



Salish Behavioral Health  
Administrative Services Organization

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

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, April 7, 2023  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382

**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/88699088141>

Meeting ID: 886 9908 8141

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

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

Meeting ID: 886 9908 8141

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**A G E N D A**

**Salish Behavioral Health Administrative Services Organization – Advisory Board**

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for February 3, 2023 (Attachment 5)
6. Informational Items
  - a. Update on Block Grant RFP
  - b. SBH-ASO 2022 Community Needs Survey Report (Attachment 6.b)
  - c. Community Summits
  - d. Staffing Update (Attachment 6.d)
  - e. New Program Update - SYNC
7. Opportunity for Public Comment (limited to 3 minutes each)
8. 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>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>COVID-19</b>	Coronavirus Disease 2019
<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>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<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>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>SYNC</b>	Salish Youth Network Collaborative
<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

## SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**April 7, 2023**

### **Informational Items**

#### **A. UPDATE ON BLOCK GRANT RFP**

SBH-ASO released an RFP (request for proposal) for Federal Block Grant Funds in November 2022. The submission deadline was February 8, 2023. SBH-ASO had 7 provider agencies attend the mandatory bidders conference. All 7 of those agencies submitted proposals. Mental Health Block Grant had a single proposal. Substance Abuse Block Grant had 12 separate program proposals from 6 provider agencies. These proposals are currently under review with the RFP committee. Proposals are focused primarily in the areas of treatment, recovery supports, and transportation. The committee review follows the April Advisory Board meeting. Recommendations will be presented to the SBH-ASO Executive Board in May.

#### **B. SBH-ASO 2022 COMMUNITY NEEDS SURVEY REPORT**

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. COMMUNITY SUMMITS**

SBH-ASO Leadership is planning to facilitate several Community Summits during the Summer and Fall of 2023. The purpose of these Community Summits will be to increase awareness of the role and resources of the SBH-ASO. Staff will share additional details regarding the early planning that is underway.

#### D. STAFFING UPDATE

SBH-ASO has hired several new staff recently. Most of these new hires are related to new or expanding programs. Three staff were hired to manage the new Youth Behavioral Health Navigator Program, which SBH-ASO has named "SYNC" (Salish Youth Network Collaborative). Bryan Gross was hired as the SYNC Program Supervisor, and he started in November 2022. Danielle Jenkel and Jessie Parsons were hired as SYNC Program Coordinators, and both started in February 2023.

SBH-ASO had been recruiting for a R.E.A.L. Program Supervisor/Care Manager since May 2022. SBH-ASO has hired Kelsey Clary, who starts April 3, 2023.

SBH-ASO has one remaining active recruitment, Crisis Programs Supervisor. The Crisis Programs Supervisor will also manage the expansion of Assisted Outpatient Treatment, which was legislatively directed earlier this year.

#### E. NEW PROGRAM UPDATE - SYNC

Salish Youth Network Collaborative (SYNC) is a new SBH-ASO program intended to provide support and coordination to youth and families with complex behavioral health needs. Priority will be given to any youth/family being housed in an emergency department. This team of three is officed at the Salish BH-ASO and will serve families in all three counties. A steering committee of community partners will assist with development of parameters for this program based on needs within our communities. The team will provide coordination in a Multi-Disciplinary Team (MDT) model. This will include the engagement of community partners to coordinate care and wrap services around families.

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

**Friday, February 3, 2023  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Port Blakely Conference Room  
Kitsap County Administration Building  
619 Division Ave, Port Orchard, WA 98366**

**CALL TO ORDER** – Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director, called the meeting to order at 10:09 a.m.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

**OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS –**

- Sandy Goodwick, SBH-ASO Advisory Board member, addressed the Board, SBH-ASO Staff, and Public regarding the importance of sufficient communicative access for persons with disabilities in all publicly held meetings, stating that it is an ADA requirement. Sandy urged Staff to communicate this requirement as needed and resolve accessibility issues prior to the next meeting. Sandy noted that closed captioning should be made available as the audio in the current location is very poor for individuals with hearing loss.

**APPROVAL of AGENDA –**

*Request to add Recommendations for Advisory Board Chair and Co-Chair for 2023 as item 6.a.1 to the current agenda.*

**MOTION: Helen Havens moved to approve the agenda as amended. Stormy Howell seconded the motion. Motion carried unanimously.**

**APPROVAL of MINUTES –**

**MOTION: Anne Dean moved to approve the meeting minutes as submitted for the October 7, 2022 meeting. Helen Havens seconded the motion. Motion carried unanimously.**

**ACTION ITEMS**

➤ **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 Stroup’s Re-appointment.

