



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, February 3, 2023
TIME: 10:00 AM – 12:00 PM
LOCATION: Port Blakely Conference Room, Kitsap County Administration Building
619 Division Ave, Port Orchard, WA 98366

LINK TO JOIN BY COMPUTER OR PHONE APP:

*****Please use this link to download ZOOM to your computer or phone:***

<https://zoom.us/support/download>.**

Join Zoom Meeting: <https://us06web.zoom.us/j/86275611791>

Meeting ID: 862 7561 1791

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 862 7561 1791

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 October 7, 2022 (Attachment 5)
6. Action Items
 - a. Board Member Reappointments
 - b. SBH-ASO Advisory Board Applicants
 - c. Approval of January – June 2023 Federal Block Grant Plans (Attachments 6.c.1 and 6.c.2)
7. Informational Items
 - a. Presentation on SBH-ASO Housing Programs (Attachment 7.a)
 - b. 2023 Advisory Board Meetings
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

February 3, 2023

Action Items

A. BOARD MEMBER REAPPOINTMENTS

The terms for Jon Stroup, Lois Hoell, and Janet Nicklaus expired on December 31, 2022. Lois and Janet have opted to not volunteer to serve another term. Jon has expressed interest in volunteering for another term.

Staff seeks the Advisory Board's recommendation regarding Jon Stoup's Re-appointment.

B. SBH-ASO ADVISORY BOARD APPLICANTS

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

- Clallam County: Sandy Goodwick and 2 vacancies
- Jefferson County: Anne Dean and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup (pending reappointment) and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy.

Late Fall 2022, SBH-ASO Advertised Advisory Board vacancies in Clallam and Jefferson County media.

On November 19, 2022, SBH-ASO received an Advisory Board Application from Clallam County resident, May Beth Lagenaur. Ms. Lagenaur worked for many years in the field of Substance Abuse Prevention, Education and Treatment. She also has previous volunteer and committee experience.

On December 10, 2022, SBH-ASO received an Advisory Board Application from West Jefferson County resident Kay Dian Pfeifle. Ms. Pfeifle has experience with committee participation and behavioral health advocacy.

C. APPROVAL OF JANUARY – JUNE 2023 FEDERAL BLOCK GRANT PLANS

SBH-ASO is presenting updated Block Grant plans for January 1, 2023 – June 30, 2023 and seeks the Board's approval of these plans. Both plans align with the calendar year 2023 budget which was approved by the Executive Board.

Mental Health Block Grant (MHBG)

MHBG plan provides funding for the crisis system and transportation. Crisis services include mobile crisis outreach 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 is also included. Allocations are in line with the previous 6-month allocation.

Substance Abuse Block Grant (SABG)

A significant amount of funding is allocated for crisis services, which are categorized as either “brief intervention” or “engagement and referral” on this template. Brief intervention includes mobile crisis response services. Engagement and Referral includes crisis hotline funding.

Interim Services are a requirement, and the allocated funding is limited 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.

Additionally, this plan includes funding for community training, transportation and interpreter services. SBH-ASO Administration allowance is also included.

Informational Items

A. PRESENTATION ON SBH-ASO HOUSING PROGRAMS

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.

B. 2023 ADVISORY BOARD MEETINGS

In 2023, Advisory Board Meetings will be hybrid must include a physical location to allow for public in-person participation. Advisory Board Member participation via Zoom is still supported. Staff is exploring reserving meeting space at the 7 Cedars Casino in Blyn. Advisory Board Meetings in 2023 are scheduled from 10am-12pm on:

- April 7th
- June 2nd
- August 4th
- October 6th
- December 1st

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

**Friday, October 7th, 2022
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 – None.

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

APPROVAL of AGENDA –

MOTION: Stormy Howell moved to approve the agenda as amended. Anne Dean seconded the motion. Motion carried unanimously.

Request for addition of item 7.c - discussion of in-person meeting to the agenda.

APPROVAL of MINUTES –

MOTION: Helen Havens moved to approve the meeting minutes as submitted for the August 19, 2022 meeting. John Stroup seconded the motion. Motion carried unanimously.

ACTION ITEMS

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

Helen Havens' current term on the Salish BH-ASO Advisory Board ends November 30, 2022. She has expressed interest in continuing to serve. Staff seeks the Advisory Board's recommendation for this re-appointment.

