



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

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, March 17, 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 January 20, 2023. (Attachment 5)
6. Action Items
  - a. Advisory Board Appointments
  - b. Review and Approval of 2022/2023 SBH-ASO Risk Assessment (Attachment 6.b)
7. Informational Items
  - a. Update on HB 1515
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

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

[Full listing of definitions and acronyms](#)



## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

### EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**Friday, March 17, 2023**

#### **Action Items**

##### **A. ADVISORY BOARD MEMBER APPOINTMENTS**

The SBH-ASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives. The terms for Jon Stroup (Kitsap), Lois Hoell (Kitsap), and Janet Nicklaus (Clallam) expired on December 31, 2022. Lois Hoell and Janet Nicklaus opted not to volunteer for another term. Additionally, Anne Dean (Jefferson) resigned from her position on the Advisory Board as she accepted employment with an SBH-ASO Subcontractor.

In Fall 2022, SBH-ASO advertised Advisory Board vacancies in Clallam and Jefferson County media. In January 2023, SBH-ASO advertised Advisory Board vacancies in Kitsap County media.

Current Advisory Board Membership includes:

- Clallam County: Sandy Goodwick and 2 Vacancies
- Jefferson County: 3 Vacancies
- Kitsap County: Helen Havens, Jon Stroup (pending reappointment), and 1 Vacancy.
- Tribal Representative: Stormy Howell and 1 Vacancy

#### *Reappointment of Jon Stroup*

Jon Stroup expressed interest in continuing to serve on the Advisory Board representing Kitsap County. Over the past few years, Jon has been a very active board member, bringing valuable professional and personal experience forth. The Advisory Board unanimously recommended that the Executive Board reappoint Jon Stroup.

- Request that the Board Reappointment Jon Stroup for a new term of January 1, 2023 – December 31, 2025.

#### *Appointment of Mary Beth Lagenaur*

SBH-ASO received an Advisory Board Application from Clallam County resident, Mary Beth Lagenaur. Ms. Lagenaur worked for many years in the field of Substance Abuse Prevention, Education and Treatment. She previously worked for a non-profit that provided drug and alcohol treatment and education for the State of Arkansas. She now teaches swimming lessons at the YMCA and volunteers at a local animal shelter. The Advisory Board unanimously recommended that the Executive Board

appoint Mary Beth Lagenaur to the Advisory Board to represent Clallam County.

- Request that the Board appoint Mary Beth Lagenaur for a term of April 1, 2023 – March 31, 2026.

#### *Appointment of Diane Pfeifle*

SBH-ASO received an Advisory Board Application from West Jefferson County resident Diane Pfeifle. Ms. Pfeifle has experience with committee participation and behavioral health advocacy. She previously volunteered with the National Alliance of Mental Illness (NAMI). She is a family member of an individual with mental health challenges who is stable and would like to see others achieve the same. She also participated in the Ballard Ecumenical Homeless Ministry serving houseless individuals with mental health challenges in Seattle for 15 years. The Advisory Board unanimously recommended that the Executive Board appoint Diane Pfeifle to the Advisory Board to represent Jefferson County.

- Request that the Board appoint Diane Pfeifle for a term of April 1, 2023 – March 31, 2026.

### **B. REVIEW AND APPROVAL OF 2022/2023 SBH-ASO RISK ASSESSMENT**

In accordance with 45 CFR §164.308 the SBH-ASO is required to maintain, review, and update a Risk Assessment. This document provides a process by which the SBH-ASO continually monitors its operations to identify areas of potential risk and opportunities for mitigation. In order to ensure this document is comprehensive, SBH-ASO Staff worked collaboratively to identify areas of risk in all avenues of its business operations.

For the 2022/2023 Risk Assessment, the top 3 identified risks include:

- Process for procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow.
- Frequency of change to HCA Behavioral Health Supplemental Data Guide (BHDG) creates risk of incorrect and untimely data submissions. Challenges in programmatic changes occurring prior to adequate stakeholder involvement.
- SBH-ASO administers the R.E.A.L program in the Salish RSA serving an at-risk population with significant unmet needs.

This document is attached for review, comment, and approval by the Executive Board.

### **Informational Items**

#### **A. UPDATE ON HB 1515**

HB 1515 which is sponsored by Representative Macri, was developed to address growing concerns regarding network adequacy and timely access to behavioral health services. Brad Banks will provide an update on the status of HB 1515.

