



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, December 8, 2023
TIME: 9:00 AM – 11:00 AM
LOCATION: Jamestown S’Klallam Red Cedar Hall Alderwood Room
1033 Old Blyn Hwy, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

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USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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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 September 15, 2023 (Attachment 5)
6. Action Items
 - a. Extension of Advisory Board Member Term
 - b. Approval of Medicaid Budget for 2024 (Attachment 6.b)
 - c. Approval of Non-Medicaid Budget for 2024 (Attachments 6.c.1 and 6.c.2)
7. Informational Items
 - a. Leadership Transition
 - b. Annual Code of Conduct Review (Attachments 7.b.1 and 7.b.2)
 - c. Naloxone Update
 - d. Community Outreach Events
 - e. Advisory Board Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
CPC	Certified Peer Counselor
CRIS	Crisis Response Improvement Strategy
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
FIMC	Full Integration of Medicaid Services
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
R.E.A.L.	Recovery, Empowerment, Advocacy, Linkage
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBH-ASO	Salish Behavioral Health Administrative Services Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

Friday, December 8, 2023

Action Items

A. EXTENSION OF ADVISORY BOARD MEMBER TERM

Sandy Goodwick represents Clallam County. Sandy has been a member of the SBHASO Advisory Board since the inception of the SBHASO in 2020. She also served as an Advisory Board member for the Salish BHO previously. Her current term expires December 31, 2023. Seeking approval to extend her term for 3 years from January 1, 2024 - December 31, 2026.

B. APPROVAL OF MEDICAID BUDGET FOR 2024

A summary of anticipated calendar year 2024 Medicaid Revenue and Expenditures is attached for the Board's review. Staff will review these documents in detail.

C. APPROVAL OF NON-MEDICAID BUDGET FOR 2024

A summary of anticipated calendar year 2024 non-Medicaid Revenue and Expenditures is attached for the Board's review. Staff will review these documents in detail.

Informational Items

A. LEADERSHIP TRANSITION

Stephanie Lewis gave her resignation effective December 1, 2023. She was a tremendous asset to the organization during a significant time of change. She will be missed.

Jolene Kron has been appointed as the new Administrator for Salish BHASO. We will be looking at reorganization over the next several months to enhance our current resources and support the future of the Salish BHASO.

B. ANNUAL CODE OF CONDUCT REVIEW

Each member of the Executive Board is asked to review the current code of conduct and sign the annual attestation. Please see the attached documents.

C. NALOXONE UPDATE

Salish BHASO has been committed to providing support to individuals with opiate disorders. As an organization, we have been distributing naloxone to our communities over the past 4 years. We have distributed over 1000 naloxone kits so far in 2023. This has been achieved through a partnership with Washington Department of Health and funding from our Health Care Authority Contract. We recently received ten naloxone cabinets to support ease of distribution across the three counties. Staff is currently in the process of identifying interested parties and determining the best location to install these cabinets.

D. COMMUNITY OUTREACH EVENTS

Salish BHASO staff completed six Community Summits/Resource Fairs in 2023. We provided an opportunity for community members, community organizations, and other parties to discuss behavioral health and related resources. Each event provided an opportunity for community agencies to provide information and participate in discussion. SBHASO staff provided a presentation on the role of the Salish BHASO. There was then an opportunity for the community to discuss needs and gaps in services. Some of the items that were discussed included housing concerns, substance use treatment access concerns, and general lack of information. We received positive feedback specific to providing a space for networking and engagement in each community.

