



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, January 20, 2023
TIME: 9:00 AM – 11:00 AM
LOCATION: Jamestown S’Klallam Red Cedar Hall Alderwood Room
1033 Old Blynn Hwy, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

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A G E N D A

[Salish Behavioral Health Administrative Services Organization – Executive 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 Minutes for December 9, 2022.
(Attachment 5)
6. Action Items
 - a. Election of SBH-ASO Executive Board Chair and Vice-Chair
7. Informational Items
 - a. SBH-ASO Administration of Opioid Settlement Funds
 - b. SBH-ASO 2022 Community Needs Survey (Attachment 7.b)
 - c. SBH-ASO Housing Program Presentation (Attachment 7.c)
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
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
CPC	Certified Peer Counselor
CRIS	Crisis Response Improvement Strategy
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
FIMC	Full Integration of Medicaid Services
FYSVRT	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
R.E.A.L.	Recovery, Empowerment, Advocacy, Linkage
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
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

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

Friday, January 20, 2023

Action Items

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

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair and Vice-Chair by majority vote. For the past two years, Commissioner Brotherton served as Chair. In 2022, Commissioner Gelder served as Vice-Chair.

Staff respectfully requests that the Executive Board Elect a Chair and Vice-Chair for 2023.

Informational Items

A. SBH-ASO ADMINISTRATION OF OPIOID SETTLEMENT FUNDS

In accordance with One Washington MOU, a Regional Opioid Abatement Council (OAC) was formed in order for local governments within the Salish Region to receive their funds. Each county within the Salish Region has a distinct annual funding allocation.

While information on data collection and reporting requirements has not yet been provided, the first payments (Year 1 and 2) have been received. Staff would like to discuss the process for releasing these funds to each county.

B. SBH-ASO 2022 COMMUNITY NEEDS SURVEY

SBH-ASO developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

The Community Needs Survey Report is attached. Staff will present a summary of the survey results.

C. SBH-ASO HOUSING PROGRAM PRESENTATION

The Salish BH-ASO Housing Program consists of 3 components. These three components are HARPs (Housing and Recovery through Peer Supports) services, HCA Subsidies and Community Behavioral Health Rental Assistance. A Health Care Authority contract provides for HARPS Services and HCA Subsidies. A contract with the Department of Commerce provides for Community Behavioral Health Rental Assistance.

These 3 components provide housing support services and subsidies to individuals who meet program criteria. The population served includes individuals with behavioral health needs, with priority given to individuals exiting treatment facilities. Subsidy funding is provided through Coordinated entry in all 3-counties. The HARPS service team only services Kitsap County.

Attached is the SBH-ASO Housing Program Flyer. Staff will speak in greater detail about 3 components of the SBH-ASO Housing Program and the program's successes and challenges.

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

**December 9, 2022
9:00 a.m. - 11:00 a.m.
Hybrid Meeting
Port Blakely Conference Room
Kitsap County Administration Building
619 Division Ave, Port Orchard, WA 98366**

CALL TO ORDER – Commissioner Greg Brotherton, Chair, called the meeting to order at 9:01 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

MOTION: Commissioner Ozias moved to approve the agenda as submitted. Commissioner Gelder seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Tribal Representative Theresa Lehman moved to approve the meeting notes as submitted for the September 16, 2022 meeting. Commissioner Gelder seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **APPROVAL OF AMENDED ADVISORY BOARD BY-LAWS**

Staff is seeking the Executive Board’s approval of the attached amended Advisory Board By-Laws. The Advisory Board reviewed the proposed revisions and recommended that the Executive Board approve the changes. The proposed changes can be found in the “Membership Appointment” section of the By-laws, bottom of page 1, Section 3.a.(2). With the Executive Board’s approval, the underlined sentence below would be added to the Advisory Board By-laws, effective immediately. To ensure continuity, the initial Advisory Board will be made up of six members appointed for one-year terms; three members will serve two-year terms and two members will serve three-year terms. Subsequent terms for reappointment shall be three-year terms. Individuals appointed to fill vacancies shall serve the remainder of the term.

Discussion regarding benefit of continuity given the challenging and important work done by the Advisory Board. Discussed importance of providing opportunity for new applicants to apply for open seats. Staff noted that the three-year term would not assume automatic reappointment. Staff will facilitate open discussion with members prior to the end of their term about continuing to serve, as well as seek additional interest from the community.