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

**January 20, 2023  
9:00 a.m. - 11:00 a.m.  
Hybrid Meeting  
Jamestown S’Klallam Red Cedar Hall, Alderwood Room  
1033 Old Blyn Hwy, Sequim, WA 98382**

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

**INTRODUCTIONS** – Self introductions were conducted.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

*Request to add Legislative Update as item 7.b to the agenda.*

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

**APPROVAL of MINUTES** –

**MOTION:** Commissioner Ozias moved to approve the meeting notes as submitted for the December 9, 2022, meeting. Theresa Lehman seconded the motion. Motion carried unanimously.

**ACTION ITEMS**

➤ **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.

*Commissioner Ozias volunteered to serve as the Executive Board Chair for 2023.*

*Commissioner Gelder volunteered to continue serving as the Vice-Chair for 2023.*

**MOTION:** Commissioner Brotherton moved to nominate Commissioner Mark Ozias as Chair of the SBH-ASO Executive Board for 2023. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

**MOTION:** Commissioner Brotherton moved to nominate Commissioner Rob Gelder as Vice-Chair of the SBH-ASO Executive Board for 2023. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

*Following appointment as the 2023 Chair, Commissioner Ozias proceeded to lead the meeting.*

## INFORMATIONAL ITEMS

### ➤ **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.

*Salish Staff provided an overview of the funding allocation for each county, noting that allocations were smaller than anticipated by about 20-25%. Amounts provided include ASO administrative costs. 15% of the total settlement was set aside for legal fees.*

*Comment from the board noting that the amount of funding for Jefferson County is 30% lower than anticipated.*

*Settlement agreement language stipulates certain criteria to be met in order to receive maximum funding. Salish Staff will continue to seek clarification about why the final funding allocation is less than originally proposed.*

*Discussion surrounding the deadline of June 30<sup>th</sup>, 2023 for establishing the Opioid Abatement Council (OAC). This contradicts language in the MOU which indicated that an OAC be formed before local governments would receive funding. The Salish region is the only region within the state to have already created their OAC.*

*A second wave of settlements are currently being negotiated. Five companies are involved in the current negotiation, all of which will pay different amounts across different periods of time. Based on the total amount being negotiated, the second wave of settlement funding may be less robust. More information should be provided in March or April of this year.*

*Discussion surrounding process for releasing funds. Staff are requesting input on how each County would like Staff to interact with their respective Board of Commissioners and how involved Salish should be with the administration of funds. Staff will plan to consult with Jenny Oppelt regarding Clallam County's allocations and develop preliminary recommendations for further discussion. Staff will consult both internally and with community partners to develop and present recommendations to Kitsap County Board of Commissioners. Staff will plan to meet and discuss settlement funds with Jefferson County's Board of Commissioners.*

*Discussion regarding strategic coordination with tribal governments. Plan for future discussion on how the various tribal governments in the region are planning to utilize their opioid settlement dollars and opportunities for coordination.*

*Inquiry regarding the role HCA has in the distribution of settlement dollars. Staff responded that HCA does not have direct influence over the distribution of funds for counties and cities. The state's portion of the settlement is divided between the DOH and HCA. It is unclear what role the HCA will play in the management of state funds.*

➤ **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.

*The survey will assist the SBH-ASO Advisory Board in setting priorities, assist CJTA Committees in decision making on funding, and assist SBH-ASO Staff with community education and outreach efforts.*

*Review and discussion of Community Needs Survey results.*

*Question regarding whether this survey was mandated or created to outreach and seek information from the community. The SBH-ASO contract with HCA requires a community survey for CJTA, FYSPRT, and the Advisory Board. Staff were also interested to learn how communities are learning about behavioral health and how to access services.*

*Discussion about the low number of respondents in Jefferson County. Comment regarding the number of health assessments initiated by different agencies and what impact this might have on quantity of responses. Staff noted that the 2022 Community Needs Survey consolidated several program-specific surveys including FYSPRT, CJTA, and Advisory Board to reduce the amount of survey burden on the public.*

*Discussion of observations by Staff following evaluation of survey responses. Staff noted the overrepresentation of responses by Clallam County. Staff will meet with community partners and contracted agencies to discuss barriers and strategize how to boost the number of survey respondents in underrepresented areas. Survey responses closely align with what has been reported to Staff by partner agencies as being challenges and barriers in the community. Information provided by the survey helps formulate budget recommendations proposed to the Board and guides conversations with the Advisory Board about priorities when creating RFPs. Increasing community engagement through outreach and education is a primary goal for 2023.*

