groups, law enforcement, EMS/Fire, community social service agencies, Tribal entities, and other community stakeholders to introduce the new crisis line system. The presentation included information on the new crisis line number, the role of the crisis line, and the continuum of crisis services across the region. These presentations were made in public venues as well as targeted meetings to provide a broad base of information and coordination.
- SBH-ASO staff participates in the Behavioral Health Consortium and the Mental Health Field Response meeting in Jefferson County. These are multi-disciplinary teams that address community response to crisis needs within the community. Both groups engage behavioral health providers, First responders, jail staff, health system partners, domestic violence providers, public health staff, and community social services agencies.
- SBH-ASO staff participates in the quarterly Crisis Intervention Officer community meeting in Kitsap County. This venue, hosted by the Kitsap County Jail, includes law enforcement officers from all jurisdictions, Fire Department staff across the county, community agencies that have interest including the crisis services providers, staff from the triage center, employment program staff, and other interested parties.
- SBH-ASO staff participates in each of the three county's Behavioral Health Advisory Board meetings. This allows for additional connection and coordination related to special programs focused on the crisis intervention and behavioral health support within each community we serve.

SBH-ASO also regularly engages with agencies and community partners to problem solve challenges that arise. MCOs are included as appropriate to cases. These meetings occur as needed. The relationships SBH-ASO staff cultivated through participation in community meetings increases accessibility to the community to problem solve.

3. A summary of how Individuals crisis prevention plans are used to inform DCRs dispatched on crisis visits, reduce unnecessary crisis system utilization and maintain the Individual’s stability. Include in the summary an analysis of the consistency of use and effectiveness of the crisis prevention plans.

SBH-ASO crisis services are separated into 4 distinct geographical regions. Each of those regions is served by the local behavioral health agency. This has been a long-standing structure within our region. Each of those agencies have a Mobile Crisis Outreach Team staffed primarily with Designated Crisis Responders. DCR staff have access to clinical record, including Crisis Plans, for any individual served by the Mobile Crisis Outreach Team. These teams also provide all crisis follow up and engagement with agency staff already working with the individual. The integration of these staff within the agencies allows for greater coordination, reduction in utilization, and increased stability for individuals served. Agency providers also work with individuals to have a release of information in place to release a crisis plan to the Salish Regional Crisis Line as appropriate.

SBH-ASO has an automated crisis alert document available to providers and community members. This document provides a time-limited alert to the Salish Regional Crisis Line. The intent is to provide a venue for information sharing related to current or anticipated crises. The form can be used by providers, individuals, community entities including law enforcement, social service providers, and natural supports. The alert provides a description of the current crisis, requested interventions and safety plan, as well as contact information. This document is intended as a short-term alert. Any related contacts become part of the VOA record for that individual.

4. Provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system. To include:

- *An overview and analysis of available information and data about the disposition of crisis calls.*

Volunteers of America (VOA) is the provider of the 24-hour crisis line. VOA reports 50% of calls are dispatched to the Mobile Crisis Outreach Teams across the region, while 30% of issues are resolved during the call with no additional need for referral. VOA reports 15% of calls were referred to other services. The remaining 5% would be accounted for by caller hang-up, follow-up requests, and other outcomes not meeting identified categories.

Mobile Crisis Outreach Teams self-dispatch only for crisis management that occurs at agency facilities. This is 56% of services provided. Salish Regional Crisis Line provides 34% of referrals for Mobile Crisis Outreach Response. This includes referrals from all community-based organizations, law enforcement, and individuals/natural supports.

Crisis event outcomes:

Outcome	% of total events
---------	-------------------

Detention to MH facility (72 hours)	35.80%
Detention to Secure Detox facility (72 hours)	1.74%
Did not require MH or CD services	4.79%
Filed petition recommending LRA extension	3.27%
No detention – Unresolved medical issues	0.51%
No detention-Secure Detox provisional accept did not occur within statute timeframe	0.51%
Non-emergent detention petition filed	1.96%
Other	5.45%
Referred for hold	0.15%
Referred to acute detox	0.22%
Referred to crisis triage	2.69%
Referred to non-MH community resources	1.23%
Referred to sobering unit	0.07%
Referred to sub-acute detox	0.29%
Referred to SUD inpatient program	0.36%
Referred to SUD intensive outpatient program	1.38%
Referred to SUD residential program	0.07%
Referred to voluntary Inpatient MH Svc	6.25%
Referred to voluntary Outpatient MH Svc	28.25%
Returned to Inpatient facility/filed revocation petition	5.01%
Grand Total	100.00%

- *Coordination of referrals to provider agencies or MCOs for case management, awareness of frequent crisis line callers and reduction of law enforcement involvement with the crisis system.*

Case management referrals most often come directly from the Mobile Crisis Outreach Team. As these teams are embedded within the regional provider agencies, they coordinate care internally for individuals needing engagement, enrollment, or additional support services.

Salish Regional Crisis Line may also make direct referral to agencies on behalf of the individual. They also encourage individuals to participate in walk-in service enrollment as appropriate.

SBH-ASO monitors crisis logs and encounters for high utilization. SBH-ASO provides weekly reports of identified individuals who have accessed the Salish Regional Crisis Line to each Mobile Crisis Outreach Team. This allows for tracking and coordination at the agency level for agency enrolled individuals as well as community members that may benefit from additional services.

MCOs receive crisis logs daily. This allows for evaluation of high utilization among Medicaid enrolled individuals. Based on crisis log data 33% of individuals were identified as having a specific need addressed by MCO follow up. It is the expectation of SBH-ASO that crisis providers reach out to MCO's at the time of service for any urgent care coordination needs.

SBH-ASO targets reduction of Law enforcement contacts by centralizing our dispatch through the Salish Regional Crisis Line. The intention is to be able to track contacts and intervene earlier. SBH-ASO also participates in monthly meetings with the behavioral health liaison with the Kitsap County Sheriff's Office to problem solve challenges with the crisis system and high utilizers.

Law enforcement groups were sought out in the community education related to the new crisis line roll out in January 2020. SBH-ASO staff met with law enforcement groups in each area of the region to identify contacts, processes, and communication strategies.

SBH-ASO recently started to engage with an EMS/Fire Case Management program working to engage high utilizers in community case management and assist the individual in accessing the full spectrum of services within the community.

- *A description of how crisis system data is used throughout the year, including the use of information from community partners about the crisis system effectiveness.*

SBH-ASO monitors Mobile Crisis outreach response time monthly. This helps to inform access and capacity of the system and its providers. SBH-ASO also monitors community contact through daily crisis log. This allows for identification of frequent callers and the opportunity to identify individuals who may need additional support or services. We can also monitor referral to other systems to help identify additional support needs. SBH-ASO provides the daily crisis logs to MCOs which identifies the need for engagement upon request. We can also use the gathered data to reach out directly to Providers and MCO's to engage higher level care management as needed.

SBH-ASO solicits community feedback on an on-going basis. This occurs through various community meetings. These meetings include community services outside the behavioral health system including housing and homelessness, law enforcement, and other social services. SBH-ASO provides on-going community technical assistance related to behavioral health and the crisis system as challenges arise.

SBH-ASO also completed two community needs survey in 2020, one for Substance Abuse Block Grant and one for Family Youth System Partner Round Table. The information from these surveys were used to inform program decision making processes for those programs as well as all SBHASO services. This included how they impact access to crisis services for these populations. Both surveys were shared community-wide seeking input from any interested party.

- *Any systemic changes to the crisis system planned in the upcoming year as a result of the information and data.*

Salish Regional Crisis Line was rolled out January 1, 2020. The previous crisis line provider closed official services on December 31, 2019. The transition of crisis line was coordinated so calls were forwarded from the previous line for 6 months to ensure callers were aware of changes. Prior to 2020, no crisis hotline encounter data was available and the crisis line within our region was imbedded in one of the behavioral health agencies and was staffed primarily by volunteers. The current Salish Regional Crisis Line (provided by VOA) is staffed by behavioral health specialists. Data since January 2020 indicated nearly double the amount of projected calls based on the limited historical information that was available. The system update has allowed for encounter data collection to assist in driving crisis line service decisions. It was difficult to anticipate volume of calls for the SCRL and the scope of service within the region. Salish

Regional Crisis Line metrics fell below standard starting in April 2020. The challenges of higher than expected call volume, increase in call volume and acuity due to COVID, and staffing challenges due to COVID were contributing factors. SBH-ASO required its Crisis Line Provider to submit a corrective action plan. Salish BH-ASO was required to submit a corrective action plan to Amerigroup. Salish BH-ASO responded to the increase in call volume by increasing VOA's compensation mid-year. VOA has increased staffing, increased training, and is in the process of implementation of a new phone system in an effort to meet metrics. SBH-ASO continues to monitor for additional changes over the next 6-12 months.

SBH-ASO continues support of centralized dispatch for Mobile Crisis Teams. We will continue to build community relationships and provide education and support to community partners to engage the crisis system more efficiently. One such effort is working with law enforcement and EMS agencies in problem solving processes and high utilizing individuals.'

Outreach to MCO's to better coordinate care for WISE enrolled individuals has been identified as a goal for 2021. SBH-ASO Clinical Director will be meeting with WISE Managers and MCO's within the region to move this forward.

Another goal for 2021 is the continued development of mechanisms to coordinate and share crisis plans with the crisis line provider. The enhanced use of crisis alerts across the region to bolster care coordination is also anticipated in 2021.

Finally, SBH-ASO will continue to work with providers on crisis log data completeness on crisis logs. This information is reviewed at monthly Crisis Provider meetings to problem solve system issues and follow up on system changes as needed.



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, June 4, 2021
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/93248568500>

Meeting ID: 932 4856 8500

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 932 4856 8500

A G E N D A

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for February 5, 2021 (Attachment 5)
6. Action Items
 - a. Approval of July-December 2021 Federal Block Grant Plans (Attachment 6.a.1 and 6.a.2)
7. Informational Items
 - a. Update on One-time Additional Block Grant Allocation
 - b. SBH-ASO 2020 Quality Management Program Evaluation Report (Attachment 7.b)
 - c. Focus Group Discussion on Substance Use Disorder Stigma
 - d. Community Health Plan of Washington Introduction
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

June 4, 2021

Action Items

A. APPROVAL OF JULY-DECEMBER 2021 FEDERAL BLOCK GRANT PLANS

In December 2020, Staff presented Block Grant plans to the Advisory Board for January 1, 2021 through June 30, 2021, for review and approval. At that time, staff shared that the plans for July-December 2021 would likely be comparable, as the plans are based upon the approved budget for calendar year 2021.

SBH-ASO is presenting updated Block Grant plans 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 need's 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. UPDATE ON ONE-TIME ADDITIONAL BLOCK GRANT ALLOCATION

During the February Advisory Board Meeting, staff shared that SBH-ASO had been notified by HCA of the potential for additional one-time Block Grant allocations, both MHBG and SABG. While details surrounding timeline and total awards were limited, HCA strongly encouraged BH-ASOs to begin preparing to allocate these funds. The Advisory Board took action during the February meeting, approving priorities for an RFP and creating an RFP Review Subcommittee.

As of the date of this Board Packet's release, HCA has only provided details of the total award and timeline for the additional Mental Health Block Grant allocation. Details surrounding the award and timeline for the additional Substance Abuse Block Grant allocation are still outstanding. To avoid further delay in the release of these funds to the community, SBH-ASO has determined that separate RFPs will be necessary for MHBG and SABG.

