



Salish Behavioral Health
Administrative Services Organization

Salish Behavioral Health

Administrative Services Organization

COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

DATE: December 5, 2025

TIME: 9:00 am – 11:00 am

LOCATION: Hybrid - 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:
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Meeting ID: 820 2699 1102

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Agenda

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 Advisory Board Meeting Minutes for September 19, 2025 (Attachment 5 [page 10])
6. Advisory Board Action Items
 - a. Salish BHASO Advisory Board Applicants [page 4]
7. Approval of Executive Board Meeting Minutes for October 17, 2025 (Attachment 7 [page 15])
8. Executive Board Action Items
 - a. Advisory Board Member Appointments [page 5]
 - b. Approval of Medicaid Budget for 2025 [page 5]
 - c. Approval of non-Medicaid Budget for 2025 [page 5]



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9. Informational Items
 - a. Review of Regional Priorities, Gaps, and Community Needs [page 5]
 - i. Salish BHASO Identified Priorities
 - ii. Priorities Identified by Community Providers and Partners
(Attachment 9.a.ii [page 22])
 - b. 2026 Strategic Planning [page 8]
 - c. 2026 Trainings and Community Education Needs [page 9]
10. Opportunity for Public Comment (limited to 3 minutes each)
11. Adjournment



**COMBINED EXECUTIVE AND ADVISORY
BOARD MEETING**

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



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COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

December 5, 2025

Advisory Board Action Items

A. SALISH BHASO ADVISORY BOARD APPLICANTS

The Salish BHASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives. Current appointments include:

- Clallam County: Mary Beth Lagenaur and 2 vacancies
- Jefferson County: Diane Pfeifle, Lori Fleming, and 1 vacancy
- Kitsap County: Helen Havens, Naomi Levine, and Renee Hernandez Greenfield
- Tribal Representative and 1 vacancy

SBHASO received Advisory Board Applications from two individuals. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormy Howell.

- Tribal Representative applicant: Morgan Snell
- Clallam County Representative applicant: Molly Barnes

Morgan Snell is a Tribal Citizen and serves as a Tribal Health Planner for Jamestown S'Klallam Tribe. Ms. Snell has emphasized the importance of equitable and culturally responsive services in regional behavioral healthcare. She seeks to support policy development that reflects the priorities, lived experiences, and needs of Tribal community members.

Molly Barnes is a resident of Clallam County. Ms. Barnes currently serves as a Behavioral Health Case Manager for the North Olympic Healthcare Network, as part of the Office-Based Addiction Treatment (OBAT) Program. She is interested in contributing to decision-making and planning efforts related to behavioral health service delivery in her community, with a focus on maximizing resources and improving outcomes. Ms. Barnes is also pursuing her master's degree in Mental Health Counseling.



COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

Executive Board Action Items

A. ADVISORY BOARD MEMBER APPOINTMENTS

Staff request Executive Board approval of the Advisory Board's recommendations for the appointment of new Salish BHASO Advisory Board members. The Advisory Board will review and provide recommendations during this meeting. Pending that action, the Executive Board is asked to approve the recommended appointments for a 3-year term from December 1, 2025, through November 30, 2028.

B. APPROVAL OF MEDICAID BUDGET FOR 2026

Staff will provide a presentation of the 2026 Medicaid projected Revenue and Expenditures. Staff will review these documents in detail.

C. APPROVAL OF NON-MEDICAID BUDGET FOR 2026

Staff will provide a presentation of the 2026 non-Medicaid projected Revenue. Staff will provide a breakdown of Expenditures for Fiscal Year 2026. Staff will review these documents in detail.

Informational Items

A. REVIEW OF REGIONAL PRIORITIES, GAPS, AND COMMUNITY NEEDS

Salish BHASO Staff will provide an overview of previously identified regional priorities, gaps, and community needs. This overview includes information from Salish BHASO surveys and reports developed by community providers and partners as noted below.

This overarching information is being presented to assist the Boards in understanding the community-identified needs and gaps across our region. This information will then be used to support the conversation related to priorities for 2026.



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COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

Salish Regional 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 inpatient/services

2025 Criminal Justice Treatment Account (CJTA) Survey

SUD Treatment Services

1. Outpatient SUD Treatment
2. SUD Assessments (including assessments done while in jail)
3. Residential SUD Treatment

Treatment and Recovery Supports

1. Housing Support Services (rent and/or deposits)
2. Transportation
3. Relapse Prevention

Opioid Response Community Survey

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. Offering education in communities and schools to prevent or stop the misuse of opioids
4. Strengthening support for people currently in treatment or recovery from OUD

Salish Regional SUD Quarterly Action Committees

Education

- Areas of focus: Stigma education, youth education, system education/awareness, resource development, etc.



COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

Spectrum of Care

- Areas of focus: Bridging transitions, detox/withdrawal management, the role of emergency departments, medication support, direct service access, housing support, etc.

Staffing and Bridging Systems

- Operationalizing peers (youth peers, peer liaisons), wraparound support, cross-system education and access, staff support for general workforce (training, retention, burnout prevention, self-care), cross-system/inter-agency support and relationships, etc.

Regional Gaps identified by SBHASO Children's Programming

- Lack of access to the full spectrum of care within the Salish region (and statewide), including:
 - Inpatient care
 - Residential Mental Health
 - Residential Substance Use Disorder (including involuntary treatment)
 - Community-based intensive wraparound care
 - General access to youth-focused care
- Challenges with access to care related to time/cost of commuting outside of the region.
- Challenges related to specific populations, to include ID/D, Autism, youth with history of aggressive behavior, and military families.
- Limited providers serving youth under age 12 across all levels of care, particularly concerning for inpatient and residential.

Family Youth System Partner Round Table (FYSPT) Needs Assessment Priorities

1. Community engagement to share about local behavioral health services and supports
2. Making behavioral health trainings for community members more accessible



COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

3. Outreach to diverse communities including tribal, LGBTQIA, unhoused youth, and BIPOC populations

Additional county and regional priorities, gaps, and needs will be presented using data from the following assessments and reports:

Clallam County

- Peninsula Behavioral Health 2025 Community Needs Assessment (see attachment 9.a.ii)
- [Forks Hospital December 2023 Community Needs Assessment](#)
- [Clallam County HHS 2022 Community Health Assessment](#)

Jefferson County

- 2024 Behavioral Health Advisory Council Retreat Data
- [2019 Jefferson County Community Health Survey](#)

Kitsap County

- [Kitsap Mental Health Services 2023 Community Needs Assessment](#)
- [Kitsap Public Health District 2023 Kitsap County Community Health Assessment](#)
- [Strengthening Our Connections – Addressing the Epidemic of Loneliness and Isolation 9/24/2024 Workshop Summary Report](#)

B. 2026 STRATEGIC PLANNING

The 2026 strategic planning process provides an opportunity for the Advisory and Executive Boards to jointly review areas of concern, assess community needs, and establish priority focus areas and corresponding actions for the upcoming year. As part of this process, the Boards will also identify training and community education needs for 2026 to ensure alignment with system gaps, stakeholder input, and regional trends.

Salish BHASO is tasked with oversight of the behavioral health crisis system serving Clallam, Jefferson, and Kitsap Counties. SBHASO is responsible for the administration of un/underinsured and non-Medicaid behavioral health services and supports. Administrative Services Organizations statewide are tasked with the development and implementation of programs supporting behavioral health service expansion.



COMBINED EXECUTIVE AND ADVISORY BOARD MEETING

C. 2026 TRAININGS AND COMMUNITY EDUCATION NEEDS

Staff will facilitate further discussion regarding 2026 training needs and opportunities, particularly considering ongoing crisis system developments and anticipated system changes.

Previously Identified Advisory Board Training Priorities

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

In 2025, Salish BHASO supported a range of provider and community training efforts, including:

- March 2025 Introduction to Emotional CPR Community Training
- May 2025 1st Annual Washington State Deflection and Diversion Summit
- June 2025 Reentry Simulation in partnership with Kitsap Strong, Up From Slavery Initiative, All Hands Whatcom, and the WA State Secretary of State
- On-demand virtual trainings through Change Company
- Regional Crisis System Trainings for Mobile Crisis Outreach Teams
- Suicide Awareness Training
- Substance Use Quarterly Meeting Panels
 - Transportation (February 2025)
 - Housing (May 2025)

Additional training efforts are anticipated for 2026, including:

- SUD Quarterly Panel - Peer Services (February 2026)
- 2nd Annual Washington state Deflection and Diversion Summit
- Stigma Education for Law Enforcement and Hospitals

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

**Friday, September 19, 2025
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382**

CALL TO ORDER – Stormy Howell, SBHASO Behavioral Advisory Board Chair, called the meeting to order at 10:02 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: Diane Pfeifle moved to approve the agenda as amended. Helen Havens seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Diane Pfeifle moved to approve the meeting minutes as presented for the July 18, 2025 Advisory Board meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REAPPOINTMENT OF HELEN HAVENS**

The current term for Helen Havens ends on November 30, 2025. Helen has expressed interest in volunteering to serve on the Advisory Board for another term.

Helen has an extensive background supporting individuals with Substance Use Disorder and Co-Occurring Disorders. She has served on the Salish BHASO Advisory Board representing Kitsap County for several years. She also represents Salish BHASO on the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Community Advisory Committee.

Staff seeks the Advisory Board's recommendation regarding Helen Haven's reappointment. Recommendations will be presented to the Executive Board for final approval at the October 17, 2025 meeting.

MOTION: Mary Beth Lagenaur moved to recommend the reappointment of Helen Havens to the Salish Behavioral Health Administrative Services Advisory Board for

a three-year term from December 1, 2025 – November 30, 2028. Naomi Levine seconded the motion. Motion carried unanimously.

➤ **APPOINTMENT OF ADVISORY BOARD CHAIR AND VICE CHAIR**

Section 7.a of the Salish BHASO Advisory Board Bylaws calls for the annual election of the Board chairperson and vice chairperson for a term beginning January 1 and ending December 31 of the calendar year following election.

Stormy Howell currently serves as the Salish BHASO Advisory Board Chair. Lori Fleming currently serves as Vice Chair.

Staff requests recommendations or volunteers from the Board for Chair and Vice Chair for 2026.

MOTION: Helen Havens moved to reappoint Stormy Howell as Chair and Naomi Levine as Vice Chair of the Salish BHASO Advisory Board for 2026. Diane Pfeifle seconded the motion. Motion carried unanimously.

Stormy Howell volunteered to continue serving as Board Chair for calendar year 2026. Naomi Levine volunteered to serve as the Vice Chair for calendar year 2026.

INFORMATIONAL ITEMS

➤ **SALISH BHASO CHILDREN'S PROGRAMS**

Staff will provide an overview of Salish BHASO administered Children's programs, including Children's Longterm Inpatient Program (CLIP), Family Youth System Partner Round Table (FYSPRT), and Salish Youth Network Collaborative (SYNC).

CLIP (Children's Longterm Inpatient Program)

CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, serving youth, ages 5-17 years of age. CLIP treatment is funded by Federal and State Medicaid dollars. Private insurance and other income sources can be billed if applicable. There are four CLIP programs with a total of 109 beds across Washington State.

The CLIP program consists of two components. Involuntary CLIP is applicable to youth already in facilities. Voluntary CLIP is under the coordination requirement of ASOs.

The Salish BHASO is the regional convener of the CLIP committee. The Salish CLIP Committee reviews referrals for voluntary CLIP treatment for youth under age 13 whose parents consent to CLIP treatment and youth over 13 that consent to CLIP treatment. There is a separate pathway for youth over age 13 that require involuntary CLIP treatment.

The Salish regional CLIP committee meets monthly, at a minimum of six times a year, to review referrals for CLIP treatment. During the committee meeting, the youth, family, and treatment providers provide a presentation of the youth's needs. The

presentation is facilitated by the MCO liaison, if the youth has MCO benefits, or the Salish CLIP Liaison if the youth does not. The committee members conduct a vote to determine whether CLIP treatment is recommended. The Washington CLIP Administration makes the final determination of whether CLIP treatment is approved.

The Salish CLIP committee includes representation from regional behavioral health providers, youth serving professionals, representatives from regional Managed Care Organizations, and a parent with lived experience.

The Salish Children's Program Manager serves as the CLIP Liaison. The SBH-ASO CLIP Liaison also arranges the CLIP Committee meetings, referrals, consultations and SBH-ASO CLIP Committee Agreements.

FYSPRT (Family Youth System Partner Round Table)

The Salish BHASO is the regional convener for FYSPRT. FYSPRT brings together families, youth, system partners, and community members to work on improving behavioral health services and support for children, youth, and their families. FYSPRT acts as a sounding board for all the people involved in the care of young people who have developmental, emotional, and/or behavioral issues. FYSPRT creates spaces where opinions can be heard and ideas shared, resulting in better care for individuals and healthier communities.

The Salish BHASO convenes the regional FYSPRT committee, hosting at minimum 10 FYSPRT meetings a year and quarterly family fun outreach events, maintaining a website, and supporting engagement in Statewide FYSPRT advocacy. The Salish BHASO provides compensation and reimbursement to FYSPRT participants for FYSPRT meetings, events, outreach activities, training events, travel, and childcare.

SYNC (Salish Youth Network Collaborative)

SYNC seeks to address challenges experienced by youth with complex behavioral health needs through referral, coordination, and support. The program can serve all children/youth regardless of insurance benefits. Salish BHASO volunteered for the first phase of implementation of the Youth Behavioral Health Navigator Program, implementing the SYNC program in August of 2023.

SYNC provides coordination and support through information and referral, coordination, and convenes multidisciplinary team meetings (MDTs) to address the needs of youth with complex behavioral health needs. The SYNC program is currently supported by a SYNC Coordinator and is supervised by the Salish BHASO Children's Program Supervisor, who serves as the SYNC Program Supervisor.

The SYNC Program is responsible for establishing and strengthening collaborative communication, mapping existing services, and improving service coordination to develop a responsive, robust system of care for youth and their families within Clallam, Jefferson, and Kitsap Counties. SYNC staff convene a regional steering committee and maintain a website with community resources.

Stephanie Thelen was introduced as the new Children's Program Manager at SBHASO.

Discussion centered on clarifying the roles, processes, and challenges of CLIP, SYNC, and FYSPRT, including referral pathways, differences between voluntary and involuntary services, and the growing acuity among younger children. Staff highlighted FYSPRT's strong performance, effective collaboration across programs, referral prioritization, and external factors such as resource shortages and ongoing post-pandemic impacts on youth mental health.

Question regarding the structure of Mobile Crisis Outreach Teams and Youth Mobile Crisis Outreach Teams. Both are accessed through the Salish Regional Crisis Line, with hybrid teams serving both youth and adults, while dedicated youth teams focus on children and adolescents.

➤ **ADVISORY BOARD TRAVEL REQUEST FORM**

Salish BHASO Advisory Board members may receive reimbursement for expenses incurred by engaging in Board activities, including attendance at community events, conferences, and trainings. Travel requests can be submitted using the new online form: [BH Advisory Board Travel Request Form](#).

Staff will provide a tutorial of the online travel request form.

Requests should be submitted no later than two weeks prior to travel. Questions can be directed to Salish BHASO Executive Assistant Nicole Oberg.

➤ **ADVISORY BOARD DIRECTED FUNDING**

Washington Health Care Authority has dedicated funding in recent contracts specifically to support Behavioral Health Advisory Boards. This funding is intended to provide support and access for board members to attend meetings, participate in community events, and engage in training.

Salish BHASO would like to discuss how to align spending of this funding with board priorities.

➤ **OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES**

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy.

Nanine reported 11 ombuds cases in September, nine within the Salish region. Most involved information and referral needs related to financial support, housing, transportation, and legal issues. Recurring concerns included communication gaps with providers, limited understanding of client rights, and families navigating involuntary treatment. Statewide, staffing shortages, agency closures (including a recent one in southwest Washington), and increased out-of-state care requests. Funding constraints are also beginning to reduce behavioral health service availability.

PUBLIC COMMENT

- Kate Jasonowicz with Community Health Clinic Washington announced a free upcoming training opportunity for working with individuals with developmental delays and mental health needs. Information will be shared with SBHASO Staff for further dissemination.
- Morgan Snell with Jamestown Tribe expressed intent to apply for the open at-large tribal representative position on the Salish BHASO Advisory Board.

GOOD OF THE ORDER

- Helen shared information about the “Reimagining Behavioral Health, Race, Equity and Social Justice” virtual conference taking place on September 25 and 26.
<https://bhinstitute.uw.edu/re-imagining-behavioral-health-race-equity-and-social-justice-conference/>

ADJOURNMENT – Consensus for adjournment at 11:37 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:		
Stormy Howell, Chair	Ileea Clauson, SBHASO Director of Operations	Kate Jasonowicz, Community Health Plan of Washington (CHPW)
Mary Beth Lagenaur	Nicole Oberg, SBHASO Executive Assistant	Morgan Snell, Tribal Health Planner at Jamestown S'Klallam Tribe
Helen Havens	Stephanie Thelen, SBHASO Children's Program Manager	Amanda Zahler, ESH liaison, Molina
Naomi Levine		Shane, Kitsap County Community Member
Diane Pfeifle		Susan
Excused:		
Lori Fleming		

NOTE: These meeting notes are not verbatim.

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

**Friday, October 17, 2025
9:00 a.m. - 11:00 a.m.
Hybrid Meeting
7 Cedars Hotel, Cedar Room**

CALL TO ORDER – Commissioner Mark Ozias 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 –

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

APPROVAL of MINUTES –

MOTION: Commissioner Rolfes moved to approve the meeting minutes as submitted for the July 17, 2025 Executive Board meeting. Commissioner Dudley-Nollette seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **ADVISORY BOARD MEMBER APPOINTMENT**

The SBHASO Advisory Board membership includes 3 representatives from each county and 2 Tribal Representatives

Current Advisory Board membership includes:

Clallam County

- Mary Beth Lagenaur
- Vacant
- Vacant

Jefferson County

- Diane Pfeifle
- Lori Fleming
- Vacant

Kitsap County

- Helen Havens

- Naomi Levine
- Vacant (pending)

Tribal Representative

- Stormy Howell (Lower Elwha)
- Vacant (pending)

In April 2025, SBHASO received an Advisory Board Application for Kitsap County. The applicant was interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormy Howell.

Renee Hernandez Greenfield currently serves as an Early Interventionist at Holly Ridge Center, delivering early childhood developmental and trauma-informed services. Drawing on extensive experience aiding rural, tribal, and disability communities across Kitsap County, she brings a deep commitment to equity, collaboration, and family-centered care. Renee seeks to join the Advisory Board to help bridge rural–urban service disparities and strengthen coordinated behavioral health support for families facing trauma, disability, and poverty.

The Advisory Board unanimously recommended that the Executive Board appoint Renee Hernandez Greenfield to the Advisory Board to represent Kitsap County.

Staff requests Executive Board approval for the appointment of Renee Hernandez Greenfield to the SBHASO Advisory Board for a 3-year term from October 1, 2025 - September 30, 2028.

MOTION: Commissioner Rolfs moved to approve the appointment of Renee Hernandez Greenfield to the Salish BHASO Behavioral Health Advisory Board for a term of October 1, 2025 – September 30, 2028. Commissioner Dudley-Nollette seconded the motion. Motion carried unanimously.

Enthusiasm and appreciation expressed for Ms. Hernandez Greenfield's extensive and diverse experience.

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

The current term for Helen Havens ends on November 30, 2025. Helen has expressed interest in volunteering to serve on the Advisory Board for another term.

Helen has an extensive background supporting individuals with Substance Use Disorder and Co-Occurring Disorders. She has served on the Salish BHASO Advisory Board representing Kitsap County since December 1, 2020. She also represents Salish BHASO on the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Community Advisory Committee.

At the September 19, 2025 meeting, the Advisory Board unanimously voted to recommend the reappointment of Helen Havens to the SBHASO Advisory Board.

Staff requests Executive Board approval for the reappointment of Helen Havens to the SBHASO Advisory Board for a 3-year term from December 1, 2025 – November

30, 2028.