MOTION: Commissioner Ozias moved to approve the amended Advisory Board By-Laws as presented and discussed. Commissioner Gelder seconded the motion. Motion carried unanimously.

➤ **REAPPOINTMENT OF HELEN HAVENS TO ADVISORY BOARD**

Helen Havens' current term on the Salish BH-ASO Advisory Board expired November 30, 2022. She has expressed interest in continuing to serve and the Advisory Board unanimously recommended that the Executive Board re-appoint her to serve another term. Helen also currently serves on Kitsap County's "Mental Health, Chemical Dependency and therapeutic Court Community Advisory Board" as an SBH-ASO Representative. Staff requests that the Executive Board reappoint Helen Havens to the SBH-ASO Advisory Board. If the requested action related to amending the Advisory By-Laws is approved, then the term for Helen Havens' reappointment would be December 1, 2022 – November 30, 2025.

Staff noted that Helen Haven's position was not advertised in advance of the expiration of her term.

The current Advisory Board Chair, Lois Hoell, will not be continuing to serve after her term expires in December. The newly opened seat will be advertised in early 2023. All future openings will also be advertised.

Discussion regarding Helen's involvement in the 1/10th of 1% committee, noting the benefit of having an Advisory Board member who serves on both. Helen has been very active in both roles.

Helen has served two one-year terms on the Advisory Board. She has decades of experience in mental health and substance use disorder treatment.

MOTION: Commissioner Gelder moved to approve the reappointment of Helen Havens to the Advisory Board from December 1, 2022 – November 30, 2025. Tribal Representative Theresa Lehmann seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF CALENDAR YEAR 2023 SBH-ASO BUDGET**

Non-Medicaid Budget

A summary of anticipated calendar year 2023 non-Medicaid revenue is attached for the Board's review. This includes estimated American Rescue Plan Act (ARPA) Block Grant Funds which HCA has communicated will be allocated to BH-ASOs in July 2023. Thirty percent of estimated ARPA Block Grant revenue has been included in the 2023 budget, with the remaining 70% for inclusion in the 2024 budget.

A summary of anticipated calendar year 2023 non-Medicaid expenditures is attached for the Board's review. Staff will review these documents in detail.

Medicaid Budget

A summary of anticipated calendar year 2023 Medicaid Revenue and Expenditures is attached for the Board's review. Staff will review this document in detail.

Review and discussion of Non-Medicaid Revenue line items as listed in attachment 6.c.1. Revenue sources include state funds as well as provisos for specific programs.

Question regarding timing concerns related to arrival of new American Rescue Plan Act (ARPA) Block Grant funding. Last month HCA submitted a no-cost extension for COVID-19 enhanced block grant funds to be expended through June 2023, thus eliminating concern about a gap in funding between March 2023 and July 2023. Most agencies who were successful bidders are currently underspending. The no-cost extension will allow programs to sufficiently expend current funds.

Question regarding Behavioral Health enhancement funds. SBH-ASO subcontracts with regional community mental health agencies to fund employment enhancement, staff investment, and retention.

Inquiry regarding the Conditional Release / Least Restrictive Alternative (LRA) population served. Funding is for individuals on a civil commitment related to their behavioral health needs under the Involuntary Treatment Act, following their release from inpatient treatment.

Discussion about increasing complexity of funding each year, and whether it would be valuable to provide a funding map to demonstrate how the funding outlined translates to service provision. Staff responded that the internal budget is very comprehensive and provides detail about how block grants and provisos are braided together to fund services. SBH-ASO has robust internal processes for tracking timelines and identifying gaps. Staff also attend 1/10th of 1% meetings to share information when RFPs will be released. Staff have shared with legislators and the Health Care Authority the challenges of supporting a continuum of behavioral health care with so many provisos. Staff continue to advocate for greater flexibility of funding to suit the needs of the Salish region.

Review and discussion of Non-Medicaid Expenditure line items as listed in attachment 6.c.2.

Discussion regarding House Bill 1688. HB1688 requires commercial payors and Managed Care Organizations (MCOs) to ensure next day appointments are available for individuals with urgent behavioral health needs. HCA extended the same requirement to the SBH-ASO non-Medicaid contract. Staff have met with regional Behavioral Health Agencies to discuss how this requirement can be operationalized in 2023. HCA did not provide additional funding for this mandate. Services are currently being funded through COVID enhanced block grant and the State General Fund (GFS).