Clallam County	Jefferson County	Kitsap County
Port Angeles - June 28, 2023 4:00 pm – 6:00 pm Vern Burton Community Center 308 E. 4 th Street Port Angeles, WA 98362	Quilcene – August 1, 2023 4:00 pm – 6:00 pm Quilcene Community Center 294952 Hwy 101 Quilcene, WA 98376	Kingston – July 24, 2023 4:00 pm – 6:00 pm Village Green Community Center 26159 Dulay Road NE Kingston, WA 98346
Forks – September 19, 2023 4:00 pm – 6:00 pm Forks Community Hospital 550 5 th Avenue Forks, WA 98331	Chimacum – October 12, 2023 4:00 pm – 6:00 pm Tri-Area Community Center 10 West Valley Road Chimacum, WA 98325	Bremerton – October 3, 2023 4:00 pm – 6:00 pm Marvin Williams Recreation Center 725 Park Avenue Bremerton, WA 98337

E. ADVISORY BOARD UPDATE

SBHASO Advisory Board Chair, Jon Stroup, will provide an update on activities including recruiting and conference attendance by a Board member.

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

Friday, September 15, 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, Vice Chair, called the meeting to order at 9:02 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

Addition of Informational Item 7.d – Advisory Board Update

MOTION: Commissioner Ozias moved to approve the agenda as presented. Teresa Lehman seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Ozias moved to approve the meeting notes as submitted for the May 19, 2023 meeting. Teresa Lehman seconded the motion. Motion carried unanimously.

ACTION ITEMS

A. ADVISORY BOARD CO-RESPONDER RFP REVIEW COMMITTEE RECOMMENDATIONS

SBH-ASO released an RFP to fund a single Co-Response program within the region on June 8, 2023. This RFP required contracting with law enforcement or first responder (Fire or EMS) agency to pair a mental health professional with a law enforcement officer or first responder (Fire/EMS) to respond to behavioral health emergencies within the community.

The period of performance is October 1, 2023, through June 30, 2025. The RFP closed on July 27th, 2023. SBH-ASO received a single proposal for this funding from Poulsbo Fire Department. Poulsbo Fire received funding under the previous RFP and were requesting a continuation of the current program. The proposal was reviewed by the Salish Behavioral Health Advisory Board RFP Review Committee on August 18, 2023. The Review Committee unanimously agreed to recommend approval of the proposal to the Executive Board.

MOTION: Commissioner Ozias moved to approve recommendations from the Advisory Board RFP Review Committee for Co-responder funds. Teresa Lehmann seconded the motion. Motion carried unanimously.

Discussion around receiving one proposal in response to the Co-Responder RFP. Staff noted that it was somewhat surprising to receive only one proposal given the amount of outreach that occurred. However, agencies received many competing grant opportunities around the same time and expressed a lack of bandwidth to apply for all of them.

The Co-Response block grant was first received in July 2022 for only one year. Funding was not anticipated to continue. SBH-ASO was notified shortly before the 2023 grant cycle that additional Co-Response funding would be provided by the State. Staff adjusted existing RFP and re-procured to include Co-Response funds.

➤ **OPIOID ABATEMENT COUNCIL (OAC) APPROVAL OF CLALLAM AND JEFFERSON COUNTY SPENDING PLANS**

Opioid Settlement funding is allocated 50% to the State and 50% to local governments. The Health Care Authority and the Department of Health are responsible for planning for the use of the State's allocation.

Kris Shera is the State Opioid Administrator with the Health Care Authority. Mr. Shera is responsible for developing the State Opioid Response Plan and has been actively involved with the Opioid Settlement work for more than 4 years. Mr. Shera will present information on the State's Opioid Response Plan and plans for HCA's allocation of Opioid Settlement funding.

In accordance with One Washington MOU, a Regional Opioid Abatement Council (OAC) was formed to allow local governments within the Salish Region to receive their funds. An interlocal agreement was executed between Clallam, Jefferson and Kitsap Counties which designates SBH-ASO as the Regional Opioid Abatement Council. Each county within the Salish Region has a distinct annual funding allocation.

The Regional OAC is responsible for:

- Overseeing distribution of the funds
- Reviewing expenditure reports for compliance with Approved Uses
- Reporting and making public all decisions regarding Opioid Fund applications, distributions, and expenditures
- Developing and maintaining a centralized public data dashboard for the publication of expenditure data
 - If necessary, may require collection of additional outcome related data.
- Hearing complaints by Participating Local Governments within the Region regarding alleged failure to use the funds for approved uses or comply with reporting requirements.