MOTION: Commissioner Dudley Nollette moved to approve the reappointment of Helen Havens to the Salish BHASO Behavioral Health Advisory Board for a term of December 1, 2025 – November 30, 2028. Commissioner Rolfes seconded the motion. **Motion carried unanimously.**

Appreciation shared for Helen's ongoing commitment to serve on the Advisory Board and other Community Committees.

INFORMATIONAL ITEMS

➤ **SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
INTERLOCAL AGREEMENT**

The term of the SBH-ASO Interlocal Agreement (KC-279-19-B) ends on December 31, 2025. This Interlocal Agreement was last amended, Amendment B, in December of 2023. Amendment B extended the term of the agreement to December 31, 2025. 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.

Salish staff will consult Kitsap County's risk department on liability insurance language before finalizing the draft agreement for Board review.

➤ **DEPARTMENT OF NATURAL RESOURCES ENGAGEMENT DISCUSSION**

Commissioner Dudley-Nollette requested an agenda item related to the intersection of behavioral health and work being done by the Department of Natural Resources. The intent of this conversation is to explore a stronger behavioral health DNR partnership to support access to services and engagement for individuals who are impacted across these two systems.

Discussion around challenges in managing derelict vessels, including behavioral health concerns, limited support for DNR staff, and inconsistent regional responses. There was agreement that regional collaboration could help address service gaps and frequent movement of impacted individuals.

Commissioner Rolfes will reach out to the Kitsap County DNR task force coordinator to explore including Jefferson and Clallam County representatives at ongoing meetings. The Board will revisit this topic after receiving feedback from DNR regarding regional participation.

➤ **CONTRACT NOTIFICATION FOLLOW-UP**

In the July 17, 2025, Executive Board meeting, a request was made of Staff to provide information to the Board related to SBHASO contracts. Staff anticipate providing weekly email information including contractor summary and contract details from the contract summary sheet provided to Kitsap County as our administrative entity.

Staff will begin sending weekly contract summary emails and continue to seek Board

feedback to ensure the updates meet Board member needs.

➤ **CRISIS ENDORSEMENT OVERVIEW**

ESHB 1134 passed in 2023 in response to the need for more accessible and effective behavioral health emergency services within our state. The establishment of 988 moves toward improving behavioral health intervention and ensuring access to immediate support over the phone. This program creates endorsed mobile rapid response crisis team (MRRCT) and establishes a new type of team, community-based crisis teams (CBCT).

Implementation of endorsement has been phased in across the state. Salish did not have any providers seeking endorsement in phase 1. Phase 1 teams implemented services effective July 1, 2025, August 1, 2025, or October 1, 2025.

Endorsed teams are prioritized as the responders for 988 referred crisis calls. The teams are required to meet specific requirements related to staff and infrastructure. Endorsed teams may earn financial incentives for meeting response time benchmarks.

Salish BHASO currently has 3 teams in the final process of endorsement for phase 2. Implementation is expected January 12, 2026. This includes hybrid teams at Kitsap Mental Health Services and Peninsula Behavioral Health and the Youth Mobile Crisis Outreach Team at Kitsap Mental Health Services.

Staff noted that they will continue providing technical assistance and assessing infrastructure needs as additional teams consider endorsement. Staff will provide additional information about HB 1813 at a future meeting.

➤ **FISCAL TRACKING PROGRAM**

Salish BHASO Staff have been working with our contract entity Infrastructure to develop a fiscal tracking tool in alignment with the work we have done with our Data Warehouse. We anticipate rollout of the first phase of this project on January 1, 2026. This will support greater transparency, decreased administrative burden, and improved accuracy of our fiscal processes.

➤ **EXECUTIVE BOARD SCHEDULING DISCUSSION**

i. **2026 Meeting Cadence**

The Salish BHASO Executive Board currently meets on the third Friday of every other month. There was some brief discussion regarding amending this existing cadence to allow opportunity for in-person attendance by Executive Board Members. Staff would like to discuss a change in cadence.

If no change in cadence is determined, the following table outlines proposed dates for 2026 Executive Board meetings:

February 20, 2026

August 21, 2026

April 17, 2026

October 16, 2026

ii. Combined Executive Board and Advisory Board Meetings

The upcoming combined Executive and Advisory Board meeting is scheduled for December 5, 2025, from 9:00–11:00 am.

Proposal for 2026 combined meetings include mid-year and end-of-year meetings that align with budget review.

Following the current cadence, the Executive Board meeting in June falls on a holiday. Staff recommend utilizing the existing May 15, 2026 Advisory Board meeting time slot to accommodate the mid-year combined meeting. To allow sufficient time for discussion and collaboration, Staff would like to discuss extending future combined meetings by one hour.

Following our current practices, the end-of-year combined Executive and Advisory Board meeting has been adjusted to the first Friday in December to accommodate budget timelines. The proposed date for this meeting is December 4, 2026.

Board members agreed to maintain the existing bi-monthly cadence for 2026, including the addition of two joint Executive/Advisory Board meetings each year. Staff will finalize and distribute the 2026 meeting calendar invitations.

➤ **RECOVERY NAVIGATOR PROGRAM DATA**

In 2021, SB5476, which is a legislative response to State v. Blake decision, required BH-ASOs to establish a Regional Recovery Navigator Program. This program was intended to provide referral and response for law enforcement jurisdictions to divert from legal action for individuals presenting with substance use or co-occurring needs.

In the Salish Region the program was named R.E.A.L. (Recovery. Empowerment. Advocacy. Linkage). Salish currently has 5 teams across the 3 Counties. Clallam County is served by Peninsula Behavioral Health and Reflections Counseling Services Group, Discovery Behavioral Healthcare is the provider in Jefferson County, and Kitsap County is served by Agape Unlimited and West Sound Treatment Center. Engagement and support are provided under the core principles of the LEAD model (Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity). These teams are intended to be staffed by individuals with lived experience.

Priority populations for this program include individuals with substance use or co-occurring needs, frequent contact with law enforcement or first responders, and individuals who have had challenges accessing services under the traditional

service model. Referrals are accepted from any source with priority given to those referred directly by law enforcement. Teams provide 24/7 coverage.

R.E.A.L. Teams in Salish started providing engagement and support in December 2021. We are now nearing the end of year 4 of providing support to individuals in need.

Staff will present Salish region Recovery Navigator Program data to the Board.

Discussion regarding differences in engagement numbers between counties, strategies to prevent duplication of services amid multiple outreach programs, and coordination with community partners given funding constraints.

➤ **BEHAVIORAL HEALTH ADVISORY BOARD UPDATES**

SBHASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

Recruitment for open Advisory Board seats in Clallam, Jefferson, and Tribal Representative are ongoing. Staff are working to schedule an interview for the Tribal Representative seat.

➤ **OPIOID ABATEMENT COUNCIL UPDATE**

SBHASO staff are working to update the interlocal agreements to ensure they include all funding sources.

The new SUD Program Manager will be working to coordinate the program moving forward.

Staff are working to update the additional funding received and release funds to Jefferson and Clallam. Jefferson and Clallam Counties are working with their Behavioral Health Advisory Committees on RFP planning. SBHASO staff is setting up meetings to update the current status and review information required for reporting.

Staff will continue coordinating with counties, providing updates, and facilitating information exchange.

PUBLIC COMMENT

A member of the public asked why direct access to Designated Crisis Responders (DCRs) was replaced with a system requiring contact through Volunteers of America, citing longer wait times and more complex access to crisis response services in the Salish region. Staff explained the change was made to centralize dispatch, improve efficiency, support best practices, and align with 988 crisis service integration.

GOOD OF THE ORDER

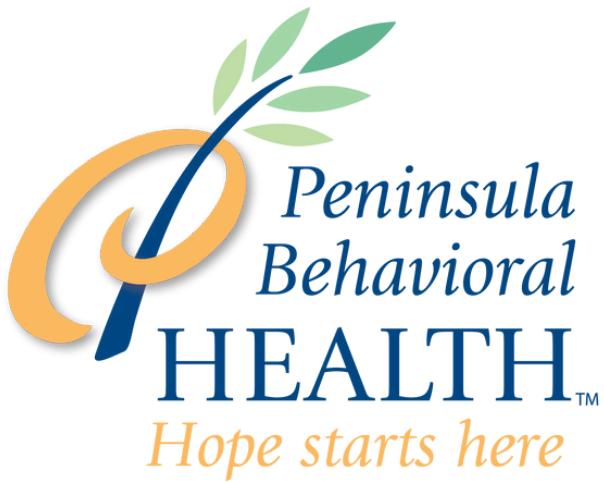
- None.

ADJOURNMENT – Consensus for adjournment at 10:57 am.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Doug Washburn, Human Services Director	Renee Hernandez Greenfield
Commissioner Christine Rolfes	Jolene Kron, SBHASO Executive Director	Jenny Oppelt, Clallam County Human Services
Commissioner Heather Dudley-Nollette	Nicole Oberg, SBHASO Executive Assistant	Dana Bierman, Kitsap Public Health District
Absent:	Kelsey Clary, SBHASO Outreach Program Manager	Naomi Levine, SBHASO Advisory Board
Celeste Schoenthaler	Stephanie Thelen, SBHASO Children's Program Manager	Shane Guenther
Stormy Howell		

NOTE: These meeting notes are not verbatim.



2025 COMMUNITY NEEDS ASSESSMENT



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INTRODUCTION

Peninsula Behavioral Health (PBH) is the largest behavioral health provider in Clallam County, Washington. Since 1971, PBH has been a trusted resource for individuals and families seeking mental health and substance use disorder treatment. Today, PBH serves approximately 3,400 clients annually through offices in Port Angeles and Sequim, as well as through mobile and community-embedded services.

Mission and Vision

PBH's mission is "to provide comprehensive behavioral health services to the residents of our community." We believe that Hope Starts Here—and we work to ensure every individual has access to compassionate, high-quality care regardless of insurance status or ability to pay.

Services and Programs

PBH offers a full continuum of behavioral health services, including:

- **Outpatient Mental Health Treatment:** Individual, family, and group therapy.
- **Substance Use Disorder Services:** Assessments, outpatient and intensive treatment, and recovery support.
- **Crisis Services:** 24/7 crisis outreach and intervention to reduce reliance on emergency departments and law enforcement.
- **Psychiatric Services:** Medication management provided by psychiatric nurse practitioners, and nursing staff.
- **Peer Support and Case Management:** Recovery coaching, care navigation, and resource connection.
- **Specialized Programs:** School-based services, partnerships with tribal communities, programs for veterans, and services for youth with complex needs.

Commitment to Community

PBH is deeply rooted in the communities of Port Angeles, Sequim, and surrounding rural areas. We maintain strong partnerships with local healthcare providers, schools, housing agencies, and tribal nations. These collaborations allow PBH to address both behavioral health and the social drivers of health—including housing, transportation, and food insecurity—that impact well-being.

Workforce

With more than 140 dedicated staff, PBH is committed to building a workforce that is skilled, diverse, and community-responsive. Staff are trained in evidence-based practices such as EMDR, CBT, DBT and Motivational Interviewing. Ongoing professional development ensures PBH remains at the forefront of behavioral health care while retaining a compassionate, client-centered approach.

BACKGROUND

Service Area Description and CCBHC Sites

A. Geographic Description of Service Area

PBH serves the communities of Port Angeles, Sequim, and surrounding rural communities within Clallam County, Washington. The county's estimated 2025 population is 77,480 residents, with 29,980 workers in the labor force as of June 2025. The median household income is \$67,999. The not seasonally adjusted unemployment rate remains low at 3.7%, improving from 4.5% a month earlier.

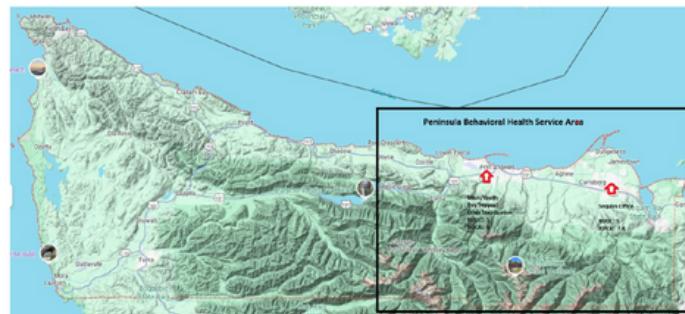
Total nonfarm employment in June 2025 was 25,460 jobs. Government employment is the largest sector in Clallam County at 8,800 jobs, followed by the trade, transportation, and utilities sector with 4,030 jobs. The retail trade industry has been affected by trade conditions with Canada, losing 70 jobs over the month and 180 over the year. In contrast, the leisure and hospitality industry grew by 210 jobs month-over-month and added 40 jobs year-over-year, reflecting the region's ongoing tourism strength.

Clallam County is located in the northwestern corner of Washington state, occupying a long and narrow area of the Olympic Peninsula. It encompasses 1,738 square miles of primarily forested and mountainous land. The county is a destination for outdoor recreation, with Olympic National Park drawing 2.7 million visitors in 2021, and features nearly 200 miles of coastline supporting maritime and fishing industries. Historically, forestry, wood products, and fisheries dominated the economy. As those industries declined, the service sector—including tourism and healthcare—expanded to meet changing needs.

Source 1: (<https://www.census.gov>)



Clallam County occupies a long and narrow area in the most northwestern corner of Washington state.



B. Description of CCBHC Sites

PBH was first certified as a Certified Community Behavioral Health Clinic (CCBHC) in 2020 until 2023. PBH continues to provide integrated, comprehensive services throughout Clallam County.

PBH Service Delivery Sites:

- **Main Campus in Port Angeles:** PBH's central hub, providing outpatient therapy for adults and youth, psychiatry, crisis services, and case management. Founded in 1971 with seven employees, PBH has grown to 140+ staff. The 26,000+ sq. ft. facility includes more than 60 offices, multiple conference rooms, and a multipurpose room with a kitchen.
- **Youth Services Center:** Opened in 2019, this center provides a dedicated healing space for children, youth, and families. It includes 11 offices, a conference room, and a resource room for play therapy.
- **Horizon Center:** An intensive Day Support Program offering life skills training and meals for clients.
- **Clallam County Respite Center:** Provides short-term respite care for individuals experiencing behavioral health crises.
- **Sequim Office:** A growing outpatient hub meeting the needs of residents in eastern Clallam County.
- **Housing Sites & Outreach Teams:**
 - Four (4) transitional supportive housing sites (three in Port Angeles, one in Sequim).
 - Dawn View Court: 26-unit supportive housing in Port Angeles.
 - North View: 36-unit supportive housing under construction, with completion anticipated in Spring 2026.
 - Outreach and peer support teams providing community-based care.
- **Telehealth Services:** Expanding access for rural residents and those with transportation barriers.

Designated Collaborating Organizations (DCOs):

- Olympic Medical Center
- North Olympic Healthcare Network
- Clallam County Sheriff's Office
- Port Angeles Police Department
- Sequim Police Department
- Jamestown Healing Clinic
- Lower Elwha Health Clinic

C. Demographics of Service Area

PBH serves the communities of Port Angeles, Sequim, and surrounding rural communities within Clallam County with an estimated population of 77,480 in 2025.

Demographics for Clallam County				
Measure	Local Service Area: Clallam County	Comparative Data		Data Sources
		STATE: WA	U.S.	
Breakdown of population by race/ethnicity by percentage				
White	80.80%	66.60%	61.60%	data.census.gov
Black or African American	0.70%	4.00%	12.40%	
American Indian	5.60%	1.60%	1.10%	
Asian	1.60%	9.50%	6.00%	
Native Hawaiian and Other Pacific Islander	0.10%	0.80%	20.00%	
Two or More Races	8.60%	10.90%	10.20%	
Hispanic or Latino	6.10%	13.70%	18.70%	
Breakdown of population by age by percentage				
Children (Under 5)	3.50%	5.30%	6.50%	data.census.gov
Children (5-17)	12.30%	15.70%	17.50%	
Adults (18 and Over)	51.70%	61.90%	58.30%	
Older Adults (65 and Over)	32.50%	17.10%	17.70%	
Breakdown of population by sex by percentage				
Female	50.60%	49.40%	50.90%	data.census.gov
Male	49.40%	50.60%	49.10%	
Breakdown of Veterans and poverty by percentage				
Veterans	10.90%	7.60%	6.10%	data.census.gov
Individuals Living in Poverty	11.60%	10.30%	12.50%	

D. Special Populations In Our Service Area

Clallam County residents face unique challenges linked to behavioral health, social determinants of health, and geographic isolation.

- **People experiencing homelessness:** Strongly associated with co-occurring behavioral health conditions.
- **Individuals with co-occurring needs:** High prevalence of clients with both mental health and substance use disorders.
- **Residents with disabilities:** 6,819 individuals in Clallam County report a disability.

Behavioral Health Trends:

- **Suicide rate:** ~25.7 per 100,000, above state and national averages.
- **Depression diagnoses:** 22.8% of adults.
- **Substance use concerns:**
 - Opioids - 77.5% identified as major concern
 - Methamphetamine – 71.9%
 - Alcohol – 61.9%
- **Co-occurring conditions:** Trauma/PTSD, depression, and substance use disorders are frequently linked.

Key Access Barriers:

- **Poverty:** 14.5% overall; 23.2% of children.
- **Housing:** 10% vacancy rate but persistent affordability crisis, contributing to homelessness.
- **Transportation:** Clallam County is a rural area, many residents travel 50+ miles for care.
- **Food insecurity:** 10% of households.
- **Veterans:** 10.8% of the population, with elevated behavioral health needs.

Cultural and Special Considerations:

- Tribal communities emphasize holistic and culturally grounded care.
- LGBTQ+ residents face a lack of affirming services.
- Neurodiverse clients (autism, ADHD, developmental differences) require specialized care.
- Youth & young adults lack sufficient school-based supports.
- Veterans show higher rates of trauma, suicide, and substance use.
- Rural residents face transportation and access barriers.
- Older adults experience unmet needs around dementia, depression, and isolation.

Source 3: <https://esd.wa.gov/jobs-and-training/labor-market-information/reports-and-research/labor-market-county-profiles/clallam-county-profile>

E. Summary

PBH's CCBHC service model responds to some of the highest behavioral health needs in Washington, including elevated suicide rates, high rates of depression, and widespread substance use concerns. Populations with disproportionate needs include people experiencing homelessness, individuals with co-occurring conditions, veterans, tribal members, youth, LGBTQ+ individuals, neurodiverse clients, and rural residents.

These findings underscore the importance of PBH's comprehensive, collaborative, and community-based approach, which leverages strong partnerships with designated collaborating organizations to address behavioral health challenges across the continuum of care.



PBH Main Office, Port Angeles, WA



Youth Services Center, Port Angeles, WA



Sequim Office, Sequim, WA



Horizon Day Center, Port Angeles, WA

Methodology

A. Guiding Questions

PBH developed two surveys as part of the Community Needs Assessment (CNA)—one designed for clients and one for stakeholders. This dual approach was intentional, as it allowed for comparison between the perspectives of those receiving services and those involved in providing or supporting them. Our goal was to determine whether the findings aligned or diverged. As anticipated, the results showed notable differences between the two groups.

Client CNA Survey Questions:

Section 1 – Your Experience with PBH:

1. Have you ever gotten help or treatment from PBH?
2. If you answered "No" above, had you ever heard of PBH before today?
3. What have you heard about PBH?