**MOTION: Sandy Goodwick moved to recommend re-appointment of Jon Stroup to the SBH-ASO Advisory Board. Anne Dean seconded the motion. Motion carried unanimously.**

➤ **RECOMMENDATIONS FOR BOARD CHAIR AND CO-CHAIR**

*Staff requested recommendations or volunteers from the Board for Chair and Co-Chair for 2023.*

*Jon Stroup expressed interest in serving in either the role of Chair or Co-Chair.*

**MOTION: Anne Dean moved to recommend Jon Stroup as the SBH-ASO Advisory Board Chair for 2023. Sandy Goodwick seconded the motion. Motion carried unanimously.**

*Staff requested recommendations or volunteers for 2023 Advisory Board Co-Chair.*

*Discussion regarding the scope of role as Co-Chair. Staff prepares all materials and provide significant support to the Chair and Co-Chair.*

*Sandy Goodwick served as Co-Chair last year and would again if no other volunteers.*

*Stormy Howell volunteered to serve as the Board Co-Chair for 2023.*

**MOTION: Anne Dean moved to recommend Stormy Howell as the SBH-ASO Advisory Board Co-Chair for 2023. Jon Stroup seconded the motion. Motion carried unanimously.**

➤ **SBH-ASO ADVISORY BOARD APPLICANTS**

A 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, Mary 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 Diane Pfeifle. Ms. Pfeifle has experience with committee participation and behavioral health advocacy.

*Mary Beth discussed her background in Behavioral Health. 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. She applied to volunteer for the Advisory Board as it is relevant to her professional experience.*

*Mary Beth learned about the Advisory Board volunteer opportunity in the newspaper.*

*Gratitude expressed for Mary Beth's application to serve on the board, as her background and experience would be a good addition to the Board.*

**MOTION: Helen Havens moved to recommend the appointment of Mary Beth Lagenaur to the SBH-ASO Advisory Board. Sandy Goodwick seconded the motion. Motion carried unanimously.**

*Diane shared her experience related to Behavioral Health. 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.*

*Diane learned about the Advisory Board volunteer opportunity in the Forks Forum newspaper.*

*Expression of support in having Diane's perspective on the Board representing Jefferson County.*

**MOTION: Anne Dean moved to recommend the appointment of Diane Pfeifle to the SBH-ASO Advisory Board. Jon Stroup seconded the motion. Motion carried unanimously.**

*Recommendations for Advisory Board appointments will be presented to the Executive Board for final approval in March 2023.*

*Staff will continue to recruit for Advisory Board volunteers, including upcoming recruitment efforts in Kitsap County.*

#### ➤ **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.

*Funding mirrors what was approved in the previous six-month period and includes previous RFP allocations, extending them for the next six months. Designated Co-Responder funding is also listed in the plans and includes funding allocation from both Mental Health Block Grant and Substance Abuse Block Grant separate from regular allocation.*

*Review of Substance Abuse Block Grant funding allocations for January through June 2023.*

**MOTION: Stormy Howell moved to recommend approval of Substance Abuse Block Grant Plans for January – June 2023 as presented. Jon Stroup seconded the motion. Motion carried unanimously.**

*Review of Mental Health Block Grant funding allocations for January through June 2023.*

*Question regarding any other requests for RFP holdover funds. SBH-ASO has not received any additional requests for funding from the Mental Health Block Grant holdover funds.*

**MOTION: Helen Havens moved to recommend approval of Mental Health Block Grant Plans for January – June 2023 as presented. Jon Stroup seconded the motion. Motion carried unanimously.**

## INFORMATIONAL ITEMS

### ➤ **PRESENTATION ON SBH-ASO HOUSING PROGRAMS**

A 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.

*Community Behavioral Health Rental Assistance (CBRA) funding was formerly administered by HCA and referred to as "Long-Term HARPS". The Department of Commerce now contracts directly with the SBH-ASO for this long-term permanent 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.*



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

*Discussion surrounding regional funding for the HARPS Service Team in Kitsap County. Staff clarified that the HARPS Service team serves any individuals who are eligible for HARPS in Kitsap County. Individuals do not need to be engaged in Kitsap Mental Health Services (KMHS) for any other services. A referral pathway exists from Kitsap Community Resources for individuals seeking HARPS Services. Individuals are also able to self-refer to the HARPS Service Team without an intake at KMHS. Staff noted that engagement in HARPS Services by the participant is voluntary.*