During the May 19, 2023, Executive Board Meeting, staff proposed 2 options for the management of each county's allocation.

Option 1:

The County develops a plan on how it wishes to utilize the funding in accordance with approved Opioid Remediation Uses, and the plan is approved by the BOCC. The BOCC approved plan is presented to the SBH-ASO Executive Board for approval.

Once a plan is approved, County receives annual allocation, less 10% that OAC is required to reserve for administrative costs.

The County submits a semi-annual report of expenditures to SBH-ASO Staff, and any other data metrics identified by the Settlement Administrators. SBH-ASO Staff will use information from semi-annual reports to update OAC Data Dashboard.

SBH-ASO Staff will account for time and expenses associated with administering the county's opioid funds. Following the conclusion of the calendar year, SBH-ASO will release unspent funds previously reserved for administrative expenses.

Option 2:

SBH-ASO fully manages the county's allocation of opioid settlement funds.

This would include releasing and RFP and presenting recommendations to SBH-ASO Executive Board for approval.

SBH-ASO would manage subcontracts, invoices, and all data collection.

Both Clallam and Jefferson Counties have made decisions regarding their preferred option, which is Option 1. Staff seeks the Board's approval of Clallam and Jefferson Counties' plans. SBH-ASO Staff are in the early stages of planning for Kitsap County's allocation.

Staff seeks approval of required data reporting prior to the release of settlement funds. The minimum data required by One Washington MOU include expenditure reporting and details surrounding applications and distribution of funds, such as awards made via a request for proposal process. Staff does not recommend additional data reporting beyond what is required by the State MOU.

MOTION: Theresa Lehmann moved to approve Clallam and Jefferson spending plans as presented. Commissioner Rolfes seconded the motion. Motion carried unanimously.

Ken Shera, State Opioid Administrator, provided data, program updates, and budget highlights related to the State Opioid & Overdose Response Plan.

Discussion around Exhibit E, List of Opioid Remediation Uses, as a list of recommendations versus a prescriptive list. Other uses that mitigate harms caused by opioids may be permitted which are not included in Exhibit E. Comment about risk associated with use of funding outside of the guidelines in Exhibit E, noting a statement in the MOU that requires payback of any funds that are used for purposes outside of the strategies recommended.

Emphasis on engaging individuals with lived experience in Opioid & Overdose Response program development. Discussion around challenges with engaging those individuals. HCA provides financial remuneration for their time and expertise. Recommendation for State to also support engagement from those with lived experience by eliminating knowledge gaps through team building exercises or other activities as well as robust financial supports.

Question about the budget item related to medication for opioid use disorder in jails and associated technical support. Funding will likely include both designated FTEs to support jails with navigating licensing and certification processes, as well as a contract for training. This has not yet been finalized. Jails will eventually be able to leverage Medicaid funding for health care services with new rules that reinstate Medicaid coverage for incarcerated individuals 30-days prior to release.

Question regarding the payment schedule for the total settlement of \$500 million over 17 years. All settlements are front-loaded in the first year of payment; payments after the first biennium will decrease depending on the status of additional settlements.

Question regarding Opioid Treatment Program Expansion and the notification process for future RFPs to apply for funding. Jessica Blose is the best point-of-contact at HCA to request additional information.

HCA has hosted listening sessions with tribes regarding Opioid Settlement Tribal Funds, which constitute 20% of total settlement funds. It is anticipated that the funds will be divided equally amongst tribes and rural/urban Indian health programs.

To coordinate efforts, answer questions, and maintain communication across all stakeholders, HCA is considering hosting quarterly learning collaboratives, bringing together all OAC leaders, State leaders, and the Attorney General office regularly.

Staff shared information related to regional planning and decisions of the Salish Opioid Abatement Council, including required data reporting recommendations and each county's identified plan for management of their settlement allocation.

Question regarding the OAC structure. Similar to the SBH-ASO, the Executive Board is the governing body of the OAC. Staff assist with community engagement, communication with other counties, and administration of OAC activities.