Section 2 – Your Needs and Community Concerns:

4. When you need help with mental health or substance use, where do you usually go first?
 - Church or spiritual leader
 - Doctor or clinic
 - Family or friends
 - Hospital or emergency room
 - I don't know where to go
 - PBH
 - Tribal community supports
 - Other (please specify)
5. Have you been able to get the help you need in Clallam County?
6. If not, what's been missing or hard to get?
7. Which of these behavioral health issues do you think are the big problems in Clallam County? (Choose all that apply)
 - Access to primary care
 - Health equity and disparities in care
 - Homelessness and housing instability
 - Mental health and emotional well-being
 - Substance use and addiction
 - Suicide prevention
 - Youth behavioral health
 - Other (please specify)

Client CNA Survey Questions Continued:

8. What mental health or substance use issues do you think need more attention? (Choose all that apply)

- Alcohol use
- Anxiety
- Depression
- Methamphetamine use
- Opioid use
- Suicide risk
- Trauma / PTSD
- Other (please specify)

9. What do you think PBH could do to help with these issues? (Choose all that apply)

- Bring services to schools and communities
- Help youth and families more
- Make services more welcoming to all cultures
- Offer more mental health counseling
- Offer more substance use treatment
- Partner with housing and other local programs
- Provide medical services
- Provide mental health care for Veterans
- Provide peer support and support groups
- Provide psychiatric medications
- Reduce stigma through education
- Use mobile clinics or telehealth
- Other (please specify)

Section 3 – Access to Services:

10. Have you or someone you know had trouble getting help from PBH?

11. What would make it easier to get help from PBH? (Choose all that apply)

- Expand telehealth or virtual options
- Improve communication and follow-up
- Increase outreach and awareness about available services
- Make services more youth- or family-friendly
- Offer more appointment times, including evenings and weekends
- Offer more culturally responsive care
- Provide services in multiple languages
- Provide services in schools or community locations
- Provide transportation assistance or mobile services
- Reduce wait times for services
- Simplify the intake process
- Other (please specify)



Client CNA Survey Questions Continued:

Section 4 – Services You Use or Need:

12. Which PBH services are most important to you? (Choose all that apply)

- Case management and care coordination
- Community education and prevention programs
- Crisis intervention and 24/7 crisis response
- Housing and employment support
- Individual Outpatient therapy
- Jail and re-entry behavioral health services
- Peer support and recovery coaching
- Psychiatric care and medication management
- Substance use disorder treatment and recovery services
- Supportive housing
- Youth and family therapy
- Other (please specify)

13. What services are missing in our community that you wish we had?

Section 5 – Your Experience with PBH Staff:

14. How has your experience been with PBH staff?

15. Did anything stand out, good or bad, that you'd like to share?

16. How do you feel when you come to PBH?

- Safe and welcome
- Nervous or uncomfortable
- It depends on the day or staff
- Other (please specify)

17. Is there anything PBH could do to make it more welcoming and comfortable?

Section 6 - Working Together in the Community:

18. Are there other programs or organizations in the community that help you?

19. How could PBH work better with these groups to support you and others?

20. Have you ever had trouble getting help because services from different places didn't work together?

21. If yes, would you be willing to share what happened and how it affected you?

22. Any additional comments or suggestions?

Stakeholder CNA Survey Questions:

Section 1 - Community Needs:

1. Are there any specific behavioral health issues or concerns that you think are especially prevalent and worthy of attention in Clallam County? (Check all that apply)

- Access to primary care
- Health equity and disparities in care
- Homelessness and housing instability
- Mental health and emotional well-being
- Substance use and addiction
- Suicide prevention
- Youth behavioral health
- Other (please specify)

2. What do you think are the biggest challenges facing the community in Clallam County? (Check all that apply)

- Access to healthcare
- Access to mental health services
- Access to mental health services for Veterans
- Affordable housing
- Childcare availability and affordability
- Crime and public safety
- Domestic violence and family safety
- Education quality and access
- Environmental concerns (e.g., climate change, water quality)
- Food insecurity
- Homelessness
- Job opportunities and economic development
- Services for older adults
- Substance use and addiction
- Support for people with disabilities
- Transportation and access to services
- Youth mental health and well-being
- Other (please specify)

Stakeholder CNA Survey Questions Continued:

3. In your opinion, what types of behavioral health (mental health and/or substance use) issues are most common in Clallam County? (Check all that apply)

- Alcohol use
- Anxiety
- Autism Spectrum Disorders
- Bipolar Disorder
- Depression
- Marijuana use
- Methamphetamine use
- Opioid use
- Schizophrenia
- Suicide risk
- Trauma / PTSD
- Other (please specify)

4. How could Peninsula Behavioral Health help address these issues? (Check all that apply)

- Collaborate with housing and homelessness service providers
- Expand access to affordable mental health counseling
- Expand Autism Spectrum Disorder services
- Expand jail transition support services
- Expand support for individuals with co-occurring disorders
- Expand Telehealth and virtual services
- Help reduce stigma through community events and advocacy
- Improve access to crisis response and urgent care for mental health
- Increase services for youth and families
- Offer mobile or community-based behavioral health outreach
- Partner with schools to support student mental health
- Provide education and awareness around mental health and addiction
- Provide more substance use treatment and recovery services
- Provide support groups and peer-led recovery programs
- Other (please specify)

Stakeholder CNA Survey Questions Continued:

Section 2 - Access and Barriers to Care:

5. What do you think are some of the major barriers to accessing behavioral health and substance use care in our community? (Check all that apply)

- Difficulty navigating the healthcare system
- Lack of childcare or family support during appointments
- Lack of insurance or inability to pay
- Lack of Veterans mental health services
- Language or cultural barriers
- Limited hours or inflexible scheduling
- Long wait times for appointments
- Not enough providers or specialists
- Not knowing where to go or how to get help
- Privacy concerns in a small community
- Services not tailored to youth or older adults
- Stigma around mental health or addiction
- Transportation or distance to services
- Other (please specify)

6. Has your organization referred clients to Peninsula Behavioral Health in the past?

7. If "yes," how was the intake process? (Check all that apply)

- The client couldn't get an appointment or was placed on a long waitlist
- The client received timely follow-up and communication
- The client was satisfied with the support I received
- The client wasn't sure what to expect or what the next steps were
- It was smooth and easy to navigate
- Other (please specify)

Stakeholder CNA Survey Questions Continued:

8. How could Peninsula Behavioral Health make services more accessible and convenient for the clients your organization serves?

- Expand telehealth or virtual options
- Improve communication and follow-up
- Increase outreach and awareness about available services
- Increase services in rural areas
- Make services more youth- or family-friendly
- No improvements, the process is seamless
- Offer more appointment times, including evenings and weekends
- Offer more culturally responsive care
- Provide services in multiple languages
- Provide services in schools or community locations
- Provide transportation assistance or mobile services
- Reduce wait times for services
- Simplify the intake and referral process
- Other (please specify)

Section 3 - Certified Community Behavioral Health Clinic (CCBHC) Services:

9. Among the behavioral health services provided in Clallam County, which are most important to the clients your organization serves?

- Case management and care coordination
- Community education and prevention programs
- Crisis intervention and 24/7 crisis response
- Housing support and outreach
- Jail transition and reentry behavioral health services
- Outpatient mental health counseling
- Peer support and recovery coaching
- Psychiatric care and medication management
- School-based mental health services
- Services for individuals with co-occurring disorders
- Substance use disorder treatment and recovery services
- Youth and family therapy
- Other (please specify)

10. In your opinion, what age groups need more support in Clallam County? (Check all that apply)

- Children (0-12)
- Teens (13-17)
- Adults (18-64)
- Seniors (65+)

Stakeholder CNA Survey Questions Continued:

Section 4 - Staffing and Workforce:

11. Which of the suggested partnership approaches do you believe would best support collaboration between Peninsula Behavioral Health and other organizations to benefit Clallam County residents?

- Co-hosting community events or outreach activities
- Collaborating on grant or funding opportunities
- Creating joint educational or support programs
- Cross-training staff to better understand each other's services
- Developing shared referral protocols or warm handoffs
- Embedding PBH staff within our organization (or vice versa)
- Holding regular coordination or check-in meetings
- Offering on-site services at each other's locations
- Sharing data or outcomes to improve care coordination
- Streamlining communication between our teams
- Other (please specify)

12. Any additional comments or suggestions?

B. Methodology

PBH conducted a Community Needs Assessment (CNA) from May 19–June 13, 2025, gathering input from clients and stakeholders across Clallam County. To capture a broad range of perspectives, PBH designed two versions of the survey: a Client survey and a Stakeholder survey.

Guiding Team and Roles

The CNA was developed and implemented by a multidisciplinary guiding team, whose members served in the following roles:

- Wendy Sisk – Steering Group Member; Executive, Program Director
- Tracy Sheldon – Steering Group Member; Data Steward, Communications, Survey Author
- Sydney Upham Soelter – Quality; Steering Group Member; Survey Author
- Dawn Brown – Fiscal
- Angie Berglund – Peer/Recovery Support
- Kelly Cook – Clinical

Gathering Stakeholder Input and Qualitative Data

PBH utilized multiple strategies to share information about the CNA and to encourage participation in the survey, including:

- Posting on the PBH website and in the monthly newsletter
- Sharing through social media platforms (Facebook, Instagram, LinkedIn, Nextdoor)
- Distributing the survey link via email to all PBH staff and previewing it at the All Staff meeting on April 22, 2025
- Sharing with Sequim and Port Angeles School Districts
- Sharing with the Port Angeles Police Department, Sequim Police Department, and Clallam County Sheriff's Office
- Sharing with the City of Port Angeles and City of Sequim
- Sharing with the Jamestown S'Klallam Tribe and Lower Elwha Klallam Tribe
- Presenting to PBH Leadership staff on May 20, 2025
- Attending community events and meetings, including:
 - Resource Fair at Port Angeles Senior Center (May 21, 2025)
 - Sequim Chamber of Commerce meeting (May 27, 2025)
 - Port Angeles Chamber of Commerce meeting (June 11, 2025)

Collection Strategy

To reach clients directly, PBH:

- Issued the client survey via SurveyMonkey, texted to clients who had appointments within the 90 days prior to survey launch
- Distributed hard copies of the survey at three PBH office locations
- Offered a \$5 coffee card incentive for survey completion
- Advertised the survey in the local newspaper
- Shared the survey on Facebook, Instagram, and Nextdoor
- Partnered with local agencies to share the survey within their organizations, email lists and local tribes

Strategy for Compiling and Analyzing Quantitative Data

PBH incorporated both external and internal data sources to inform the CNA.

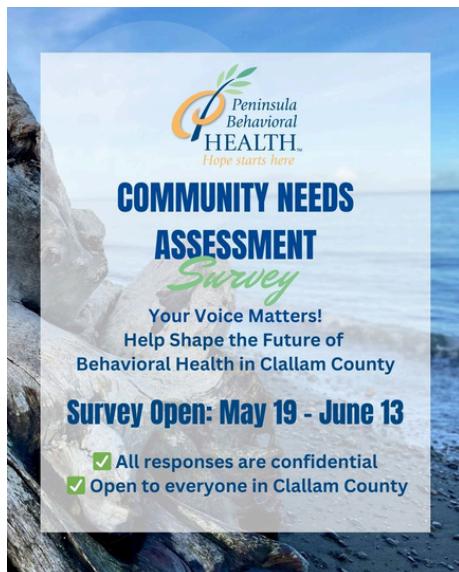
External Data Sources Reviewed:

- 2022 Clallam County Community Health Assessment
- 2022 Olympic Medical Center Community Needs Assessment
- 2023 North Olympic Healthcare Network Community Health Needs Assessment
- 2023 Olympic Community of Health Assessment
- 2017 Clallam County Behavioral Health Treatment Needs and Outcomes Report

Internal Data Sources Reviewed:

- Demographic data
- Insurance coverage data
- Appointment reason data

Analysis was completed in collaboration with PBH's Director of Quality and Compliance and Data Engineer of Quality and Compliance, ensuring accuracy and consistency in data reporting.



NEEDS ASSESSMENT FINDINGS

Mental Health and Substance Use Conditions and Related Needs in Our Service Area

A. Description of Mental Health and Substance Use Conditions in Our Community

PBH's 2025 CNA references national, state, and local indicators. Below is a concise picture of mental health, substance use, and physical health in Washington State and Clallam County—with comparisons to national benchmarks and selected qualitative insights.

Mental health: National vs. Washington vs. Clallam County

National benchmarks (adults 18+)

- **Any Mental Illness:** 23.5%. Serious Mental Illness (SMI): 5.8%.
- **Past-year major depressive episode (all ages 12+):** 8.6%; adolescents much higher than adults.
- **National Institute for Mental Health estimate for adults with a major depressive episode (2021):** 8.3%.

Washington State (adults 18+)

- **Any Mental Illness:** 28.0% (above U.S. average 23.5%).
- **Serious Mental Illness:** 7.4% (above U.S. 5.8%).

Clallam County (adult survey data)

- **Diagnosed depression:** 22.8% of adults report a depressive disorder (higher in Greater Port Angeles; higher among women and young adults).
- **Unmet mental health need:** 3.8% reported needing MH care in the past year but not getting it.

Substance use: National vs. Washington vs. Clallam County

National and Washington (NSDUH 2022–2023)

- **Drug use disorder (past year, age 12+):** U.S. 9.6%; Washington 5.6% (state variation reflects methodology and inclusion of cannabis use disorder).
- **Co-occurring MH & SUD (adults 18+):** U.S. 8.2%. (State tables detail co-occurrence; Washington benchmarks track above U.S. on AMI/SMI.)

Clallam County (community/Key Informant signals)

- **Substances viewed as most problematic locally:** Alcohol (41.7%), heroin/other opioids (37.5%), meth/other amphetamines (20.8%) (key informant panel).

Sources:

4. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>
5. <https://www.nimh.nih.gov/health/statistics/major-depression>
6. <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

Physical health needs & drivers of mortality (with local context)

Washington State leading causes of death:

- **Top causes:** Cancer, heart disease, unintentional injuries, followed by Alzheimer's and cerebrovascular disease.

Source 7: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

Clallam County mortality signals (local coroner report, 2024):

- Among jurisdictional cases investigated by the coroner (subset of total deaths):
 - Accidents: 56
 - Suicides: 24
 - Homicides: 3
 - Natural: 99

Selected chronic disease & access indicators (Clallam County):

- **Diabetes prevalence (self-report):** 12.4% (higher than WA).
- **High blood pressure (ever told):** 39.4% of adults.
- **Food access:** 38.2% of residents live far from a supermarket/large grocery store (much higher than WA/US), a barrier tied to chronic disease risk.

Source 8: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

Geography inside Clallam County (Port Angeles, Sequim, rural areas):

- The county is older than WA/US on average, with health burden differences across Greater Port Angeles, Greater Sequim, and Other Clallam County zones (e.g., higher diagnosed depression in Greater Port Angeles; higher ER use in “Other Clallam County”).

Source 9: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

Emergency department (ED) use: what the community reports

- 8.8% of adults used a hospital ED more than once in the past year, higher in “Other Clallam County.”
- Reported reasons for ED use: Emergency situation (62.6%), weekend/after-hours (24.8%), access problems (10.6%).
- Access problems include inability to get timely appointments or services in outpatient settings.

Source 10: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

Qualitative insights on community needs (themes from local assessments):

- Co-occurring needs are common among people experiencing homelessness: mental health challenges, trauma, substance use, and untreated medical conditions, with higher difficulty maintaining services in the county’s western/rural areas. Provider turnover and limited post-housing supports impede stability.

Source 11: <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>

- Access and coordination gaps: Providers cite inconsistent assessment/prioritization, limited shelter capacity (especially in the West End), and transport/after-hours access barriers—all of which can push people to use EDs for urgent care.

Source 12: <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>

Takeaways for PBH planning

- Higher mental health burden in WA (AMI/SMI) relative to U.S., with local depression burden notable in Greater Port Angeles—supporting continued emphasis on timely outpatient mental health access and crisis alternatives.

Source 13: <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>

- Substance use priorities locally include alcohol, opioids, and meth, aligning with prevention, MAT, and recovery-support investments.

Source 14: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

- Chronic disease & mortality drivers (cardiovascular disease, cancer, injuries) plus food access constraints suggest integrated behavioral health-primary care models, chronic disease management, and social-needs referrals.

Source 15: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

- ED utilization reflects both true emergencies and after-hours/access gaps—opportunities for same-day access, extended hours, mobile services, and west-county outreach.

Source 16: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

B. Mental Health and Substance Use Needs Among the People We Serve

Client survey results:

- **Strong Awareness of PBH:** 90% of respondents reported receiving services at PBH; of those who had not, 91% had still heard of PBH. 42% of respondents said they go to PBH first when seeking help for mental health or substance use needs.
- **Access Gaps Remain:** 21% reported not being able to get the help they need in Clallam County, citing barriers such as provider shortages, turnover, long wait times, lack of inpatient care, and gaps in specialized services (e.g., autism evaluations, LGBTQ+ affirming therapy, trauma care, and consistent psychiatry).
- **Community Priorities:** Housing instability, substance use, and mental health were identified as the top community issues. Trauma/PTSD, depression, anxiety, and substance use (opioids, methamphetamine, alcohol) were highlighted as conditions needing more attention.
- **Service Experience:** Most respondents described PBH staff as caring, supportive, and welcoming, though concerns were raised about high staff turnover, inconsistent follow-up, and access barriers.

- **Desired Improvements:** Respondents emphasized the need for more accessible counseling and psychiatric care, evening/weekend appointments, expanded telehealth, stronger partnerships with housing and other providers, culturally responsive services, and local inpatient options.
- **Top community problems:**
 - Homelessness & housing instability 77.31%
 - Substance use & addiction 73.95%
 - Mental health & emotional well-being 72.27%
 - Access to primary care 42.86%; Youth behavioral health 41.18%; Suicide prevention 29.41%
- **Conditions needing more attention:**
 - Trauma/PTSD 68.33%, Depression 60%, Anxiety 54.17%
 - Opioid use 51.67%, Methamphetamine use 50%, Suicide risk 45%, Alcohol use 41.67%
 - Additional needs frequently named: autism/neurodiversity (adult & youth), ADHD in women, psychosis, eating disorders, nicotine/vaping, LGBTQ+-affirming care, veteran-specific supports.
- **Care experience & environment:**
 - Many praise PBH's front desk, crisis team, care advocates, and youth services; 55.65% feel safe and welcome (26.09% "it depends").
 - Recurrent stressors: staff turnover, inconsistent follow-up, limited counseling frequency, difficulties with psychiatry/medication management.

C. Unmet Mental Health and Substance Use Needs

- **Access gaps:** 20.83% report they have not been able to get needed help in Clallam County.
- **Insufficient capacity:** long waitlists; difficulty getting timely therapy (weekly sessions often unavailable); limited same-day/urgent options for non-emergent crises.
- **Workforce instability:** frequent therapist turnover and abrupt departures disrupting continuity and trust.
- **Psychiatry/med management constraints:** trouble accessing/retaining prescribers; mixed experiences with communication and medication planning.
- **Geographic inequities:** notable requests to match Sequim services with Port Angeles (e.g., prescribers, pharmacy access).
- **Transportation & scheduling:** need for telehealth, mobile services, and evening/weekend appointments.
- **Care coordination:** fragmentation between partner agencies; 28.85% report difficulties when services don't work together.

Specific service gaps named by clients:

- No local inpatient mental health/3.7 withdrawal management; desire for medicated detox and step-up/step-down options.
- Neurodiversity services: adult autism evaluations, ABA, supports for autistic adults; broader non-talk-therapy modalities.
- Youth & family: expanded youth groups, family-based services, childcare supports, school-based access.
- LGBTQ+-affirming therapy (youth and adults).
- Veterans' mental health, including female-veteran PTSD groups.
- Trauma-focused care and diagnosis-specific groups (e.g., Bipolar I, CPTSD, grief).
- Housing supports: more supportive housing, shelter options, and coordinated housing navigation.

- **What would make access easier named by clients:**

- More appointment times including evenings/weekends (51.35%)
- Expand telehealth/virtual (45.95%) and mobile/transportation supports (38.74%)
- Reduce wait times (31.53%); simplify intake (26.13%); improve communication & follow-up (36.04%); increase outreach/awareness (43.24%)
- Provide services in schools/community (32.43%); peer support & groups prioritized elsewhere in survey (51.72%).
- Culturally responsive, multilingual care (11.71%–12.61%) and neurodivergent-friendly processes (clear signage, expectations, accommodations).

