



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, March 21, 2025
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/86181567063>

Meeting ID: 861 8156 7063

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 861 8156 7063

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 SBHASO Combined Executive and Advisory Board Meeting Minutes for February 21, 2025 (Attachment 5 [page 5])
6. Informational Items
 - a. February 21, 2025 Combined Executive and Advisory Board Meeting Debrief [page 3]
 - b. Salish BHASO Operational Scope [page 3] (Attachment 6.b [page 10])
 - c. The Role of the Advisory Board – Collective and Individual Contributions [page 4] (Attachment 6.c [page 13])
7. Opportunity for Public Comment (limited to 3 minutes each)
8. Adjournment

ACRONYMS

ACH	Accountable Community of Health	ITA	Involuntary Treatment Act
AOT	Assisted Outpatient Treatment	MAT	Medical Assisted Treatment
ASAM	American Society of Addiction Medicine	MCO	Managed Care Organization
BHA	Behavioral Health Advocate; Behavioral Health Agency	MHBG	Mental Health Block Grant
BHAB	Behavioral Health Advisory Board	MOU	Memorandum of Understanding
BHASO	Behavioral Health Administrative Services Organization	OCH	Olympic Community of Health
CAP	Corrective Action Plan	OST	Opiate Substitution Treatment
CMS	Center for Medicaid & Medicare Services (Federal)	OTP	Opiate Treatment Program
CPC	Certified Peer Counselor	PACT	Program of Assertive Community Treatment
CRIS	Crisis Response Improvement Strategy (WA State Work Group)	PATH	Programs to Aid in the Transition from Homelessness
DBHR	Division of Behavioral Health & Recovery	PIHP	Prepaid Inpatient Health Plans
DCR	Designated Crisis Responder	P&P	Policies and Procedures
DCYF	Division of Children, Youth, & Families	QACC	Quality and Compliance Committee
DDA	Developmental Disabilities Administration	RCW	Revised Code Washington
DSHS	Department of Social and Health Services	R.E.A.L.	Recovery. Empowerment. Advocacy. Linkage.
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)	RFP, RFQ	Request for Proposal, Request for Qualifications
EBP	Evidence Based Practice	SABG	Substance Abuse Block Grant
FYSPRT	Family, Youth, and System Partner Round Table	SRCL	Salish Regional Crisis Line
HCA	Health Care Authority	SUD	Substance Use Disorder
HCS	Home and Community Services	SYNC	Salish Youth Network Collaborative
HIPAA	Health Insurance Portability & Accountability Act	TEAMonitor	HCA Annual Monitoring of SBHASO
HRSA	Health and Rehabilitation Services Administration	UM	Utilization Management
IMC	Integration of Medicaid Services	WAC	Washington Administrative Code
IMD	Institutes for the Mentally Diseased	WM	Withdrawal Management
IS	Information Services	WSH	Western State Hospital, Tacoma



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

March 21, 2025

Informational Items

A. **FEBRUARY 21, 2025 COMBINED EXECUTIVE AND ADVISORY BOARD MEETING DEBRIEF**

The February 21, 2025, meeting provided an opportunity for both the Executive and Advisory Boards to engage in discussion around the Salish BHASO's strategic direction and priorities for 2025, taking into consideration regional needs and service gaps identified through multiple sources.

This debrief allows structured time to reflect on key takeaways, share individual perspectives, and identify next steps for the Advisory Board to move forward with clear, actionable, and collaborative goals.

B. **SALISH BHASO OPERATIONAL SCOPE**

The Salish Behavioral Health Administrative Services Organization (SBHASO) operates within a clearly defined scope of responsibilities, as outlined in [RCW 71.24.045](#) (see attachment 6.b). These include administering crisis system oversight, administration of special non-Medicaid programs, and care coordination.

Building on the orientation provided during the November 11, 2024 meeting, Staff will present an in-depth look at SBHASO's core services, the populations served, and the role of subcontractors within the organization's network. Staff will discuss how these elements align with SBHASO's operational scope and strategic goals.