*Celeste Schoenthaler provided a link to action plans recently approved by the OCH board that will guide their work moving forward, noting alignment with the SBH-ASO Community Needs Survey.*  
[https://ea40b83f-bff5-4a61-aa55-a97621e13e64.usrfiles.com/ugd/ea40b8\\_55ba734a18a74ba18b18165b2051ccb5.pdf](https://ea40b83f-bff5-4a61-aa55-a97621e13e64.usrfiles.com/ugd/ea40b8_55ba734a18a74ba18b18165b2051ccb5.pdf)

➤ **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.

*Question regarding what portion of funding is provided by the Healthcare Authority. HARPS and Governor's Funding comes through HCA, and Community Behavioral Health Rental Assistance (CBRA) is funded by the Department of Commerce. CBRA funding was formerly administered by HCA. The Department of Commerce now contracts directly with the SBH-ASO for this long-term subsidy program, leading to a significant increase in funding to the region.*

*Review and discussion of regional subsidy funding for HARPS, SUD HARPS, CBRA, and Governor's Funding, as well as funding specific to the HARPS Service Team, CBRA Operations funding, and HARPS Recovery Supports.*

*Staff provided an overview of individuals served, noting the priority population of individuals exiting inpatient mental health or substance use treatment settings. Staff also reviewed funding parameters, including eligible expenses. Staff noted that subsidy funding is specific to rentals and cannot be utilized for mortgages or associated living expenses for individuals who own their home.*

*Question about whether there is a part of the funding process that takes into consideration/coordinates with available outside resources to cover specific costs such as utility arrears. Housing Program subcontractors are asked to verify in the client file that they have reviewed available outside resources to satisfy individual's needs prior to issuing funds. This is reviewed as part of the SBH-ASO annual monitoring process.*

*Review of current contractors in Clallam, Jefferson, and Kitsap Counties. Discussion surrounding strategic partnership with Coordinated Entry agencies in the Salish region to maximize utilization of funds. Use of Coordinated Entry is unique to the Salish region. SBH-ASO has been very successful by utilizing this approach.*

*Brief discussion of upcoming housing projects in the Salish region, including capital projects focused on increasing volume of low-income housing.*

*Clallam County has formed a Housing Solutions Committee to make recommendations for how to appropriately braid together multiple funding streams for housing. Kitsap County has recently hired a Program Coordinator for the 1/10<sup>th</sup> of 1% for affordable housing.*

## ➤ **LEGISLATIVE UPDATE**

*Staff provided updates on HB 1134 (9-8-8 Bill) outlining expanding the role of "Designated 988 Crisis Contact Center Hubs" including dispatching of newly designated "mobile rapid response teams". The rules and standards are required to be adopted by the Department of Health by January 1, 2025. The Department of Health will also be required to establish standards for the issuance of endorsements of these teams by April 1, 2024.*

*Existing Behavioral Health Agencies already have a certification process in place. This bill would require endorsement in addition to the current certification. Additionally, the bill establishes response times for "mobile rapid response teams" that are significantly shorter than current HCA requirements for mobile crisis response.*



*Discussion surrounding the geography of the Salish region and associated challenges with meeting the newly proposed timelines for response.*

*Question regarding who will be responsible for the management of the new teams. The bill identifies 9-8-8 Crisis Contact Center hubs overseen by Department of Health as being potentially responsible for dispatch of these teams. There is compelled coordination between the DOH and HCA to further define requirements and associated procedures.*

*HB 1134 also sets aside 10% of telecom tax to create grants and help teams seeking to get the rapid response endorsement. Only agencies who receive endorsement under HB 1134 would be eligible for access to the funds.*

*Question about whether there is shared concern among ASO administrators across the state about HB 1134. There is consensus of concern statewide about the shortened response times as well as the requirement of a two-person response for each crisis outreach. These changes would lead to a significant increase in the cost of the current crisis system, as agencies would need to establish additional teams in order to be capable of fulfilling these requirements. There are also concerns about sufficient Medicaid funding to cover the increased cost, as in most counties 50% of individuals utilizing the crisis system are Medicaid eligible.*