Question regarding how SBH-ASO will incorporate Opioid settlement funds in the budget. Decisions related to settlement funding distribution are in progress. Plan to discuss further in January, once more concrete information is available.

Review and discussion of Medicaid Revenue and Expenditure line items as listed in attachment 6.c.3.

Staff explained that the Medicaid revenue outlined is estimated, as SBH-ASO is paid on a per member, per month basis by each MCO. Revenue fluctuates in line with Medicaid enrollment.

Question regarding outside funding sources for the Salish Regional Crisis Line (SRCL). SRCL receives Medicaid and non-Medicaid funding from SBH-ASO. Funding is driven by monthly call volume. The funding estimate is increased by 7% for 2023.

Question regarding revenue fluctuation for Medicaid funds, and how this impacts administrative allocation and adjustments to service line items. There is some ability to anticipate fluctuation to Medicaid funds. SBH-ASO is notified by the Health Care Authority about changes to the eligible Medicaid population. SBH-ASO would have the option to take a smaller administrative cut or amend agency contracts to reduce compensation should Medicaid funding diminish. So far this has not occurred.

Comment regarding braiding of various funds and how programs are supported. Request for more in-depth information about how braiding of funds functions internally, how it connects to programming, and what potential gaps are created.

Staff will reach out to Executive Board members to provide more information about braiding of funds to identify what visual representation may be helpful in the future.

MOTION: Commissioner Ozias moved to approve calendar year 2023 SBH-ASO non-Medicaid and Medicaid budget as presented. Commissioner Gelder seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF INTERLOCAL AGREEMENT FOR OPIOID SETTLEMENT FUNDS**

The attached Interlocal Agreement has been signed by Clallam, Jefferson and Kitsap Counties. The last action required to fully execute the ILA is signature of the SBH-ASO Chair, on behalf of the organization. Staff will provide an update on the information available about the release of these settlement funds.

Staff clarified that the Interlocal Agreement (ILA) does not specify what the relationship will be with the five cities that are party to the settlement.

The agreement appoints the SBH-ASO as the Opioid Abatement Council (OAC) for Clallam, Jefferson, and Kitsap Counties. Signing of the ILA is required before regional funding is released.

Staff has engaged with the five cities (four in Kitsap County, one in Clallam County) regarding their desire to either receive direct payments or pool with SBH-ASO OAC. It is unknown whether a city would have to form their own OAC before receiving a direct payment, or if they would report data metrics to Salish OAC to report to the State. Staff is seeking clarification.

Staff have raised the question of what the State is planning for their portion of settlement funds. 50% of settlement funds are going to local governments, and 50% will be set aside to be managed by Department of Health and HCA. Staff requested that HCA provide information about their internal process and plan for their portion of funds at their quarterly leadership meeting in early November. No information was provided at that time. At the November 16th, ACHS Behavioral Health Committee, a HCA staff member shared a robust document that was their recommendation to Governor's office for how to use settlement funds. Staff have been unable to acquire a copy of the document.

Discussion regarding next steps to obtain documents. Staff will forward HCA staff contact information to the Executive Board to assist with outreach.

Question regarding allocation of funds to the five cities involved in the settlement. Each of five cities and three counties all have a set amount of funds that are allocated to them per the formula in the settlement agreement. Direct payments requested by a city would not impact the county's allocation.

The Kitsap County civil prosecuting attorney is working with Jefferson and Clallam County attorneys regarding the settlement funds.

MOTION: Commissioner Gelder moved to approve to authorize Greg Brotherton as Chair of SBH-ASO to sign ILA on behalf of Salish BH-ASO. Commissioner Gelder seconded the motion. Motion carried unanimously.

➤ **2023 SBH-ASO EXECUTIVE BOARD MEETING**

Staff is planning for 2023 Executive Board Meetings to be held in a hybrid format. Staff will provide an update on information gathered regarding options for physical meeting location.

SBH-ASO Executive Board Meetings in calendar year 2023 are tentatively planned

for the 3rd Friday of the month from 9am-11am in the months of January, March, May, July and September. The last meeting in 2023, will be scheduled on either December 8th or 15th, depending upon Board preference.

Once this plan is confirmed by the Board, staff will send out calendar invitations to secure the dates.