C. THE ROLE OF THE ADVISORY BOARD – COLLECTIVE AND INDIVIDUAL CONTRIBUTIONS

Advisory Boards serve as key partners in shaping the direction of behavioral health services, offering insights and recommendations based on community needs and experiences. The Salish BHASO Advisory Board brings together a diverse group of individuals, with representation from various sectors, ensuring a broad perspective in decision-making and policy development. [WAC 182-538C-252](#) outlines Advisory Board membership (see attachment 6.c).

Staff will facilitate a discussion focused on identifying how Board members' individual and collective contributions can advance Board objectives, support the implementation of Salish BHASO's mission and goals, and enhance overall effectiveness of the Board.

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

**Friday, February 21, 2025
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:08 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of EXECUTIVE BOARD MINUTES –

MOTION: Commissioner Dudley-Nollette moved to approve the meeting minutes as submitted for the December 13, 2024 meeting. Commissioner Ozias seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **ELECTION OF SBHASO EXECUTIVE BOARD CHAIR AND VICE CHAIR**

The SBHASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair and Vice-Chair by majority vote. For the past two years, Commissioner Ozias served as Chair. Staff respectfully requests that the Executive Board Elect a Chair and Vice-Chair for 2025.

*Commissioner Ozias volunteered to continue serving as Executive Board Chair for 2025.
Commissioner Dudley Nollette volunteered to serve as Vice-Chair.*

MOTION: Commissioner Dudley Nollette moved to approve the nomination of Commissioner Ozias as Chair and Commissioner Dudley Nollette as Vice Chair to the Salish BHASO Executive Board. Commissioner Ozias seconded the motion. Motion carried unanimously.

➤ **REVIEW AND APPROVAL OF THE 2025 SBHASO RISK ASSESSMENT**

In accordance with 45 CFR §164.308, the SBHASO 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, SBHASO Staff worked collaboratively to identify areas of risk in all avenues of its business operations. For the 2024/2025 Risk Assessment, the top 3 identified risks include:

- Frequency of change to data submission requirements at the State level creates risk of incorrect and untimely data submissions. Challenges in programmatic changes occurring prior to adequate stakeholder involvement.
- 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, HB1688 planning and implementation, and the increase in complexity of service delivery with lack of clarity around organizational responsibilities.
- Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payments.

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

Discussion regarding the identification and prioritization of risks, with concern for rapid administrative changes at the state and federal levels.

Question regarding coordination with other ASOs to identify common risks and strengthen advocacy efforts. Staff noted that while all ASOs meet monthly, not all ASOs statewide are HIPAA covered entities and therefore not required to complete a risk assessment. Salish BHASO meets quarterly with HCA to discuss concerns. The risk assessment is reviewed by a Quality and Compliance committee comprised of regional providers prior to finalization and presentation to the Board.

Discussion around Executive Board support in sharing risk assessment with members of legislature and other committees/parties. Staff will work on making the risk assessment available to the public on the Salish BHASO website.

MOTION: Commissioner Dudley-Nollette moved to approve 2025 SBHASO Risk Assessment as presented. Commissioner Ozias seconded the motion. Motion carried unanimously.

APPROVAL of ADVISORY BOARD MINUTES –

MOTION: Lori Fleming moved to approve the meeting minutes as submitted for the November 1, 2024 meeting. Stormy Howell seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ COMMEMORATION OF ADVISORY BOARD MEMBER SANDY GOODWICK

Salish BHASO Staff recently learned of the passing of Advisory Board member Sandy Goodwick on September 20, 2024. Sandy served on the Advisory Board for many years, where she made significant contributions to the mission and vision of SBHASO since its inception in 2020. Sandy was a steadfast advocate for peer-led initiatives and disability justice. Her absence is deeply felt, and her legacy will continue to inspire the work of SBHASO Staff and the Advisory Board.

Staff, Executive Board, and Advisory Board members expressed their gratitude for Sandy's contributions. A dedication in her memory will be made during the introduction to eCPR training March 4, 2025. Recognizing the significant gap left by her absence, the Board recommended recruiting new members with similar skills and interests to continue her impactful work.

Brief discussion around open seats on the Advisory and Executive Boards. Executive Board members will follow up on efforts to recruit tribal representation for the Executive Board.