Stephanie provided an overview of Helen's prior involvement in the SBH-ASO Advisory Board activities as well as her involvement in the Kitsap County 1/10th of 1% Advisory Board.

Appreciation expressed for Helen's willingness to continue to serve.

MOTION: Lois Hoell moved to approve Reappointment of Helen Havens to the Advisory Board. Motion carried unanimously.

➤ **ADVISORY BOARD BY-LAWS UPDATE**

The Salish BH-ASO Advisory Board By-laws were originally approved by the Advisory Board on February 4, 2020. Staff is seeking the Advisory Board's recommendation on the revision to the Membership Appointment section of the By-laws. Staff's proposed edit can be found at the bottom of page 1, Section 3.a.(2).

Staff is seeking the Advisory Board's recommendation to revise the "Membership Appointment" section of the By-Laws to include the sentence, "Subsequent terms for reappointment shall be three-year terms."

If approved, appointment of members to the board will be staggered thus reducing administrative burden while still maintaining overall continuity of board appointment.

Discussion regarding the practice of term limits for other Kitsap County Advisory Boards, including the current six-year term limit for the 1/10th of 1% Board. Discussed the value in term limits as well as the importance of membership continuity given the density of work conducted by the Board.

MOTION: Janet Nickolaus moved to approve recommendation to revise the Advisory Board By-Laws as discussed. Jon Stroup seconded the motion. Motion carried unanimously.

➤ **BLOCK GRANT RFP**

SBH-ASO intends to release an RFP in late October 2022 for both Mental Health and Substance Abuse Block Grants. Staff seeks to confirm the Advisory Board's priorities for this RFP. Staff also seeks volunteers for the RFP Review Subcommittee. During the August 2022 Advisory Board Meeting, the Board unanimously agreed to the priorities noted below.

Overarching Priority

- Integrative Behavioral Health Continuum, inclusive of peer directed services.

Mental Health Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Children's Intensive Services, including inpatient
- Full spectrum of intensive services (including peer respite services, stabilization services, inpatient services)

Substance Use Disorder Priorities

- Housing Support Services, including access to affordable housing
- Childcare Services
- Full spectrum of intensive services (including withdrawal management, stabilization services, residential services)

SBH-ASO is requesting volunteers to serve on the Block Grant RFP Review Subcommittee to review proposals between December 15, 2022 and February 15, 2023. A meeting to review and make final recommendations will occur between February 15, 2023 and February 25, 2023.

Jon Stroup, Janet Nickolaus, Anne Dean, and Helen Havens volunteered to serve on the Block Grant RFP Review Subcommittee.

MOTION: Stormy Howell moved to approve the appointment of volunteers to the SBH-ASO Block Grant RFP Review Subcommittee. Jon Stroup seconded the motion. Motion carried unanimously.

Staff provided an overview of the priorities for Mental Health Block Grant and Substance Use Block Grant as identified by the SBH-ASO Community Needs Survey. The RFP will avail \$500,000 of Substance Use Block Grant and \$225,000 Mental Health Block Grant.

Discussion regarding the Advisory Board's priorities for the Block Grant RFP, taking into consideration other existing resources and impacts of allowable expenses. Staff recommended removal of Housing Support Services as the first priority considering existing housing subsidies available and an inability to influence issues with housing stock within the Salish region.

Discussion regarding the existing housing subsidy programs administered by SBH-ASO. SBH-ASO currently has three housing subsidy programs. In the past year these programs have not been fully spent out due to an abundance of COVID funding dedicated to housing with few eligibility requirements. By contrast, SBH-ASO housing subsidy and service programs require individuals to meet certain behavioral health eligibility requirements and provide documentation, which can be a barrier.

Inquiry regarding limitations on the use of block grant funding for housing. Staff clarified that block grant funds cannot be used to build or renovate physical housing.

The Advisory Board expressed concern about removing Housing from the priority list entirely. Staff clarified that removing Housing from the priority list would not preclude the use of funding for housing, rather that it would not be weighed more heavily than other non-priority programs.

Staff will plan to include housing as a discussion topic at the December Advisory Board meeting, as well as present on the specific requirements related to SBH-ASO Behavioral Health Housing Programs and trends/barriers identified with current contractors. Staff will also present on what's happening at the state-level regarding housing programs. Plan to continue discussion of SBH-ASO Advisory Board efforts in advocacy for behavioral health housing related projects and inclusion of housing in future RFPs.