D. Summary of Findings

- PBH is the community's primary behavioral-health access point, with strong brand recognition and trust—especially for crisis access, reception, and youth services.
- Most urgent needs (as named by clients): housing instability, substance use (opioids & meth), and mental health conditions (trauma/PTSD, depression, anxiety), with youth behavioral health and suicide prevention also prominent.
- Access and continuity are the pain points. Clients report waitlists, limited frequency of therapy, psychiatry bottlenecks, and turnover—all of which impede progress and erode therapeutic alliance.
- Service gaps for underserved clients include local inpatient/withdrawal management, neurodiversity services (especially adult autism evaluations/ABA), LGBTQ+-affirming care, veteran-focused services, and diagnosis-specific support groups.
- Structural barriers—transportation, scheduling (need for evenings/weekends), coordination across providers, and geographic inequities between Sequim and Port Angeles—compound unmet needs.
- Client-driven solutions are clear: expand telehealth/mobile, add evening/weekend hours, reduce wait times, stabilize the workforce, strengthen care coordination with partner agencies, increase peer/support groups, and enhance culturally responsive and neurodivergent-friendly practices.

Economic Factors and Social Drivers of Health

Port Angeles, Sequim and surrounding rural communities within Clallam County, face significant challenges driven by economic and social determinants of health. Nearly one-third of residents are age 65 or older—almost double the state average—and 10.8% identify as veterans. As a rural area, healthcare and service access is limited. Disability rates among individuals under 65 are also higher in Clallam County (14%) compared to Washington State (9%), underscoring the disproportionate health vulnerabilities in the region.

Priority Community Issues

Respondents reported:

- Housing instability & homelessness – 77%
- Substance use & addiction – 74%
- Mental health & emotional well-being – 72%
- Access to primary care – 43%
- Youth behavioral health – 41%
- Suicide prevention – 29%

Survey comments reinforced these priorities, noting that “transportation and housing instability interfere with treatment.” Trauma/PTSD, depression, anxiety, and substance use (particularly opioids, methamphetamine, and alcohol) were identified as conditions needing greater attention.

Housing Instability and Poverty

Housing instability remains one of the most pressing challenges. Clallam County poverty rates are significantly higher than state and national averages, with 14.5% of the total population and 23.2% of children living below the federal poverty level. These conditions contribute to high rates of homelessness and increase barriers to consistent healthcare access. Poverty drives food insecurity, unstable housing, and financial trade-offs that often lead to skipped medications or delayed care.

Employment, Income, and Education

Economic stability is limited by an uneven job market and relatively low wages compared to cost of living. Many working families experience housing and food insecurity despite employment. Education levels trail state averages, and limited access to affordable higher education and vocational training constrains opportunities for upward mobility. These structural inequities perpetuate intergenerational cycles of poverty and poor health outcomes.



Transportation and Rural Barriers

Geography plays a central role in shaping health access. Nearly half of Clallam County residents travel more than 50 miles to receive healthcare, a challenge compounded by limited public transportation. Approximately 8% of residents miss appointments due to transportation barriers. Internet and broadband gaps further limit telehealth accessibility, especially in rural areas. These access challenges disproportionately affect low-income residents, older adults, and individuals with disabilities.

Food Insecurity

Food insecurity affects roughly one in ten residents. Rising food costs combined with transportation barriers and rural isolation exacerbate this problem. Families often must choose between food, medications, or rent. Access to affordable, nutritious food remains a critical driver of health outcomes, particularly for children and older adults.

Mental Health and Substance Use

Mental health conditions and substance use are urgent community concerns. According to the Olympic Medical Center 2022 CNA, nearly one in four adults (22.8%) has been diagnosed with depression, with rates especially high among women, young adults, and residents of Greater Port Angeles. Suicide rates in Clallam County average 25.7 per 100,000, well above the state and national averages.

The 2023 North Olympic Healthcare Network (NOHN) CNA reinforces the urgent need to expand integrated behavioral health services. Provider shortages, an aging population, high poverty rates, and rural service gaps all contribute to inadequate care access. These shortages drive long waitlists and unmet treatment needs, placing additional strain on families and community safety nets.

Social and Health Inequities

Community surveys and assessments consistently highlight that equitable access to healthcare and affordable housing remain the most pressing needs. Financial barriers, lack of insurance, provider shortages, and stigma prevent many from receiving timely mental health and substance use treatment. Younger and lower-income residents report higher levels of distress, with 13% of survey respondents reporting eight or more poor mental health days in the past month.

Summary

Economic and social drivers—housing instability, poverty, limited employment opportunities, transportation barriers, food insecurity, and inequities in healthcare access are deeply interconnected in Clallam County. These structural challenges create conditions where mental health and substance use disorders thrive, while limited local provider capacity exacerbates unmet needs. Addressing these drivers holistically is essential to improving population health outcomes.

Culture and Language

A. Culture and Language in Our Service Area

PBH's service area includes Port Angeles, Sequim, and the surrounding rural communities within Clallam County, with a diverse cultural profile that reflects both its Native heritage and growing demographic shifts. According to U.S. Census and American Community Survey estimates (2023–2024), the county's population of approximately 77,480 residents is predominantly non-Hispanic White (around 82%). Key subpopulations include:

- **Tribal Communities:** The area is home to several sovereign tribes, including the Lower Elwha Klallam Tribe, the Jamestown S'Klallam Tribe, the Makah Tribe, and the Quileute Tribe. Tribal communities, 5.60%, have deep cultural and historical ties to the region and maintain unique health, linguistic, and cultural need.
- **Hispanic/Latino Population:** Roughly 6.10% of residents identify as Hispanic or Latino, a group that continues to grow, especially among younger generations. Spanish is the most commonly spoken non-English language in the region.
- **Asian and Pacific Islander Populations:** Representing about 1.6% of residents, this group is concentrated in Port Angeles and Sequim. Languages such as Tagalog, Korean, and Vietnamese are spoken in small but notable numbers.
- **Multiracial Residents:** Approximately 8.60% of the population identifies as two or more races, reflecting increasing diversity in family backgrounds.
- **Aging Population:** Nearly one-third of the county's residents are over the age of 65, shaping cultural needs around accessibility, generational perspectives, and healthcare preferences.

In terms of language, about 6% of households report speaking a language other than English at home. Spanish is the most common, followed by Indigenous languages and smaller pockets of Asian languages. While English remains the primary language at 94%.

B. Culture and Language Among People We Serve

PBH serves a client base that mirrors this community profile, with notable concentrations among underserved groups:

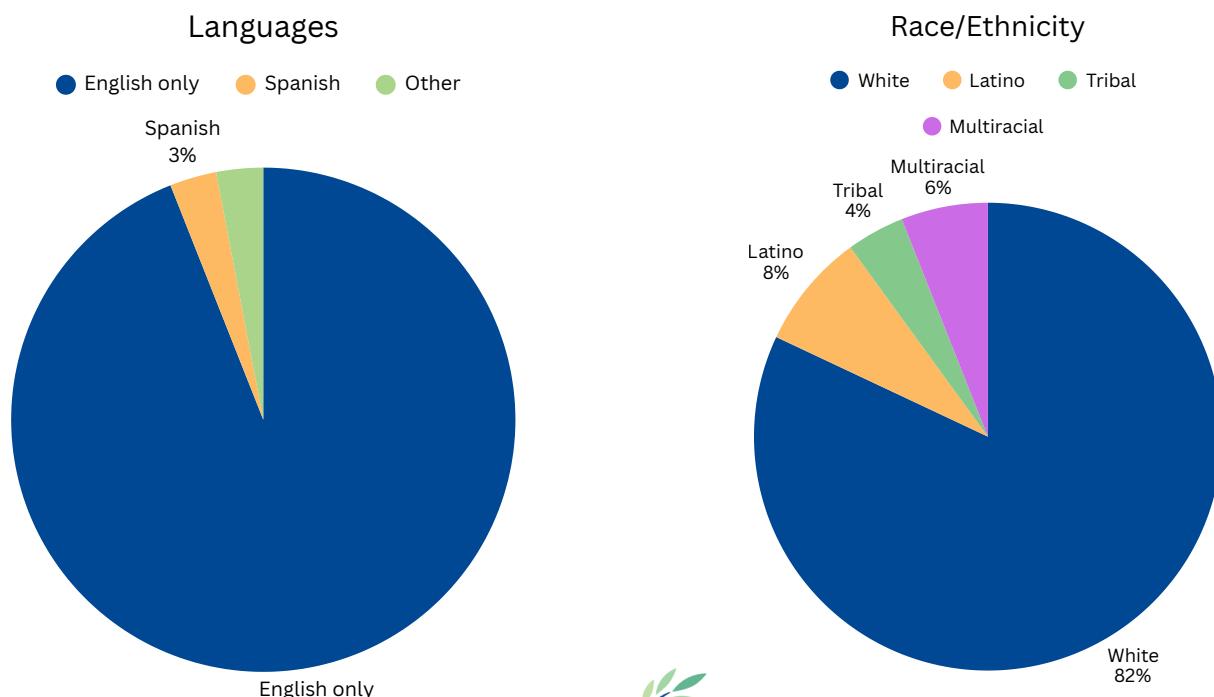
- **Tribal Members:** PBH provides services to individuals from the Lower Elwha Klallam and Jamestown S'Klallam Tribes, with growing collaboration to support culturally relevant care that honors tribal traditions and healing practices.
- **Spanish-Speaking Clients:** PBH also serves Spanish-speaking clients and has access to bilingual interpreters to ensure equity in behavioral health care.

- **Older Adults and Veterans:** Given Clallam County's high proportion of seniors and veterans, PBH's client base includes many older adults and individuals with military backgrounds who bring unique cultural perspectives and healthcare needs, particularly related to trauma, PTSD, and chronic health conditions.

PBH's commitment to culturally responsive care includes staff training in cultural humility, partnerships with tribal health programs, and expanded access to interpretation services for non-English-speaking clients.

Summary of Findings:

- **Cultural Diversity Rooted in Tribal Heritage:** Tribal nations remain central to the cultural identity of Clallam County, and collaboration with these sovereign governments is essential to addressing behavioral health needs.
- **Hispanic/Latino Community:** Spanish is the most frequently spoken non-English language representing 8% of the community.
- **Aging Population:** Nearly one in three residents is over age 65, making aging-related cultural needs, accessibility, and veteran-specific care significant priorities.
- **Multilingual Needs:** While the majority of residents speak English, clients reflect linguistic diversity, requiring occasional interpreter services and culturally tailored approaches.
- **Equity in Access:** Culturally and linguistically appropriate care is vital to ensure that PBH services reach all populations equitably, particularly tribal members, Latino families, veterans, and low-income rural residents.



Current Strengths and Challenges at Our CCBHC

A. CCBHC Strengths

Community Needs and Barriers to Care - Strengths

PBH has made strong progress in addressing the most pressing community needs and barriers to care identified in the Community Needs Assessment:

Culturally Sensitive and Linguistically Appropriate Care

PBH upholds policies that foster inclusivity and equity in care, including a Developmental, Linguistic, and Cultural Competence Policy aligned with CLAS standards and a Gender Affirming Care Policy to ensure welcoming experiences for all clients. These are reinforced through Clinical Bulletin services that guide care delivery and workforce development, with future plans to integrate them into a single plan and our 2026 Quality Management Plan. An internal stakeholder committee leads inclusion, diversity, and accessibility initiatives, with 2025 priorities including a Cultural Heritage staff potluck, accessibility review, Implicit Bias Training, and a Lunch & Learn on “Working with Trans People.” PBH also partners with tribal health programs (Lower Elwha Klallam Tribe and Jamestown S’Klallam Tribe), provides interpreter services for Spanish-speaking and limited English proficiency clients, and ensures staff are trained in cultural humility and trauma-informed practices so that services reflect the cultural and linguistic diversity of Clallam County.

Mental Health and Substance Use Services

PBH aligns its programs directly with community-identified priorities, including treatment for trauma, PTSD, depression, anxiety, and substance use (opioids, methamphetamine, and alcohol). Crisis services, outpatient therapy, medication-assisted treatment, and peer support services are in place to address the highest-need conditions reported in the CNA.

Addressing Social Drivers of Health

PBH integrates case management and care coordination to help clients overcome barriers such as transportation, housing instability, and food insecurity. Staff work with clients to connect them to community resources, navigate benefits, and access housing supports. By addressing both behavioral health and social drivers, PBH reduces barriers that interfere with treatment.

Community-Responsive Staffing and Services - Strengths

PBH maintains a staffing structure designed to meet the unique needs of the Clallam County community, as reflected in the CNA:

Evidence-Based Practices

PBH delivers evidence-based treatments, including EMDR for trauma, Motivational Interviewing, Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). These align with the community's expressed needs for trauma and substance use treatment.

Timely Access to Care

PBH ensures access through extended hours, Open Access offering same day intake and appointments and 24/7 crisis teams. The Mobile Crisis Outreach Team responds countywide, reducing reliance on emergency departments and law enforcement during behavioral health crises.

Qualified and Appropriately Credentialed Staff

PBH is staffed with licensed clinicians, psychiatrists, psychiatric nurse practitioners, substance use disorder professionals, peer support specialists, and case managers, ensuring a full continuum of care. Ongoing training ensures staff expertise is aligned with evolving community needs.

Diverse Workforce Reflective of Community

PBH employs staff with lived experience and peer recovery specialists, reflecting the demographics and cultural profile of the community. The inclusion of peers and cultural navigators ensures services are accessible, relatable, and reduce stigma for clients.

Effective Partnerships and Care Coordination - Strengths

PBH's success as a CCBHC is strengthened by its deep partnerships and care coordination:

Outreach to Populations of Focus

PBH actively engages populations at higher risk of negative outcomes, including people experiencing homelessness, uninsured/underinsured residents, and veterans. Outreach includes community events, embedded staff, and collaborations with local government, schools and shelters.

Partnerships with Community Organizations

PBH partners with housing providers, food banks, and social service agencies to address the drivers of health beyond clinical treatment. Collaborative efforts with housing providers directly address the top CNA-identified issue of housing instability and homelessness.

Care Coordination with Health Providers

PBH maintains strong relationships with Olympic Medical Center, North Olympic Healthcare Network (FQHC), Jamestown HealthCARE and other healthcare providers. Shared care coordination ensures that clients with complex needs receive integrated behavioral and physical healthcare. This collaboration helps reduce duplication of services, improves health outcomes, and ensures continuity of care.

B. CCBHC Challenges and Gaps

Community Needs and Barriers to Care - Challenges & Gaps

Addressing Social Drivers of Health:

PBH case managers work to connect clients with housing, food, and transportation support, but the demand far outweighs available resources. Lack of affordable housing stock and limited transportation infrastructure remain community-wide challenges beyond PBH's control.

Community-Responsive Staffing and Services - Challenges & Gaps

Staffing Levels and Credentials:

Recruitment and retention of licensed clinicians, psychiatric prescribers, and substance use professionals remain persistent challenges, particularly in a rural county with high cost of living and limited workforce pipeline. The demand for services continues to outpace staffing capacity, resulting in waitlists.

Effective Partnerships and Care Coordination - Challenges & Gaps

Care Coordination with Health Providers:

Coordination with hospitals and FQHCs exists but could be improved. Differences in electronic health record systems, confidentiality barriers, and workforce shortages hinder seamless care transitions.

Summary of Findings

PBH's role as a CCBHC has positioned the organization as the backbone of behavioral health care in Clallam County. By providing culturally responsive services, evidence-based practices, timely access, and integrated partnerships, PBH effectively addresses the community's highest-priority needs: housing instability, substance use, and mental health. These strengths demonstrate PBH's capacity to reduce barriers, respond to social drivers of health, and deliver equitable, whole-person care.

ACTION PLAN TO ADDRESS FINDINGS

Prioritization of Findings

A. Priorities for Implementation

Community Needs and Barriers to Care

- Extended Hours
- Expand Services for Autism Spectrum Disorders
- Provide Children's Mental Health Services in Schools
- Improve Cultural Accessibility

Community-Responsive Staffing and Services

- Staff Retention
- Evidence-Based Practice Implementation
- Update Electronic Health Record Functionality

Effective Partnerships and Care Coordination

- Expand/Improve Care Coordination with Partners
- Community Outreach and Education
- Expand Veterans' Services

Secondary Priorities

Community Needs and Barriers to Care

Secondary priorities under this domain focus on enhancing access and responsiveness to specialized populations and underserved groups. While extended hours and school-based services were identified as primary needs, other priorities play a supporting role in reducing barriers. The development of autism spectrum disorder (ASD) services, for example, will not only expand access for a currently underserved population but also reduce family stress and crisis utilization. Improvements in electronic health record (EHR) functionality—such as client portals and data exchange with partner agencies—are also considered secondary priorities, as they indirectly support access by empowering clients with health information and facilitating seamless referrals. Finally, cultural accessibility initiatives, including ADA upgrades and website enhancements, strengthen community inclusion and reduce stigma, ensuring that services are accessible to individuals with physical disabilities and culturally diverse populations.

Community-Responsive Staffing and Services

Secondary priorities in staffing and services reflect PBH's efforts to integrate workforce development with broader access goals. Evidence-based practice implementation, such as Motivational Interviewing and Parent-Child Interaction Therapy, was categorized as a primary staffing initiative, but it also serves as a secondary driver of access and quality. Staff retention efforts, including onboarding improvements and enhanced supervision, are similarly cross-cutting; while primarily a workforce strategy, retention directly impacts continuity of care for clients. Expanding ASD services and cultural accessibility measures are also secondary priorities in this domain, as they require specialized training, cultural humility, and trauma-informed practices to be fully effective.

Effective Partnerships and Care Coordination

Several priorities identified by PBH span beyond direct service delivery to strengthen collaborative systems of care. Community outreach and education was identified as a primary partnership priority but also serves as a secondary barrier-reduction strategy, ensuring that community members and providers are aware of how to access PBH services. Expansion of veterans' services, while primarily a care coordination effort with the VA and Coast Guard, also addresses access barriers specific to this population. Likewise, the EHR upgrade is a secondary care coordination priority, supporting interoperability and data sharing with hospitals, specialty medical providers, and criminal justice partners. These projects highlight PBH's recognition that effective care depends on both strong community partnerships and integrated information systems.

Prioritization Process and Considerations Driving Decision-Making

PBH used a multi-layered, collaborative approach to identify and prioritize needs for its CCBHC planning. The process was guided by both quantitative data from surveys and assessments, and qualitative input from clients, staff, and community partners.

Data-Driven Foundations

1. Client and Stakeholder Surveys

- PBH's Community Needs Assessment (CNA) included both a client version and a stakeholder version, which identified the top issues impacting individuals and families in Clallam County.
- Clients emphasized the barriers of transportation and housing instability, along with the need for accessible, timely mental health and substance use treatment.
- Stakeholders highlighted systemic issues such as homelessness, youth behavioral health, health equity, and the lack of services for specialized populations (e.g., neurodivergent youth).

2. Partner Agency and Community Assessments

- PBH reviewed and integrated findings from other community CNAs, including those conducted by Olympic Medical Center (2022), North Olympic Healthcare Network (2023), and the Clallam County Community Health Assessment (2022).
- These reports reinforced the urgent community-wide needs around housing instability, high rates of depression and suicide, provider shortages, poverty, and gaps in integrated behavioral health services.

Collaborative Input and Staff Engagement

3. Internal Staff Meetings and Workgroups

- Staff across departments—including clinicians, peer specialists, case managers, and leadership—participated in structured discussions to identify emerging needs and service gaps.
- These meetings allowed PBH to weigh operational realities, workforce challenges, and the feasibility of expanding or adapting services. Staff also provided input on strategies to address social drivers of health, such as housing and food insecurity.