*Question about how individuals are accessing CBRA funding. CBRA is accessed through Coordinated Entry, via the same pathway as someone would access HARPS. CBRA is still referred to as "Long-Term HARPS" in many settings. Staff is encouraging subcontractors to refer to the program as Behavioral Health Housing. Individuals accessing funding through Coordinated Entry should be screened for all eligible programs so they can braid funding to best meet the individual's needs.*

*Discussion surrounding recent delays in subsidies being issued by Coordinated Entry. Staff responded that this delay in funding has been witnessed statewide and likely reflects infrastructure and workforce challenges broadly impacting social services.*

*Question regarding utilization of funds. Funding has been underutilized statewide, but Salish continues to spend out a high percentage of funds. Staff noted that expanded low-barrier funding during COVID has had an impact on spending. Many of these programs are ending soon. Salish is meeting with subcontractors to strategize spending and has increased fiscal oversight to ensure maximum utilization of funds.*

*Comment regarding potential lack of community awareness of available programs, noting the importance of continuing to share information regarding housing subsidy resources. Staff is currently working on a community education plan to include housing programs. The R.E.A.L. Teams have also worked to improve community awareness of available programs and continues to connect individuals to resources.*

*Housing stock continues to be a significant challenge impacting utilization of funding.*

### ➤ **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 7<sup>th</sup>
- June 2<sup>nd</sup>
- August 4<sup>th</sup>
- October 6<sup>th</sup>
- December 1<sup>st</sup>

*Staff will ensure that closed captioning is available at the remaining 2023 meetings. Advisory Board members can request mileage reimbursement to attend meetings in person.*

**PUBLIC COMMENT**

- Kate Jasonowicz noted that the Apple Health redetermination process is beginning. Individuals who joined Apple Health during the pandemic and did not have to go through the application process to prove eligibility will need to do so over the next year. The Health Care Authority is anticipating that some individuals will lose coverage. If anyone is working with individuals who received a renewal notice, please encourage them complete it. There are options for individuals who may no longer qualify for Apple Health.
- Jolene Kron noted that there are resources available to train social service staff and volunteers to assist individuals in the redetermination process with the goal of keeping as many individuals eligible as possible.

**GOOD OF THE ORDER**

- Gratitude expressed to Staff for providing a thorough housing presentation.
- Staff will provide the Board with similar presentations on other SBH-ASO programs, including the Salish Youth Network Collaborative (SYNC).

**ADJOURNMENT** – Consensus for adjournment at 11:28 p.m.

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b><i>Present:</i></b>	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	Kate Jasonowicz, Community Health Plan of Washington
Jon Stroup, SBH-ASO Advisory Board	Nicole Oberg, SBH-ASO Program Specialist	Mary Beth Lagenaur, Clallam County
Sandy Goodwick, SBH-ASO Advisory Board	Bryan Gross, SBH-ASO SYNC Program Supervisor	Diane Pfeifle, West Jefferson County
Anne Dean, SBH-ASO Advisory Board		Vivian Morey, Office of Behavioral Health Advocacy
Stormy Howell, SBH-ASO Advisory Board		Barb Jones, Jefferson County Public Health
Helen Havens, SBH-ASO Advisory Board		G'Nell Ashley, Reflections Counseling Services Group
<b><i>Excused:</i></b>		
None		

**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.

<b>Top 5 Areas of Unmet Behavioral Health Needs Identified</b>	
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.

<b>Unmet Needs- Identified by Individuals, Families, Other Community Members</b>
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

<b>Unmet Needs – Identified by Professionals/Legal</b>
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.

<b>Top 5 Unmet Behavioral Health Needs by County</b>		
<b>Clallam</b>	<b>Jefferson</b>	<b>Kitsap</b>
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.

<b>Rural and Frontier Community – Top 5 Unmet Behavioral Health Needs</b>
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.

<b>Families with Children – Top 5 Unmet Behavioral Health Needs</b>
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.

<b>Top 5 Substances: Very Concerned</b>				
	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.