All Executive Board meetings for 2023 will be hybrid. Research on available space included outreach to Theresa Lehmann about Jamestown Tribal Chambers, which is available for the March and July meetings. 7 Cedars Casino has a banquet room with sophisticated A/V capabilities available for all 2023 dates. Research was focused on Blyn as the most equitable location for all parties.

Executive Board members expressed preference for consistency. Theresa Lehmann will check availability of the Jamestown Tribal Chambers for the remaining 2023 dates.

Consensus for December meeting to be held on the 8th.

➤ **SBH-ASO STAFFING UPDATE AND ORGANIZATIONAL CHART**

Since the September Executive Board Meeting, SBH-ASO has the following staffing and recruitment updates.

New Hire

- SBH-ASO successfully recruited a supervisor for the new Youth Behavioral Health Navigator Program. Bryan Gross started on November 21st.

Recruitment

- Care Manager/R.E.A.L. Program Supervisor has been in active recruitment since June 16th. Staff revisited minimum qualifications in October and removed the requirement for licensure.
- Two Youth Behavioral Health Navigator Program Coordinators began recruitment on November 18th. These are bachelors level positions that will report to our newly hired program supervisor.
- Crisis Programs Supervisor will begin recruitment in the first week of January. The Crisis Programs Supervisor will also manage the expansion of Assisted Outpatient Treatment, which was legislatively directed earlier this year.

An updated organizational chart has been included for the Board's reference.

Review and discussion of SBH-ASO Organizational Chart. HCA requires demonstration of sufficient staffing for personnel to manage every core function of the contract. The organizational chart is reviewed annually.

Review of symbol key:

- *Solid lines are direct supervisory relationships*
- *Dotted lines are open communication channels*

Discussion of adjusting direct reports and reducing the number of programs that Jolene is directly administering to her supervisees.

Comment regarding the organizational chart’s clarity despite being complex, noting that the symbols attach meaning to identified roles. HCA has also complimented SBH-ASO on their chart.

Organizational chart will be amended to include the Olympic Community of Health seat on the SBH-ASO Executive Board.

Question regarding PREST. PREST is a subcontractor for utilization management and psychiatric medical consulting. They would act as a second party should there arise a scenario where Dr. Lippman initiated denial of a clinical service resulting in an appeal or similar action. Additionally, HCA requires that SBH-ASO have an addictionologist. As Dr. Lippman does not hold this credential, the contract with PREST satisfies this requirement.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- Request for SBH-ASO to send out calendar invitations as soon as possible.

ADJOURNMENT – Consensus for adjournment at 10:28 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lori Fleming, Jefferson County
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Jenny Oppelt, Deputy Director, Clallam County Health and Human Services
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services	
Theresa Lehman, Tribal Representative	Glenn Lippman, SBH-ASO Medical Director	
Celeste Schoenthaler, OCH Executive Director	Bryan Gross, SBH-ASO Youth Behavioral Health Navigator Program Supervisor	
None Excused.	Matt Carlin, SBH-ASO Fiscal Analyst	
	Nicole Oberg, SBH-ASO Program Specialist	

NOTE: These meeting notes are not verbatim.



**Salish Behavioral Health
Administrative Services Organization**

2022

Community Needs Survey Results

Stephanie J. Lewis, LMFT, Administrator
Survey Dates: May 25 – June 24, 2022
12/27/2022

Overview

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

Respondents were informed that their responses were anonymous, and all questions provided a response option of “prefer not to answer”.

Survey Respondents

A total of 144 survey responses were returned across the 3-county region (Clallam, Jefferson, and Kitsap County). The majority of survey responses (49.3%) were from respondents identifying as Clallam County residents. Specific county submissions are reflected below in Table 1.

County	Responses		Population
	<i>Number</i>	<i>% Of Total</i>	<i>Compared to % of Regional Population</i>
Clallam	70	49.3%	20.0%
Jefferson	10	7.0%	8.5%
Kitsap	62	43.7%	71.5%
Prefer not to Answer	2		

Table 1

Demographics

Demographic information solicited from respondents included gender identification, age group, racial and/or ethnic group identification, highest level of education and family category/composition.

Gender

The majority of survey respondents across all three counties, identified as female. Regional and specific county responses are reflected below in Table 2.