Question about data reporting requirements related to contracting. Staff recommend that counties provide a report of the contracts awarded through an RFP process and the dollar amount. Additional reporting would be discretionary.

Question regarding whether counties have expressed concern with any element of proposed data reporting requirements. Staff have not yet conversed with Clallam and Jefferson County about reporting recommendations. The only reporting item not explicitly noted in the MOU is the brief narrative summary. The MOU requires annual reporting, however, increased flexibility in usage of funds would merit more frequent check-in. The Salish OAC Template supports data analysis and does not include additional reporting requirements.

Staff provided a review of the 2 options for management of each county's Opioid Settlement allocation as shared at the May 2023 Board meeting. The State MOU requires that the OAC reserve 10% of funding for administrative costs. At the end of the calendar year any funds not necessary to cover OAC administrative costs would be paid out to the respective county. Staff anticipate the ability to manage OAC activities using minimal administrative funding.

The State MOU notes that for local governments' funding to be released a regional OAC had to be created. In consultation, the counties identified the SBH-ASO to serve as the OAC. The SBH-ASO intends to reduce administrative overhead as much as possible.

The Board expressed consensus on the required data reporting as outlined by SBH-ASO.

Staff noted that the State MOU is intended to guide the process for all opioid-related settlements. The settlement management option identified by each county will be applied to all future settlement allocations.

Both Jefferson County and Clallam County have identified Option 1 for their management plan. Jefferson County plans to use funding to support the Behavioral Health Consortium Table to provide leadership, planning, and coordination. The BOCC plans to disperse remaining funds via RFP process. Clallam plans to use funding to support Harm Reduction Health Center and subcontract with a community agency to provide wraparound jail services. Funding will be used to support geographic expansion to better serve the county's west end. County Health and Human Services will administer and manage funds.

The OAC will present a plan to the Kitsap County Board of Commissioners at the October 11, 2023 BOCC Work Session.

Discussion about which management option is more appropriate for Kitsap County considering Jefferson and Clallam County have adopted option 1. Both Jefferson and Clallam County intend to utilize funds to support projects that are multi-year investments. The Kitsap County allocation is anticipated to be about \$6 million for the distributor settlement and \$6 million for retailer settlements. This larger amount of funding has required additional consideration for use.

➤ **RENEWAL OF SBH-ASO INTERLOCAL AGREEMENT**

The term of the SBH-ASO Interlocal Agreement (KC-279-19-A) ends on December 31, 2023. This Interlocal Agreement was last amended, Amendment A, in December of 2021. Amendment A extended the term of the agreement to December 31, 2023, and reduced the number of Vice-Chairs as the prior language was impractical. The current agreement is attached.

Staff will draft an amendment extending the term of this agreement. Other edits can be incorporated at this time if the Board desires.

No suggested changes to interlocal agreement.

INFORMATIONAL ITEMS

➤ **TRUEBLOOD PHASE 3 IMPLEMENTATION**

Background

All criminal defendants have the constitutional right to assist in their own defense. If a court believes a mental disability may prevent a defendant from assisting in their own defense, the court has the authority to put the criminal case on hold while an evaluation is completed to determine the defendant's competency.

Generally, if the evaluation finds the defendant competent, and the court agrees they are returned to stand trial, and if the court finds the evaluation shows the person is not competent, the court will order the defendant to receive mental health treatment to restore competency.

In April 2015, a federal court found that the Department of Social and Health Services was taking too long to provide these competency evaluation and restoration services.

As a result of the case *Trueblood v. DSHS*, the state has been ordered to provide court-ordered in-jail competency evaluations within 14 days and inpatient competency evaluation and restoration services within seven days of receipt of a court order. These Trueblood timeframes apply to people who are detained in jails awaiting a competency evaluation or restoration services. Many of the programs created because of Trueblood, however, also target people who have previously received competency evaluation and restoration services, who are released and at risk for re-arrest or re-institutionalization.