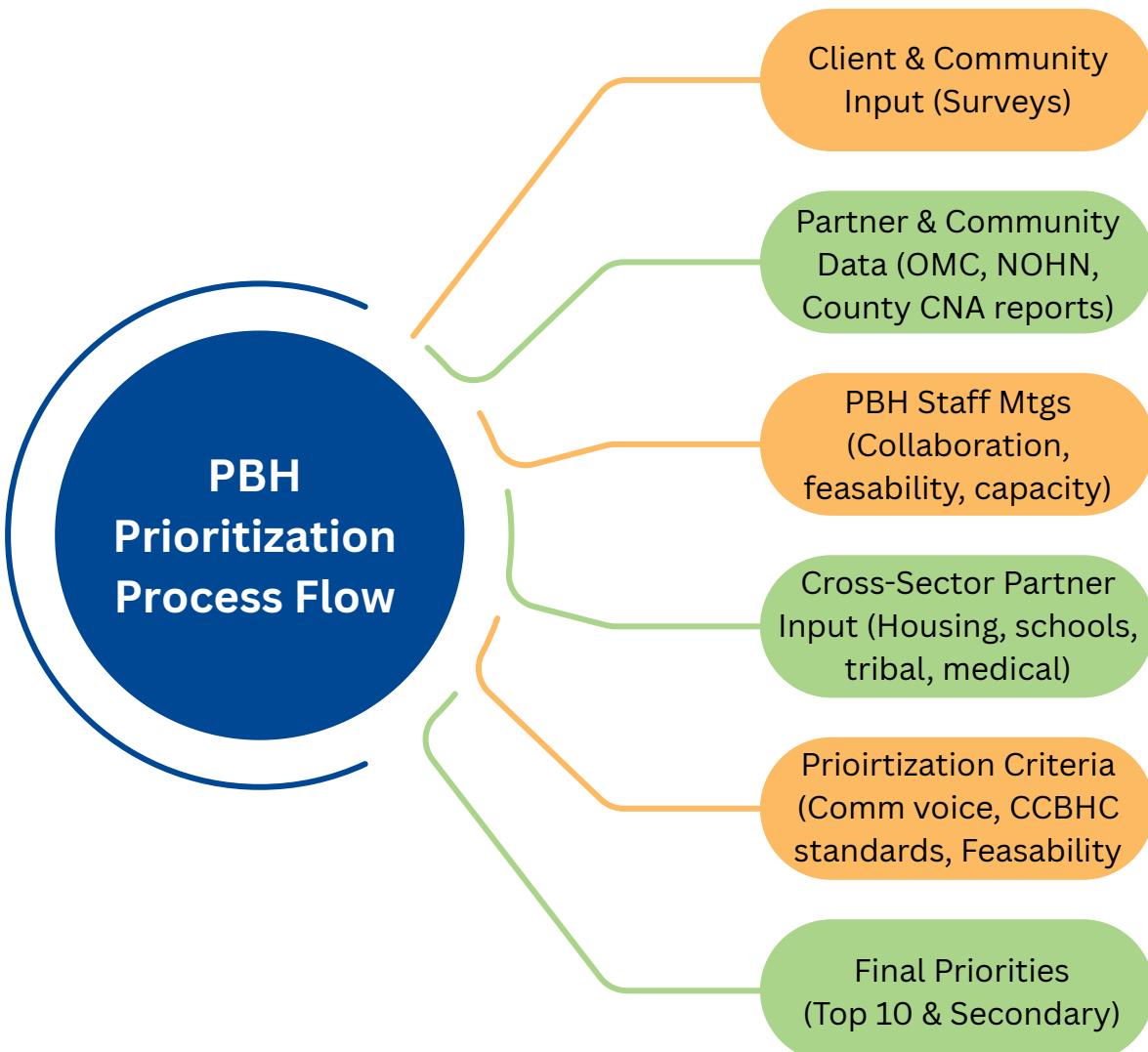
4. Cross-Sector Collaboration

- Partner agencies, including housing providers, schools, tribal health programs, and medical providers, were consulted to ensure that PBH's priorities aligned with broader community needs.
- These partnerships helped PBH identify where its services could complement or fill gaps left by other organizations, especially in crisis response, youth services, and care coordination.

Prioritization Criteria

Decisions were guided by a set of criteria to ensure that selected priorities were both responsive and realistic:

- **Community Voice:** Emphasis was placed on the needs most frequently and urgently identified by clients and stakeholders.
- **Alignment with CCBHC Standards:** Priorities were evaluated against the CCBHC model requirements for access, quality, and integrated care.
- **Feasibility and Capacity:** PBH considered staffing, funding, and infrastructure needed to sustain initiatives.
- **Equity and Vulnerable Populations:** Special consideration was given to populations disproportionately impacted by health inequities, including tribal members, veterans, youth, and people experiencing homelessness.
- **Impact on Outcomes:** Services likely to reduce hospitalizations, prevent crises, and improve recovery outcomes were given higher priority.



Staffing and Implementation Plan

A. Staffing Plan

PBH integrates findings from the CNA directly into its staffing and training strategies to ensure services remain responsive to community priorities.

- **Staff Retention and Development:** CNA findings identified staff retention as a top priority. PBH is enhancing recruitment strategies, creating career development pathways, and expanding clinical supervision to support long-term retention. The addition of a Clinical Development Director will expand training capacity, supervise interns, and strengthen evidence-based practice fidelity.
- **Specialty Services:** To address identified needs such as autism services, eating disorders, and suicide prevention, PBH is planning to add a licensed dietician and expand provider training in Applied Behavioral Analysis (ABA), PCIT, and play therapy.
- **Cultural and Linguistic Capacity:** CNA findings highlighted the need for increased cultural accessibility. PBH will prioritize recruitment of bilingual/bicultural staff, ADA compliance training, and workforce diversity efforts to better reflect the demographics of Clallam County.
- **Cross-Sector Training:** PBH will expand training opportunities for staff and community partners in collaborative problem-solving, trauma-informed care, and care coordination, supporting more integrated service delivery across agencies.

This staffing plan ensures PBH maintains a workforce that is both clinically skilled and culturally responsive, directly aligned with the highest-need areas identified by clients, stakeholders, and community partners.

B. Implementation Plan

The following three-year implementation matrix outlines PBH's SMART objectives, timelines, and responsible parties.

Implementation Plan			
Priority Area	SMART Objective	Timeline	Responsible Staff
Staff Retention & Development	Reduce annual staff turnover by 10% through enhanced supervision, career development, and training.	Year 1-3	HR Dept.
Extended Hours	Launch expanded evening/weekend services at two sites based on client survey input.	Year 1-2	COO, Dept. Directors; Supervisors
Care Coordination	Formalize MOUs with 5 partner agencies (VA, DD, hospitals, justice, dental) to improve referral	Year 1-3	CEO, Partnerships Lead
Evidence-Based Practice	Continue clinical staff trainings	Year 1-3	Dir. Outpatient
Autism Spectrum Services	Establish ABA service line; launch ASD awareness workshops.	Year 2-3	Medical Dir., Dir. Outpatient, CFS Sup.
Outreach & Education	Host 4 quarterly provider meetings and publish 12 newsletters annually to promote service access.	Year 1-3	Dev. Director
School-Based Services	Expand school-based services	Year 2-3	Dir. Outpatient, CFS Sup.
Veterans' Services	Increase veteran/active-duty caseload by 20% through targeted outreach with VA/Coast Guard.	Year 1-3	Dir. Outpatient
Cultural Accessibility	Upgrade ADA restrooms at 2 sites, enhance website accessibility, and host 2 tribal partner meetings/year.	Year 2-3	CEO, Facilities Sup.
EHR Functionality	Implement patient portal by 2026 for 90% client access and connect EHR with 3 partner systems.	Year 2-3	IT Dir., Dir. of Quality and Compliance

The Needs Assessment Cycle and Updates

A. Plan to Update Needs Assessment

PBH is committed to maintaining an ongoing process of community engagement and data-driven planning. The CNA will be updated at least every three years in alignment with CCBHC requirements and best practices. This cycle ensures that emerging needs, changing demographics, and evolving community priorities are regularly identified and addressed. Updates will incorporate:

- Client and stakeholder survey data
- Partner and community assessment findings (e.g., county, hospital, and FQHC CNAs)
- Service utilization and outcome data collected internally
- Input from staff, community partners, and advisory boards

B. Communication Plan

PBH recognizes the importance of transparency and shared ownership of CNA findings. The communication strategy will include:

- **Internal Communication:** CNA findings will be shared with staff through all-staff meetings, department huddles, and internal newsletters. Leadership will also integrate CNA results into organizational training and planning sessions.
- **Board of Directors and Advisory Boards:** PBH will present CNA results and identified priorities during board meetings, providing opportunities for input and governance oversight.
- **External Stakeholders:** PBH will communicate CNA findings to community partners, funders, and collaborating organizations through formal presentations, community forums, and shared reports.
- **Public Communication:** A summary of CNA findings and PBH's priority areas will be made available to the public via PBH's website, annual reports, and community outreach events to foster transparency and community trust.

C. Integration of Needs Assessment Action Plan with CQI Process

The CNA is directly tied to PBH's Continuous Quality Improvement (CQI) process to ensure identified priorities translate into action and measurable outcomes. Integration includes:

- **Alignment of Priorities:** CNA findings shape PBH's annual CQI plan, ensuring that identified community needs and service gaps are prioritized in program development and quality initiatives.
- **Data-Driven Monitoring:** Metrics from CNA priorities (e.g., access to care, wait times, housing stability, client outcomes) are incorporated into PBH's CQI dashboards to monitor progress.
- **Ongoing Feedback Loops:** Staff, clients, and partners provide continuous feedback on CNA action items, which are reviewed in CQI committee meetings and adjusted as needed.
- **Quality and Equity Focus:** CNA findings are used to identify disparities and guide PBH's quality improvement projects, ensuring services are equitable, culturally responsive, and aligned with community priorities.

INFORMATION SOURCES

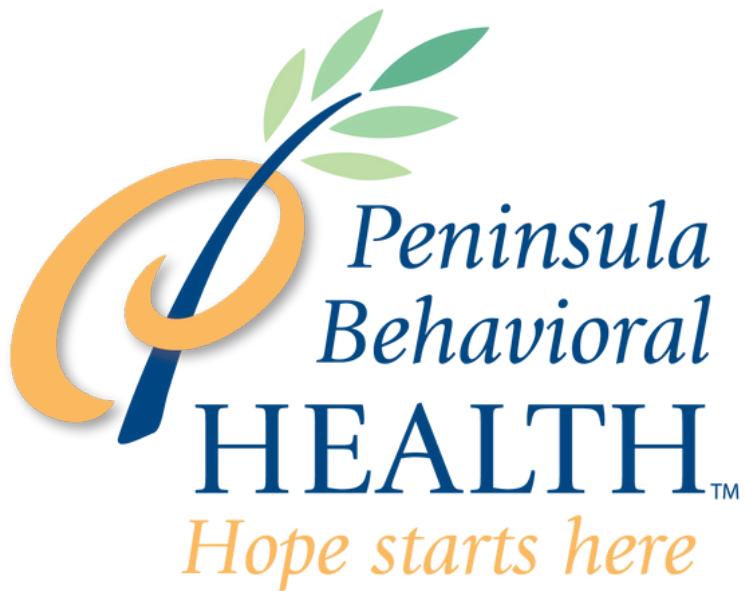
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6. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
7. **Washington State Department of Health, Washington State Vital Statistics**
<https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>
8. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
9. **Washington State Department of Health, Washington State Vital Statistics**
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10. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
11. **Clallam County Homeless System: Needs and Gaps Analysis**
<https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>
12. **Clallam County Homeless System: Needs and Gaps Analysis**
<https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>
13. **2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates**
<https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>
14. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
15. **Washington State Department of Health, Washington State Vital Statistics**
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16. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

External Data Sources Reviewed:

- 2022 Clallam County Community Health Assessment
- 2022 Olympic Medical Center Community Needs Assessment
- 2023 North Olympic Healthcare Network Community Health Needs Assessment
- 2023 Olympic Community of Health Assessment
- 2017 Clallam County Behavioral Health Treatment Needs and Outcomes Report

PENINSULA BEHAVIORAL HEALTH
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Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD AND ADVISORY BOARD
MEETING

DATE: Friday, February 21, 2025
TIME: 9:00 AM – 11:00 AM
LOCATION: Bay/Blyn Room, 7 Cedars Hotel
270756 Highway 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/85067645210>

Meeting ID: 850 6764 5210

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 850 6764 5210

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 December 13, 2024 (Attachment 5 [page 6])
6. Executive Board Action Items
 - a. Election of SBHASO Executive Board Chair and Vice Chair [page 3]
 - b. Review and Approval of the 2025 SBHASO Risk Assessment [page 3] (Attachments 6.b.1 [page 12] and 6.b.2 [page 18])
7. Approval of SBHASO Advisory Board Minutes for November 1, 2024 (Attachment 7 [page 27])
8. Informational Items
 - a. Commemoration of Advisory Board Member Sandy Goodwick [page 4]
 - b. 2025 Strategic Planning [page 4]
9. Opportunity for Public Comment (limited to 3 minutes each)
10. 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**
EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

Friday, February 21, 2025

Executive Board Action Items

A. 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.

B. 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.

Informational Items

A. COMMEMERATION 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.

B. 2025 STRATEGIC PLANNING

The 2025 strategic planning process offers an opportunity for the Salish BHASO Advisory and Executive Boards to discuss and align on 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 Advisory 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)

Advisory Board 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

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

FYSPRT Needs Assessment Priorities

1. Community engagement to share about local behavioral health services and supports
2. Making behavioral health trainings for community members more accessible
3. Outreach to diverse communities including tribal, LGBTQIA, unhoused youth, and BIPOC populations

Opioid Response Community Survey

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

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

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

Friday, December 13, 2024

9:00 a.m. - 11:00 a.m.

Hybrid Meeting

**Alderwood Room, Jamestown S'Klallam Tribal Center
1033 Old Blyn Hwy, Sequim, WA 98382**

CALL TO ORDER – Commissioner Mark Ozias called the meeting to order at 9:05 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

MOTION: Commissioner Rolfs moved to approve the meeting notes as submitted for the October 18, 2024 meeting. Commissioner Ozias seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **ADVISORY BOARD MEMBER APPOINTMENTS**

The SBHASO Advisory Board Membership includes 3 representatives from each county and 2 Tribal Representatives.

Current Advisory Board Membership includes:

Clallam County

- Mary Beth Lagenaur,
- Sandy Goodwick,
- Vacant

Jefferson County

- Diane Pfeifle,
- Kathryn Harrer
- Lori Fleming

Kitsap County

- Helen Havens
- Dep. Casy Jinks
- Vacant

Tribal Representative

- Stormy Howell (Lower Elwha)
- Vacant

In August 2024, SBHASO received an Advisory Board Application for Kitsap County. The applicant was interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormy Howell.

Naomi Levine, PhD currently serves as the Community Health Community Liaison for Kitsap Public Health District. Her work focuses on opioid response in Kitsap County. She is interested in community prevention and cross-system collaboration. Naomi is interested in serving on the Advisory Board to help revise and strengthen systems that support long-term, incremental improvements in generational outcomes and community well-being.

The Advisory Board unanimously recommended that the Executive Board appoint Naomi Levine to the Advisory Board to represent Kitsap County.

Staff requests Executive Board approval for appointment of Naomi Levine to the Advisory Board for a 3-year term from January 1, 2025 – December 31, 2027.

MOTION: Commissioner Rolfes moved to approve the appointment of Naomi Levine to the Salish BHASO Behavioral Health Advisory Board for a term of January 1, 2025 – December 31, 2027. Commissioner Ozias seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF MEDICAID BUDGET FOR 2025**

Staff will provide a presentation of the 2025 Medicaid projected Revenue and Expenditures. Staff will review these documents in detail.

Staff noted that estimated revenue is \$3.8 million dollars, reflecting a \$200,000 reduction in funding due to decreased enrollment. Medicaid funding is for the crisis system only, providing for the Salish Regional Crisis Line, mobile crisis outreach, crisis response teams, and Salish BHASO administration.

In addition to the 2025 annual budget, a six-month recap and review will occur in July 2025.

The Board expressed interest in viewing crisis line and 988 data as it is reported.

MOTION: Commissioner Rolfes moved to approve the Medicaid budget for 2025 as presented. Commissioner Ozias seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF NON-MEDICAID BUDGET FOR 2025**

Staff will provide a presentation of the 2025 non-Medicaid projected Revenue. Staff will provide a breakdown of Expenditures for FY 2025. Staff will review these documents in detail.

Salish BHASO Staff provided a detailed review of non-Medicaid revenue and Expenditures for 2025, highlighting budget items that are new or have changed. Most line items reflect proviso, program-specific funding allocations.

Staff noted that revenue amounts are estimates. The final contract from Health Care Authority is anticipated to be received by the end of the month.

Question regarding the stability of General Funds State (GFS), considering fiscal challenges at the state level. Salish BHASO is not expecting any shift in allocation of GFS for the upcoming contract period.

Request to inform the Executive Board of any challenges encountered in discussions with HCA about potential funding gaps resulting from the end of COVID-19/ARPA funding, whether specific to Salish BHASO or affecting ASOs statewide.

Request to provide more detailed breakdown of subcontracts by program and by county as an informational item at the next Executive Board meeting.

MOTION: Commissioner Rolfes moved to approve the non-Medicaid budget for 2025 as presented. Commissioner Eisenhour seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **FY 2026 STATE FISCAL PROJECTIONS**

Statewide revenue projections are showing an expected leveling or downturn over the next several years. There is also an increase in costs due to bargaining changes and inflation. A list of considerations for cuts in funding was released. This is a regular practice and is a preliminary suggestion of opportunities to mediate budget shortfalls. No decisions have been made regarding cuts at this time. Draft budgets have been released for the remainder of FY 2025. Impacts on SBHASO funding will not be clear until early 2026.

Staff shared an additional fiscal update from Health Care Authority regarding a future revenue shortfall anticipated which will affect behavioral health funding over the next several cycles.

➤ **FY 2025 SPENDING PLAN**

Salish BHASO was given the opportunity to evaluate underspending and provide a plan to spend the excess funding to enhance existing services. These funds are excess due from the 2020 transition to the BHASO. Salish BHASO was conservative to ensure funding would cover the requirements of the organization's new iteration. The COVID-19 pandemic also created significant barriers to the provision of some services programs.

Salish BHASO submitted a plan in late summer. The plan was approved, and funds have been included in current and upcoming contracts. SBHASO is requested to

utilize the funding to fill gaps, backfill programs that were unable to maintain solvency due to transitions over the last several years, support workforce incentives and training, and program expansion for some on-going programs. SBHASO received approval to utilize a portion of funds to provide pilot funding for the expansion of WISe and FACT teams to allow some coverage for non-Medicaid individuals. SBHASO will also be supporting staff, Board members, contractors, and community partners in attending conferences and trainings to support the continued building of our infrastructure.

HCA provided final approval of the 2024 spending plan in October. Staff will send the final spending plan approved by HCA to the Board.

The State intends to reclaim funding back into the general fund. Projections are based on the most recent quarterly expenditures and revenue. ASOs are expected to receive letters outlining the portion the State is expected to reclaim on December 13, 2024. The State plans to request 50% of unspent fund balance, excluding amounts held for the maximum reserve. Certain provisos will remain unaffected.

Request to keep Board members updated via email on any developments as they occur.

➤ **SALISH BHASO ORGANIZATION UPDATE**

Effective January 1, 2025, Salish BHASO will update working titles for several staff members to align with industry standards and improve clarity regarding their roles for network providers, stakeholders, and the community. An organizational chart, reflecting these new titles, is attached.

SBHASO is actively recruiting for:

- Children's Program Manager
- Substance Use Program Manager
- Crisis Program Manager
- Administrative Assistant (new position)

➤ **BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) UPDATES**

SBHASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

Salish BHASO provided an orientation to the Advisory Board at the November 1, 2024 meeting. Recruitment has been a priority, and the Board has welcomed six new members over the past three years. Following the appointment of Naomi Levine, there remains an open Clallam County seat and Tribal Representative seat.

Jenny Oppelt and Commissioner Ozias will support recruiting potential candidates from Clallam County.

➤ **OAC UPDATE**

Funding has been released to Jefferson and Clallam Counties for funds received in 2024. Each County continues to develop plans regarding use of these funds within their specific county. These plans are reviewed by Salish BHASO as the Opioid Abatement Council.

Kitsap County Planning:

Salish BHASO is continuing work on planning for use of the funding. Consideration of the Request for Proposal based on identified priorities is anticipated to be released in early 2025.

SBHASO is working to identify priorities for Kitsap County. This has included priorities developed at the Salish Regional Summit. Identified priorities include:

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

Reporting has been completed and no funds from our region was used outside of the opioid abatement requirements. Salish BHASO finalized the reporting form to be used and continues to build infrastructure to support opioid abatement strategies.