Gender	All	Clallam	Jefferson	Kitsap
Female	75.2%	81.2%	60%	70.5%
Male	22%	17.4%	40%	24.6%
Gender Variant/Nonconforming/Nonbinary	1.4%	0%	0%	3.3%
Transgender Female	0.7%	1.4%	0%	0%
Transgender Male	0.7%	0%	0%	1.6%

Table 2

Age

Respondents were provided the option of eight age range categories. Two of those categories, “under 13” and “13-17” were not selected by any respondent. Regional and specific county submissions are reflected below in Table 3.

Age Group	All	Clallam	Jefferson	Kitsap
18-24 years	0.7%	0%	0%	1.6%
25-34 years	22.4%	12.9%	10%	33.9%
35-44 years	15.4%	11.4%	20%	19.4%
45-54 years	27.3%	25.7%	50%	25.8%
55-64 years	19.6%	22.9%	10%	17.7%
65 + years	14.7%	27.1%	10%	1.6%

Table 3

Group Identification

Respondents were provided the following list of population groups and asked which group best described them (White, Asian, American Indian/Alaskan Native, Black, Native Hawai’ian/Pacific Islander, Other). The selection of “other” provided the respondent with a write-in option. Examples of write-in responses include: “Asian/White”, “White/Black” and “American Indian/Alaskan Native and White”. Regional and specific county submissions are reflected below in Table 4.

	All	Clallam	Jefferson	Kitsap
American Indian/Alaska Native	3.5%	5.7%	0%	1.6%
Asian	0.7%	1.4%	0%	0%
Black	2.8%	1.4%	0%	4.9%
Native Hawai'ian/Pacific Islander	0%	0%	0%	0%
White	86.5%	88.7%	100%	83.6%
Other	6.5%	2.8%	0%	9.9%

Table 4

Education

Respondents' highest level of education was collected. Survey results indicate that the majority of respondents in each county have a bachelor's degree or higher, with Clallam County at 68.1%, Jefferson County at 80% and Kitsap County at 68.2%. Regional and specific county submissions are reflected below in Table 5.

Highest Level of Education	All	Clallam	Jefferson	Kitsap
Less than High School Completion	0.7%	0.0%	0.0%	1.6%
High School/GED/High School Completion	7.7%	7.2%	0.0%	9.7%
Some College	2.1%	2.9%	0.0%	1.6%
Associate Degree	18.3%	20.3%	20.0%	14.5%
Trade School	2.8%	1.4%	0.0%	4.8%
Bachelor's Degree	40.1%	36.2%	70.0%	40.3%
Master's Degree	23.9%	26.1%	10.0%	24.2%
Ph.D. or Other Advanced Degree	4.2%	5.8%	0.0%	3.2%

Table 5

Family Category/Composition

Respondents were asked which family category/categories they identified with from the list provided. Responses to this survey question were used to identify a subset of survey responses and evaluate the needs of youth and families within the SBH-ASO Community. Regional and specific county responses are reflected below in Table 6.

	All	Clallam	Jefferson	Kitsap
Families of School Age Youth	24.6%	18.9%	42.9%	28.1%
Families of Children with Special Needs	7.5%	7.4%	14.3%	6.7%
Families of Individuals Accessing Behavioral Health Services	20.1%	22.1%	21.4%	18.0%
Pregnant and Parenting Women (PPW)	3.5%	4.2%	0.0%	3.4%
Single Parent Families	11.6%	8.4%	14.3%	14.6%
None of the Above	31.2%	37.9%	7.1%	27.0%
Other	1.5%	1.1%	0.0%	2.2%

Table 6

Information and Utilization

In addition to demographic information, respondents were asked to identify where they have gained information about available behavioral health services in their community and if they have utilized or attempted to utilize behavioral health services in the past 3 years.

Information about Behavioral Health Services

Respondents were asked where they obtain information about behavioral health services in their community. A list of 15 options were provided, in addition to a write-in box. Survey responses indicate that Clallam and Kitsap County respondents are accessing information about behavioral health services through similar means. Jefferson County respondents reported similar themes, however, the percentage of responses that indicated gaining information about behavioral health services through the "Recovery Community" was significantly higher than in both Clallam and Kitsap Counties. Additionally, Jefferson County respondents affirmed a much lower percentage of "The Internet" as the means of gaining this information. Regional and specific county responses are reflected below in Table 7.