*Request by the Board for continued updates on the concerns shared by ASO Administrators related to this legislation.*

*SB 5120 would create 23-hour Crisis Relief Centers. This would be a new facility type of 23-hour outpatient crisis center. These facilities could serve more than sixteen people, as they would not have beds. SB 5120 requires the Department of Health to create rules for licensing of these facilities. The Bill would also require acceptance of all walk-ins and police/EMS drop-offs regardless of behavioral health acuity or medical clearance, and a “no-refusal” policy for persons dropped off by first responders and persons referred through the 9-8-8 system.*

*Discussion of concern by existing agencies and ASOs about providing acceptance without medical clearance as well as the no-refusal policy. There are also concerns about staffing and the significant expense required to establish these new facilities.*

*Question regarding who the legislation tasks with the responsibility of implementation. The Department of Health would develop licensing standards. As the entity responsible for the crisis system, it is assumed that ASO’s would be significantly involved with development of these new facility types.*

*Brief discussion of upcoming legislation proposed by the Governor’s Office related to competency restoration and True Blood. Plan to share more information at future Executive Board meetings as to what impact this legislation may have on counties with the Salish Region as well as the ASO.*

## **PUBLIC COMMENT**

- Lori Fleming with the Jefferson County Behavioral Health Consortium asked about the percentage of opioid settlement funds allocated to the State and the potential use of these funds. Lori plans to follow-up with Commissioner Brotherton for additional insight. Commissioner Ozias responded that the State and local split of funding is 50/50, and it is not yet clear how the State intends to utilize and partner their percentage of funds. Lori also offered the support of the Consortium with distribution and communication of future surveys to the community. Lori also commented about the complexity of conversations around detox centers, noting that it is weighed heavily at many tables in which Lori is involved, and weighs heavily on the hearts of those who are leading communities.

- Jenny Oppelt with Clallam County Health and Human Services expressed gratitude to Salish Staff for the Community Needs Survey and Housing Program presentations. They will be a valuable resource for collecting available data throughout the region, state, and county to inform decision making around dollars specific to 1/10<sup>th</sup> of 1% for Behavioral Health.

## GOOD OF THE ORDER

- Commissioner Gelder provided an update that the Kitsap County Board of Health has successfully reorganized per HB 1152, and now includes a balance of elected and non-elected members on their 10-person board. Two seats are designated for tribal representation and have been filled by members of the Suquamish and S'Klallam tribes. The Board of Health will soon put forth a community health assessment to identify community needs and gaps. Commissioner Gelder will also be hosting a stakeholder meeting to discuss how public hospital districts may be a tool to bridge gaps in Kitsap County.
- Gratitude to the Theresa Lehman and the Jamestown S'Klallam tribe for providing space for today's meeting.

**ADJOURNMENT** – Consensus for adjournment at 11:04 a.m.

## ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Jenny Oppelt, Deputy Director, Clallam County Health and Human Services
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Lori Fleming, Jefferson County Behavioral Health Consortium
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services	Kate Jasonowicz, Community Health Plan of Washington
Theresa Lehman, Tribal Representative	Nicole Oberg, SBH-ASO Program Specialist	
Celeste Schoenthaler, OCH Executive Director	Matt Carlin, SBH-ASO Fiscal Analyst	
<b><i>None Excused.</i></b>		

**NOTE:** These meeting notes are not verbatim.

## SBH-ASO Risk Assessment

2022-2023

Definitions of Level of Risk (Low to High)		
Low Risk	Medium Risk	High Risk
Managing effectively and no current risk or issues in this area. Potential and probability for problems to occur at this level are considered rare or unlikely. Awareness is important, and if changes occur in relationship to the item/issue, then it should be reviewed and discussed for changes in risk level. Insignificant to marginal consequences. Less than 10% chance of occurring.	Managing sufficiently and no current risk or issues in this area. Potential for problems to occur in a variety of ways: occasional, interval, infrequent, consistent and/or seldom. Such risks are moderate and may not require extensive changes and/or resources. Marginal to moderate consequences. Less than 50% chance of occurring.	Concerns for potential item/issue to result in a problem and/or issue; may require immediate action, procedural modifications, access to extensive resources, or changes to policies and procedures with timelines and/or deliberations. Moderate to critical consequences. High likelihood for occurring and/or between 60-90% chance of occurring.