Staff are working to develop a needs assessment to help guide future opioid settlement-funded work.

Request for an account of all settlements and related payments, including settlement payments already received and those still pending, and information about each.

PUBLIC COMMENT

- Lori Fleming shared positive feedback on the re-entry simulation event held last month, which provided a valuable opportunity for engagement and conversation that may not have otherwise occurred.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 10:51 am.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Jolene Kron, SBHASO Administrator/Clinical Director	Lori Fleming, SBHASO Advisory Board

Commissioner Christine Rolfes	Nicole Oberg, SBHASO Program Specialist	Naomi Levine, Kitsap Public Health District
Commissioner Heidi Eisenhour	Amy Browning, SBHASO Clinical Manager	G'Nell Ashley, Reflections Counseling Services Group
	Doug Washburn, Kitsap County Human Services Director	Stormy Howell, SBHASO Advisory Board
		Stephanie Lewis, Kitsap Mental Health Services
Excused:		Jenny Oppelt, Clallam County Human Services
Celeste Schoenthaler		

NOTE: These meeting notes are not verbatim.

SBH-ASO Risk Assessment**2024-2025**

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

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Integrated Healthcare				
Frequency of change to data submission requirements at the State level creates risk of incorrect and untimely data submissions.	High	Consistently communicate concerns with existing process to HCA. Continued collaboration with HCA to ensure data changes are implemented in achievable timelines.	#2 RISK	
Challenges in programmatic changes occurring prior to adequate stakeholder involvement		Ensure consistent and timely communication and training with subcontractors regarding all upcoming/proposed changes to data submission requirements. Communication to occur at the bi-monthly SBH-ASO Integrated Providers Meeting and via monthly data updates summary email issued by SBH-ASO IS Manager which is distributed network wide.		
Deliverable template modifications occurring prior to BHASO notification	Medium	SBH-ASO Staff can Cc HCA subject matter expert on emails when deliverables are being submitted (when known)		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
causing delays in HCA retrieving accurate contract deliverables in a timely manner. Receipt of deliverables via email to the HCA program mailbox is inconsistent		SBH-ASO Staff can send email with read receipt function Include as a standing agenda item during the HCA/ASO quarterly check-in meeting with examples if available Addition of Office Support staff to assist with management of internal deliverable submission and receipt tracking		
Preventing Fraud, Waste, and Abuse (FWA)				
Maintaining up-to-date understanding of the importance of preventing fraud, waste, and abuse including whistleblower protections	Medium	Trainings to be provided: Prior-to or within 90 days of contractor or SBH-ASO hires, and at least annually thereafter. Ensure contractor's staff clearly understand to report suspected fraud/abuse to the SBH-ASO and State, per policy SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components Quarterly SBH-ASO Quality and Compliance Committee (QACC) to share new information, problem solve and discuss HHS/OIG news posted. SBH-ASO provides technical assistance and FWA trainings to subcontractors.		All contractors have designated Compliance Officers
Incomplete or inaccurate credentialing of a Provider	Low	SBH-ASO Credentialing Committee meetings utilize a hands-on approach to ensuring that information is provided, collected, and processed correctly; and that sensitive data (such as SSN) are redacted.		
Detecting Fraud, Waste, and Abuse (FWA)				
Detecting Fraud, Waste, and Abuse in the provision of services and business practices	Low	SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components SBH-ASO Grievance Monitoring Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings		
Business Practices				
Billing processes are not fully integrated which can create potential for untimely billings, incomplete processing, and/or incorrect payments	Medium	<p>SBH-ASO is implementing program specific presentations in Team meetings to help ensure cross-program understanding.</p> <p>SBH-ASO is developing protocols to support internal error management.</p> <p>Addition of new Human Services Fiscal Manager provides opportunity to improve integration and communication related to SBH-ASO fiscal operations and WorkDay fiscal system.</p>		
Subcontractors and out-of-network providers not utilizing SBH-ASO authorization processes or verifying eligibility correctly.	Low	<p>All authorizations are completed by the SBH-ASO. With the exception of ITA services, if authorization cannot be verified the SBH-ASO will not pay.</p> <p>Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.</p>		Ranking/identification of payor of a service is the responsibility of each BHA BHAs have multiple payors
Policy and Procedure accuracy – the pace of change, frequent contract changes, and programmatic additions have resulted in a challenge to timely updates of SBH-ASO policies and procedures.	Low	The policies and procedures are reviewed and updated biannually.		
Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payment.	High	<p>SBH-ASO proactively communicates anticipated contract changes to its network via bi-monthly Integrated Providers Meeting.</p> <p>SBH-ASO initiates contract amendments, as soon as sufficient revenue contract details are available, to reduce likelihood of disruption in subcontracts.</p>	#3 RISK	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Internal contract routing processes causing delays in subcontract execution		Additional FTE for office support/contracts.		
Changes to Regional Crisis System as a result of State level (i.e., judicial, legislative, regulatory) changes could inhibit community response to behavioral health crises	High	<p>SBH-ASO proactively outreaches community partners and stakeholders and facilitates coordinated response efforts.</p> <p>SBH-ASO proactively outreaches State Agencies soliciting informational updates and clarifications.</p> <p>Ongoing participation in state and federal information sessions and program planning work sessions.</p>	#1 RISK	
HB1688 planning and implementation				
Increase in complexity of service delivery with lack of clarity around organizational responsibilities				
Process for determination, procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow	High	<p>SBH-ASO Leadership Team routinely evaluates work priorities and adjusts staff work assignments accordingly.</p> <p>SBH-ASO Leadership Team evaluates projects that may need to be declined due to limited organizational bandwidth.</p> <p>SBH-ASO Leadership engages employees during routine supervision, and interactions to monitor for and respond to staff burnout.</p> <p>SBH-ASO develops routine tracking and monitoring into program development processes to ensure subcontractor understanding of new program requirements.</p> <p>Consistently communicate any concerns with new program roll-out to HCA</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Implementation of new programs and subcontractors increases risk of potential for fraud, waste, abuse and privacy violations	Medium	<p>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to FWA and privacy regulations, including training staff within 90 days of hire and annually thereafter.</p> <p>SBH-ASO monitors random sample of personnel files of subcontractors during annual monitoring to ensure staff of SBH-ASO funded programs receive appropriate training.</p> <p>SBH-ASO monitors random sample of client charts of subcontractors during annual monitoring to ensure appropriateness of service delivery and documentation.</p> <p>SBH-ASO Compliance Officer is available to subcontractors for Technical Assistance.</p> <p>SBH-ASO proactively provides technical assistance and training to new subcontractors and vendors.</p>		
Protected Health Information (PHI) & Information Technology (IT) Security Breaches:				
Workspace security and privacy	Medium	<p>Staff are instructed to ensure auditory privacy during phone conversations that contain PHI</p> <p>Policy requires keeping PHI locked in workspaces, unless in active use by an SBH-ASO staff</p> <p>Staff are instructed to take steps to reduce computer visibility by non SBH-ASO staff</p>		
Electronic exchange of PHI between SBH-ASO staff and external recipients	Medium	<p>SBH-ASO policy that all electronic communications which contain PHI must be encrypted.</p> <p>Regular review with staff of the need to ensure encryption is selected prior to transmitting PHI electronically.</p> <p>SBH-ASO facilitates role-based access to Provider Network via the SBH-ASO Provider Portal that is controlled through Microsoft Security Groups</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		SBH-ASO utilizes HIPAA compliant Cognito Forms for transmission of utilization management data SBH-ASO utilizes Managed File Transfer (MFT) SBH-ASO utilizes SBH-ASO Provider Portal for transmission of deliverables and PHI (starting 7/1/24)		
Privacy and training associated with implementation and oversight of new programs that are designed specifically around collaborative support increase reporting of privacy related concerns.	Medium	Awareness of privacy concerns has increased at an organizational level allowing SBH-ASO to identify areas of opportunity for intervention and training.		
Integrity of Data and IT Security	Medium	Maintain current SBH-ASO Disaster Recovery Plans in alignment with Kitsap County Disaster Recovery Plans Require subcontractors maintain current Agency Disaster Recovery Plans SBH-ASO Staff participates in training on these methods in accordance with industry standards, including OCIO standards		
Safety of the SBH-ASO Site:				
Maintenance of physical and security safeguards within the workplace	Low	Periodic evaluations of facility security as available from SBH-ASO Leadership and Kitsap County Management		

SBH-ASO Risk Assessment**2024-20253-2024**

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

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

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<p>Frequency of change to <u>HCA Behavioral Health Supplemental Data Guide (BH DG)</u> data submission requirements at the State level creates risk of incorrect and untimely data submissions.</p> <p>Challenges in programmatic changes occurring prior to adequate stakeholder involvement</p>	<u>High</u>	<p>Consistently communicate concerns with existing process to HCA.</p> <p><u>Continued collaboration with HCA to ensure data changes are implemented in achievable timelines.</u></p> <p>Ensure consistent and timely communication <u>and training</u> with subcontractors regarding <u>continuous state change to the BH DG</u>.</p> <p><u>all upcoming/proposed changes to data submission requirements.</u></p> <p>Communication to occur at the bi-monthly SBH-ASO Integrated Providers Meeting and via monthly data updates summary email issued by SBH-ASO IS Manager which is distributed network wide.</p>	<u>#2 RISK#2 RISK</u>	
<p><u>Deliverable template modifications occurring prior to BHASO notification causing delays in HCA retrieving accurate contract deliverables in a timely manner.</u></p> <p><u>HCA document submission to Managed Program mailboxes receipt isn't consistent causing delays in HCA retrieval of contract deliverables</u></p> <p><u>Receipt of deliverables via email to the HCA program mailbox is inconsistent</u></p>	<u>Medium</u> <u>Low</u>	<p>SBH-ASO Staff can Cc HCA subject matter expert on emails when deliverables are being submitted <u>(when known)</u></p> <p>SBH-ASO Staff can send email with read receipt function</p> <p>Include as a standing agenda item during the HCA/ASO quarterly check-in meeting with examples if available</p> <p><u>Addition of Office Support staff to assist with management of internal deliverable submission and receipt tracking</u></p>		

Preventing Fraud, Waste, and Abuse (FWA)

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Maintaining up-to-date understanding of the importance of preventing fraud, waste, and abuse <u>including whistleblower protections</u> .	Medium Medium	<p>Trainings to be provided: Prior-to or within 90 days of contractor or SBH-ASO hires, and at least annually thereafter.</p> <p>Ensure contractor's staff clearly understand to report suspected fraud/abuse to the SBH-ASO and State, per policy</p> <p>SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components</p> <p>Quarterly SBH-ASO Quality and Compliance Committee (QACC) to share new information, problem <u>solve, and solve and</u> discuss HHS/OIG news posted.</p> <p>SBH-ASO provides technical assistance and FWA trainings to subcontractors.</p>		All contractors have designated Compliance Officers
Incomplete or inaccurate credentialing of a Provider	Low Medium	SBH-ASO Credentialing Committee meetings utilize a hands-on approach to ensuring that information is provided, collected, and processed correctly; and that sensitive data (such as SSN) are redacted.		
<u>Detecting Fraud, Waste, and Abuse (FWA)</u>				
<u>Detecting Fraud, Waste, and Abuse in the provision of services and business practices</u>	Low	<p><u>SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components</u></p> <p><u>SBH-ASO Grievance Monitoring</u></p> <p><u>Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors</u></p> <p><u>Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings</u></p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Business Practices				
Billing processes are not fully integrated which can create potential for untimely billings, incomplete processing, and/or incorrect payments	Medium Medium	<p>SBH-ASO is implementing program specific presentations in Team meetings to help ensure cross-program understanding.</p> <p>SBH-ASO is developing protocols to support internal error management.</p> <p>Addition of new Human Services Fiscal Manager provides opportunity to improve integration and communication related to SBH-ASO fiscal operations and WorkDay fiscal system.</p>		
Subcontractors and out-of-network providers not utilizing SBH-ASO authorization processes or verifying eligibility correctly.	Low Low	<p>All authorizations are completed by the SBH-ASO. With the exception of ITA services, if authorization cannot be verified the SBH-ASO will not pay.</p> <p>Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.</p>		Ranking/identification of payor of a service is the responsibility of each BHA BHAs have multiple payors
Policy and Procedure accuracy – the pace of change, frequent contract changes, and programmatic additions have resulted in a challenge to timely updates of SBH-ASO policies and procedures.	Low Medium	The policies and procedures are reviewed and updated biannually.		
Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payment. Internal contract routing processes causing delays in subcontract execution	High High	<p>SBH-ASO proactively communicates anticipated contract changes to its network via bi-monthly Integrated Providers Meeting.</p> <p>SBH-ASO initiates contract amendments, as soon as sufficient revenue contract details are available, to reduce likelihood of disruption in subcontracts.</p> <p>Additional FTE for office support/contracts.</p>	#3 RISK	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<p>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</p> <p>HB1688 planning and implementation</p> <p>Increase in complexity of service delivery with lack of clarity around organizational responsibilities</p>	<u>High</u> <u>High</u> <u>+</u>	<p>SBH-ASO proactively outreaches community partners and stakeholders and facilitates coordinated response efforts.</p> <p>SBH-ASO proactively outreaches State Agencies soliciting informational updates and clarifications.</p> <p>Ongoing participation in state and federal information sessions and program planning work sessions.</p>	<u>#1 RISK</u> <u>#3 RISK</u>	
<p>Process for <u>determination</u>, procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow</p> <p><u>Significant leadership changes within SBH-ASO within short time period. Opportunity for evaluation of current organizational structures. How to reorganize in a way that better meets the needs of staff and tasks. Challenges with Kitsap County process of shifting staff job titles/roles.</u></p>	<u>High</u> <u>High</u> <u>+</u>	<p>SBH-ASO Leadership Team routinely evaluates work priorities and adjusts staff work assignments accordingly.</p> <p>SBH-ASO Leadership Team evaluates projects that may need to be declined due to limited organizational bandwidth.</p> <p>SBH-ASO Leadership engages employees during routine supervision, and interactions to monitor for and respond to staff burnout.</p> <p>SBH-ASO develops routine tracking and monitoring into program development processes to ensure subcontractor understanding of new program requirements.</p> <p><u>Consistently communicate any concerns with new program roll-out to HCA</u></p>	<u>#1 RISK</u>	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p><u>Thoughtful transition preceding Medical Director and Administrator departures</u></p> <p><u>Operations Manager and Clinical Manager positions</u></p>		
<p><u>Implementation of new programs and subcontractors increases risk of potential for fraud, waste, abuse and privacy violations</u></p> <p><u>Statewide, local, and ASO workforce challenges:</u></p> <p><u>Shortage of administrative, entry-level clinical, and advanced professionals is a barrier to providing behavioral health services and program administration</u></p>	<u>Medium High</u>	<p><u>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to FWA and privacy regulations, including training staff within 90 days of hire and annually thereafter.</u></p> <p><u>SBH-ASO monitors random sample of personnel files of subcontractors during annual monitoring to ensure staff of SBH-ASO funded programs receive appropriate training.</u></p> <p><u>SBH-ASO monitors random sample of client charts of subcontractors during annual monitoring to ensure appropriateness of service delivery and documentation.</u></p> <p><u>SBH-ASO Compliance Officer is available to subcontractors for Technical Assistance. SBH-ASO sponsored trainings to support new workforce training and development</u></p> <p><u>SBH-ASO proactively provides technical assistance and training to new subcontractors and vendors.</u></p> <p><u>Participation in State level workforce development activities</u></p> <p><u>SBH-ASO Leadership has developed and maintains a highly collaborative relationship with Human Resources which assists with recruitment efforts</u></p>		
<p><u>Kitsap County infrastructure changes that impact SBH-ASO operations (i.e., implementation of new financial system software, County staffing shortages,</u></p>	<u>Low</u>	<p><u>SBH-ASO proactively works with other Kitsap County departments to ensure timely communication, trainings, and coverage needs are met during infrastructure changes.</u></p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
upgrades/patches to financial system software)				
Implementation of new programs and subcontractors increases risk of potential for fraud, waste, abuse and privacy violations	Medium	<p>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to FWA and privacy regulations, including training staff within 90 days of hire and annually thereafter.</p> <p>SBH-ASO monitors random sample of personnel files of subcontractors during annual monitoring to ensure staff of SBH-ASO funded programs receive appropriate training.</p> <p>SBH-ASO Compliance Officer is available to subcontractors for Technical Assistance — plans for additional FWA/privacy trainings/collaboration with subcontractor compliance officers?</p>		
SBH-ASO administers the R.E.A.L. program in the Salish RSA serving an at risk population with significant unmet needs.	High	<p>SBH-ASO staff provide significant onboarding and ongoing training to these teams, including continued support through the Regional and by County R.E.A.L. Program Meetings.</p> <p>SBH-ASO provides ongoing and real time technical assistance to program staff.</p> <p>Statewide coordination efforts with the HCA and other Recovery Navigator Program teams.</p> <p>SBH-ASO coordinates access to Naloxone for these programs to help address the risk of overdose risk of <u>among</u> individuals being served</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		Continued engagement with community leadership through the Policy Coordinating Group (PCG)		
Detecting Fraud, Waste, and Abuse (FWA)				
Detecting Fraud, Waste, and Abuse in the provision of services and business practices	Medium	SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components SBH-ASO Grievance Monitoring Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings		
Protected Health Information (PHI) & Information Technology (IT) Security Breaches:				
Workspace security and privacy	Medium Medium	Staff are instructed to ensure auditory privacy during phone conversations that contain PHI Policy requires keeping PHI locked in workspaces, unless in active use by an SBH-ASO staff Staff are instructed to take steps to reduce computer visibility by non SBH-ASO staff		
Electronic exchange of PHI between SBH-ASO staff and external recipients	Medium Medium	SBH-ASO policy that all electronic communications which contain PHI must be encrypted. Regular review with staff of the need to ensure encryption is selected prior to transmitting PHI electronically.		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p>SBH-ASO facilitates role-based access to Provider Network via the SBH-ASO Provider Portal that is controlled through Microsoft Security Groups</p> <p>SBH-ASO utilizes HIPAA compliant Cognito Forms for transmission of utilization management data</p> <p>SBH-ASO utilizes Managed File Transfer (MFT)</p> <p>SBH-ASO <u>will begin utilizing</u> SBH-ASO Provider Portal for transmission of deliverables and PHI <u>(starting 7/1/24)</u></p>		
Privacy and training associated with implementation and oversight of new programs that are designed specifically around collaborative support increase reporting of privacy related concerns.	<u>Medium</u> <u>High</u>	Awareness of privacy concerns has increased at an organizational level allowing SBH-ASO to identify areas of opportunity for intervention and training.		
Integrity of Data and IT Security	<u>Medium</u> <u>Medium</u>	<p>Maintain current SBH-ASO Disaster Recovery Plans in alignment with Kitsap County Disaster Recovery Plans</p> <p>Require subcontractors maintain current Agency Disaster Recovery Plans</p> <p>SBH-ASO Staff participates in training on these methods in accordance with industry standards, including OCIO standards</p>		
Safety of the SBH-ASO Site:				
Maintenance of physical and security safeguards within the workplace	<u>Low</u> <u>Low</u>	Periodic evaluations of facility security as available from SBH-ASO Leadership and Kitsap County Management		

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

**Friday, November 1, 2024
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER – Stormy Howell, SBHASO Behavioral Advisory Board Chair called the meeting to order at 10:00 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: Laurie Fleming moved to approve the agenda as submitted. Helen Havens seconded the motion as amended. Motion carried unanimously.

Addition of Action Item 5.a - Salish BHASO Advisory Board Applicant.

APPROVAL of MINUTES –

MOTION: Laurie Fleming moved to approve the meeting minutes as submitted for the September 13, 2024 meeting. Mary Beth Lagenaur seconded the motion. Motion carried with one abstention.

ACTION ITEMS

➤ **SALISH BHASO ADVISORY BOARD APPLICANT**

In August 2024 SBHASO received an Advisory Board Application from Naomi Levine to serve as a representative of Kitsap County. Naomi was interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormi Howell.

MOTION: Mary Beth Lagenaur moved to recommend the appointment of Naomi Levine to the Salish BHASO Advisory Board. Diane Pfeifle seconded the motion. Motion carried unanimously.