Information about Behavioral Health Services	All	Clallam	Jefferson	Kitsap
The Internet	15.6%	17.3%	9.8%	14.9%
Family and Friends	13.6%	13.5%	11.8%	14%
Behavioral Health Provider	11.4%	11.3%	11.8%	11.5%
Social Media (Facebook/Instagram etc.)	9.6%	12%	5.9%	7.7%
Primary Care Provider	9.2%	10.2%	7.8%	8.5%
Community Outreach Providers	9.2%	8.3%	7.8%	10.6%
Recovery Community	7.4%	6%	15.7%	7.2%

Table 7

Services Utilized or Attempted by Respondents in Past 3 Years

Respondents were asked what services, if any, they had utilized or attempted to utilize in the past 3 years. Survey results indicate that the majority of respondents have utilized or attempted to utilize behavioral health services in the past 3 years. Regional and specific county submissions are reflected below in Table 8.

Services Utilized in the Past 3 Years	All	Clallam	Jefferson	Kitsap
Mental Health Treatment Services	36.1%	39.8%	35.7%	32.5%
Substance Use Disorder Services	7.2%	6.0%	7.1%	8.4%
Crisis Line and/or Crisis Outreach Services	6.6%	4.8%	7.1%	8.4%
Opioid Use Disorder Treatment	3.3%	2.4%	7.1%	3.6%
Emergency Department for Behavioral Health Needs	2.7%	1.2%	7.1%	3.6%
School-based Behavioral Health Services	2.2%	2.4%	0%	2.4%
Family Youth System Partner Roundtable (FYSPRT)	1.6%	0%	0%	3.6%
Therapeutic Treatment Court Participation	2.2%	1.2%	0%	3.6%
Other	1.6%	1%	0%	2.4%
None	36.1%	41%	35.7%	31.3%

Table 8

Areas of Identified Unmet Behavioral Health Need

Respondents were asked “How are Behavioral Health (mental health/substance use) treatment and recovery support needs being met in your community?” A list of 26 types of behavioral health treatment services and recovery support services were provided. Respondents were provided with a 5-point scale related to level of perceived unmet or met need: Need Unmet (1), Need Somewhat Unmet (2), Neutral/Unsure (3), Need Somewhat Met (4), Need Met (5).

When aggregating survey responses of “Need Unmet” and “Need Somewhat Unmet”, the top 5 areas of unmet behavioral health needs were identified as: withdrawal management, inpatient mental health treatment, childcare to support treatment, housing support services and residential substance use disorder treatment. Table 9 reflects the percent of responses of either Need Unmet or Need Somewhat Unmet.

Top 5 Areas of Unmet Behavioral Health Needs Identified	
Withdrawal Management	70.7%
Inpatient Mental Health Treatment	68.8%
Childcare to Support Treatment	65.5%
Housing Support Services (Rents and/or Deposits)	65.2%
Residential Substance Use Disorder Treatment	64.7%

Table 9

Respondents were asked to identify what role(s) they had related to the behavioral health system. Examples of answer options included: “an individual with past/current mental health needs”, “parent, family, significant other of someone with substance use needs”, “community member”, “social services provider”, and “behavioral health system administrator/provider”. Survey responses related to perceived community behavioral health needs were organized into two groups: 1) Community Members and Individuals/families with behavioral health needs and 2) Professionals (health care providers/EMS/Legal System). Survey results indicate both groups identified similar unmet needs, with only slight variability. Table 9.a reflects the Top 10 Unmet Needs identified by Individuals, Families and Community Members, while Table 9.b, reflects the Top 10 Unmet Needs identified by Professionals.

Unmet Needs- Identified by Individuals, Families, Other Community Members
Withdrawal Management (“detox”)
Inpatient Mental Health Treatment
Childcare to Support Treatment
Residential (Inpatient) Substance Use Disorder Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Crisis Stabilization
Youth Substance Use Disorder Services
Transportation
Case Management

Table 9.a

Unmet Needs – Identified by Professionals/Legal
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Transportation
Residential (Inpatient) Substance Use Disorder Treatment
Youth Substance Use Disorder Services
Crisis Stabilization
Relapse Prevention / Wellness

Table 9.b

When reviewing responses by county, there is slight variability in the ranking of unmet need. For example, as reflected in Table 10, Kitsap County respondents did not identify “Residential Substance Use Disorder Treatment” in the list of Top 5 Unmet Needs. Additionally, Kitsap County respondents identified “Life Skills” as a Top 5 Unmet Need, which is not identified as a Top 5 Unmet Need in either Clallam or Jefferson Counties.