Staff will share further details about next steps for the MHBG RFP.

B. SBH-ASO 2020 QUALITY MANAGEMENT PROGRAM EVALUATION REPORT

SBH-ASO completed an annual review of its Quality Management Program. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed.

The annual report is attached for the Advisory Board's review. Staff will discuss in greater detail.

C. FOCUS GROUP DISCUSSION ON SUBSTANCE USE DISORDER STIGMA

Olympic Community of Health was awarded funding from Cambia Health Solutions to explore and reduce stigma of substance addiction across the Olympic Region (Clallam, Jefferson, and Kitsap counties). The first step in this project is to better understand stigma and its local impact on individuals and communities. OCH has engaged Collaborative Consulting to conduct focus groups, key informant interviews, and a community-wide survey to gather insight into addiction stigma in the community, problems stigma causes, and ideas to address stigma. Findings from these opportunities will be used to identify potential strategies to address and reduce stigma in the Olympic Region.

Collaborative Consulting will facilitate this discussion with Advisory Board Members during the June 4, 2021 meeting.

D. COMMUNITY HEALTH PLAN OF WASHINGTON INTRODUCTION

In late January 2021, the HCA shared that it was considering allowing an additional Managed Care Organization (MCO) to enter IMC in the Salish Region. This MCO is Community Health Plan of Washington (CHPW). CHPW has completed its readiness review process with the HCA and will enter the Salish Region on July 1, 2021. As of July 1, there will now be 4 IMC MCOs operating in the Salish Region: Molina, Amerigroup, United Health Care and Community Health Plan of Washington. Coordinated Care operates as well, just for the foster care population, known as Integrated Foster Care (IFC).

A few staff from CHPW have joined the meeting today to introduce themselves.

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

**Friday, February 5, 2021
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER –Lois Hoell, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:01 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: Janet Nickolaus moved to approve the agenda as submitted. Janet Nickolaus seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Anne Dean moved to approve the meeting notes as submitted for the December 18, 2020 meeting. Janet Nickolaus seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REAPPOINTMENT OF ADVISORY BOARD MEMBERS**

On December 31, 2020, the terms for Jon Stroup, Roberta Charles and Janet Nickolaus expired.

- Jon Strop has expressed interest in extending his term through December 31, 2021.
- Roberta Charles has expressed interest in extending his term through December 31, 2021.
- Janet Nickolaus is evaluating the option of continuing to serve.

Staff requests the Advisory Board make recommendations to the Executive Board regarding reappointments.

Jon and Janet expressed willing to continue on the SBH-ASO Advisory Board. Roberta is currently excused from today's meeting. Roberta did express interest. Discussed Roberta's attendance. Stephanie and Lois will reach out to Roberta regarding her desire to continue the Advisory Board. The Advisory Board by-laws established two seats, therefore, if Roberta does not continue we would need to recruit for the open Tribal Representative position.

MOTION: Sandy Goodwick moved to approve Reappointment of Advisory Board Members. Anne Dean seconded the motion. Motion carried unanimously.

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

Per the SBH-ASO Advisory Board By-laws, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. In 2020, Lois Hoell served as Chair and Janet Nicklaus served as Vice-Chair.

- Lois Hoell has expressed willingness to continue to serve as Chair.

Lois is willing to continue as the SBH-ASO Advisory Board Chair. Sandy was nominated as the Vice Chair.

MOTION: Anne Dean moved to approve Lois Hoell as Election of Chair and Sandy Goodwick of Vice-Chair. ACTION ITEM. Jon Stroup seconded the motion. Motion carried unanimously.

➤ **BLOCK GRANT RFP SUB-COMMITTEE**

On January 6th, the Health Care Authority (HCA) convened a brief meeting with BH-ASOs to discuss the potential for additional Block Grant Funding. This was a very preliminary conversation and did not include important details such as when the funds may be dispersed or the amount of funds. However, the HCA has asked BH-ASOs to begin planning for how these funds could be quickly utilized to provide behavioral health treatment and treatment supports.

At this point, it has been suggested that if these funds are appropriated to the HCA, they could possibly be contracted to BH-ASOs as soon as this summer. It is also quite possible that it could take HCA until late fall of 2021 to execute contracts. HCA also indicated that the amount of funds could be as much as BH-ASOs standard annual allocation. This could be as much as 1 million dollars for Salish BH-ASO.

Unfortunately, the amount of information shared thus far makes meaningful planning quite challenging. At this point, staff anticipates needing to release an RFP to manage the subcontracting of these additional Block Grant Funds.

Staff is requesting the Advisory Board Chair appoint members to a Block Grant RFP Committee. Staff is also requesting that the Block Grant RFP Committee's recommendations be considered the recommendations of the full Advisory Board.

Board members discussed the desire to increase or support peer run services. The state is working towards the model of peer respite. Currently there are 2 or 3 peer respite facilities. The HCA is working towards increasing these services. Discussed peer transition services, such as Peer Bridger services that are connecting to the state hospital, now are able to connect to community and long-term bed programs to support an individual's discharge.

Inquiry if these funds can be used for youth and reviewed that youth are not excluded. . Reviewed the needs assessment completed last year, such as withdrawal management and training priorities of the community needs.

Discussed the timeline of releasing 1 RFP for July 1, 2021 to December 31, 2022, for 18 months. Release Block Grant RFP by April 1, 2021, then a mandatory bidders conference following week. Proposals due by May 6, 2021, then all proposals mailed to RFP Review Committee on May 7, 2021. RFP Review Committee Meeting(s) week of May 24, 2021. SBH-ASO Staff draft contracts with a July 1, 2021 effective date.

Requesting 3 members from the SBH-ASO Advisory Board. The by-laws require that we would like representation from each of the 3 counties, which could include the Tribal Representative if they chose to participate. Jon Stroup, Anne Dean, Janet Nickolaus, and Sandy Goodwick volunteered to participate in the sub-committee.

MOTION: Janet Nickolaus moved to approve Block Grant RFP Sub-committee (*Jon Stroup, Anne Dean, Janet Nickolaus, and Sandy Goodwick*) **the requested priorities for the RFP. Sandy Goodwick seconded the motion. Motion carried unanimously.**

Requested SBH-ASO Advisory Board to approve the recommendations of the Block Grant RFP Sub-committee as the entire Advisory Board Recommendations to be able to ensure it's quick movement to be reviewed by the Executive Board in July 2021.

MOTION: Lois Hoell moved to approve recommendations would service as entire Advisory Board's Recommendations. Janet Nickolaus seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **ADVISORY BOARD MEMBER RECRUITMENT**

At the conclusion of 2020, the SBH-ASO Advisory Board was comprised of 2 Clallam County Representatives, 1 Jefferson County Representative, 3 Kitsap County Representatives and 2 Tribal Representatives. Seventy-five percent of BHAB Membership reported having lived experience or were parents/legal guardians of persons with lived experience. The Salish BHAB Membership must be comprised of at least 51% of individuals with lived experience or parents/legal guardians.

Per SBH-ASO Advisory Board By-laws, membership is comprised of 3 representatives from each county and 2 Tribal Representatives. In order to have a quorum, a member from each of the 3 counties must be present. For this reason, staff suggests that recruitment efforts should be focused first on Jefferson County. Lastly, one of the remaining vacancies needs to be filled by an individual that is qualified to represent law enforcement.

Staff would like to discuss strategies for recruitment in Jefferson County while in the midst of a pandemic.

Currently Jefferson County representation is 1 member and we request to prioritize recruitment of a Jefferson County representative. In addition, the HCA contract with SBH-ASO requires a member of our board to represent law enforcement. Members discussed possible recruitment of a law enforcement representative, as well as others in Jefferson county such as the Recovery Café or Probation Officers.

SBH-ASO staff will put together a flyer for the SBH-ASO Advisory Board recruitment efforts. Discussed newspaper articles and utilizing Jefferson NAMI to aide in recruitment.

➤ **SALISH BH-ASO ANNUAL CRISIS REPORT**

Per contract with HCA, Salish BH-ASO must submit an annual Crisis System Report for the previous calendar year. The report includes information about the structure and operations of the

Regional Crisis System, as well as information about the individuals utilizing crisis services (funding source, age, gender, ethnicity).

SBH-ASO's Annual Crisis System Report is attached for the Advisory Board's review. This report was submitted to HCA on January 28, 2021.

Staff will briefly summarize the contents of this annual report.

Members inquired about usage of youth and referred to the youth line as being highly utilized.

Reviewed that there appears to be no change in usage of the crisis line with the move of CHI Franciscan St. Michael's to Silverdale. Discussed that there are still patients and staff at Bremerton Hospital (previously Harrison Hospital), but no noted behavioral health issues as they are being diverted to Silverdale St. Michael's Hospital.

➤ **DEVELOPMENT OF A BIENNIAL ADVISORY BOARD WORK PLAN**

Staff would like to discuss the development of a biennial work plan. The process of developing the 2-year work plan would include identification of the Advisory Board's priorities and goals.

Stephanie appreciated the changes that the SBH-ASO Advisory Board members have participated in over the last few years, as well as gratitude for the time that the board members has been extended to this group. Discussed the process of developing an SBH-ASO Advisory Board work plan and requested input from board members. Specifically, the SBH-ASO primary role and scope is the services, quality and metrics of crisis services and services for those who are uninsured, who meet non-Medicaid criteria.

PUBLIC COMMENT

- Vivian, Ombuds, shared that there are several senate and legislative bills being proposed for behavioral health. Vivian highlighted that there are proposed bills for a new mental health advanced directive bill and training for peer supports for certification.
 - Staff briefly discussed the Crisis Line Bill, referencing the House Bill 1477 (previously HB 1182).
 - Janet Nikolaus brought forth a homeless shelter bill SB 1507.

GOOD OF THE ORDER

- Next meeting is June 4, 2021.

ADJOURNMENT – Consensus for adjournment at 11:35 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	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	Jenny Oppelt, Clallam County
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	Dawn Brown, PBH

Jon Stroup, SBH-ASO Advisory Board		Vivian Morey, Ombuds
Janet Nickolaus, SBH-ASO Advisory Board		
Excused:		
Helen Haves, SBH-ASO Advisory Board		
Roberta Charles, SBH-ASO Advisory Board		

NOTE: These meeting notes are not verbatim.