Recommendation to appoint Naomi Levine to the Salish BHSO Behavioral Health Advisory Board will be presented to the Executive Board for final approval at the December 5, 2024 meeting.

INFORMATIONAL ITEMS

➤ **ANNUAL CODE OF CONDUCT TRAINING**

The Behavioral Health Advisory Board is due for annual Code of Conduct training. Each BHAB member is asked to sign and return the agreement upon review of documents provided.

Board Members were provided with the attestation form to sign. Board members attending via Zoom will be sent a copy for review and signature.

➤ **SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD ORIENTATION**

Salish BHASO Staff will facilitate an orientation to familiarize both new and existing members of the Behavioral Health Advisory Board with the history of the organization and essential aspects of the Advisory Board. The orientation will include review of the following topics:

- History of the Salish Behavioral Health Administrative Services Organization
- Advisory Board bylaws and the roles and responsibilities of board members
- Community outreach and engagement efforts
- Information on training opportunities for board members
- Guidelines for travel reimbursement related to board activities
- Current membership, vacancies, and recruitment efforts

Presentation of slides outlining above topics.

Discussion regarding the purpose and guidelines of various ASO programs, including Children's Long-Term Inpatient Program Coordination (CLIP), Salish BHASO Behavioral Health Housing Program, Salish Youth Network Collaborative (SYNC).

Advisory Board members are encouraged to engage in Behavioral Health-related community events and coordination/convenings in the region. Staff will share opportunities as they arise to ensure Board members can attend.

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

Opportunity for the Advisory Board to discuss and identify priorities for 2025. By reflecting on Advisory Board historical priorities, insights from the 2024 SUD Summit, and board-identified training needs, this strategic planning session will guide the Advisory Board in making recommendations to the Executive Board at the February 2024 combined meeting.

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

Staff shared additional priorities identified through the Family Youth System Partner Round Table (FYSPRT) Needs Survey, including access to youth behavioral health services, community and district-based support for youth with behavioral health conditions, and Intellectual and Developmental Disabilities supports.

Housing and homelessness noted as a priority, particularly the impact of homelessness on the behavioral health population.

Discussion around community education. A recommendation was made to include healthcare providers in training to address discrimination and stigma, and approaching stigma training from a trauma-informed, harm reduction perspective. Staff shared current community education efforts, including the Jefferson & Clallam County Reentry Simulation, eCPR, and de-escalation training for law enforcement and social services.

SBHASO Staff shared information about an HCA-directed spending plan to utilize unspent funds. Spending will include support for workforce incentives, retention, and program backfill for underfunded programs, particularly youth inpatient units. Further discussions on funding allocation will occur at the December 2024 Executive Board Meeting. Advisory Board members are encouraged to attend.

The Salish region's expansion of Medically Assisted Treatment (MAT) programs was noted. Staff will be engaging in additional outreach to ensure resources for non-Medicaid individuals, particularly in rural areas.

Discussion regarding the importance of understanding other regional funders, such as Olympic Community of Health, to optimize funding utilization and avoid duplication of services. Consideration of how Opiate funding is utilized regionally was also noted.

Helen Havens, Advisory Board member and Vice-Chair for Kitsap County's 1/10th of 1%

committee, shared information about recent funding allocations directed towards mental health, chemical dependency, and therapeutic courts, as well as shelter and housing projects.

Kathryn Harrer, Advisory Board member, offered to share information about a group home in Jefferson County that supports individuals with dual diagnoses.

Further discussion around priorities and strategic planning to occur at the February 21, 2025 combined Advisory and Executive Board meeting.

PUBLIC COMMENT

- Jon Stroup shared gratitude for the Board's ongoing support as he transitioned out of the role of Board Chair, noting his appreciation for board members' high level of engagement in work going forward.

GOOD OF THE ORDER

ADJOURNMENT – Consensus for adjournment at 11:56 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:		
Diane Pfeifle	Jolene Kron, SBHASO Administrator/Clinical Director	Stephanie Lewis, Kitsap Mental Health Services
Lt. Casey Jinks	Jessie Parsons, SYNC Program Coordinator & FYSPRT Convener	Jon Stroup, Kitsap County
Kathryn Harrer	Amy Browning, SBHASO Clinical Manager	Nanine Nicolette, Office of Behavioral Health Advocacy
Lori Fleming	Doug Washburn, Human Services Director	
Mary Beth Lagenaur		
Stormy Howell		
Helen Havens		
Excused:		

NOTE: These meeting notes are not verbatim.



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:

Page 1

- 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.

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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.

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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.]



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

ADVISORY BOARD MEETING

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

DATE: Friday, May 16, 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 Advisory Board Meeting Minutes for March 21, 2025 (Attachment 5 [page 6])
6. Action Items
 - a. Review and Approval of Salish BHASO Advisory Board Bylaws (page 4) (Attachment 6 [page 9])
7. Informational Items
 - a. Collective Impact Action Summit Discussion (page 4)
 - b. Board Member Reimbursement and Training Requests (page 4) (Attachment 7.b [page 15])

- c. Block Grant Discussion (page 4)
 - i. Block Grant Process and Status
 - ii. Request For Proposal (RFP) Process
 - iii. Subcommittee Volunteers
- d. Salish BHASO Substance Use Disorder Programs (page 5)
 - i. Types of Services
 - ii. Funding Sources
- e. Office of Behavioral Health Advocacy (OBHA) Updates (page 5)

8. Opportunity for Public Comment (limited to 3 minutes each)

9. 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

May 16, 2025

Action Items

A. **REVIEW OF SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS**

Review of existing bylaws to consider changes, updates, and provide information to new members.

Informational Items

A. **COLLECTIVE IMPACT ACTION SUMMIT DISCUSSION**

Lori Fleming and Naomi Levine attended the 2025 Collective Impact Action Summit Conference. Lori and Naomi will share information gathered with the full board.

B. **BOARD MEMBER REIMBURSEMENT AND TRAINING REQUESTS**

Salish BHASO Behavioral Health Advisory Board members may receive reimbursement for expenses incurred by engaging in Board activities, including mileage to attend in-person meetings.

Reimbursement requests can be submitted using the online form: [BH Advisory Board Reimbursement Form](#). This form allows for easy submission of requests for mileage or other approved reimbursement. Receipts can be photographed on a cell phone or scanned and attached.

Staff will provide a tutorial of the online reimbursement form.

Board members are encouraged to engage in community events, conferences, and trainings to support Advisory Board objectives. A request form is currently in process.

C. **BLOCK GRANT DISCUSSION**

Block Grant Process and Status

Federal Block Grants are provided from Federal funds as a pass through from the Health Care Authority. The funds include Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services (SUPTRS). These funds are used to provide services within the current spectrum of treatment services.

The covered service options are specifically outlined in block grant plans that are reviewed and approved by this Advisory Board. There is discretion in the use of these funds to meet local priorities and needs.

Request For Proposal (RFP) Process

SBHASO is currently holding off on releasing an RFP for funds due to pending changes in funding at this time.

This process includes:

- Release of RFP (usually open 3-6 weeks)
- Bidders Conference-Review of expectations and answering questions for prospective bidders
- Submission of RFP proposals
- Review by staff for completeness and required components
- Review by Salish Behavioral Health Advisory Board committee
- Review by BHAB RFP subcommittee for recommendations
- Review and approval of subcommittee recommendations by BHAB
- Recommendations of Advisory Board brought to the Executive Board for approval

Subcommittee Volunteers

Staff is seeking volunteers for an RFP Subcommittee to review proposals and make recommendations on behalf of the full Advisory Board to the Executive Board

D. SALISH BHASO SUBSTANCE USE DISORDER PROGRAMS

Staff will provide a detailed overview of Salish BHASO administered Substance Use Disorder programs, including types of services and funding sources.

Types of Services include:

- Withdrawal Management
- Outpatient Treatment
- Residential Treatment
- Secure withdrawal management and stabilization (SWMS)

Funding Sources include:

- Criminal Justice Treatment Account (CJTA)
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
- General Fund State (GFS)

E. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy.

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

**Friday, March 21, 2025
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382**

CALL TO ORDER – Stormy Howell, SBHASO Behavioral Advisory Board Chair, called the meeting to order at 10:02 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS –

Naomi Levine announced plans in progress for September 5, 2025 in observance of Overdose Awareness Day, followed by the Recovery 5K on September 6. Naomi expressed interest in collaboration and promotion of any other overdose awareness or recovery focused events taking place across the region.

Lori Fleming expressed interest in hearing from other Counties regarding their therapeutic court system processes, noting recent refinements within the Jefferson County therapeutic drug court program.

Helen Havens announced recent training efforts for newer members of the 1/10th of 1% Board, including touring of local resources and meeting with the Cares and Heart teams in Kitsap County.

Jolene Kron announced the resignation of Deputy Casey Jinks from the Advisory Board.

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

APPROVAL of AGENDA –

MOTION: Mary Beth Lagenaur moved to approve the agenda as presented. Lori Fleming seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Lori Fleming moved to approve the meeting minutes as presented for the February 21, 2025 combined Executive and Advisory Board meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **FEBRAURY 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.

The discussion focused on strategic alignment, particularly SBHASO's potential for facilitating cross-regional coordination within its defined operational scope. The need for more Board education about funding streams and service responsibilities among different organizations was noted. Concern raised regarding the complexities of State and Federal data reporting requirements. Also discussed was the need to enhance tribal representation and engagement. Ongoing recruitment efforts and continued Board education were identified as next steps.

➤ **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.

The discussion regarding SBHASO's operational scope provided clarity on its primary responsibilities. Staff provided informational overviews of specialized programs including the Behavioral Health Housing Program, Salish Youth Network Collaborative (SYNC), Family Youth System Partner Round Table (FYSRPT), the expanding naloxone distribution program, and the R.E.A.L. program. Staff also outlined the current contracted providers for Mental Health and Substance Use Disorder services across the Salish region.

➤ **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).

The discussion focused on maximizing the Advisory Board's role in supporting the Salish BHASO mission, including strategies to enhance community engagement and ensure all board members remain well-informed. The diverse perspectives and enthusiastic engagement of current Board members was acknowledged. Interest in identifying areas for advocacy and systemic change to bridge service gaps was expressed, recognizing the value of the new board's diverse perspectives in this effort. Staff noted the availability of financial support for relevant training and conferences and encouraged Board members to proactively share pertinent information and opportunities. Board members were also encouraged to attend Executive Board meetings when they can further enhance their knowledge about Salish BHASO fiscal and administrative oversight.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

ADJOURNMENT – Consensus for adjournment at 11:47 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:		
	Jolene Kron, SBHASO Executive Director	Amanda Zahller, Eastern State Hospital Liaison, Molina Healthcare
Lori Fleming	Jenn Sorensen, SBHASO SUD Program Manager	
Mary Beth Lagenaur	Nicole Oberg, SBHASO Executive Assistant	
Stormy Howell	Sonya Miles, Deputy Director, Kitsap County Human Services	
Helen Havens		
Naomi Levine		
Excused:		
Diane Pfeifle		

NOTE: These meeting notes are not verbatim.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

Salish Behavioral Health Administrative Services Organization (SBHASO) Advisory Board (hereinafter Advisory Board).

2. PURPOSE

The purpose of the Salish Behavioral Health Administrative Services Organization Advisory Board is to advise the Salish Behavioral Health Administrative Services Organization Executive Board on the planning and delivery of behavioral health services in Clallam, Jefferson and Kitsap Counties by the authority granted to BH-ASOs in RCW 71.24 and under the terms of the Salish BH-ASO Interlocal Agreement.

The purpose of the Advisory Board is to:

- * a. Review and make recommendations to the Executive Board regarding the Behavioral Health Plans developed by Salish Behavioral Health Administrative Services Organization Administrative Entity.
- b. Review and make recommendations to the Executive Board regarding contracts and subcontracts that implement the services under Salish Behavioral Health Administrative Services Organization plans.
- c. Participate in the Request for Proposal (RFP) processes that implement services within the Salish Behavioral Health Administrative Services Organization.
- d. Review programs through monitoring reports, audit reports, and on-site visits as appropriate.

* Required role by RCW

3. MEMBERSHIP

a. Appointment

- (1) The Advisory Board shall be comprised of eleven members, appointed by the Salish BHASO Executive Board and who serve at the pleasure of the Executive Board.

(2) To ensure continuity, the initial Advisory Board will be made up of six members appointed for one-year terms; three members will serve two-year terms and two members will serve three-year terms. Subsequent terms for reappointment shall be three-year terms. Individuals appointed to fill vacancies shall serve the remainder of the term.

b. Representation

The Advisory Board shall be comprised of a maximum of eleven members, with three individuals representing each participating county, and two at-large Tribal representatives. At least 51% of the membership will be made up of individuals or chosen family of individuals with lived experience with a behavioral health disorder.

4. TERMINATION

c. Resignation

Any Advisory Board member may resign by submitting written notice to the Salish Behavioral Health Administrative Services Organization Administrator.

d. Removal

Appointments to the Board may be terminated at any time by action of the Executive Board.

The Advisory Board can remove a member by majority vote of the total membership, provided that fifteen days notice of the pending action has been provided to the Advisory Board.

A member may be removed from the Advisory Board if absent from three consecutively scheduled meetings without good cause. Good cause shall be determined by the chairperson

5. ATTENDANCE

All members are expected to attend regularly scheduled meetings. More than three unexcused absences by any member during any twelve-month period may result in removal of the member by the SBHASO Executive Board. A member's absence is unexcused if the member fails to notify the SBHASO administrator in advance of a regular meeting that the member will not attend.

Meetings are held in a hybrid format. Members are encouraged to attend meetings in person.

6. MEETINGS

a. Public Meetings Law

All meetings will be open to the public and all persons will be permitted to attend meetings of the Advisory Board. Open public meetings and open public attendance is not required at meetings when less than a quorum is present.

b. Regular Meetings

The Advisory Board shall meet at intervals established by the SBHASO Administrator or their designee. Administrative support including crafting agendas, preparing materials, arranging speakers and presentations, and forwarding recommendations will be provided by the SBHASO staff. Regular meetings may be canceled or changed to another specific place, date and time provided that notice of the change is delivered by mail, fax, or electronic mail and posted on the SBHASO Website.

c. Notice

Salish Behavioral Health Administrative Services Organization will provide notice of regular meetings to Advisory Board members, interested persons, news media that have requested notice, and the general public. Notice shall include the time and place for holding regular meetings. The notice will also include a list of the primary subjects anticipated to be considered at the meeting. Distribution of meeting notices will be in a manner which maximizes the potential of the public to be aware of the proceedings and to participate.

d. Special Meetings

Special meetings may be called by the Chair with notice to all members and the general public not less than 24 hours prior to the time of the special meeting. A special meeting should be called only if necessary, to conduct business that cannot wait until the next regularly scheduled meeting. The notice will be provided as soon as possible to encourage public participation.

e. Meeting Location

Advisory Board meetings are generally held at the same location and time unless otherwise notified. All meetings are held in a hybrid format, with the option to attend remotely via Zoom or by phone.

f. Quorum

A quorum shall consist of a total of not less than 50% of the membership, provided there is representation from each county.

g. Voting

Voting shall be restricted to Advisory Board members only, and each Board member shall have one vote. The chair shall vote when a tie results. Except, the

chair may vote in elections. All decisions of the Advisory Board shall be made by no less than a majority vote of a quorum at a meeting where a quorum is present.

h. Minutes

The minutes of all regular and special meetings shall be recorded by administrative staff. Minutes will include time and date, meeting length, members present, motions and motion makers, recommendations and due date, if applicable. Draft minutes will be distributed to the membership not less than five days prior to the next regular monthly meeting for comment and correction and will be formally approved at the next regular monthly meeting and submitted for posting on the Kitsap County website.

i. Agendas

Items may be placed on a meeting agenda by any member or by BHASO staff. The Chair and staff will coordinate preparation of the meeting agendas. The agenda will be distributed to members at least five days prior to a regular meeting.

j. Parliamentary Procedures

When not consistent with the provisions in these bylaws, Roberts Rules of Order will govern parliamentary procedure at regular and special meetings.

k. Decorum and Control

In the event any meeting is interrupted by an individual or individuals so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of the person or persons who are interrupting the meeting, the Chair may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by the majority vote of the members. In such a session, final disposition may only be taken on matters appearing on the agenda. The Chair may readmit an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

7. OFFICERS

a. Chair and Vice Chair

The chairperson and vice chairperson shall be elected by a majority vote for a one-year term, beginning on January 1 and ending on December 31 of the calendar year following election.

b. Process

The Chair shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor.

Nominees must be active members who have consented to serve. All elections shall be by secret ballot unless dispensed with by a majority vote of the members present.

c. Chair Responsibilities

The Chair will lead and guide the conduct of public meetings. The Chair is the official representative of the Advisory Board and shall follow the Public Communications Guidelines established in the Kitsap County Advisory Group Handbook when acting as the official spokesperson to the media. The Chair will be the main contact between the Advisory Board and SBHASO staff.

d. Vice Chair

The Vice Chair shall assume the responsibility and authority of the chairperson in his/her absence.

e. Chair Pro Tempore

In the absence of the Chair and Vice Chair, a Chair pro tempore shall be elected by a majority of the members present to preside for that meeting only.

f. Vacancies or Removal of Officers

The SBHASO Executive Board may remove an officer when it determines that it is in the interest of the Advisory Board or the SBHASO. If the Chair position is vacated, the Vice Chair will assume the Chair's position. If the Vice Chair is vacated, members will elect a replacement.

8. SPECIAL COMMITTEES

Such committees shall be established by the Advisory Board as are necessary to effectively conduct business. The Chair of the Board shall appoint members to and designate the chair of the standing and temporary committees.

9. CONFLICTS OF INTEREST

a. Declaration

Members are expected to declare a conflict of interest prior to consideration of any matter causing a potential or actual conflict.

b. Conflict of Interest

No Advisory Board member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the SBHASO revenue contracts if a conflict of interest, real or apparent, exists.

- c. If a board member (or the board member's partner, or any member to the board member's family) has, or acquires, employment, or a financial interest in, an organization with an SBHASO grant or subcontract, the board member is disqualified, and must resign from the board.

10. REPRESENTATION

A member may speak for the board only when he/she represents positions officially adopted by the body.

11. COMPENSATION

Members of the Board shall serve without compensation. Reimbursement for expenses incurred while conducting official Advisory Board business may be provided for with the approval of the Salish Behavioral Health Administrative Services Organization Administrator.

12. STAFFING

Salish Behavioral Health Administrative Services Organization shall have the responsibility to provide professional, technical and clerical staff as necessary, to support the activities of the Board.

13. AMENDMENT OF BYLAWS

These bylaws may be amended by a two-thirds majority vote of the members present at any regular or special meeting insofar as such amendments do not conflict with pertinent laws, regulations, ordinances, or resolutions of the Salish Behavioral Health Administrative Services Organization, state or federal governments. Proposed amendments to be in the hands of members at least ten days prior to the meeting at which the amendment is to be voted on. Any recommendations agreed upon by vote shall be forwarded to the SBHASO Executive Board for its approval.

14. ADOPTION

These bylaws and any amendments hereto, shall become effective only upon approval of the Salish Behavioral Health Administrative Services Organization Executive Board.

Behavioral Health Advisory Board Reimbursement Form Guide

10/12/2023

BH Advisory Board Reimbursement Form

Please complete one form for all events in a single month.

First Name *

Last Name *

Mailing Address Line 1 *

Mailing Address Line 2

City *

State

Washington

Postal Code *

Email *

Phone *

View Rates

No Yes

All reimbursement amounts are based on current Washington State rates by county as of 10/1/2023. Receipts are required for reimbursement, except for mileage.

<https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf>

* indicated a required field

The 'View Rates' toggle hides or displays a link to WA state reimbursement rates

Show Expenses by Category Yes No

Total Expenses \$15.59

Show Totals

Mileage Parking Fares Other Transportation Meals Lodging Additional

Show or hide the expenses by category, 'Total Expenses' is always visible

Mileage Cost Total
\$15.59

Event Expenses Reimbursement

Event Description *

Event Date *

Reimbursement for:

Transportation Meals Lodging Other

Transportation Type

Mileage Parking Fares Other

Check all that apply and complete the subsequent section(s) below.