Top 5 Unmet Behavioral Health Needs by County		
Clallam	Jefferson	Kitsap
Inpatient Mental Health Treatment	Withdrawal Management (“detox”)	Withdrawal Management (“detox”)
Residential (Inpatient) Substance Use Disorder Treatment	Inpatient Mental Health Treatment	Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)	Childcare to Support Treatment	Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)	Residential (Inpatient) Substance Use Disorder Treatment	Childcare to Support Treatment
Childcare to Support Treatment	Crisis Stabilization	Life Skills (Budgeting, Self-care, Housekeeping, etc.)

Table 10

Unmet Needs Identified by Specialized Populations

Twenty-six percent (26%) of respondents identified as being a member of a rural and/or frontier community. When reviewing survey responses completed by respondents who identified as being a member of a rural and/or frontier community, the identified top 5 unmet behavioral health needs are similar. Notable differences are the exclusion of Residential Substance Use Disorder Treatment, and the inclusion of both “Youth Substance Use Disorder Services” and “Outpatient Mental Health Treatment”, which tied for the fifth greatest unmet need. Table 11 below reflects the top 5 unmet behavioral health needs identified by rural/frontier community members.

Rural and Frontier Community – Top 5 Unmet Behavioral Health Needs
Inpatient Mental Health Treatment
Childcare to Support Treatment
Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)
TIED: Youth Substance Use Disorder Services
TIED: Outpatient Mental Health Treatment

Table 11

When reviewing survey responses completed by respondents who identified as being part of a family category that included children, the Top 5 unmet behavioral health needs remain similar to top 5 Unmet Needs Identified in Table 9. The main difference noted is the inclusion of “Crisis Stabilization” services. Table 12 below reflects the Top 5 Unmet Behavioral Health Needs identified by families with children.

Families with Children – Top 5 Unmet Behavioral Health Needs
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Crisis Stabilization
Residential (Inpatient) Substance Use Disorder Treatment

Table 12

Substances of Concern

Respondents were asked “How concerned are you about the following substances in your community?” A list of 15 substances were provided. Respondents were provided with a 5-point scale related to level of concern: Not Concerned (1), Somewhat Concerned (2), Neutral/Unsure (3), Somewhat Concerned (4), Very Concerned (5). When reviewing responses of “very concerned”, both Opioids and Methamphetamine ranked either number one or number two for all three counties. Alcohol, benzodiazepines and vaping complete the list for the top 5 substances that respondents were “very concerned” about in their community. Regional and specific county submissions are reflected below in Table 13.

Top 5 Substances: Very Concerned				
	All	Clallam	Jefferson	Kitsap
Opioids (Heroin, Fentanyl, Prescription, etc.)	86.7%	88.2%	77.8%	87.5%
Methamphetamine	83.9%	84.3%	60.0%	88.5%
Alcohol	46.2%	45.7%	50.0%	45.9%
Benzodiazepines (i.e.: Valium, Xanax, Klonopin, Diazepam, Clonazepam, Halcion, Triazolam)	35.7%	32.9%	30.0%	41.0%
Vaping	35.0%	40.0%	30.0%	31.1%

Table 13

Survey Summary and Observations

- I. Observation: There is a disproportionate over-representation of survey responses from Clallam County, with a similar under-representation from Kitsap County (Table 1).

Follow-up: Discuss with Advisory Board and Provider system. Are these differences due to distribution or a need to seek additional forms of communication (such as community press, public service announcements, etc.)?

- II. Observation: There is an under-representation of Jefferson County respondents who identified themselves as being a Person of Color (Table 4). While the percentages are already low in this County, the absence of individuals self-identifying and other than Caucasian is notable.

Follow-up: Similar to Observation I, this finding should be discussed with the Advisory Board and Provider Network. Is there a gap in how Salish BH-ASO is communicating with People of Color? Is this a data gathering issue or reflective of a greater healthcare inequity? Solutions may be found by reaching out to organizations (such as Faith Communities or non-English speaking broadcasting stations) to assess the access to the behavioral health system for People of Color?