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<b>COVID-19 Pandemic</b>				
Continuation of Teleworking, initially in response to COVID-19 safety guidance, as there are increased risks related to privacy and security.	Medium	<p>All staff were provided guidance information on working from home. This includes completing a Kitsap County employee VPN access request form and Telecommuting Agreement.</p> <p>Staff obtained secure VPN access to remote into secure network.</p> <p>Maintained regular meetings via online platform to assist in regular check-ins and to ensure collaborative work continues.</p> <p>Staff education about which online platform to utilize based upon type of information shared.</p> <p>Development of written protocol for management of PHI while working remotely.</p>		
<b>Integrated Healthcare</b>				

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Frequency of change to HCA Behavioral Health Supplemental Data Guide (BHDG) creates risk of incorrect and untimely data submissions.  Challenges in programmatic changes occurring prior to adequate stakeholder involvement	High	Consistently communicate concerns with existing process to HCA.  Ensure consistent and timely communication with subcontractors regarding continuous state change to the BHDG.  Communication to occur at the bi-monthly SBH-ASO Integrated Providers Meeting and via monthly data updates summary email issued by SBH-ASO IS Manager which is distributed network wide.	<b>#2 RISK</b>	
HCA document submission to Managed Program mailboxes receipt isn't consistent causing delays in HCA retrieval of contract deliverables	Low	SBH-ASO Staff can Cc HCA subject matter expert on emails when deliverables are being submitted  SBH-ASO Staff can send email with read receipt function  Include as a standing agenda item during the HCA/ASO quarterly check-in meeting with examples if available		
<b>Preventing Fraud, Waste, and Abuse (FWA)</b>				
Maintaining up-to-date understanding of the importance of preventing fraud, waste, and abuse.	Medium	Trainings to be provided: Prior-to or within 90 days of contractor or SBH-ASO hires, and at least annually thereafter.  Ensure contractor's staff clearly understand to report suspected fraud/abuse to the SBH-ASO and State, per policy  SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components		All contractors have designated Compliance Officers