The Advisory Board recommendations for both Mental Health and Substance Use Block Grant priorities are as follows:

- *Top priority: Full spectrum of intensive services*
- *Second priority: Childcare Services*
- *Third priority: Children's Intensive Services, including inpatient (for Mental Health Block Grant only)*

MOTION: Janet Nickolaus moved to approve revisions to the Advisory Board's Block Grant Priorities as discussed. Jon Stroup seconded the motion. Motion carried unanimously.

Staff recommended weighted scoring for the identified priorities, not excluding other funding requests for items outside of the priority list. Staff also recommended setting fiscal limits on intensive services, including Stabilization and SUD Residential/Withdrawal Management based on historical usage.

A cap on childcare services funding was also recommended. Staff are currently researching potential avenues for providing childcare funding in Jefferson and Clallam County to determine feasibility.

MOTION: Helen Havens moved to approve SBH-ASO's recommendations as discussed. Stormy Howell seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **PEER SUPPORT TRAINING UPDATE**

Certified Peer Counselor (CPC) training access has increased statewide. HCA has expanded virtual and in-person trainings for 2023. There continues to be significant need in this area. BH-ASOs met with HCA to discuss options to support training access. SBH-ASO is working with HCA and has had success in accessing training for individuals in our region.

Staff provided an update on efforts to support CPC training in the region. Despite expansion in the number of organizations approved in the state to provide training, applications for Certified Peer Counselor training continues to outpace training by about 50%. Applicants are prioritized based on the work that they do. Individuals working in Medicaid programs take first priority, and individuals working in other state-funding programs take second priority. Roughly 50% of applicants are either volunteers or not working in an agency. Staff have been successful in getting individuals enrolled in training quickly by providing the names of priority individuals directly to HCA.

➤ **9-8-8/HB 1477 UPDATE**

On July 16, 2022, Washington joined the rest of the United States in using the 988-dialing code — the new three-digit number for call, text, or chat that connects people to the **existing** National Suicide Prevention Lifeline (NSPL). People can dial 988 if they are having thoughts of suicide, mental health or substance use crises, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support. Prior to July 2022, NSPL crisis centers were accessed by calling 1-800-273-TALK (8255). This number will remain active during the transition to 988.

The addition of the 988-dialing code to reach NSPL does not change the local protocols for accessing crisis resources.

Salish Regional Crisis Resources and Protocols that Remain Unchanged

- The addition of the 988 number does **not** impact the Salish Regional Crisis Line (SRCL) providing local crisis support and connection within the Salish region.
- Please continue to call the SRCL at 888-910-0416 to request local crisis support and connection with Mobile Crisis Outreach Teams across the Salish region.
- All community members including individuals, family members, community providers, first responders, law enforcement, hospitals, etc. continue to access crisis services through the Salish Regional Crisis Line. The Regional Toll-Free Crisis Line continues to function as triage, resource and referral, and dispatch of Mobile Crisis Outreach, including Designated Crisis Responders (DCRs).

Staff will share details regarding the local impact of these recent changes, as well as statewide conversations regarding crisis system reform.

SBH-ASO Staff noted that 9-8-8 has been routing individuals based on area code, which has been identified nationally as a significant challenge as individuals are being directed/redirected outside of local access.

SBH-ASO Staff provided an update on HB-1477 and the proposed implementation of an integrated behavioral health crisis and suicide prevention system. Changes related to this integrated system are still pending and include on-going evaluation of crisis systems in other states and planning regarding interoperability of 9-8-8, 911, and regional crisis lines. Many legislators have expressed interest in crisis system of care in Arizona and how elements of that system may be applied in Washington State. System enhancements currently being evaluated include the expansion of “23-hour” observation units to aid in stabilizing individuals and diverting them from jail, emergency rooms, or other intensive settings as well as increasing the availability of specialized mobile crisis teams.

Information about what is being considered and discussed is located on the Health Care Authority website hca.wa.gov under CRIS committee. The website has recordings of webinars, zoom meetings, and listed opportunities for public comment.

Discussion regarding the complexity and historical challenges of the publicly funded behavioral health system.