Mental Health Block Grant Plan 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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	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.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Educational Programs		0	0	proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Group Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Laboratory Services		0	0	proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$0.00
Parent/Caregiver Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

<i>Outcomes and Performance Indicators:</i>				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00
Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$800.00
Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Attachment 6.a.1

Trained Behavioral Health Interpreters	<i>Begin writing here: Individuals presenting with need for interpreter services will have access.</i>	1	4	Enter budget allocation to this proposed activity \$800.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.</i>				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$0.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children's Residential Mental Health Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$164,177.00
Mobile Crisis	<i>Begin writing here: Each individual within the Salish region will have access to Mobile Crisis Outreach services as needed.</i>	250	3000	Enter budget allocation to this proposed activity \$116,677.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.</i>	70/month	700/month	Enter budget allocation to this proposed activity \$47,500.00
<i>Outcomes and Performance Indicators: Each individual within Salish region will have access as identified in reported encounters. Providers will meet response timelines as written in contract.</i>				
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	<i>Cost sharing</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$164,977.00

Substance Abuse Block Grant Plan 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)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.</i>	12	<i>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.</i>	Enter budget allocation to this proposed activity \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:0</i>	0	<i>Begin writing here:0</i>	Enter budget allocation to this proposed activity \$0.00
Brief Intervention	<i>Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	250	<i>Begin writing here:Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	Enter budget allocation to this proposed activity \$370,281.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>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.</i>	0	<i>Begin writing here: Screening is evidenced in 90% of reviewed files.</i>	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	<i>Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.</i>	25	<i>Begin writing here: Assessments are completed upon request for any individual presenting for services without Medicaid and meeting low-income requirements.</i>	Enter budget allocation to this proposed activity \$3,750.00
*Engagement and Referral (required)	<i>Begin writing here: Providing engagement, triage and referral to services within the community upon contact.</i>	200	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	Enter budget allocation to this proposed activity \$39,275.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment.</i>	11	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist plicy and procedure.</i>	Enter budget allocation to this proposed activity \$525.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.</i>	20	<i>Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$14,750.00
Group Therapy	<i>Begin writing here: Provide services for uninsured, under insured, low income individuals who are not eligible for Medicaid as part of service package.</i>	45	<i>Begin writing here: Evidence of treatment encounters appropriate to ASAM level of care as indicated by assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$29,700.00
	<i>Begin writing here:</i>		<i>Begin writing here:</i>	Enter budget allocation to this

Family Therapy		0		proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	9	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$25,000.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	10	<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.</i>	Enter budget allocation to this proposed activity \$5,000.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00

Attachment 6.a.2

Management				
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here: Secure withdrawal management services.</i>	10	<i>Begin writing here:</i>	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)	<i>Begin writing here: Addressed above in Interim services</i>	0	<i>Begin writing here: Addressed above in interim services.</i>	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	10	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$1,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	30	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$2,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	25	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.</i>	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
<i>Begin writing here: Interpreter services for individuals accessing services.</i>				
Grand Total				\$604,811.00



Salish Behavioral Health Administrative Services Organization

Quality Management Program Evaluation

(January 2020 – December 2020)

Prepared by: Jolene Kron, MA, LMHC
Deputy Administrator/Clinical Director

Overview

The Salish Behavioral Health Organization (SBH-ASO) Quality Management Plan is a working document created to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health crisis services and non-Medicaid services delivered within the three counties served by the SBH-ASO: Clallam, Jefferson, and Kitsap. The plan describes the activities and meetings to achieve these goals, as well as how SBH-ASO collaborates with the community, stakeholders, providers, and individuals.

This report presents the evaluation summary of the Quality Management Plan and the Quality Assurance Program in general. This report is reviewed by the SBH-ASO Leadership Team, SBH-ASO Internal Quality Committee, our regional Quality Assurance and Compliance Committee (QACC), and our Advisory and Executive Boards.

The review period includes January 1, 2020 through December 31, 2020. SBH-ASO was responsible for the administration of Crisis Services to the 3-County region as well as services to non-Medicaid individuals within available resources.

SBH-ASO Accomplishments

SBH-ASO transitioned into fully integrated managed care January 1, 2020. Since that time, SBH-ASO has been focused on continuing the high caliber of work, including the provision of technical assistance to our provider network and associated communities.

Accomplishments from this reporting period:

- Completed first year of operations as an administrative services organization (ASO). This included the transition integrated managed care during the COVID-19 pandemic.

- Implementation of the Salish Regional Crisis Line (SRCL) providing 24-hour toll-free crisis line services to all individuals within the Salish region. This project included a change in provider, change in phone number, and direct community marketing to increase awareness.
- Development and implementation of a new Utilization Management Program and supporting web-based application (Salish Notification and Authorization Program: SNAP).
- Provided or facilitated suicide awareness training for contracted providers as well as community members across the region.
- Maintenance of a high level of provider support and technical assistance to crisis and non-crisis provider networks.
- Development and implementation of Critical Incident Reporting online form
- Implementation of electronic submission for Crisis Alert Notices to the Salish Regional Crisis Line
- Developed Capacity Monitoring tool in spring 2020 to monitor agency status and identify impact of COVID-19 on services.
- Successful maintenance of ASO operations and Provider support despite the decentralizing office operations due to COVID.
- Completion of Inter-Rater Reliability for all staff using the Utilization Management System in October 2020.

Summary of Activities

Compliance and Program Integrity

There were no substantive Compliance events logged during this reporting period. SBH-ASO developed and implemented a Credentialing process for all contractors. The SBH-ASO Compliance Officer changed in August of 2020. Due to COVID-19 restrictions, classroom-based Health Care Compliance Academy (HCCA) Training had to be delayed until August 2021. Both the Compliance Officer and Deputy Administrator/Clinical Director are registered for HCCA Training in August 2021.

Utilization Management and Reports

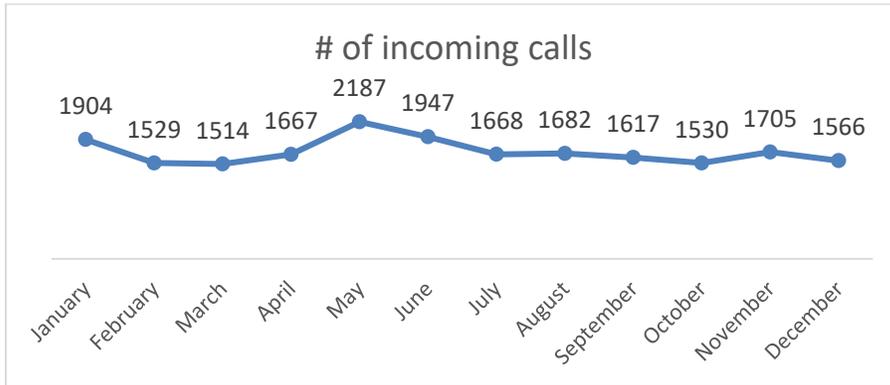
The SBH-ASO has provided Utilization Management reports to the Salish Provider Network via the monthly Salish Provider Meeting for review and monitoring. SBH-ASO generates these reports based on encounter data, the Salish Notification and Authorization System (SNAP), and crisis logs. These reports identify Salish Regional Crisis Line Metrics (SRCL), Authorization and Denial timeliness, and Designated Crisis Responder (DCR) response times.

Quality Indicators

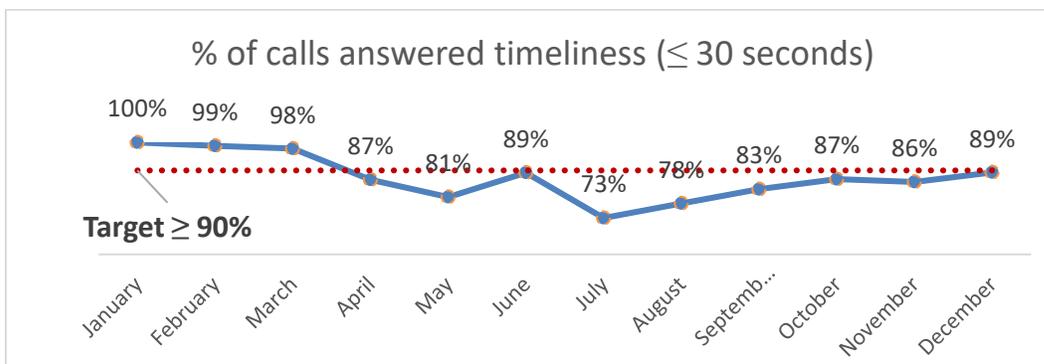
For this reporting period, the SBH-ASO had three Quality Indicators that were of focus. Please see SBH-ASO summary tracking of all measures below.

Salish Regional Crisis Line:

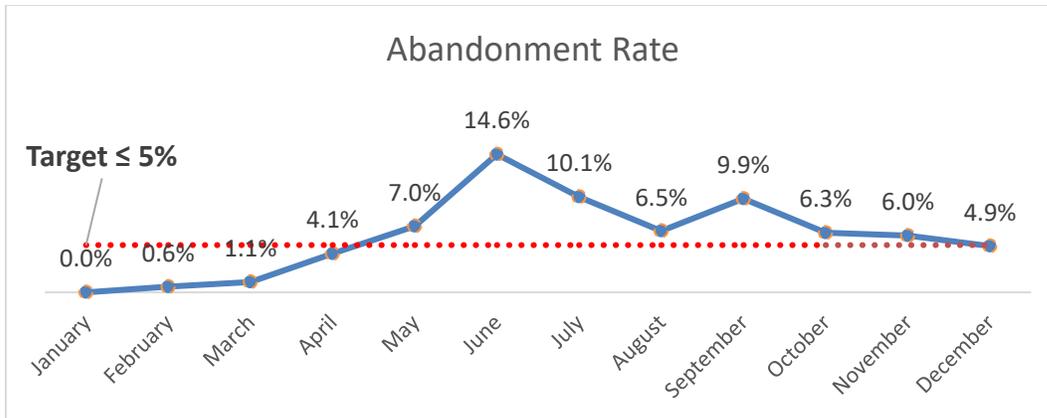
The first table shows the number of incoming calls to the SRCL. The anticipated number of calls at implementation of the new crisis line was approximately 850 per month. SBH-ASO has noted more than twice the number of anticipated calls consistently for the full year of 2020. The average number of calls monthly was 1710.



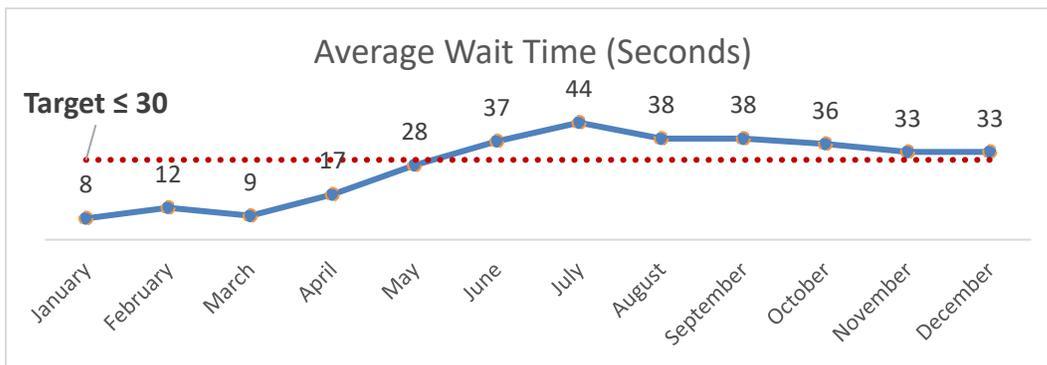
The target metric is that 90 percent of calls received are answered within 30 seconds or less. The following table reflects the monthly percentage of calls answered within 30 seconds or less for the SRCL. Following the onset of COVID, the metric fell below the target and remained below for the remainder of 2020. SBH-ASO worked with its contractor to attempt to remediate this challenge. Contributing factors included staffing issues and higher call volume than expected. Staffing issues impacting answer speed and call length included workforce shortage, COVID-19 related staffing issues, and new staff training. The contractor was put on correction action plan related to this metric. This corrective action plan was initiated in December 2020.