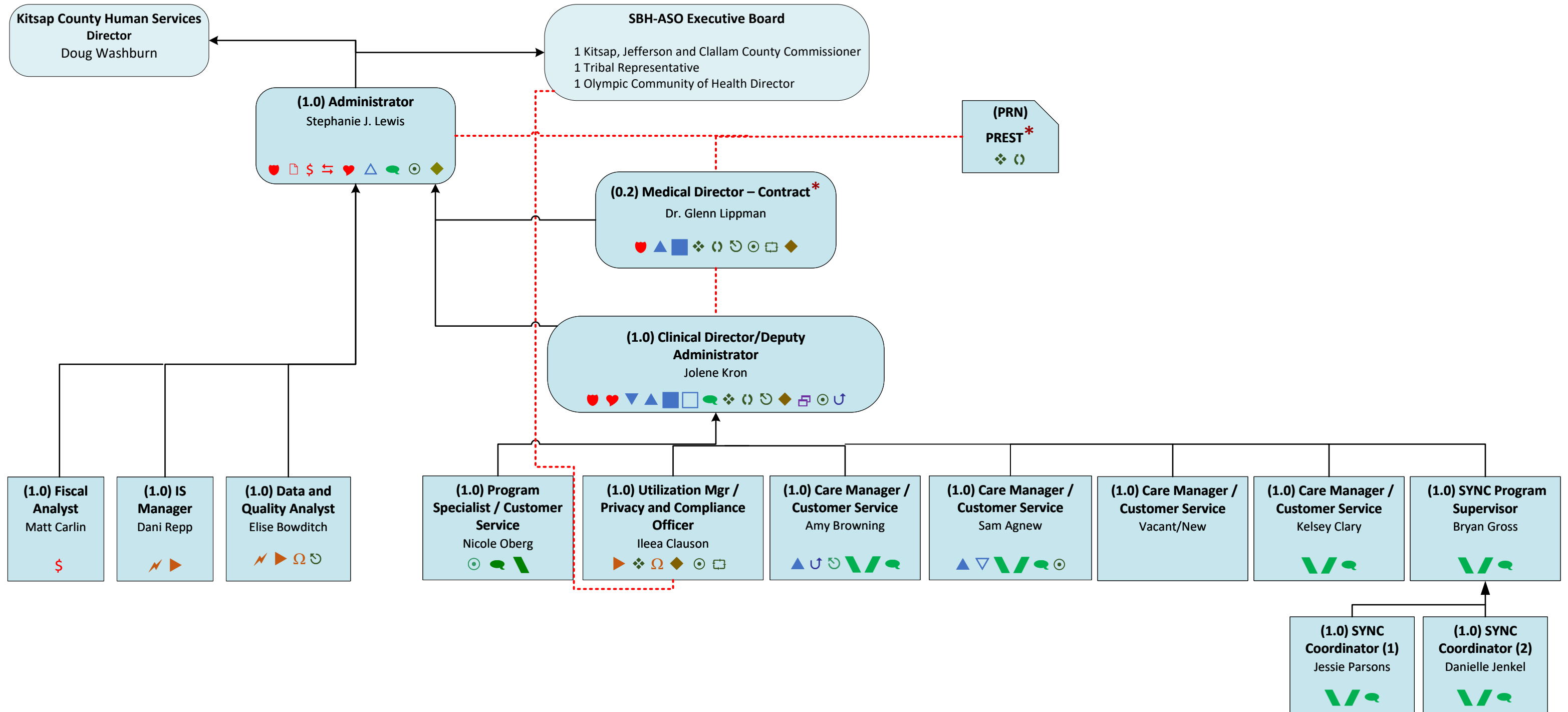
Also, given the higher use of Recovery Communities to disseminate information in Jefferson County, there may be an opportunity to leverage this by targeting these groups as key partners in communicating issues of interest/concern around Behavioral health issues (especially if communicated in audience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



Symbols Keys

**Additional Details:** ——— Solid lines indicate direct supervision - - - - - Red lines indicate direct communication channels | Administrative services are the responsibility of all employed staff.

♥ Leadership Team	▼ Clinical Director	🗨️ General information, referral, and overall customer service	⚡ Utilization Management	Ω Data Analytics	◆ Staff and Provider Training
📄 Network Development and Contracting	▲ Care Management/Care Coordination	🗨️ Specific information, referral, and customer service on BH clinical services	⏪ Grievance and Appeal	⚡ Information Services	📁 Federal Block Grant Reporting
💰 Financial Planning, Analytics and Reporting	■ Crisis response system, including oversight of VOA	🗨️ Member Services	🕒 Quality Management	▶️ Claims, Encounters and Supplemental Data Processing	* Contractor
↔️ Government and Community Liaison	□ Crisis Triage Administration		🕒 Credentialing		
♥ Provider Relations	△ Child Specialist		📁 Program Integrity; Fraud and Abuse		
	▽ Addiction Specialist				
	🔄 Tribal Liaison				