Request for information on upcoming listening sessions regarding 9-8-8 usage. SBH-ASO Staff will provide information on these listening sessions via email to Advisory Board members.

➤ **DISCUSSION OF IN-PERSON MEETINGS**

Discussion of Advisory Board members’ preferences for an in-person meeting and/or the need for a hybrid option, as well as challenges with each option. Discussion of intentionally planning in-person meetings around trainings or other larger events/discussions.

Recommendation to continue meeting virtually with a preference for annual joint Executive Board and Advisory Board meeting in-person.

SBH-ASO Staff will put forth additional meeting options at December meeting.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- ADD COMMENTS.

ADJOURNMENT – Consensus for adjournment at 11:35 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Stephanie Lewis, SBH-ASO Administrator	

Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	
Anne Dean, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	
Janet Nickolaus, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Stormy Howell, SBH-ASO Advisory Board, Tribal Representative		
Excused:		
Sandy Goodwick, SBH-ASO Advisory Board		

NOTE: These meeting notes are not verbatim.

Region:	Salish BHASO
Current Date:	11/17/2022
Total MHBG Allocation:	\$164,677 (January 1, 2023-June 30, 2023)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

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: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. 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: Salish 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 community providers. SBH-ASO facilitates FYSPRT meetings and work to increase avenues for youth and family feedback.</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>Begin writing here: SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</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. SBH-ASO also provides oversight of the Peer Beidger and Recovery Navigaotr program to provide outreach to individuals in the community and provide support toward recovery and stability.</p>

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
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00
Specialized Evaluations (Psychological and Neurological)	Begin writing here:	1	1	\$0.00
Service Planning (including crisis planning)	Begin writing here:	1	1	\$0.00
Educational Programs	Begin writing here:	1	1	\$0.00
Outreach	Begin writing here:	1	1	\$0.00
Brief Motivational Interviews	Begin writing here:	1	1	\$0.00
Facilitated Referrals	Begin writing here:	1	1	\$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	Begin writing here:	1	1	\$0.00
Outcomes and Performance Indicators:				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$0.00
Individual Evidenced-Based Therapies	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00

Group Therapy	Begin writing here:	1	1	\$0.00
Family Therapy	Begin writing here:	1	1	\$0.00
Multi-Family Counseling Therapy	Begin writing here:	1	1	\$0.00
Consultation to Caregivers	Begin writing here:	1	1	\$0.00
Outcomes and Performance Indicators:				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00
Pharmacotherapy	Begin writing here:	1	1	\$0.00
Laboratory Services	Begin writing here:	1	1	\$0.00
Outcomes and Performance Indicators:				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$0.00
Parent/Caregiver Support	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00

Skill Building (social, daily living, cognitive)	Begin writing here:	1	1	\$0.00
Case Management	Begin writing here:	1	1	\$0.00
Continuing Care	Begin writing here:	1	1	\$0.00
Behavior Management	Begin writing here:	1	1	\$0.00
Supported Employment	Begin writing here:	1	1	\$0.00
Permanent Supported Housing	Begin writing here:	1	1	\$0.00
Recovery Housing	Begin writing here:	1	1	\$0.00
Therapeutic Mentoring	Begin writing here:	1	1	\$0.00
Traditional Healing Services	Begin writing here:	1	1	\$0.00
Parent Training	Begin writing here:	1	1	\$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	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00
Recovery Support Coaching	Begin writing here:	1	1	\$0.00
Recovery Support Center Services	Begin writing here:	1	1	\$0.00
Supports for Self-Directed Care	Begin writing here:	1	1	\$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	1	1	\$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.				\$13,250.00
Personal Care	Begin writing here:	1	1	Enter budget allocation for these proposed activities. \$0.00
Respite	Begin writing here:	1	1	\$0.00
Support Education	Begin writing here:	1	1	\$0.00
Transportation	Begin writing here: Provide for bus passes, ferry passes, gas vouchers and other transportation costs for individuals to access treatment and recovery support services.	10	40	\$12,500.00
Assisted Living Services	Begin writing here:	1	1	\$0.00

Trained Behavioral Health Interpreters	<i>Begin writing here: Interpreters access for individuals served within the Salish region.</i>	1	10	\$750.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	1	1	\$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>	1	1	Enter budget allocation for these proposed activities. \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	1	1	\$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	1	1	\$0.00
Intensive Case Management	<i>Begin writing here:</i>	1	1	\$0.00