➤ **2025 ADVISORY BOARD PRIORITIES & STRATEGIC PLANNING**

The 2025 strategic planning process offers an opportunity for the Salish BHASO Advisory and Executive Boards to discuss and align priorities that will guide the organization's future work, ensuring it continues to address the complex needs of the community.

The following previously identified priorities are provided to inform the discussion:

Historical Board Priorities:

- Overarching Priorities:
 - Integrative Behavioral Health Continuum: Emphasizing peer-directed services as part of a comprehensive behavioral health model.
- Mental Health Priorities:
 - Housing support services and access to affordable housing
 - Childcare services
 - Children's intensive services (including inpatient care)
 - A full spectrum of intensive services (including peer respite services, stabilization, and inpatient services)
- SUD Priorities:
 - Housing support services and access to affordable housing
 - Childcare services
 - A full spectrum of intensive services (including withdrawal management, stabilization, and residential services)

SUD Summit-Identified Gaps/Needs:

1. MAT Detox Locally, dual detox locally/more local detox beds
2. Transportation
3. Safe use sites/more harm reduction
4. Discrimination or stigma from providers/community partners
5. More funding for peers/direct service staff
6. Lack of youth in patient/services

Training Priorities Identified in 2024:

1. Behavioral Health System Changes
2. Behavioral Health Crisis Response for First Responders and Law Enforcement
3. Community-focused Behavioral Health Trainings
4. Trauma Sensitivity
5. Youth-focused Trainings

FYSPRT Needs Assessment Priorities

1. Community engagement to share about local behavioral health services and supports
2. Making behavioral health training for community members more accessible
3. Outreach to diverse communities

Opioid Response Community Survey

The Opioid Response Community Survey is currently underway. Preliminary response data indicates the following priorities as being consistently identified.

1. Making it easier and quicker for people at risk of OUD to access care and support.
2. Expanding and improving treatment services for people with OUD
3. Strengthening support for people currently in treatment or recovery from OUD

Staff provided an overview of the history and primary functions of Salish BHASO, as well as previously identified priorities.

Question about the impact from the discontinuation of ARPA funding in September 2025 on existing SBHASO programs. ARPS has been used to supplement the crisis system, outpatient services, and provide some additional supportive services.

Question about the exclusion of recovery housing from the list of SUD Summit-identified gaps. Housing was recognized as a regional need; however, SBHASO's housing scope is limited, and the focus was placed on addressing system gaps within its purview.

Advisory Board member Lori Fleming shared that recently identified priorities in Jefferson County centered around integrated or co-located behavioral health and primary care for underserved populations, including the potential for medical respite and transitional housing for individuals exiting hospital, behavioral health, or detox programs. Funding, leadership changes, and agency bandwidth were taken into consideration as potential barriers. It was noted that strategic planning is essential to developing a pilot program that maximizes community benefit while also benefiting rural hospitals.

Discussion around co-response models, including a Mason County Community Paramedic program wherein primary care and behavioral health providers conduct home/community visits for self-referred individuals, offering substance use disorder assessments and extending care beyond the initial evaluation. Discussion of co-response models in Kitsap County, including former DCR co-response in Kitsap County and CARES. Staff noted work at the State level to engage ASOs in standardization of co-response programs.

Commissioner Ozias recommended identifying specific follow-up actions or areas of focus for Staff, the Advisory Board, and Executive Board to ensure clarity on the respective roles of each group when establishing and implementing a strategic plan.

Discussion around understanding Salish BHASO's unique role in providing a regional perspective for community interventions, noting the potential for SBHASO to connect resources across different partners and counties that individual agencies cannot achieve alone. Comment regarding fiscal support for Advisory Board members to attend outside meetings and educational opportunities to support future work.

Plan to continue discussions on priorities, including expanding existing partnerships to support crisis enhancement needs, and ensuring funding alignment while avoiding duplication. Board members are encouraged to send additional thoughts and ideas to Staff as they arise following today's meeting.