People who get the treatment and support they need when they need it are more likely to avoid becoming involved with the criminal system. Accordingly, increased demand for competency evaluations can be avoided if more individuals receive community-based treatment and support during times of crisis. Major goals of many of the programs covered in this report include providing variable levels of care to prevent overuse of the highest and most intensive level of care and providing care in the community whenever possible and appropriate.

On Dec. 11, 2018, the court approved an agreement related to contempt findings in this case. The Trueblood Contempt Settlement Agreement (Settlement Agreement or Agreement) is designed to move the state closer to compliance with the court's injunction. The Agreement includes a plan for phasing in programs and services. Roll out of such services during Phases 1 and 2 was guided by Final Implementation Plans. This Phase 3 Preliminary Implementation Plan establishes a framework from which Trueblood partners can draft a subsequent final implementation plan for Phase 3, as was done during other phases. That final plan must be submitted no later than 60 days following the last day of the Legislative Session.

Implications for Salish Region

Salish and Thurston/Mason have been identified as a Phase 3 Regions. Based upon preliminary conversations with HCA, SBH-ASO staff anticipate HCA will pursue Trueblood related contracts with both SBH-ASO and local behavioral health providers.

SBH-ASO anticipates receiving a contract from HCA to orchestrate coordination efforts of the Trueblood Phase 3 Settlement Agreement Projects with the Salish Region. Annual funding in the amount of \$100,000 is anticipated to support this community coordination work. Additionally, SBH-ASO anticipates receiving funding in its core contract with HCA for "crisis enhancements" targeted to support Trueblood Class Members. SBH-ASO has been in communication with its contracted crisis providers regarding these funds and is collaborating with these providers in the development of a meaningful plan for use of these crisis enhancement funds.

HCA plans to directly contract with behavioral health providers for outpatient competency restoration programs ("OCRPs"), intensive case management ("FPATH"), and residential supports as described in the Contempt Settlement Agreement (such as "FHARPS") in 2024.

Staff noted that Forensic PATH and Forensic HARPS programs are not synonymous with existing PATH and HARPS programs.

Discussion around the potential effectiveness of the interventions described in the contempt Settlement Agreement in improving the speed at which an individual receives competency restoration. The primary intent is to reduce recidivism of Trueblood class members by

improving supportive services as they exit into the community. This, in turn, will reduce the number of individuals requiring competency restoration.

Comment regarding the overall lack of resources within the mental health system, and how this increases pressure on both forensic and civil treatment services. Staff noted the need for continued discussion around gaps and additional investment needs.

Staff plan to meet with the Salish regional provider network to determine the most meaningful way to operationalize programs.

➤ **ASSISTED OUTPATIENT TREATMENT EXPANSION**

Assisted Outpatient Treatment (AOT) is in the process of development across Washington State per RCW 71.05.148.

The expansion of AOT:

- Provides for additional avenues to pursue court ordered less restrictive treatment alternatives for individuals with behavioral health disorders who meet specific criteria.
- Allows for an expanded group of petitioners to include hospitals, behavioral health providers, the individuals treating professional, designated crisis responders, release planners from corrections, or emergency room physicians.
- Allows for court ordered treatment to be initiated prior to an inpatient stay.
- Allows for up to 18 months of treatment under a single order.

Each BH-ASO is in the process of development within the region. There are several state level workgroups working to develop AOT. Technical assistance is being provided by the TAC (Treatment Advocacy Center). The Administrative Office of the Courts has been tasked with developing court documentation that meets the requirements of the RCW. SBH-ASO has met with our provider network to develop a process that will meet the needs of our region.

The next step includes coordination with the courts to develop processes.

➤ **2024 BOARD MEETINGS**

Staff will present tentative dates for 2024 meetings and seek Board Member input.

Proposed dates for 2024:

- February 15th
- April 19th
- June 21st
- August 16th
- October 18th
- December 13th

Once confirmed, staff will send out 2024 Board Meeting invitations.