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p>Quarterly SBH-ASO Quality and Compliance Committee (QACC) to share new information, problem solve, and discuss HHS/OIG news posted.</p> <p>SBH-ASO provides technical assistance and FWA trainings to subcontractors.</p>		
Incomplete or inaccurate credentialing of a Provider	Medium	SBH-ASO Credentialing Committee meetings utilize a hands-on approach to ensuring that information is provided, collected, and processed correctly; and that sensitive data (such as SSN) are redacted.		
<b>Business Practices</b>				
Subcontractors and out-of-network providers not utilizing SBH-ASO authorization processes or verifying eligibility correctly.	Low	<p>All authorizations are completed by the SBH-ASO. With the exception of ITA services, if authorization cannot be verified the SBH-ASO will not pay.</p> <p>Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.</p>		<p>Ranking/identification of payor of a service is the responsibility of each BHA</p> <p>BHAs have multiple payors</p>
Policy and Procedure accuracy – the pace of change, frequent contract changes, and programmatic additions have resulted in a challenge to timely updates of SBH-ASO policies and procedures.	Medium	The policies and procedures are reviewed and updated biannually.		
Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payment	High	SBH-ASO proactively communicates anticipated contract changes to its network via bi-monthly Integrated Providers Meeting.		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		SBH-ASO initiates contract amendments, as soon as sufficient revenue contract details are available, to reduce likelihood of disruption in subcontracts.		
Changes to Regional Crisis System as a result of State level (i.e., judicial, legislative, regulatory) changes could inhibit community response to behavioral health crises	High	<p>SBH-ASO proactively outreaches community partners and stakeholders and facilitates coordinated response efforts</p> <p>SBH-ASO proactively outreaches State Agencies soliciting informational updates and clarifications</p> <p>Ongoing participation in state and federal information sessions and program planning work sessions</p>		
Process for procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow	High	<p>SBH-ASO Leadership Team routinely evaluates work priorities and adjusts staff work assignments accordingly.</p> <p>SBH-ASO Leadership Team evaluates projects that may need to be declined due to limited organizational bandwidth.</p> <p>SBH-ASO Leadership engages employees during routine supervision, and interactions to monitor for and respond to staff burnout.</p> <p>SBH-ASO develops routine tracking and monitoring into program development processes to ensure subcontractor understanding of new program requirements.</p>	<b>#1 RISK</b>	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<p>Statewide, local, and ASO workforce challenges:</p> <p>Shortage of administrative, entry-level clinical, and advanced professionals is a barrier to providing behavioral health services and program administration</p>	High	<p>SBH-ASO sponsored trainings to support new workforce training and development</p> <p>Participation in State level workforce development activities</p> <p>SBH-ASO Leadership has developed and maintains a highly collaborative relationship with Human Resources which assists with recruitment efforts</p>		
<p><del>Transition of SBH-ASO database support from vendor contract to internal Kitsap County IS Department</del></p>	<p><del>Medium</del></p>	<p><del>SBH-ASO proactively working on transition plan from contracted vendor to Kitsap IS.</del></p> <p><del>Transition planning to ensure there is shared understanding (SBH-ASO and Kitsap IS) of prioritization of database change requests to mitigate delays in updates</del></p>		<p>Removed - transition to Kitsap IT did not occur and remains with NSBHASO</p>
<p>Kitsap County infrastructure changes that impact SBH-ASO operations (i.e., implementation of new financial system software, County staffing shortages, upgrades/patches to financial system software)</p>	Low	<p>SBH-ASO proactively works with other Kitsap County departments to ensure timely communication, trainings, and coverage needs are met during infrastructure changes.</p>		
<p>Implementation of new programs and subcontractors increases risk of potential for fraud, waste, abuse and privacy violations</p>	Medium	<p>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to FWA and privacy regulations, including training staff within 90 days of hire and annually thereafter.</p> <p>SBH-ASO monitors random sample of personnel files of subcontractors during annual monitoring to ensure staff of SBH-ASO funded programs receive appropriate training.</p> <p>SBH-ASO Compliance Officer is available to subcontractors for Technical Assistance.</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
SBH-ASO administers the R.E.A.L program in the Salish RSA serving an at-risk population with significant unmet needs	High	<p>SBH-ASO staff provide significant onboarding and ongoing training to these teams, including continued support through the Regional and by County R.E.A.L Program Meetings.</p> <p>SBH-ASO provides ongoing and real time technical assistance to program staff.</p> <p>Statewide coordination efforts with the HCA and other Recovery Navigator Program teams.</p> <p>SBH-ASO coordinates access to Naloxone for these programs to help address the risk of overdose risk of individuals being served</p> <p>Continued engagement with community leadership through the Policy Coordinating Group (PCG)</p>	#3 RISK	
<b>Detecting Fraud, Waste, and Abuse (FWA)</b>				
Detecting Fraud, Waste, and Abuse in the provision of services and business practices	Medium	<p>SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components</p> <p>SBH-ASO Grievance Monitoring</p> <p>Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors</p> <p>Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings</p>		
<b>Protected Health Information (PHI) &amp; Information Technology (IT) Security Breaches:</b>				



Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Workspace security and privacy	Medium	<p>Staff are instructed to ensure auditory privacy during phone conversations that contain PHI</p> <p>Policy requires keeping PHI locked in workspaces, unless in active use by an SBH-ASO staff</p> <p>Staff are instructed to take steps to reduce computer visibility by non SBH-ASO staff</p>		
Electronic exchange of PHI between SBH-ASO staff and external recipients	Medium	<p>SBH-ASO policy that all electronic communications which contain PHI must be encrypted.</p> <p>Regular review with staff of the need to ensure encryption is selected prior to transmitting PHI electronically.</p> <p>SBH-ASO facilitates role-based access to Provider Network via the SBH-ASO Provider Portal that is controlled through Microsoft Security Groups</p> <p>SBH—ASO utilizes HIPAA compliant Congnito Forms for transmission of utilization management data</p> <p>SBH-ASO utilizes Secure File Transfer (SFT) and Managed File Transfer (MFT)</p>		
Integrity of Data and IT Security	Medium	<p>Maintain current SBH-ASO Disaster Recovery Plans in alignment with Kitsap County Disaster Recovery Plans</p> <p>Require subcontractors maintain current Agency Disaster Recovery Plans</p> <p>SBH-ASO Staff participates in training on these methods in accordance with industry standards, including OCIO standards</p>		
<b>Safety of the SBH-ASO Site:</b>				

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Maintenance of physical and security safeguards within the workplace	Low	Periodic evaluations of facility security as available from SBH-ASO Leadership and Kitsap County Management		

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