The target metric for abandoned calls is five percent or less. The following table shows the monthly abandonment rate for 2020. Contributing factors mirror those mentioned for in the call timeliness section above. This metric was also included in the corrective action for the contractor.



The target metric for wait time is 30 seconds or less. The following table shows the average wait time for 2020.



Authorization and Denials Timeliness

SBH-ASO adheres to issuing the initial certification of all inpatient level of care authorization requests within 2-hours of receipt. For all months in review, Salish met this requirement.

For concurrent reviews of inpatient authorization requests, Salish adheres to the authorization decision being made within one business day of a complete request. For instances in which the treating provider did not supply enough information to make an authorization determination, the expectation is that the decision will be made within 3 calendar days from receipt. The following table outlines the average response time for concurrent reviews of inpatient level of care requests and includes those instances where additional information was needed to make the authorization decision. As noted, SBH-ASO met this metric throughout 2020.

Average Time to Decision in Calendar Days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.3	0.9	1.5	0.3	1.6	1.1	1.6	1.2	1.2	2.9	1.6	1.7

The Notification issuance timeline metric is 3 business days from time of decision related to inpatient treatment. Notification issuance timelines are indicated in the table below. A delay in notice issuance in March 2020 was found at the start of the pandemic and the transition to telework. Once this was identified, systems were put into place that identified a singular staff, with an identified back-up, who is responsible for issuing notices. This process continues to be evaluated and monitored by the Internal Quality Committee due to outliers.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	0.0	44.0	0.0	0.0	1.0	3.0	1.7	1.4	0.0	1.8	3.2

Crisis Response Timeliness:

The target metric is 95% of emergent cases responded to within 2 hours or less. DCR response time for emergent cases for the last quarter of 2020 averaged 98.1% of cases identified as emergent were responded to in 2 hours or less. Data prior to the final quarter is not reliable due to changes in the mechanism to gather data in early 2020.

Critical Incidents

There were zero critical incidents reported by providers in 2020 that met the HCA Contract definition requiring critical incident or population-based reporting. Salish BH-ASO continues to provide training and technical assistance to providers to ensure network wide understanding of reporting requirements. Salish BH-ASO has an electronic submission format to increase accuracy and ease of reporting.

Grievance System

The SBH-ASO has measures in place to monitor grievances on an ongoing basis with the assistance of the Ombuds. This includes quarterly tracking of grievances per contract requirements and deliverables submitted to the Health Care Authority. SBH-ASO did not have any Grievances reported in 2020.

Ombuds Services

Ombuds services are provided by Dispute Resolution Center of Kitsap County. The table below identifies total calls by quarter. Total Calls identifies all calls received by the Ombuds by quarter. ASO Calls identifies individuals who are non-Medicaid or do not provide enough information to identify Medicaid enrollment. The table indicates 83 percent of ASO attributed calls were resolved within 60 days of initial contact. SBH-ASO meets with the Ombuds to identify any trends, concerns, or barriers associated with service delivery.

Ombuds Services 2020

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2020 Total
Total calls received	23	25	22	22	53
ASO Calls	7	11	11	10	39
ASO Calls Resolved within 60 days	6	7	9	10	32

SBH-ASO Meetings

The SBH-ASO understands the importance of community collaboration. SBH-ASO facilitates regional meetings, such as the Crisis Providers Meeting, Integrated Providers Meeting, and Quality Assurance and Compliance Committee (QACC) meetings. The Integrated Provider Meeting engages both mental health and substance use disorder providers. SBH-ASO also participates in meetings with all seven tribes located within our region.

SBH-ASO continues to work with tribes and community providers to develop coordination and crisis plans for Tribal members and/or on Tribal lands. SBH-ASO continues to work closely Tribal partners as these responsibilities transition to the Health Care Authority. SBH-ASO intends to remain an active partner in Tribal Coordination within our region.

SBH-ASO continues to provide support and technical assistance to our providers, community partners, and Tribal partners. This includes participation in each 1/10th Committees across our region to provide information and resources.

Administrative and Fiscal Reviews

In early 2021, SBH-ASO conducted Administrative reviews for contract year 2020 with all contracted providers and Ombuds. The 2020 Administrative Review cycle is almost complete, with a few subcontractors needing to resolve Corrective Actions resulting from this review.

In March 2021, SBH-ASO began conducting Fiscal reviews for FY2020. These fiscal reviews are still in the process of being completed and will conclude in June of 2021.

Quality Management Plan

The SBH-ASO's Leadership Team reviews the Quality Management Plan annually, or more frequently as needed, to ensure it remains an accurate reflection of QA Program Activities and is effective. It is then presented for review and approval by the QACC members as well as SBH-ASO board members.

Future areas of focus:

The SBH-ASO considers its Quality Assurance Program a continually evolving program.

Planning for 2021 monitoring will include:

- Least Restrictive Order monitoring.
- Increased monitoring of over and underutilization of services for the non-Medicaid population.
- Increased monitoring and care coordination for the Medicaid individuals frequently accessing crisis services.
- Spend-down enrollment and agency support for Medicaid enrollment.
- Notification timeliness and content continues to be evaluated and monitored by the Internal Quality Committee due to outliers. This includes on-going review by the Medical Director.
- Continuing to monitor crisis line performance including the active Corrective Action Plan.



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD AND ADVISORY BOARD MEETING

DATE: Friday, September 17, 2021

TIME: 9:00 AM – 11:00 AM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/91069634743?pwd=YXFEdk9FM2x2UzI0UzI0QWl0US85QT09>

Meeting ID: 910 6963 4743

Passcode: 117019

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 910 6963 4743

Passcode: 117019

A G E N D A

[Salish Behavioral Health Administrative Services Organization – Executive Board](#)
[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 Executive Board Meeting Minutes for July 30, 2021 ([Attachment 5](#))
6. Action Items
 - a. [Summary Enhanced Block Grant Request for Proposals \(RFP\) Process and Advisory Board General Funding Recommendations \(Attachment 6.a.1 and Attachment 6.a.2\)](#)
 - b. [Approval of Enhanced MHBG and Enhanced SABG Plans \(Attachment 6.b.1, Attachment 6.b.2, and Attachment 6.b.3\)](#)
 - c. [SBH-ASO Letter of Interest Process for Recovery Navigator Program and Approval to Proceed with Contracting](#)
7. Informational Items
 - a. [Update on HB1310 and Regional Law Enforcement Response](#)
 - b. [Update on Changes to Behavioral Health Ombuds System](#)
 - c. [Olympic Community of Health Update](#)
 - d. [Advisory Board Update](#)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD AND ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

September 17, 2021

Action Items

A. SUMMARY OF ENHANCED BLOCK GRANT RFP PROCESS AND ADVISORY BOARD GENERAL FUNDING RECOMMENDATIONS (EXECUTIVE BOARD ACTION)

On May 24, 2021, SBH-ASO released email notification informing the community of an upcoming RFP for Enhanced Block Grant Funds. The notification outlined steps to be completed to be eligible for these funds if an entity wasn't a current SBH-ASO subcontractor. This notification was sent to the following entities across the 3-county region:

- Licensed Behavioral Health Agencies
- Federally Qualified Health Centers
- 7 Tribes
- Olympic Educational School District
- Current SBH-ASO subcontractors

The Enhanced MHBG and Enhanced SABG RFPs were released July 6, 2021 and closed August 5, 2021.

- No proposals were received for the \$250,000 of Enhanced MHBG funding.
- Twelve (12) proposals from four (4) agencies were received for the Enhanced SABG funding.
 - Proposals only received from agencies in Kitsap and Clallam counties
 - Enhanced SABG requests totaled \$455,631, leaving \$94,369 not requested.

The Advisory Board RFP Committee reviewed the proposals and met on August 30, 2021 to make recommendations. The recommendations are in the attached table "[Enhanced SABG RFP Summary and Recommendations](#)". The recommendation of the committee was to fund all requests fully. All votes were unanimous.

Additionally, SBH-ASO presented a plan for the \$250,000 of unrequested Enhanced MHBG and \$94,369 of unrequested Enhanced SABG. The Advisory Board RFP Committee agreed with SBH-ASO's plan. The recommendations are in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)."

B. APPROVAL OF ENHANCED MHBG AND SABG PLANS (ADVISORY BOARD ACTION) The Healthcare Authority requires Advisory Board Approval of Federal Block Grant Plans. With the addition of Enhanced MHBG and Enhanced SABG funds, SBH-ASO is required to submit two additional Block Grant Plans following their approval by SBH-ASO's Advisory Board. The attached plans are for July 1, 2021 – March 31, 2023. Both plans reflect the priorities identified by the Advisory Board during the February 2021 Board Meeting and the recommendations of the RFP Review Committee.

- Enhanced MHBG Plan

As noted during the summary of the RFP process, there were no proposals received for Enhanced MHBG funds. SBH-ASO staff recommendations were presented in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)" in the Agenda Item above. SBH-ASO is proposing \$125,000 of funding be allocated for Crisis Triage within Kitsap County, to include access by Jefferson residents if needed. SBH-ASO recommends allocating the remaining \$115,000 for outpatient treatment services in 2022. Staff will work with providers on a more specific plan for these outpatient treatment funds. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced MHBG Plan](#) attachment.

- Enhanced SABG Plan

This plan reflects the RFP Committee Recommendations and SBH-ASO staff recommendations. After allocation of funding by the RFP, SBH-ASO recommends the remaining funds be allocated for withdrawal management services (\$5000) and SUD Residential (\$91,800). These two priority categories were identified as needs in the SUD Needs Survey completed by SBH-ASO in Spring 2021. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced SABG Plan](#) attachment.

C. SBH-ASO LETTER OF INTEREST PROCESS FOR RECOVERY NAVIGATOR PROGRAM AND APPROVAL TO PROCEED WITH CONTRACTING (EXECUTIVE BOARD ACTION)

During the July 30th Executive Board Meeting, Staff provided a high-level summary of SB5476 (Blake Bill) and the role of BH-ASOs in developing new regional Recovery Navigator Programs. SBH-ASO's July 1st contract amendment with the Healthcare Authority included the requirement to plan and implement this new regional program at an extremely rapid pace. Due to the Program's staffing requirements, data reporting requirements and accelerated timeline for implementation, SBH-ASO determined that utilizing its existing contracted network within the 3-county region was the only approach to successfully launch this program by 11/1/21.

On July 29th, SBH-ASO sent email communication to its currently contracted network within the 3-county region seeking Letters of Interest for participation in this new program. Letters of interest were due by August 13, 2021. Letters of interest were received from 2 Clallam County agencies, 1 Jefferson County agency and 2 Kitsap County agencies. On August 25th, SBH-ASO received the final Uniform Program Standards and notification of its annual funding allocation of \$1,435,190. SBH-ASO has determined that the funding allocation is sufficient to support 5 subcontractors providing services within this new program. Approximate funding allocations of \$287,035 were shared with each interested agency and all agencies agreed that funds were sufficient to support their willingness to contract.

SBH-ASO is seeking Executive Board approval to proceed with contracting with the following agencies for the implementation of the Recovery Navigator Program: Reflections Counseling, Peninsula Behavioral Health, Discovery Behavioral Healthcare, Agape Unlimited and West Sound Treatment Center.