➤ **2024 ADVISORY BOARD UPDATE**

2 New Board Members On-Boarded this April

- Mary Beth Lagenaur is representing Clallam County.
- Diane Pfeifle is representing Jefferson County.

Advisory Board Member Recruitment

- 1 Clallam, 2 Jefferson, 1 Kitsap, and 1 Tribal Vacancy.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- ADD COMMENTS

ADJOURNMENT – Consensus for adjournment at 11:03 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Jenny Oppelt, Clallam County HHS
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical	Kate Jasonowicz, CHPW
Commissioner Christine Rolfes	Nicole Oberg, SBH-ASO Program Specialist	Lori Fleming, Jeff Co. CHIP
Celeste Schoenthaler, OCH Executive Director	Doug Washburn, Kitsap County Human Services	Jim Gillard, Poulsbo Fire
Theresa Lehman, Tribal Representative		Jon Stroup, BHAB
		Kris Shera, HCA DBHR

NOTE: These meeting notes are not verbatim.

Medicaid Budget: January - December 2024	
Revenue*	
MCO Revenue (Amerigroup, CHPW, Coordinated Care, Molina, United Healthcare)	\$ 4,080,010
Total Medicaid Revenue	\$ 4,080,010
Medicaid Expenditures	
Crisis Services	
Regional Crisis Line	\$ 461,196
Crisis Response Teams/Mobile Crisis Outreach	\$ 3,218,814
Other Medicaid Expenses	
BH-ASO Administration	\$ 400,000
Total Medicaid Expenses	\$ 4,080,010

** Revenue is estimated as SBH-ASO is paid on a per member per month (PMPM) basis by each MCO. As Medicaid Membership fluctuates, so does Salish's Medicaid Revenue.*

SBH-ASO Non-Medicaid Revenue - Calendar Year 2024	
State (GFS)	\$6,689,256.00
PACT	\$189,456.00
Assisted Outpatient Treatment (AOT)	\$61,764.00
AOT/LR Services	\$191,948.00
Jail Services	\$111,816.00
5480 ITA Non-Medicaid	\$163,260.00
Detention Decision Review	\$27,492.00
Crisis Triage/Stabilization	\$446,004.00
Long-term Civil Commitment (court costs)	\$12,504.00
Trueblood Misdemeanor Diversion	\$131,280.00
Designated Marijuana Account (DMA/DCA)	\$226,560.00
CJTA	\$700,380.00
Secure Detox	\$101,592.00
Behavioral Health Advisory Board	\$39,996.00
E&T Discharge Planners	\$107,294.00
Behavioral Health Enhancement Funds	\$229,904.00
SB 5092 Youth Mobile Crisis Team	\$884,011.00
New Journeys	\$51,168.00
Blake Recovery Navigator Program	\$1,239,832.00
Youth Behavioral Health Navigator Program	\$422,986.00
SB 5476 Blake Recovery Navigator Program Administrator	\$140,000.00
Assisted Outpatient Treatment (AOT) Administrator	\$140,000.00
Governor's Housing Funds	\$50,000.00
Kitsap Crisis Stabilization	\$250,000.00
988 Crisis Enhancement	\$671,350.00
Room and Board	\$2,326.00
Mental Health Block Grant (MHBG)-Standard	\$329,354.00
Peer Bridger (MHBG)	\$160,000.00
FYSPRT	\$75,000.00
Substance Abuse Block Grant (SABG)	\$1,132,110.00
MHBG ARPA Crisis Services	\$165,296.00
MHBG ARPA Youth Navigator	\$175,000.00
MHBG COVID Peer Bridger Participant Funds	\$4,101.00
MHBG ARPA Certified Peer Counselor Addition to Crisis Teams	\$127,632.00
MHBG ARPA Peer Transition from Incarceration	\$44,000.00
SABG ARPA Peer Transition from Incarceration	\$44,000.00
Block Grant Co-Responder	\$100,000.00
ARPA SABG	\$220,000.00
ARPA MHBG	\$342,140.00
HCA HARPS	\$881,380.00
Commerce Community Behavioral Health Housing	\$643,827.00
Total Non-Medicaid Revenue	\$17,726,019