PUBLIC COMMENT

- Kate Jasonowicz expressed gratitude for Sandy Goodwick.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:14 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Executive Board Members Present:	Jolene Kron, SBHASO Executive Director	Jenny Oppelt, Clallam County Health & Human Services
Commissioner Mark Ozias	Doug Washburn, Human Services Director	Bella B, Western Washington University
Commissioner Heather Dudley-Nollette	Amy Browning, SBHASO Clinical Manager	Nanine Nicolette, Office of Behavioral Health Advocacy
Excused:	Ileea Clauson, SBHASO Director of Operations	Kate Jasonowicz, Community Health Plan of Washington
Commissioner Christine Rolfes	Nicole Oberg, SBHASO Executive Assistant	
Celeste Schoenthaler	Kelsey Clary, SBHASO Outreach Program Manager	
Advisory Board Members Present:	Dani Repp, SBHASO IS Manager	
Helen Havens	Oluwadamilola Ladejobi, SBHASO Data & Quality	
Kathryn Harrer	Matt Carlin, SBHASO Fiscal Analyst	
Dep. Casey Jinks	Jessie Parsons, SYNC Program Coordinator &	
Lori Fleming	Danielle Jenkel, SYNC Program Coordinator	
Mary Beth Lagenaur		
Naomi Levine		
Stormy Howell		
Excused:		
Diane Pfeifle		

NOTE: These meeting notes are not verbatim.

RCW 71.24.045 Behavioral health administrative services organization powers and duties.

(1) The behavioral health administrative services organization contracted with the authority pursuant to RCW 71.24.381 shall:

(a) Administer crisis services for the assigned regional service area. Such services must include:

(i) A behavioral health crisis hotline for its assigned regional service area;

(ii) Crisis response services 24 hours a day, seven days a week, 365 days a year;

(iii) Services related to involuntary commitments under chapters 71.05 and 71.34 RCW;

(iv) Tracking of less restrictive alternative orders issued within the region by superior courts, and providing notification to a managed care organization in the region when one of its enrollees receives a less restrictive alternative order so that the managed care organization may ensure that the person is connected to services and that the requirements of RCW 71.05.585 are complied with. If the person receives a less restrictive alternative order and is returning to another region, the behavioral health administrative services organization shall notify the behavioral health administrative services organization in the home region of the less restrictive alternative order so that the home behavioral health administrative services organization may notify the person's managed care organization or provide services if the person is not enrolled in medicaid and does not have other insurance which can pay for those services;

(v) Additional noncrisis behavioral health services, within available resources, to individuals who meet certain criteria set by the authority in its contracts with the behavioral health administrative services organization. These services may include services provided through federal grant funds, provisos, and general fund state appropriations;

(vi) Care coordination, diversion services, and discharge planning for nonmedicaid individuals transitioning from state hospitals or inpatient settings to reduce rehospitalization and utilization of crisis services, as required by the authority in contract;

(vii) Regional coordination, cross-system and cross-jurisdiction coordination with tribal governments, and capacity building efforts, such as supporting the behavioral health advisory board and efforts to support access to services or to improve the behavioral health system; and

(viii) Duties under RCW 71.24.432;

(b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, investigation, transportation, court-related, and other services provided as required under chapter 71.05 RCW;

(c) Coordinate services for individuals under RCW 71.05.365;

(d) Administer and provide for the availability of resource management services, residential services, and community support services as required under its contract with the authority;

(e) Contract with a sufficient number, as determined by the authority, of licensed or certified providers for crisis services and other behavioral health services required by the authority;

(f) Maintain adequate reserves or secure a bond as required by its contract with the authority;

- (g) Establish and maintain quality assurance processes;
- (h) Meet established limitations on administrative costs for agencies that contract with the behavioral health administrative services organization; and
- (i) Maintain patient tracking information as required by the authority.

(2) The behavioral health administrative services organization must collaborate with the authority and its contracted managed care organizations to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.

(3) The behavioral health administrative services organization shall:

- (a) Assure that the special needs of minorities, older adults, individuals with disabilities, children, and low-income persons are met;
- (b) Collaborate with local and tribal government entities to ensure that policies do not result in an adverse shift of persons with mental illness into state, local, and tribal correctional facilities; and
- (c) Work with the authority to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases.