Informational Items

D. UPDATE ON HB1310 AND REGIONAL LAW ENFORCEMENT RESPONSE

During the July 30th Executive Board Meeting, Staff provided a high-level summary of HB1310 and the impact on the crisis system. SBH-ASO has taken several steps to support the local community and mitigate the risk of the breakdown of collaborative working relationships between behavioral health crisis agencies and law enforcement agencies.

On August 19th, SBH-ASO facilitated a regional meeting with law enforcement agencies surrounding the impact of HB1310 in the Salish community. SBH-ASO extended an invitation to every law enforcement jurisdiction across the region, Fire/EMS agencies and Behavioral Health Crisis Agencies. Attendance and participation far exceeded expectations. Participants expressed interest in continuing to hold this meeting on a quarterly cadence and SBH-ASO agreed to organize and facilitate.

SBH-ASO created a template for crisis teams to document their requests of law enforcement related to supporting crisis outreach and involuntary treatment investigations. The weekly tracking has indicated 21 contacts over the 5 weeks of tracking. This included 8 in Kitsap, 7 in Jefferson and 6 in Clallam (PBH). No law enforcement contacts have been reported by WEOS.

The Salish region continues to be fortunate that law enforcement jurisdictions are working with our providers to problems-solve challenges. Staff will discuss some early observations from the weekly tracking logs.

E. UPDATE ON CHANGES TO THE BEHAVIORAL HEALTH OMBUDS SYSTEM

In accordance with HB1086, the Ombuds program will be transitioning to a new state office of Behavioral Health Consumer Advocacy. This change is scheduled to fully actualize by October 1, 2022. Historically, the Regional Support Networks (RSNs), Behavioral Health Organizations (BHOs) and BH-ASOs were responsible for ensuring Behavioral Health Ombuds access within their Regional Service Area.

The Department of Commerce was tasked with the contracting for this new agency. The expected roll out will include a Request for Information (RFI) in late September/early October 2021, followed by a RFP in March 2022. Commerce expects to make a contracting decision in June 2022 for a contract start of July 1, 2022.

In a meeting on 8/30/21, it was discussed that ASO contracts will include the administration of Behavioral Health Ombuds services through October 2021 to support a smooth transition. Commerce stated that the chosen "independent non-profit" identified through the RFP will have full decision-making on how the program will be run going forward. Behavioral Health Ombuds across the state have expressed notable anxiety about the limited information being shared. Engagement of stakeholders has been limited. Current Behavioral Health Ombuds are concerned about job security and many programs have seen staff turnover this year. Planning at Commerce in partnership with HCA is still in the early stages.

F. OLYMPIC COMMUNITY OF HEALTH UPDATE

Executive Director, Celeste Schoenthaler, will provide an update on the work the Olympic Community of Health is leading in the region.

G. ADVISORY BOARD UPATE

Chair, Lois Hoell, will provide an update on behalf of the Advisory Board.

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

Friday, July 30, 2021

9:00 a.m. - 11:00 a.m.

VIRTUAL ONLY: ZOOM Virtual Platform

CALL TO ORDER – Commissioner Greg Brotherton, Chair, called the meeting to order at 9:00 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Greg Brotherton

MOTION: Tribal Representative Theresa Lehman moved to approve the agenda as amended. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Robert Gelder moved to approve the meeting notes as submitted for the March 19, 2021 meeting. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **SBH-ASO INTERLOCAL AGREEMENT**

While electing officers at the January 15, 2021, Executive Board Meeting, the Board commented on the lack of utility of having a Second and Third Vice-Chairs. With the term of the Interlocal Agreement ending on 12/31/2021, the July Board Meeting is an opportunity to take action on amending the terms of the SBH-ASO Interlocal Agreement.

The Interlocal Agreement has been attached in track changes. The only edits made by staff are the elimination of Second and Third Vice-Chairs in Sections D and E of Article VI.

MOTION: Tribal Representative Theresa Lehman moved to approve **SBH-ASO Interlocal Agreement**. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

➤ **SBH-ASO BUDGET UPDATE**

Changes in several SBH-ASO Revenue Contracts necessitated a mid-year budget update. There are several new funding sources included in SBH-ASO's July 1st HCA Contract Amendment. Additionally, there was a significant increase in revenue within SBH-ASO's Community Behavioral Health Rental Assistance Contract with the Department of Commerce. Staff has summarized changes in its annual revenue in the "Summary of Non-Medicaid Revenue" attachment. The blue column identifies anticipated revenue shared at and approved during the January 15, 2021, Executive Board Meeting. The grey column is an updated annual estimate for calendar year 2021 revenue.

Planned changes in SBH-ASO Expenditures is summarized in “Non-Medicaid Expenditure Summary”. The middle column of the attachment reflects expenditures approved during the January 15, 2021, Executive Board Meeting. The far-right column reflects updated expenditures to align with changes in revenue.

Staff anticipates receiving at least 2 off-cycle amendments from HCA before the end of the calendar year. The proposed budget does not include this anticipated revenue as sufficient details has not yet been provided by the HCA.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seek the Board’s approval.

Reviewed the significant increase in revenue within SBH-ASO’s Community Behavioral Health Rental Assistance (CBRA) Contract with the Department of Commerce. Salish is unique that we contract with Coordinated Entry sites for these housing funds and that Salish the highest spending region in the state.

Discussed that there is more structure in some housing programs, and there are priorities of those who are discharging from inpatient settings or individuals at risk of homelessness and have a documented behavioral health condition. Originally HCA rolled out HARPS for short term subsidies, the general and SUD subsidies are continued through HCA. HCA contracted with Department of Commerce for the long-term subsidy. CBRA will be funded by Department of Commerce and HARPS will be funded under HCA.

Reviewed Attachments 6.b.1 and 6.b.2.

Inquiry regarding if these additional funds would address gaps in our 2020 budget and any foreseeable gaps in the future. SBH-ASO was expecting enhanced COVID Block Grant Funds but were not aware that there would be subcategories within the funds. Additionally, the Peer Pathfinders from incarceration from the block grant funds were not expected. Noted that there are funds allocated for SBH-ASO to sponsor trainings across the region. SBH-ASO is developing a plan for 2022 implementation for the crisis services block grant funds. . SBH-ASO is continuing to wait for more details about the additional crisis outreach funds from the HCA. Responding specifically to the potential for foreseeable gaps, the SBH-ASO will know more towards the end of the calendar year, 2021. Discussed that the services gaps will likely be reducing based upon these additional funds being contracted to agencies, however, the challenge with procuring sufficient qualified workforce to provide the services is an on-going challenge. There are still additional funds from the American Rescue Plan to be contracted by the HCA to ASO’s, likely not to be distributed until 2023.

Inquiry regarding SBH-ASO administrative funding and if there is a strain with new funding sources and programming. SBH-ASO will be staffed appropriately with additional staff covering the SB5476 implementation and Program Specialist, which is in active recruitment to provide some support to the team to successfully manage the new funding and programs.

MOTION: Commissioner Rob Gelder moved to approve the SBH-ASO Budget Update. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

➤ **SBH-ASO POLICIES AND PROCEDURES**

Changes in the January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

The following policies have been included for the Board's approval:

AD101 Policy Development and Review

AD102 Provider Network Selection and Management

AD105 Customer Service

CL205 Monitoring of Conditional Release, Less Restrictive and Assisted Outpatient Treatment Orders

CP301 Compliance and Program Integrity

CP303 Fraud, Waste and Abuse Compliance Reporting Standards

QM701 Quality Management Plan

UM802 Notice Requirements

UM803 Authorization for Payment of Psychiatric Inpatient Services

PS908 Workstation and Portable Computer Use

PS909 Protected Health Information Data, E-mail and Internet Security

PS910 Password Protection

PS911 Administrative Requirements Documentation

Inquiry regarding policies and procedures related to telework and information security. As Kitsap County is the oversight for policies related to telework, the Kitsap County is continuing to evaluate and provide updates.

SBH-ASO's information security is managed by Kitsap County. The Kitsap County Information Services Department is working to ensure the safe management and security of our information and SBH-ASO noted no concerns regarding our information security.

MOTION: Commissioner Robert Gelder moved to approve SBH-ASO Policies and Procedures. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **HB1310 AND CRISIS SYSTEM IMPACT**

High Level Summary of HB1310

- Replaces existing use of force statute with a new provision that authorizes the use of physical force when necessary to: protect against criminal conduct where there is probable cause to make an arrest; effect an arrest; or prevent escape as defined under chapter 9A.76 RCW; or

protect against an imminent threat of bodily injury to the peace officer, another person, or the person against whom force is being used.

- Authorizes a law enforcement officer to use deadly force only when necessary to protect against an imminent threat of serious physical injury or death.
- Establishes a Duty of Reasonable Care for law enforcement officers:
 - When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force,
 - When using physical force, use the least amount of physical force necessary to overcome resistance under the circumstances,
 - Terminate the use of physical force as soon as the necessity for such force ends,
 - When possible, use available and appropriate less lethal alternatives before using deadly force, and
 - Make less lethal alternatives issued to the officer reasonably available for their use.
- By July 1, 2022, the Attorney General will develop and publish a model policy on law enforcement use of force and de-escalation tactics.
- Requires law enforcement agencies to submit their use of force policies to the Attorney General.

Crisis System Impact

Law enforcement has a long-standing role supporting the safe delivery of crisis services, including involuntary treatment services, in the community. Crisis teams across the state have been supported by law enforcement when conducting community-based crisis outreaches. Law enforcement also assists with transporting individuals that meet criteria for involuntary detention (ITA).

On a routine basis, law enforcement has provided support to Designated Crisis Responders (DCRs) in the community by securing the scene, supporting EMS for transport, and providing direct transport. Law enforcement has also picked up individuals who had court orders mandating inpatient care. Independent of crisis teams, law enforcement would also transport someone they encountered who was in distress and transport to an emergency department, if they felt that was appropriate.

Expected changes due to HB1310 will, and in many cases already has, disrupted the current process. Law enforcement interpretation on this law is currently in flux. The consequences seen so far include jurisdictions that will not respond to any behavioral health call, jurisdictions responding but acting in an observational role, or jurisdictions responding but leaving if no crime is being committed or imminent risk identified. Law enforcement will no longer provide transport or respond for pick up orders. This has also impacted EMS response in some areas as they will not transport without law enforcement participation.

These changes have led to crisis teams across the state expressing concerns about being able to complete community outreaches in a safe manor. This leaves crisis teams in situations where the person may meet criteria for involuntary detention but cannot be transported and therefore, must be left in the community. Crisis teams and law enforcement are working to develop plans and protocols in a continuously changing landscape.

Staff will discuss this in greater detail, including actions taken to support crisis teams and the local community.

SBH-ASO coordinated with all the law enforcement jurisdictions, including Tribal police, Fire, EMS, and National Park Rangers across the Salish region, to solicit the current stance and response to behavioral health dispatch related to HB 1310. Noted that within Salish region, there is only one law enforcement jurisdiction that indicated they would not respond when a behavioral health dispatch is requested. SBH-ASO has noted that some law enforcement jurisdictions will respond only in coordination with co-response of a mental health professional. Some law enforcement will provide response and support only if they have identified a felony being committed. Some law enforcement will arrive on scene but leave when there is not imminent risk identified. Law enforcement agencies are concerned about creating a situation where they are causing an escalation of behaviors.