- III. Observation: Within Jefferson County, it is noted that in Table 7, a lower-than-average number of respondents indicated the use of the Internet as a way of obtaining information about Behavioral Health. Also, in Jefferson County more people obtained information about Behavioral Health from their "Recovery Community" than from any other sources.

Follow-up: As noted above this observation should be discussed with the Advisory Board and the Provider Network. When taken as a group, do Observation II and Observation III reflect a communication gap or inequity in Jefferson County? Given the impact of Social Determinants of Health, it is important to assure that members of the community are not being inadvertently marginalized.

Also, given the higher use of Recovery Communities to disseminate information in Jefferson County, there may be an opportunity to leverage this by targeting these groups as key partners in communicating issues of interest/concern around Behavioral health issues (especially if communicated in audience appropriate messaging). This also may be considered throughout the 3 Counties.

- IV. Observation: There was a relative consistency across regions, backgrounds (professionals versus community members) related to unmet needs. Withdrawal Management and Inpatient Mental Health Treatment were generally within the highest tier of identified needs. Within the cohort of Rural Respondents, Child Care Assistance and Housing Support Services rose slightly above Withdrawal management as a concern.

Follow-up: Given the relatively different prioritization within the Rural respondents, Salish BH-ASO should look to identify programming that might address the needs of more isolated areas. Additionally, SBH-ASO can ensure a robust housing programs informational campaign to ensure all communities are aware of the support services and behavioral health housing subsidies available.

- V. Observation: Opioids and methamphetamines received the highest number of “very concerned” responses in all 3-counties, rating as the top two (2) substances of concern. Table 13 did not break out Fentanyl as a discrete choice. Hence, Opiates as a group may not reflect the current concern about this high-risk agent.

Follow-up: Consider amending the table in 2023 to break out Fentanyl as a substance of concern.



Salish BH-ASO Behavioral Health Housing Program

Salish Behavioral Health Administrative Services Organization, in partnership with local Coordinated Entry Sites, provides short- and long-term financial subsidies for individuals with behavioral health disorders (mental health disorder, substance use disorder, or both) who are homeless or at risk of becoming homeless. Priority is given to individuals exiting inpatient mental health or substance use treatment settings.

All eligibility criteria will be verified by the Coordinated Entry provider in your area and based on funds available.

Housing and Recovery through Peer Services (HARPS)

The HARPS program provides short-term financial subsidies and housing support services.

HARPS subsidies **MAY** provide **short-term** financial assistance with:

- Rental assistance, up to three months
- Rent and utilities in arrears
- Rental application fees, background checks, security deposits, and utility deposits
- Related costs, i.e., lot rent for RVs, parking spaces when connected to a unit, storage, rental trucks, or movers
- Pay up to 60 days rent when temporarily out of home (incarcerated or in inpatient treatment)

HARPS Support Services

The HARPS team works to support individuals in recovery to access and maintain housing. This is accomplished through peer support wraparound services available only at Kitsap Mental Health Services in Kitsap County.

To find out if you are eligible for HARPS services contact **Kitsap Mental Health Services, HARPS Peer Service Team, (360) 373-5031 ext. 5811**

Community Behavioral Health Rental Assistance (CBRA)

The CBRA program provides long-term rental subsidies intended for high-risk individuals with behavioral health conditions and their households.

Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program and demonstrate a need for long-term subsidy (for example, Foundational Community Supports).

Contact any Coordinated Entry Site for more information about HARPS and CBRA

Coordinated Entry Sites - Housing Resource Centers Attachment 7.c

Clallam County

Serenity House of Clallam County

2203 West 18th St, Port Angeles
(360) 452-7224 ext. 1

583 W Washington St, Sequim
(360) 682-9442

255 Founders Way, Forks
(360) 670-4934

Jefferson County

Olympic Community Action Program (OlyCAP)

2120 West Sims Wy, Port Townsend
360-385-2571

<http://www.olycap.org>

Kitsap County

Kitsap Community Resources

Housing Solutions Center
1201 Park Ave, Bremerton
(360) 473-2035
hsc@kcr.org

3200 SE Rainshadow Ct, Port Orchard
(360) 473-2146

North Kitsap Fishline

787 Liberty Ln NW, Poulsbo
(360) 801-2564

Helpline House

Bainbridge Island
(360) 801-2564

In partnership with:

Coffee Oasis (serving ages 13-25)
837 4th Street, Bremerton
(360) 377-5560