Outcomes and Performance Indicators:

Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$0.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Adult Mental Health Residential	<i>Begin writing here:</i>	1	1	\$0.00

Children's Residential Mental Health Services	<i>Begin writing here:</i>	1	1	\$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$136,427.00
Mobile Crisis	<i>Begin writing here: Provides for Mobile Crisis Outreach services for individuals.</i>	30	120	Enter budget allocation for these proposed activities. \$136,427.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	1	1	\$0.00
Urgent Care	<i>Begin writing here:</i>	1	1	\$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	1	1	\$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	1	1	\$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.				\$15,000.00
Workforce Development/Conferences	<i>Begin writing here: ASO Administrative costs</i>	1	1	Enter budget allocation for these proposed activities. \$15,000.00

Grand Total				\$164,677.00

Attachment 6.c.1

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions				\$75,000
MHBG Co-responder	<i>Begin writing here: Licensed mental health professional providing co-response with Fire Department personnel</i>	3	45	Enter budget allocation to this proposed activity
				\$37,500.00

Region:	Salish BHASO
Current Date:	11/17/2022
Total SABG Allocation:	\$604,811 (Jan 2023-June 2023)
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

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 for 2023 include housing, childcare, care across the continuum, and care specific to youth.</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. Our providers and community have identified the need from trainign for ASAM, supervision, and resilience for staff.</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. Current programs coordinate with faith based organizations as needed to support individuals. 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: Coordination with our provider network, community partners and MCO's is critical to the long term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate caer for individuals who recieve funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintiaing relationship to provide coordination as needed.</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 SABG Plan.</p>

Public Comment/Local Board /BH Advisory Board Involvement (required)	<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. SBH-ASO completes and annual community needs survey to soliciat community feedback. We continue to recruit for Behavioral health Advisoroty Board members to fill vacancies.</p>
Program Compliance (required)	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p>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.</p>
Recovery Support Services (optional)	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p>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.</p>
Cost Sharing (optional)	<p>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.</p> <p>Begin writing here:</p>

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:				\$389,051.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting women</i>	30	<i>Begin writing here: PPW individuals are provided intervention services. Reviewed in agency monitoring.</i>	Enter budget allocation for these proposed activities. \$9,051.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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>	100	<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>	\$380,000.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$27,510.00
Assessment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	<i>Begin writing here: Providing engagement, triage and referral to services within the community upon contact.</i>	50	<i>Begin writing here: Evidence of engagement, referral, and care coordination as indicated by individual need.</i>	\$27,000.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment.</i>	5	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment. Monitor for compliance with waitlist policy and procedure.</i>	\$510.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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 for these proposed activities. \$0.00
	<i>Begin writing here:</i>		<i>Begin writing here:</i>	

Group Therapy		0		\$0.00
Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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 for these proposed activities. \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$30,000.00
PPW Housing Support Services	<i>Begin writing here: Housing support services in recovery house for women and children. Supportive case management services.</i>	0	<i>Begin writing here: Tracking treatment attendance, completion of treatment. Goal achievement as indicated in assessment and treatment plan.</i>	Enter budget allocation for these proposed activities. \$30,000.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$1,000.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	0	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	Enter budget allocation for these proposed activities. \$1,000.00

Attachment 6.c.2

Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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 for these proposed activities. \$0.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$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.				\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
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.				\$74,000.00
*Interim Services (required)	<i>Begin writing here: Identified above in Engagement section</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$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>	12	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$3,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	300	<i>Begin writing here: Tracked by individual bus ticket, bus passes, mileage reimbursement.</i>	\$22,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	30	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage.</i>	Enter budget allocation for these proposed activities. \$49,000.00

Attachment 6.c.2

*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.				\$83,250.00
<i>Begin writing here: Administrative costs for ASO \$55,000; \$750 for interpreter services to meet cultural needs as indicated by individuals; \$27,500 for Regional Trainings including ASAM</i>				
Grand Total				\$617,311.00

Attachment 6.c.2

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served if known.	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Co-responder - funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.				\$25,000
SABG Co-responder	Licensed mental health professional providing co-response with Fire Department personnel	1	15	\$12,500.00



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.a

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