Discussed concerns regarding community response from our Mobile Crisis Outreach Teams (MCOT) as law enforcement agencies may not respond. SBH-ASO and MCOT have concerns from how an individual can be transported safely to a hospital for medical clearance for an involuntary treatment evaluation or the inability to execute a non-emergent order (i.e.: pick up order) without law enforcement if the individual is not voluntary. Our regional behavioral health crisis teams are coordinating with law enforcement agencies regarding HB 1310 implementation.

Washington Sheriff and Police Chiefs (WASPC) drafted a letter to the bill sponsor representative, Jesse Johnson, requesting that Representative Johnson reach out directly to the Attorney General for more guidance. SBH-ASO inquired as to whether the Health Care Authority (HCA) had any intentions or plans to directly reach out to the Attorney General's office. The HCA noted that they were in conversations but had no plan to request guidance. The SBH-ASO is not an entity that can request guidance from the Attorney General. At this time SBH-ASO is not aware that the Attorney General has been asked to weigh in and provide any guidelines.

SBH-ASO is requesting regional crisis behavioral health agencies track requests to law enforcement and document the response to the request for support. SBH-ASO created a standard template for crisis agencies to utilize for this reporting.

The SBH-ASO is not requesting any action at this time and will provide updates at our next Executive Board meeting. Request to identify regional information related to law enforcement response and situations that reflect the impact of HB 1310.

➤ **SB5476 (STATE V BLAKE) AND THE ROLE OF BH-ASO**

SB5476 is the Legislature's response to the *State v. Blake* decision. Prior to this decision, a person could be found guilty of felony possession of controlled substance without proof that the defendant knew they had possessed the substance. In the *State v. Blake*, the Washington Supreme Court found this statute to be unconstitutional, holding that the Legislature's criminalization of passive conduct with no requirement to prove criminal intent is a violation of due process.

Some of the immediate consequences of *State v. Blake* include, but are not limited to:

- Washington sentences for simple possession of a controlled substance were invalidated
- Immediate release of all pre-trial detainees who's only charged offenses are simple possession

- Remand of drug court participants who's only underlying charge is simple possession and dismiss their charges

Four key elements included in SB5476 include:

Penalty: Adults and juveniles who are in possession of a controlled substance will be subject to a misdemeanor. This has a sunset clause and unless the legislature acts by July 2023 simple possession will be decriminalized.

Law Enforcement Diversion: Law Enforcement are required to offer those in violation of simple possession a "referral to assessment and services" for at least the first two violations
Prosecutor Diversion" The "prosecutor is encouraged to divert cases under this section for assessment, treatment or other services."

Funding: the bill includes \$82,150,000 in funding for treatment of substance abuse

Additional Blake Funding is also in the operating budget (\$86,5000,000)

Role of BH-ASOs

Per SB5476, each BH-ASO must establish a recovery navigator program that provides community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorders.

SB5476 provides \$2.8mil in funding for BH-ASO staff positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care.

SB5476 provides \$42mil in funding to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes.

Next Steps

- HCA is currently drafting program standards for the Recovery Navigator Program.
- HCA requiring BH-ASOs have a Recovery Navigator Program Administrator in place by July 31, 2021.
- HCA program standards expected to be released in August 2021.
- HCA requiring BH-ASOs to submit progress report on implementation of their regional program by September 1, 2021.
- HCA requesting that regional programs be in place by November 1, 2021.

SBH-ASO reviewed whether the Blake Decision would impact an individual's access to services. There is a significant portion of individuals in drug court that also have Medicaid and could continue to access treatment under that benefit. SBH-ASO conducted a survey of all regional drug courts and only identified one individual that would have lost access, but due to the individual already being enrolled in drug court at the time they have continued access.

The Blake Funding may not include legal financial obligations (LFO's), but some of the biennial operating budget contains funds to support program and municipalities obligations.

Indicated that change in language from SUD Navigators to Recovery Navigators as this program is intended to provide Law Enforcement with the role of a referral source for diversion. The Recovery Navigator program is expanding to a full continuum of community support and outreach services for individuals who may or may not be justice involved.

Noted that the acronym LEAD has been updated to “Let Everyone Advance with Dignity.”

➤ **2020 SBH-ASO QUALITY MANAGEMENT PROGRAM EVALUATION REPORT**

SBH-ASO completed an annual review of its Quality Management Program for calendar year 2020. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed. The annual report is attached for the Board’s review. Staff will discuss in greater detail.

Reviewed the SBH-ASO Quality Management Program Evaluation Report. SBH-ASO reported highlights and accomplishments over the 2020 year. Noted the successful implementation of the Salish Regional Crisis Line as provided by Volunteers of America (VOA) in 2020. Reviewed that VOA as of July 2021 is within the required metrics due to staffing and education for new staff. Noted previous challenges related to COVID, staffing retention, and remote work plan implementation. Reviewed successful implementation of our Utilization Management system and SBH-ASO staff have consistently met required metrics to respond to utilization management requests within the required timelines.

SBH-ASO has received no formal grievances or appeals since the ASO’s inception. The SBH-ASO works with Ombuds related to their timelines. In discussions related to Ombuds and grievances, the SBH-ASO has requested data from the MCO’s in our region related to identified enrollee grievances in our region but have not received any response. MCO’s are required to provide this information to HCA. SBH-ASO Ombuds noted that there have been challenges in coordinating with MCO’s to support Medicaid enrollee’s due to privacy.

➤ **2022 EXECUTIVE BOARD MEETINGS**

Remaining Executive Board Meetings in 2021 include a Joint Executive/Advisory Board Meeting on September 17th and a standard Executive Board Meeting on November 19th. Both meetings are currently scheduled as Zoom only.

As many facilities continue to exercise caution and continue to suspend facility reservations, coordinating meeting space to allow for safe distancing could be challenging. Staff would like to discuss the continuance of virtual Executive Board Meetings for the remaining 2 meetings in 2021. Staff would like to discuss Board preference for in-person versus virtual meetings in calendar year 2022.

The Board commented that remaining 2021 Executive Board Meetings should be held virtually and that plans for 2022 logistics can be addressed closer to the end of the calendar year.

➤ **SBH-ASO ADVISORY BOARD UPDATE**

- Block Grant Review Committee (2 Clallam, 1 Jefferson, and 2 Kitsap volunteers)
- Proposals will be provided to the Committee members for review August 6th-30th

- Staff will convene the Review Committee the week of August 30th.
- Recommendations will be shared during the Joint Executive/Advisory Board Meeting on September 17th.

SBH-ASO noted that the RFP is closing next week. mandatory bidders conference was open to all our current contractors as well as community entities. There were 10 of our current 14 outpatient providers were present at the mandatory bidder's conference, and those 10 will be able to submit proposals. SBH-ASO will make full recommendations to the Joint Executive/Advisory Board Meeting on September 17th.

PUBLIC COMMENT

- G'Nell Ashley, Reflections, discussed frustrations of not having enough clinical staff to fill the roles of these new innovative programs, let alone continue to keep the employees currently employed at a wage that is respectable. Requested more support and funding for SUD services. Noted that she is struggling to keep their doors open and pay our staff a reasonable wage.
 - Theresa Lehman, Tribal Representative, provided feedback specific to Clallam County. Theresa noted that Clallam County has significant struggles with finding professionals and a high number of professionals in the area are retiring. Discussed encouraging coordination with local colleges to help educate and promote new professionals.
 - Zoom Chat noted appreciation for G'Nell providing her comment.
- Lori Fleming, Jefferson County's Community Health, Appreciated the coordination with SBH-ASO and the Behavioral Health Consortium in Jefferson County. Highlighted that the Behavioral Health Consortium is directly benefiting from Jolene participating and provide updates every year. She offered that the Behavioral Health Consortium can provide support as needed or requested by the SBH-ASO.

GOOD OF THE ORDER

- Joe Roszak, KMHS, commented in Zoom Chat appreciation to SBH-ASO staff for their coordination with regards to HB1310 and providing updates

ADJOURNMENT – Consensus for adjournment at 11:12 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Helen Havens, SBHASO Advisory Board and 1/10 th of 1% Advisory Board
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services Director	Lori Fleming, Jefferson County's Community Health
Theresa Lehman, Tribal Representative	Dr. Glenn Lippman, SBH-ASO Medical Director	Joe Roszak, KMHS
Celeste Schoenthaler, OCH Executive Director	Martiann Lewis, SBH-ASO Care Manager	Lisa Rey Thomas, UW Addictions, Drug and Alcohol Institute

None Excused.

G'Nell Ashley, Reflections

NOTE: These meeting notes are not verbatim.

Enhanced SABG RFP Summary and Recommendations

County	Agency	Program	Priority	Program Description/ Major Features	Number Served	Amount of Request	Comments	Recommendations
Kitsap						\$259,100.00		
	Agape	Treatment Services	Adult	Un/Underinsured outpatient services to 126 individuals including 12	126	\$89,100.00	\$700 monthly case rate, \$75 per assessment	Reasonable cost, recommend full costs
	West Sound Treatment Center	SABG Treatment Services	Adult		12/month	\$80,000.00	\$700 monthly case rate, \$150 assessment only, \$25 per peer session; 30% IUID; approx 14% PPW	Recommend full funding
		SABG Recovery Supports	Transportation and employment support	Vocational services and transportation	66	\$30,000.00	\$25/hr vocational services; \$20/30 minutes of transportation (\$200 annual max per person)	Recommend full funding
		PPW Housing	PPW	Rental subsidies for sober living program	9	\$30,000.00	\$350/month per individual	Recommend full funding
		Vocational Services	Innovative	Vocational Navigator program support funding (ID, training costs, GED,	40	\$20,000.00	\$500 cap per individual	Recommend full funding
		ACES Training	Training	Training to 27 staff	N/A	\$10,000.00	Kitsap Strong to provide the training for agency staff, billed on an hourly basis	Recommend full funding
Clallam						\$196,530.56		
	Reflections	Under/Non-insured Treatment	Adult and youth	Covers uninsured individuals as well as individuals with insurance but cannot afford	13-18 per month, including 1 youth	\$90,000.00	\$750 monthly case rate; \$150 assessment only	Recommend full funding
		Mindful Body Recovery Support	Recovery Support and PPW	Client driven support services including passes to facilities	20 clients per month	\$18,000.00	\$1000 per month/\$50/individual	Recommend full funding
		SENSIIST	Innovative	Automated messaging platform to support treatment participation	up to 500 users	\$11,150.00	\$485 per month; \$2400 development	Recommend full funding
		Staff Training	Training	1. Person-Centered Experiential Therapy; 2. LGBTQ+ Youth; 3. "Essential-Self" Care	N/A	\$2,541.56	Cost per training. 10 staff for #1 and #2. 3 staff for #3	Recommend full funding
	True Star	True Star Treatment Services	Youth	3-5 youth per month in treatment including UA services	25-35	\$69,369.00	\$700 monthly case rate	Recommend full funding
		True Star Recovery Supports	Recovery supports and Transportation	Transportation including bus passes and communication support	5/month for 18 months	\$5,470.00		Recommend full funding
Jefferson								
Total Enhanced SABG Requested						\$455,630.56		