* Estimated

Summary of Non-Medicaid Expenditures - January 1 - December 31, 2024	
Crisis Line	\$358,368.00
Crisis Response/Mobile Outreach	\$3,078,897.00
Certified Peer Counselor Crisis Team Expansion	\$127,632.00
Youth Mobile Crisis Outreach Team	\$599,828.00
Next Day Appointments	\$120,000.00
<i>Crisis Team Prep for Mobile Rapid Response Endorsement</i>	\$671,350.00
Total Crisis	\$4,956,075.00
Involuntary (ITA) Psychiatric Inpatient	\$1,372,326.00
ITA Secure Withdrawal Management and Stabilization	\$50,000.00
ITA Court Costs	\$375,000.00
LRA/CR Outpatient Monitoring and Treatment	\$15,000.00
<i>AOT Court Costs</i>	\$296,764.00
<i>AOT Program</i>	\$467,088.00
Total Involuntary	\$2,576,178.00
Facility-based Crisis Stabilization	\$295,354.00
<i>MH Residential</i>	\$252,000.00
SUD Residential Treatment	\$171,110.00
SUD Withdrawal Management	\$161,592.00
Total Residential Treatment	\$880,056.00
PPW Childcare	\$100,000.00
PPW Housing Support	\$60,000.00
MH Outpatient	\$270,000.00
PACT	\$189,456.00
New Journeys Program	\$51,168.00
Recovery Navigator (REAL) Program	\$1,906,045.00
Co-Responder Program (RFP)	\$100,000.00
CJTA Services and Supports	\$700,380.00
E&T Discharge Planners	\$107,294.00
Peer Bridger and PB Participant Funds	\$164,101.00
Behavioral Health Enhancement Payments	\$229,904.00
Jail Services and Jail Peer Transition Pilot	\$199,816.00
Behavioral Health Advisory Board	\$39,996.00
Community Education/Training	\$25,000.00
Youth Education and Outreach	\$156,560.00
FYSPRT Program	\$75,000.00
Transportation	\$15,000.00
Interpreter Services	\$3,000.00
SABG RFP Awards (Outpatient, Residential and Recovery Supports)	\$200,000.00
MHBG RFP Awards (Consultation)	\$37,000.00
Naloxone	\$200,000.00
Difficult to Discharge/High Risk Individual Supports	\$533,793.00

SBH-ASO Housing Program (Subsidies and Services)	\$1,695,207
Youth Behavioral Health Navigator Program	\$422,984.00
<i>SYNC Program Enhancements</i>	\$175,000.00
SB 5476 Recovery Navigator Administrator	\$140,000.00
Assisted Outpatient Treatment Program Administrator	\$140,000.00
Total Special Programs, Provisos and Recovery Supports	\$7,936,704.00
BH-ASO Administration	\$1,377,006.00
Total Expenditures	\$17,726,019.00



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CODE OF CONDUCT

Policy Number: CP304

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 3/22/2023

Executive Board Approval Dates: 1/15/2021

PURPOSE

To outline the scope, responsibilities, operational guidelines, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure maintenance of an environment that facilitates ethical decision making in accordance with federal and state laws and regulations.

POLICY

The SBH-ASO is committed to ensuring that all staff and associates conduct their activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures.

SBH-ASO establishes this Code of Conduct to ensure that the SBH-ASO community, which includes employees (paid and volunteer) and board members, will know and understand expectation of behavior.

This Code is not meant to answer every question that might arise in daily activities; however, it does provide guidelines, direction, and resources that can be used to respond to matters and circumstances in the course of SBH-ASO duties. No set of guidelines, including these, can ever substitute for the sound judgment, common sense, and personal integrity required to meet the challenges of the job.