(4) The behavioral health administrative services organization shall employ an assisted outpatient treatment program coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and 71.34.815.

(5) The behavioral health administrative services organization shall comply and ensure their contractors comply with the tribal crisis coordination plan agreed upon by the authority and tribes for coordination of crisis services, care coordination, and discharge and transition planning with tribes and Indian health care providers applicable to their regional service area. [2024 c 368 s 3; 2024 c 209 s 30; 2022 c 210 s 27; (2022 c 210 s 26 expired October 1, 2022). Prior: 2021 c 263 s 17; 2021 c 202 s 15; 2019 c 325 s 1008; prior: 2018 c 201 s 4006; 2018 c 175 s 7; 2016 sp.s. c 29 s 421; 2014 c 225 s 13; 2014 c 225 s 12; 2006 c 333 s 105; 2005 c 503 s 8; 2001 c 323 s 12; 1992 c 230 s 5; prior: 1991 c 363 s 147; 1991 c 306 s 5; 1991 c 29 s 2; 1989 c 205 s 4; 1986 c 274 s 5; 1982 c 204 s 5.]

Reviser's note: This section was amended by 2024 c 209 s 30 and by 2024 c 368 s 3, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective date—2022 c 210 s 27: "Section 27 of this act takes effect October 1, 2022." [2022 c 210 s 35.]

Expiration date—2022 c 210 s 26: "Section 26 of this act expires October 1, 2022." [2022 c 210 s 34.]

Application—2021 c 263: See note following RCW 10.77.150.

Effective date—2021 c 202 ss 15-17: "Sections 15 through 17 of this act take effect October 1, 2022." [2021 c 202 s 19.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Intent—2018 c 175: See note following RCW 74.09.495.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2014 c 225: See note following RCW 71.24.016.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Correction of references—Savings—Severability—2005 c 503: See notes following RCW 71.24.015.

Effective date—1992 c 230 s 5: "Section 5 of this act shall take effect July 1, 1995." [1992 c 230 s 8.]

Intent—1992 c 230: See note following RCW 72.23.025.

Purpose—Captions not law—1991 c 363: See notes following RCW 2.32.180.

Conflict with federal requirements—1991 c 306: See note following RCW 71.24.015.

Effective date—1986 c 274 ss 1, 2, 3, 5, and 9: See note following RCW 71.24.015.

WAC 182-538C-252 Behavioral health administrative services organizations—Advisory board membership. (1) A behavioral health administrative services organization (BH-ASO) must appoint advisory board members and maintain an advisory board in order to:

(a) Promote active engagement with people with behavioral health disorders, their families, and behavioral health agencies; and

(b) Solicit and use the advisory board members input to improve service delivery and outcome.

(2) The BH-ASO must appoint advisory board members and maintain an advisory board that:

(a) Broadly represents the demographic character of the service area;

(b) Is composed of at least fifty-one percent representation of one or more of the following:

(i) People with lived experience;

(ii) Parents or legal guardians of people with lived experience;

or
(iii) Self-identified as people in recovery from a behavioral health disorder.

(c) Includes law enforcement representation; and

(d) Includes tribal representation, upon request of a tribe.

(3) When the BH-ASO is not a function of county government, the advisory board must include no more than four county elected officials.

(4) The advisory board:

(a) May have members who are employees of subcontracted agencies, as long as there are written rules that address potential conflicts of interest.

(b) Has the discretion to set rules in order to meet the requirements of this section.

(c) Membership is limited to three years per term for time served, per each advisory board member. Multiple terms may be served by a member if the advisory board rules allow it.

(5) The advisory board independently reviews and provides comments to the BH-ASO, on plans, budgets, and policies developed by the BH-ASO to implement the requirements of this section, chapters 71.05, 71.24, 71.34 RCW, and applicable federal laws.

[Statutory Authority: RCW 41.05.021, 41.05.160, 2019 c 325, 2014 c 225, and 2018 c 201. WSR 19-24-063, § 182-538C-252, filed 11/27/19, effective 1/1/20.]