Recommendations for Unrequested Enhanced Block Grant Funds

Enhanced MHBG Recommendations for Unrequested Funds		
Crisis Stabilization	\$125,000	\$25,000 per quarter 10/2021-3/2023 (Kitsap and Jefferson)
Outpatient Treatment for 2022	\$115,574	
SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
SBH-ASO Administration	\$30,619	
Total	\$306,193	

Enhanced SABG Recommendations for Unrequested Funds		
Withdrawal Management	\$5,000	Funding for 5-8 individuals treatment
SUD Residential	\$91,800	Funding for 15 individuals treatment
Total	\$96,800	

Enhanced Block Grant Plans Summary			
	Recommendation	Funding	Comments
Mental Health Block Grants			
MHBG	SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
	Crisis Stabilization	\$125,000	\$25,000 per quarter (Kitsap and Jefferson)
	Outpatient Treatment for 2022	\$115,574	
	SBH-ASO Administration	\$30,619	
Total MHBG		\$306,193	
Crisis MHBG	Mobile Crisis Outreach	\$67,010	
MHBG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	
Substance Abuse Block Grants			
SABG	RFP to Providers and Community Partners	\$455,693	Allocated as indicated in RFP Summary
	Training	\$24,406	Peer, Diversity, ASAM
	Withdrawal Management	\$5,000	
	SUD Residential	\$91,800	
	SBHASO Administration	\$64,099	
Total SABG		\$640,998	
SABG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	

**MHBG Covid Supplemental Funding
(expended by March 31, 2023)
Proposed Project Summaries and Expenditures**

BH ASO: **Salish** Funding amount: **\$306,193.00**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Mental Health Block Grant Waiver Provisions/SAMHSA Recommendations:				\$0.00
Crisis Line: Operation of an access line, crisis line, or warm lines to address any mental health issues for individuals.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Training/Equipment MH Crisis Response Services: Training of staff and equipment that supports enhanced mental health crisis response and services.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mental Health Awareness training for first responders and others.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Hire of outreach and peer support workers for regular check-ins for people with SMI/SED.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	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.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	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.				\$115,574.00
Individual Evidenced-Based Therapies	<i>Begin writing here: Provide direct outpatient services to non-Medicaid individuals.</i>	1	13	Enter budget allocation to this proposed activity \$115,574.00
Group Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outcomes and Performance Indicators: Service access for individuals who are non-Medicaid evaluated during monitoring review.				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Laboratory Services	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>			Enter budget allocation to this proposed activity

		0	0	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here:</i>	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-directed life, and strive to reach their full potential. \$0.00

Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	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. \$0.00

Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED. \$0.00

Assertive Community Treatment	<i>Begin writing here:</i>			Enter budget allocation to this proposed activity
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		0	0	\$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$125,000.00
Crisis Residential/Stabilization	<i>Begin writing here: To provide funding for non-Medicaid facility-based crisis stabilization in Kitsap County for Kitsap and Jefferson residents at \$25,000 per quarter</i>	0	63	Enter budget allocation to this proposed activity \$125,000.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children's Residential Mental Health Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Decrease in inpatient treatment needs by providing crisis stabilization. 3-5 day stay per individual. Decrease in requests for inpatient treatment.				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$0.00
Mobile Crisis	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
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.				\$65,619.00
Workforce Development/Conferences	<i>Begin writing here: Funding to support implementation and monitoring of this MHBG plan. \$35,000 to support regional Peer Certification training, diversity training, and directed staff training.</i>	0	0	Enter budget allocation to this proposed activity \$65,619.00
Grand Total				\$306,193.00

Covid Enhancement MHBG - Crisis Services Set Aside (expended by March 31, 2023)

Funding Amount: \$67,010.00

Category	Provide a brief plan of action for each supported activity.	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Crisis set aside - services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services				\$67,010.00
24-hour-a-day emergency care services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mobile Crisis Services	<i>Begin writing here: Enhancement of current mobile crisis services across the Salish region. Expansion of current capacity to continue to meet the needs of our communities.</i>	2	18	Enter budget allocation to this proposed activity \$67,010.00
Crisis Lines	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Designated Crisis Responders (DCR) services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$67,010.00

MHBG Covid Supplemental Funding (expended by March 31, 2023) Proposed Project Summaries and Expenditures

Funding Amount: \$71,000

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
Enhance jail transition programs intended to serve those who are exiting correctional facilities in Washington state who have a suspected Substance Use Disorder (SUD) and/or Behavioral Health (BH) conditions. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	<i>Begin writing here: Provide for the additional of peer staff to support jail transitions programs in supporting incarcerated individuals to re-integrate into the community.</i>	15	Enter budget allocation to this proposed activity \$71,000.00

SABG Covid Supplemental Funding (expended by March 31, 2023)			
BH ASO:		Salish	Funding amount: \$640,998.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Proposed Total Expenditure Amount
Substance Abuse Block Grant Waiver Provisions/SAMHSA Recommendations:			
INTERVENTION			\$0.00
In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
TREATMENT			\$0.00
Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.		0	Enter budget allocation to this proposed activity \$0.00
Medication assisted treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports: Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication assisted alcohol treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Operation of an access line, crisis phone line or warm lines by treatment providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of technical assistance.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
RECOVERY SUPPORT SERVICES			\$38,000.00
Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.	<i>Begin writing here: Provision of recovery services within community organizations to support development of recovery skills.</i>	0	Enter budget allocation to this proposed activity \$18,000.00
Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.	<i>Begin writing here: Sponsoring a Certified Peer training within our region.</i>	0	Enter budget allocation to this proposed activity \$20,000.00
Operation of an access line, crisis phone line or warm lines by recovery support providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity

			\$0.00
<i>Outcomes and Performance Indicators:</i> Train as minimum of 15 individuals in the satte approved certified peer training, including access to testing.			
INFRASTRUCTURE			\$12,050.00
Purchase of Personal Protective Equipment for staff and persons receiving SUD services.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.	<i>Begin writing here: Development of technology for client follow-up to support treatment .</i>	100	Enter budget allocation to this proposed activity \$12,050.00
Hiring of outreach workers for regular check-in for people with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Provision of workforce support.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Individuals will have reminders and tracking of terament goals by app if desired. Increase efficacy of treatment for these individuals.			
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:			\$0.00
*PPW Outreach (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Brief Intervention	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Drug Screening	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$4,369.00
Assessment	<i>Begin writing here: Assessment for individuals who present un or under insured.</i>	30	Enter budget allocation to this proposed activity \$3,469.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$900.00

*Interim Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals have access to assessments in real time, within available resources.</i>			
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.			\$325,000.00
Individual Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$110,000.00
Group Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$215,000.00
Family Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals who qualify have access to treatment services, within available resources.</i>			
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.			\$36,500.00
Case Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here: Provide vocational support to individuals who do not qualify for toher vocational programs.</i>	40	Enter budget allocation to this proposed activity \$36,500.00
<i>Outcomes and Performance Indicators: Non-Medicaid, low-income individuals have access to vocational assistance. Individuals will receive support and access employment.</i>			
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.			\$30,000.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00

Supported Education	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here: Housing subsidies for PPW housing program</i>	9	Enter budget allocation to this proposed activity \$30,000.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: PPW access to clean and sober housing program.</i>			
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.			\$0.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Sobering Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$96,800.00
Sub-acute Withdrawal Management	<i>Begin writing here: Provides funding for withdrawal management for non-Medicaid individuals</i>	5	Enter budget allocation to this proposed activity \$5,000.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Provide SUD residential treatment services in the 3 facilities within the Salish region.</i>	0	Enter budget allocation to this proposed activity \$91,800.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00

Involuntary Commitment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Access to services for low-income, non-Medicaid individuals within available resources.</i>			
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.			\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
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.			\$17,568.00
*Interim Services (required)	<i>Begin writing here:</i>		Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:Provide bus passes and gas vouchers to support access to treatment and recovery supports.</i>	85	Enter budget allocation to this proposed activity \$17,568.00
*Childcare Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Transportation is not a barrier to access to treatment services. Individuals have access to support within available resources.</i>			
*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.			\$80,712.00
<i>Begin writing here: funds for administration and monitoring of the block grant plan. \$4406 for additional training.</i>			
Grand Total			\$640,999.00

**SABG Covid Supplemental Funding
(expended by March 31, 2023)**

BH ASO:

\$71,000.00

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Adults	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services	<i>Begin writing here: Add Peer support services to Jail Transitions</i>	15	Enter budget allocation to this proposed activity \$71,000.00



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, December 3, 2021
TIME: 10:00 AM – 12:00 PM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://us06web.zoom.us/j/98760691213>

Meeting ID: 987 6069 1213

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 987 6069 1213

A G E N D A

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

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for June 4, 2021 (Attachment 5)
6. Action Items
 - a. Reappointment of Advisory Board Members
 - b. Approval of January-June 2022 Federal Block Grant Plans (Attachment 6.b.1 and Attachment 6.b.2)
7. Informational Items
 - a. Update on New Behavioral Health Programs
 - b. Update on Advisory Board Recruitment Efforts
 - c. 2022 Advisory Board Meeting Schedule
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

December 3, 2021

Action Items

A. REAPPOINTMENT OF ADVISORY BOARD MEMEBERS

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

The following Advisory Board Members have expiring terms:

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

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

B. APPROVAL OF JANUARY-JUNE 2022 FEDERAL BLOCK GRANT PLANS

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

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

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

Informational Items

A. UPDATE ON NEW PROGRAMS

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

Recovery Navigator Program

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

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

SBH-ASO has been working with providers on the REAL Program roll out since late summer. The SBH-ASO plan was approved on November 1st. Since that time, agencies have been working diligently to get staffing in place. There are five teams across the region: Peninsula Behavioral Health and Reflections in Clallam County; Discovery Behavioral Health in Jefferson County; and Agape and West Sound Treatment Center in Kitsap County. Each team includes a Project Manager, Outreach Coordinator/Care Manger, and Recovery Coaches. The teams will coordinate with law enforcement, existing navigator programs, and community members to provide support to individuals who have challenges accessing care in traditional settings.

Certified Peer Counselor Mobile Crisis Enhancement

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

Peer Transition from Incarceration Program

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

Youth Mobile Crisis Team Expansion

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

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

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

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

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

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

Co-Responder Program

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

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

B. UPDATE ON ADVISORY BOARD RECRUITMENT EFFORTS

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

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

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

C. 2022 ADVISORY BOARD MEETING SCHEDULE

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

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

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

**Friday, June 4, 2021
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER –Lois Hoell, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:01 a.m.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

MOTION: Sandy Goodwick moved to approve the meeting minutes as submitted for the February 5, 2021 meeting. Anne Dean seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **APPROVAL OF JULY-DECEMBER 2021 FEDERAL BLOCK GRANT PLANS**

In December 2020, Staff presented Block Grant plans to the Advisory Board for January 1, 2021 through June 30, 2021, for review and approval. At that time, staff shared that the plans for July-December 2021 would likely be comparable, as the plans are based upon the approved budget for calendar year 2021.

SBH-ASO is presenting updated Block Grant plans 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 need's 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.

Discussed how priorities for block grant funds were determined and specifics of modality types, including review of public knowledge regarding mobile crisis outreach access. Advisory Board members appreciated the additional information provided regarding block grant plans.