All SBH-ASO employees (paid and volunteer) and board members are responsible for understanding and adhering to this Code of Conduct. Inherent in this Code are the following principles by which all employees (paid and volunteer) and board members, as applicable, will abide:

Principle 1 - Legal Compliance and Ethical Business Practices

- 1.1 Business conducted complies with all relevant local, state, and federal laws, rules, and ordinances.
- 1.2 Business practices are conducted truthfully, fairly, and without deception.
- 1.3 Facilities and resources are used solely for the benefit of the SBH-ASO.
- 1.4 The SBH-ASO does not discriminate. The SBH-ASO believes in the fair and equitable treatment of Individuals, providers, employees (paid and volunteer), and board members.
- 1.5 SBH-ASO employees (paid and volunteer) and board members conduct all activities in accordance with the highest ethical standards.
- 1.6 SBH-ASO cooperates with government inquiries and investigations as required by law.

Principle 2 – Confidentiality

- 2.1 Employees (paid and volunteer) and board members abide by the Health Insurance Portability and Accountability Act (HIPAA), applicable policies and procedures, and 42 CFR Part 2. The confidentiality of all medically and clinically sensitive and personal and proprietary information is protected.
- 2.2 Proprietary information is protected and only shared with employees (paid and volunteer) and board members having a need to know such information to perform their job responsibilities.

Principle 3 - Avoid Real and Apparent Conflicts of Interest

- 3.1 All SBH-ASO employees (paid and volunteer) and board members are obligated to avoid situations or conduct that could influence (or appear to influence) objective decisions in the performance of assigned duties and responsibilities—or that could raise questions as to the honesty and integrity of SBH-ASO or negatively impact its reputation.
- 3.2 Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 4 - Protection of Assets

- 4.1 All SBH-ASO employees (paid and volunteer) and board members will strive to preserve and protect the assets of SBH-ASO by making prudent and effective use of the SBH-ASO's resources and properly and accurately reporting its financial condition.

PROCEDURE

All employees (paid and volunteer) and board members are responsible to:

1. Know the existing laws, regulations, and ordinances relevant to the management of a multi-member government behavioral health system.

2. Conduct business in a professional manner that respects the rights and decisions of others, fosters cooperation and integration, respects diversity and is in the best interest of the SBH-ASO.
3. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the management of the SBH-ASO.
4. Ensure the Individual's voice is heard and considered prior to making policy decisions.
5. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
6. This Code of Conduct Policy and Procedure, which clearly reflects the standards of conduct, will be reviewed on an annual basis and updated as necessary.
7. All SBH-ASO employees (paid and volunteer) and board members will review and attest to this Code of Conduct by signing an attestation annually.

MONITORING

1. Consequences for noncompliance by SBH-ASO employees (paid and volunteer) will rely on Kitsap County Personnel Policies and Procedures.
2. All parties are encouraged to suggest changes or additions to this Code. The Code augments, but does not limit, specific policies and procedures of the SBH-ASO.
3. Reports of any concerns may be made to a manager, supervisor, or to the Compliance Officer.
4. Managers and supervisors are further required to report allegations reported to them and to report any known or suspected violations of any laws, acts, statutes or regulations that they discover in the performance of their supervisory duties. Reports can be made to the Compliance Officer.
5. If you know of a violation but fail to report it, you could be considered a party to the violation.
6. Anyone who ever feels retaliated against for making a report should contact the Compliance Officer immediately.



Salish Behavioral Health Administrative Services Organization Code of Conduct Attestation

Attestation/Affirmation for all Board Members and Employees (paid and volunteer):

I attest and affirm that I will strictly follow the policies and guidelines of the Code of Conduct of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) as they apply to me. My observance of these policies and guidelines is a condition of my working with or participating in the SBH-ASO.

- I hereby acknowledge that I have received, on the date below, a copy of the SBH-ASO Code of Conduct Policy and Procedure CP304.
- I have read the document, understand its meaning, and agree to conduct myself in accordance with these policies and guidelines.
- I understand that violations of the Code of Conduct, or failure to take action mandated by this Code of Conduct are grounds for disciplinary action.

Signature

Print Name

Date

Reviewed: 3/22/2023