MOTION: Jon Stroup moved to approve Approval of July-December 2021 Federal Mental Health Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

MOTION: Janet Nikolaus moved to approve Approval of July-December 2021 Federal Substance Abuse Block Grant Plans. Anne Dean Seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **UPDATE ON ONE-TIME ADDITIONAL BLOCK GRANT ALLOCATION**

During the February Advisory Board Meeting, staff shared that SBH-ASO had been notified by HCA of the potential for additional one-time Block Grant allocations, both MHBG and SABG. While details surrounding timeline and total awards were limited, HCA strongly encouraged BH-ASOs to begin preparing to allocate these funds. The Advisory Board took action during the February meeting, approving priorities for an RFP and creating an RFP Review Subcommittee.

As of the date of this Board Packet's release, HCA has only provided details of the total award and timeline for the additional Mental Health Block Grant allocation. Details surrounding the award and timeline for the additional Substance Abuse Block Grant allocation are still outstanding. To avoid further delay in the release of these funds to the community, SBH-ASO has determined that separate RFPs will be necessary for MHBG and SABG.

SBH-ASO Advisory Board members reviewed block grant committee members. Lois Hoell appointed Helen Haves to both MHBG and SABG committees. Reviewed RFP proposed timeline.

➤ **SBH-ASO 2020 QUALITY MANAGEMENT PROGRAM EVALUATION REPORT**

SBH-ASO completed an annual review of its Quality Management Program. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed.

The annual report is attached for the Advisory Board's review. Staff will discuss in greater detail.

Reviewed highlights of report as well as specifics around critical incidents and reporting. Advisory Board thanked Salish staff for this report.

➤ **FOCUS GROUP DISCUSSION ON SUBSTANCE USE DISORDER STIGMA**

Olympic Community of Health was awarded funding from Cambia Health Solutions to explore and reduce stigma of substance addiction across the Olympic Region (Clallam, Jefferson, and Kitsap counties). The first step in this project is to better understand stigma and its local impact on individuals and communities. OCH has engaged Collaborative Consulting to conduct focus groups, key informant interviews, and a community-wide survey to gather insight into addiction stigma in the community, problems stigma causes, and ideas to address stigma. Findings from these opportunities will be used to identify potential strategies to address and reduce stigma in the Olympic Region.

Collaborative Consulting facilitated discussion around identifying and addressing stigma and community strengths regarding substance use disorder addiction and treatment in the Salish Region.

➤ **COMMUNITY HEALTH PLAN OF WASHINGTON INTRODUCTION**

In late January 2021, the HCA shared that it was considering allowing an additional Managed Care Organization (MCO) to enter IMC in the Salish Region. This MCO is Community Health Plan of Washington (CHPW). CHPW has completed its readiness review process with the HCA and will enter the Salish Region on July 1, 2021. As of July 1, there will now be 4 IMC MCOs operating in the Salish Region: Molina, Amerigroup, United Health Care and Community Health Plan of Washington. Coordinated Care operates as well, just for the foster care population, known as Integrated Foster Care (IFC).

A few staff from CHPW have joined the meeting today to introduce themselves and provide a brief overview of CHPW.

PUBLIC COMMENT

- Stephanie Lewis, SBH-ASO, next SBH-ASO Advisory Board meeting will be a joint meeting with SBH-ASO Executive Board and is scheduled for September 17, 2021 from 9/17 9-11am.

GOOD OF THE ORDER

- Sandy Goodwick would like to connect with CHPW regarding their website.

ADJOURNMENT – Consensus for adjournment at 11:55 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Stephanie Lewis, SBH-ASO Administrator	G'Neil Ashley, Reflections
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Natalie Christopherson, Community Health Plan of WA
Sandy Goodwick, SBH-ASO Advisory Board	Ileea Clauson, SBH-ASO Utilization Manager, Privacy and Compliance Officer	Britania Ison, West Sound
Anne Dean, SBH-ASO Advisory Board	Dr. Glenn Lippman, SBH-ASO Medical Director	Candace Hunsucker, Community Health Plan of WA
Janet Nickolaus, SBH-ASO Advisory Board	Melissa Russell, SBH-ASO Fiscal	Connie Mom-Chhing, Community Health Plan of WA
Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		Vivian Morey, Ombuds
Jon Stroup, SBH-ASO Advisory Board		Lori, Collaborative Consulting

Helen Havens, SBH-ASO Advisory Board		Maggie, Collaborative Consulting
Excused:		Allison Berger, Collaborative Consulting
None		Mel Melmed, Olympic Community of Health
		Anna McEney, Jefferson County

NOTE: These meeting notes are not verbatim.

Region:	Salish BHASO
Current Date:	11/22/2021
Total MHBG Allocation:	\$164,977 (for Jan 1, 2022-Jun 30, 2022)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@co.kitsap.wa.us

Mental Health Block Grant

Section 1 Proposed Plan Narratives	
Needs Assessment	<p>Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p>Begin writing here : SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified by the SBH-ASO 2020 Block Grant Needs Survey include Community Support, Intensive supports, and Out of Home supports.</p>
Cultural Competence *	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here : SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 1.We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2.We value and respect cultural and other diverse qualities of each individual. 3.We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4.We work in partnership with allied community providers to provide continuity and quality care. 5.We treat all people with respect, compassion, and fairness. 6.We value the continuous improvement of services. 7.We value flexibility and creativity in meeting the needs of each individual. <p>The SBH-ASO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBH-ASO allow for monthly monitoring of project success, such as allocated funds being spent and projected outcomes being met. SBH-ASO continues to engage with our Tribal partners through annual crisis planning with the Tribes in our region.</p>
Children's Services	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p>Begin writing here : Salsih BHASO provided support to children with SED through care coordination and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children's Administration, Juvenile Justice, Substance Abuse treatment, Developmental Disabilities Administration and Special Education.</p>
Public Comment/Local/ BH Advisory Board Involvement	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p>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. SBHASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs.</p>
Outreach Services	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p>Begin writing here : SBH-ASO staff engage with the housing continuum across the region. SBH-ASO facilitates the Housing And Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to The HARPS service team provides outreach in partnership with community stakeholders.</p>

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	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	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.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Mental Health Block Grant Attachment 6.b.1

Educational Programs		0	0	proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$0.00
Individual Evidenced-Based Therapies	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Group Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Mental Health Block Grant

Laboratory Services		0	0	proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$0.00
Parent/Caregiver Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Mental Health Block Grant Attachment 6.b.1

<i>Outcomes and Performance Indicators:</i>				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00
Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$500.00
Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Mental Health Block Grant

Trained Behavioral Health Interpreters	<i>Begin writing here: Individuals presenting with need for interpreter services will have access.</i>	1	4	Enter budget allocation to this proposed activity \$500.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource.</i>				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$0.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children’s Residential Mental Health Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Mental Health Block Grant

Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$147,710.00
Mobile Crisis	<i>Begin writing here: Each individual within the Salish region will have access to Mobile Crisis Outreach services as needed.</i>	250	3000	Enter budget allocation to this proposed activity \$94,210.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.</i>	70/month	700/month	Enter budget allocation to this proposed activity \$53,500.00
<i>Outcomes and Performance Indicators:</i> Each individual within Salish region will have access as identified in reported encounters. Providers will meet response timelines as written in contract.				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$19,467.00
Workforce Development/Conferences	<i>Administration costs</i>	0	0	Enter budget allocation to this proposed activity \$19,467.00
Grand Total				\$167,677.00

Region:	Salish BH-ASO
Current Date:	11/22/2021
Total SABG Allocation:	\$604,811 (Jan 1, 2022 to Jun 30, 2022)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@co.kitsap.wa.us

Substance Abuse Block Grant

Section 1 Proposed Plan Narratives	
Needs Assessment (required)	<p>Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p>Begin writing here: SBH-ASO has on-going engagement with providers, Advisory Board, Annual Monitoring, case reviews, peer reviews, client satisfaction surveys, Quality and Compliance Committee, and grievances provide additional data reflecting strengths, needs specific to the geographic location. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Strengths identified are engagement of community and cross system partnerships. Gaps are identified as challenges with access due to the rural and frontier geography within the region. Prioritized needs identified include Community Support, Engagement, transportation, and Out of Home supports.</p>
Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Begin writing here: The SBH-ASO incorporates cultural humility into the SABG projects by utilizing individuals in recovery as a steering board for the plan development. These projects target funds to address local community gaps as identified by direct service agencies to ensure overall wellness of individuals served by the public SUD system. These projects compliment the following SBH-ASO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care.
Continuing Education for Staff (required)	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p>Begin writing here: SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.</p>
Charitable Choice (required)	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p>Begin writing here: There are currently no faith-based BHA's within our region. SBH-ASO will work to engage faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system. Any requests for faith based services will be tracked through our care management staff.</p>
Coordination of Services (required)	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p>Begin writing here: 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 providers. This is an expectation of the SBH-ASO that all outpatient providers coordinate with primary care when appropriate; and 3) one of our areas of focus will be the coordination of care for individuals receiving Medication Assisted Treatment. Outpatient providers use case manager 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.</p>
Public Comment/Local Board /BH Advisory Board Involvement (required)	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p>Begin writing here: Advisory Board and Executive Board meetings of the SBH-ASO are all public meetings and advertised widely. There is opportunity for public comment at both venues. SBH-ASO participated and engages with 1/10th committees across our region to provide support and receive feedback regarding service gaps.</p>

Substance Abuse Block Grant

Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.
	<i>Begin writing here : Contracted agencies will be required to complete monthly performance reports outlining progress on funded programs. Each program is visited at least annually to conduct an on-site assessment of the program, and verify information included in the monthly reports.</i>
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.
	<i>Begin writing here : Transportation, childcare, and PPW Housing Support programs are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</i>
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.
	<i>Begin writing here :</i>

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:				\$343,281.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting Women.</i>	12	<i>Begin writing here: 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.</i>	Enter budget allocation to this proposed activity \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:0</i>	0	<i>Begin writing here:0</i>	Enter budget allocation to this proposed activity \$0.00
Brief Intervention	<i>Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	230	<i>Begin writing here:Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	Enter budget allocation to this proposed activity \$338,281.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>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.</i>	0	<i>Begin writing here: Screening is evidenced in 90% of reviewed files.</i>	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.				\$38,500.00
Assessment	<i>Begin writing here:</i>		<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Engagement and Referral (required)	<i>Begin writing here: Providing engagement, triage and referral to services within the community upon contact.</i>	200	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	Enter budget allocation to this proposed activity \$38,000.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment.</i>	0	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist plicy and procedure.</i>	Enter budget allocation to this proposed activity \$500.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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.				\$0.00
Individual Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>		<i>Begin writing here:</i>	Enter budget allocation to this

Substance Abuse Block Grant

Group Therapy		0		proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	9	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation to this proposed activity \$25,000.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	10	<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting.</i>	Enter budget allocation to this proposed activity \$5,000.00

Substance Abuse Block Grant

Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	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.				\$99,549.00
Acute Withdrawal Management	<i>Begin writing here: Secure withdrawal management services.</i>	10	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$99,549.00
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)	<i>Begin writing here: Addressed above in Interim services</i>	0	<i>Begin writing here: Addressed above in interim services.</i>	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	10	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$1,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	30	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	Enter budget allocation to this proposed activity \$2,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	25	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.</i>	Enter budget allocation to this proposed activity \$30,000.00

Substance Abuse Block Grant

*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.				\$60,481.00
Begin writing here: Administration				
Grand Total				\$604,811.00