One event per reimbursement request.

Transportation has its own subset of categories.

Mileage

⊗ Trip 1

Starting Address

123 Main St, Bremerton

Ending Address *

456 Elm Ave, Port Orchard

Miles (Round Trip) *

23.80

Mileage Total

\$15.59

Keep Mileage Entry

Clear Keep

Keep or Clear the entered information. Checking or unchecking the expense category will not affect the entry when 'Keep' is checked.

The + indicates you can add more than one trip, or meal, or lodging, etc. associated with the event.

Meals

⊗ Meal 1

Restaurant *

County *

Meal Type *

Meal Total *

 \$0.00

Meal Receipt Upload *

 or drag files here.

Take a photo of your receipt(s) and load the photo(s) directly from your photo library.

Keep Meal Entry?

Clear Keep

Lodging

Additional Comments

The easiest way to include receipts is to use your phone's camera to take a picture of the receipt and upload it (see below). Photo option is not available when using the form on the web.



When you are ready, submit the form. This will send the request to the Salish BH-ASO for approval.

If you want to save and finish the form later, click on the 'Save' button. Cognito will send an email containing the link to your form so you can edit it at a later time. The saved form is available for 2 weeks.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

ADVISORY BOARD MEETING

Providing Behavioral Health Services in Clallam, Jefferson and Kitsap Counties

DATE: Friday, July 18, 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 Advisory Board Meeting Minutes for May 16, 2025 (Attachment 5 [page 5])
6. Action Items
 - a. Block Grant Plans [page 3]
 - i. Review and Approval of Current Plan – Due July 15
7. Informational Items
 - a. Salish BHASO Substance Use Disorder Programs [page 3]
 - i. Types of Services
 - ii. Funding Sources
 - b. Salish BHASO Branding and New Logo [page 4]
 - c. Office of Behavioral Health Advocacy Updates [page 4]
8. Opportunity for Public Comment
9. 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

July 18, 2025

Action Items

A. BLOCK GRANT PLANS

Salish BHASO receives federal block grant funding through the Washington Health Care Authority (HCA) revenue contract. This funding has specific parameters and is provided for mental health under the Mental Health Block Grant (MHBG) and the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant, previously called SABG. Block grant plans are completed annually and submitted to HCA for approval. This approval includes a letter from the Advisory Board in support of the plans for each ASO. The plans may be revised and resubmitted as needed.

The MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the “Acute Intensive Services” category. The MHBG plan also identifies an estimate 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. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

SUPTRS Plans Include:

PPW (Pregnant and Parenting Women) Outreach is a required category for all SUPTRS plans. A significant amount of funding is allocated for crisis services, which is categorized under “brief intervention” on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category of all SUPTRS Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-Acute Withdrawal Management and Intensive Inpatient Residential Treatment which are line items under the “Out of Home Residential Services” category.

Under the “Recovery Supports” category, the following line items are allocated funding: Transportation for PPW, Transportation, and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under “Other SABG activities” funding is allocated for Interpreter Services and SBH-ASO Administrative allowance. SUPTRS Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

ARPA block grants are ending effective September 30, 2025. ARPA is the continuation of COVID block grants that have been in place since 2020. SBHASO is working to complete spend out of these funds.

Informational Items

A. SALISH BHASO SUBSTANCE USE DISORDER PROGRAMS

Staff will provide a detailed overview of Salish BHASO administered substance use disorder programs, including types of services and funding sources.

Types of Services include:

- Withdrawal Management
- Outpatient Treatment
- Residential Treatment
- Secure withdrawal management and stabilization (SWMS)

Funding Sources include:

- Criminal Justice Treatment Account (CJTA)
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
- General Fund State (GFS)

B. SALISH BHASO BRANDING AND NEW LOGO

As Salish BHASO continues to be more out-facing, we needed to upgrade the current market materials as we progress as an organization. Our previous logo was created internally and was not versatile in the ability to manipulate the image for our business purposes. SBHASO worked with a designer to provide a selection of proofs. Staff then determined the final version presented here today.



Salish Behavioral Health
Administrative Services Organization

C. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy.

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

**Friday, May 16, 2025
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Bay/Blyn Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382**

CALL TO ORDER – Lori Fleming, SBHASO Behavioral Advisory Board Vice Chair, called the meeting to order at 10:25 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS –

SBHASO Staff announced the resignation of Jefferson County Board member Kathryn Harrer.

Executive Director Jolene Kron is currently on leave due to a family emergency.

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

APPROVAL of AGENDA –

Recommendation to defer item 7.d Salish BHASO Substance Use Disorder Programs to the July 18, 2025 Advisory Board meeting.

MOTION: Helen Havens moved to approve the agenda as amended. Naomi Levine seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Helen Havens moved to approve the meeting minutes as presented for the March 21, 2025 Advisory Board meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REVIEW AND APPROVAL OF SALISH BHASO ADVISORY BOARD BYLAWS**

Review of existing bylaws to consider changes, updates, and provide information to new members.

Upon review of the Advisory Board By-laws, the proposed revisions were recommended:

Section 4.c, “Resignation”

- *Replace “Administrator” with “Executive Director”*

Section 5, "Attendance" –

- Replace "Administrator" with "Executive Director or their designee"

Section 6.b, "Regular Meetings"

- Replace "Administrator" with "Executive Director"

Section 11, "Compensation"

- Replace "Administrator" with Executive Director"

MOTION: Naomi Levine moved to approve the Salish Behavioral Health Administrative Services Advisory Board By-Laws as amended. Helen Havens seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **COLLECTIVE IMPACT ACTION SUMMIT DISCUSSION**

Lori Fleming and Naomi Levine attended the 2025 Collective Impact Action Summit Conference. Lori and Naomi will share information gathered with the full board.

Lori and Naomi shared their insights from the Collective Impact Summit. Both board members were particularly moved by discussions that emphasized the importance of creating non-judgmental and creative spaces for brainstorming and maintaining core values while adapting to changing and challenging landscapes. They found the conference energizing, bringing back tools and perspectives that could help their ongoing work in behavioral health and public health. The summit reinforced their commitment to bringing diverse voices together and thinking creatively about addressing community challenges.

➤ **BOARD MEMBER REIMBURSEMENT AND TRAINING REQUESTS**

Salish BHASO Behavioral Health Advisory Board members may receive reimbursement for expenses incurred by engaging in Board activities, including mileage to attend in-person meetings.

Reimbursement requests can be submitted using the online form: [BH Advisory Board Reimbursement Form](#). This form allows for easy submission of requests for mileage or other approved reimbursement. Receipts can be photographed on a cell phone or scanned and attached.

Staff will provide a tutorial of the online reimbursement form.

Board members are encouraged to engage in community events, conferences, and trainings to support Advisory Board objectives. A request form is currently in process.

Staff provided a tutorial on using the form for meals, lodging, registration fees, and travel reimbursement. Overnight trips require an additional preapproval process. Request for clarity around payment methods.

➤ **BLOCK GRANT DISCUSSION**

Block Grant Process and Status

Federal Block Grants are provided from Federal funds as a pass through from the Health Care Authority. The funds include Mental Health Block Grant (MHB) and Substance Use Prevention, Treatment, and Recovery Services (SUPTRS). These funds are used to provide services within the current spectrum of treatment services.

The covered service options are specifically outlined in the block grant plans that are reviewed and approved by this Advisory Board. There is discretion in the use of these funds to meet local priorities and needs.

Request for Proposal (RFP) Process

SBHASO is currently holding off on releasing an RFP for funds due to pending changes in funding at this time.

This process includes

- Release of RFP (usually open 3-6 weeks)
- Bidders Conference – Review of expectations and answering questions for prospective bidders.
- Submission of RFP proposals
- Review by staff for completeness and required components
- Review by Salish Behavioral Health Advisory Board Committee
- Review by BHAB RFP subcommittee for recommendations
- Review and approval of subcommittee recommendations by BHAB
- Recommendations of Advisory Board brought to the Executive Board for approval.

Subcommittee Volunteers

- Staff are seeking volunteers for an RFP Subcommittee to review proposals and make recommendations on behalf of the full Advisory Board to the Executive Board.

SBHASO anticipates receiving the budget for the July cycle from the Health Care Authority by the second week of June.

Lori Fleming, Helen Havens, Mary Beth Lagenaur, and Naomi Levine volunteered to serve on the Block Grant RFP Review Subcommittee. Volunteers were acknowledged, but a motion to confirm was deferred.

➤ **SALISH BHASO SUBSTANCE USE DISORDER PROGRAMS**

Staff will provide a detailed overview of Salish BHASO administered Substance Use Disorder programs, including types of services and funding sources.

Types of Services include:

- Withdrawal Management
- Outpatient Treatment
- Residential Treatment
- Secure withdrawal management and stabilization (SWMS)

Funding Sources include:

- Criminal Justice Treatment Account (CJTA)
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
- General Fund State (GFS)

Agenda item is deferred until the July 18, 2025 Advisory Board meeting.

➤ **OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES**

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy.

Nanine served 22 individuals from the Salish region from January – April 2025. Common issues included housing and transportation challenges, limited availability of Intellectual and Developmental Disabilities (IDD) services, long wait times, and barriers related to digital access and literacy. She emphasized the importance of collaborative and innovative solutions to address systemic service gaps and overlaps.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

ADJOURNMENT – Consensus for adjournment at 11:34 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Ileea Clauson, SBHASO Director of Operations	Amanda Zahller, Eastern State Hospital Liaison, Molina Healthcare
Lori Fleming	Nicole Oberg, SBHASO Executive Assistant	G'Nell Ashley, Reflections Counseling Services Group
Mary Beth Lagenaur		Andrew Shogren, Jamestown S'Klallam Tribe
Helen Havens		Kaela Moontree-Stewart, Kitsap Public Health

Naomi Levine		
Excused:		
Diane Pfeifle		
Stormy Howell		

NOTE: These meeting notes are not verbatim.



**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE
SERVICES ORGANIZATION**

**ADVISORY BOARD
MEETING**

Salish Behavioral Health
Administrative Services Organization

DATE: Friday, September 19, 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 Advisory Board Meeting Minutes for July 18, 2025 (Attachment 5 [page 6])
6. Action Items
 - a. Reappointment of Helen Havens [page 3]
 - b. Appointment of Advisory Board Chair and Vice Chair [page 3]
7. Informational Items
 - a. Salish BHASO Children's Programs [page 3]
 - b. Advisory Board Travel Request Form [page 5]
 - c. Advisory Board Directed Funding [page 5]
 - d. Office of Behavioral Health Advocacy Updates [page 5]
8. Opportunity for Public Comment
9. Adjournment

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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

Salish Behavioral Health
Administrative Services Organization

September 19, 2025

Action Items

A. REAPPOINTMENT OF HELEN HAVENS

The current term for Helen Havens ends on November 30, 2025. Helen has expressed interest in volunteering to serve on the Advisory Board for another term.

Helen has an extensive background supporting individuals with Substance Use Disorder and Co-Occurring Disorders. She has served on the Salish BHASO Advisory Board representing Kitsap County for several years. She also represents Salish BHASO on the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Community Advisory Committee.

Staff seeks the Advisory Board's recommendation regarding Helen Haven's reappointment. Recommendations will be presented to the Executive Board for final approval at the October 17, 2025 meeting.

B. APPOINTMENT OF ADVISORY BOARD CHAIR AND VICE CHAIR

Section 7.a of the Salish BHASO Advisory Board Bylaws calls for the annual election of the Board chairperson and vice chairperson for a term beginning January 1 and ending December 31 of the calendar year following election.

Stormy Howell currently serves as the Salish BHASO Advisory Board Chair. Lori Fleming currently serves as Vice Chair.

Staff requests recommendations or volunteers from the Board for Chair and Vice Chair for 2026.

Informational Items

A. SALISH BHASO CHILDREN'S PROGRAMS

Staff will provide an overview of Salish BHASO administered Children's programs, including Children's Longterm Inpatient Program (CLIP), Family Youth System Partner Round Table (FYSPT), and Salish Youth Network Collaborative (SYNC).

CLIP (Children's Longterm Inpatient Program)

CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, serving youth, ages 5-17 years of age. CLIP treatment is funded by Federal and State Medicaid dollars. Private insurance and other income sources can be billed

if applicable. There are four CLIP programs with a total of 109 beds across Washington State.

The CLIP program consists of two components. Involuntary CLIP is applicable to youth already in facilities. Voluntary CLIP is under the coordination requirement of ASOs.

The Salish BHASO is the regional convener of the CLIP committee. The Salish CLIP Committee reviews referrals for voluntary CLIP treatment for youth under age 13 whose parents consent to CLIP treatment and youth over 13 that consent to CLIP treatment. There is a separate pathway for youth over age 13 that require involuntary CLIP treatment.

The Salish regional CLIP committee meets monthly, at a minimum of six times a year, to review referrals for CLIP treatment. During the committee meeting, the youth, family, and treatment providers provide a presentation of the youth's needs. The presentation is facilitated by the MCO liaison, if the youth has MCO benefits, or the Salish CLIP Liaison if the youth does not. The committee members conduct a vote to determine whether CLIP treatment is recommended. The Washington CLIP Administration makes the final determination of whether CLIP treatment is approved.

The Salish CLIP committee includes representation from regional behavioral health providers, youth serving professionals, representatives from regional Managed Care Organizations, and a parent with lived experience.

The Salish Children's Program Manager serves as the CLIP Liaison. The SBH-ASO CLIP Liaison also arranges the CLIP Committee meetings, referrals, consultations and SBH-ASO CLIP Committee Agreements.

FYSPRT (Family Youth System Partner Round Table)

The Salish BHASO is the regional convener for FYSPRT. FYSPRT brings together families, youth, system partners, and community members to work on improving behavioral health services and support for children, youth, and their families. FYSPRT acts as a sounding board for all the people involved in the care of young people who have developmental, emotional, and/or behavioral issues. FYSPRT creates spaces where opinions can be heard and ideas shared, resulting in better care for individuals and healthier communities.

The Salish BHASO convenes the regional FYSPRT committee, hosting at minimum 10 FYSPRT meetings a year and quarterly family fun outreach events, maintaining a website, and supporting engagement in Statewide FYSPRT advocacy. The Salish BHASO provides compensation and reimbursement to FYSPRT participants for FYSPRT meetings, events, outreach activities, training events, travel, and childcare.

SYNC (Salish Youth Network Collaborative)

SYNC seeks to address challenges experienced by youth with complex behavioral health needs through referral, coordination, and support. The program can serve all children/youth regardless of insurance benefits. Salish BHASO volunteered for the

first phase of implementation of the Youth Behavioral Health Navigator Program, implementing the SYNC program in August of 2023.

SYNC provides coordination and support through information and referral, coordination, and convenes multidisciplinary team meetings (MDTs) to address the needs of youth with complex behavioral health needs. The SYNC program is currently supported by a SYNC Coordinator and is supervised by the Salish BHASO Children's Program Supervisor, who serves as the SYNC Program Supervisor.

The SYNC Program is responsible for establishing and strengthening collaborative communication, mapping existing services, and improving service coordination to develop a responsive, robust system of care for youth and their families within Clallam, Jefferson, and Kitsap Counties. SYNC staff convene a regional steering committee and maintain a website with community resources.

B. ADVISORY BOARD TRAVEL REQUEST FORM

Salish BHASO Advisory Board members may receive reimbursement for expenses incurred by engaging in Board activities, including attendance at community events, conferences, and trainings. Travel requests can be submitted using the new online form: [BH Advisory Board Travel Request Form](#).

Staff will provide a tutorial of the online travel request form.

C. ADVISORY BOARD DIRECTED FUNDING

Washington Health Care Authority has dedicated funding in recent contracts specifically to support Behavioral Health Advisory Boards. This funding is intended to provide support and access for board members to attend meetings, participate in community events, and engage in training.

Salish BHASO would like to discuss how to align spending of this funding with board priorities.

D. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy.

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

**Friday, July 18, 2025
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Bay/Blyn Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382**

CALL TO ORDER – Stormy Howell, SBHASO Behavioral Advisory Board Chair, called the meeting to order at 10:03 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 –

Recommendation to add action item for approval of Advisory Board applicant Renee Hernandez Greenfield.

MOTION: Helen Havens moved to approve the agenda as amended. Naomi Levine seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Lori Fleming moved to approve the meeting minutes as presented for the May 16, 2025 Advisory Board meeting. Naomi Levine seconded the motion. Motion carried with one abstention.

ACTION ITEMS

➤ **APPROVAL OF RENEE HERNANDEZ GREENFIELD**

In April 2025 SBHASO received an Advisory Board application from Renee Hernandez Greenfield to serve as a representative for Kitsap County. Renee was interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormi Howell.

MOTION: Mary Beth moved to recommend the appointment of Renee Hernandez Greenfield to the Salish Behavioral Health Administrative Services Advisory Board. Helen Havens seconded the motion. Motion carried unanimously.

Recommendation to appoint Renee Hernandez Greenfield to the Salish BHASO Advisory Board will be presented to the Executive Board for final approval.

➤ **BLOCK GRANT PLANS**

Salish BHASO receives federal block grant funding through the Washington Health Care Authority (HCA) revenue contract. This funding has specific parameters and is provided for mental health under the Mental Health Block Grant (MHBG) and the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant, previously called SABG. Block grant plans are completed annually and submitted to HCA for approval. This approval includes a letter from the Advisory Board in support of the plans for each ASO. The plans may be revised and resubmitted as needed.

The MHBG plan provides funding for the crisis system and transportation. Crisis services include crisis hotline and interpreter services. The plan format from HCA includes crisis services under the "Acute Intensive Services" category. The MHBG plan also identifies an estimate 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. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

SUPTRS Plans Include:

PPW (Pregnant and Parenting Women) Outreach is a required category for all SUPTRS plans. A significant amount of funding is allocated for crisis services, which is categorized under "brief intervention" on this template. Brief intervention includes mobile crisis outreach services.

Interim services is a required category of all SUPTRS Plans. This line item is limited as there has not historically been a need for interim services in the Salish region. Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both Sub-Acute Withdrawal Management and Intensive Inpatient Residential Treatment which are line items under the "Out of Home Residential Services" category.

Under the "Recovery Supports" category, the following line items are allocated funding: Transportation for PPW, Transportation, and Childcare Services. Both Transportation for PPW and Childcare Services are required categories.

Under "Other SABG activities" funding is allocated for Interpreter Services and SBH-ASO Administrative allowance. SUPTRS Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

ARPA block grants are ending effective September 30, 2025. ARPA is the continuation of COVID block grants that have been in place since 2020. SBHASO is working to complete spend out of these funds.

MOTION: Stormy Howell moved to approve the Salish Behavioral Health Administrative Services Block Grant Plans as presented for July 1, 2025 – June 30, 2026. Helen Havens seconded the motion. Motion carried unanimously.

Review of slides outlining recommended MHBG and SUPTRS allocation.

Discussion focused on proactive planning for future funding fluctuation, particularly as ARPA funds are set to end in September 2025. Board members raised concerns about potential shallow spots in funding and the need for priority setting in January. The conversation also touched on data tracking across counties and the importance of understanding various funding sources and their potential intersections.

INFORMATIONAL ITEMS

➤ SALISH BHASO SUBSTANCE USE DISORDER PROGRAMS

Staff will provide a detailed overview of Salish BHASO administered substance use disorder programs, including types of services and funding sources.

Types of Services include:

- Withdrawal Management
- Outpatient Treatment
- Residential Treatment
- Secure withdrawal management and stabilization (SWMS)

Funding Sources include:

- Criminal Justice Treatment Account (CJTA)
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
- General Fund State (GFS)

Discussion regarding the complexities of substance use disorder services, particularly the challenges of providing treatment for youth. Board members raised questions about the lack of youth-specific secure withdrawal management facilities in Washington state and the implications for involuntary treatment. The conversation also explored funding sources, particularly the Criminal Justice Treatment Account (CJTA), and how different funding streams intersect to support individuals with substance use disorders.

➤ SALISH BHASO BRANDING AND NEW LOGO

As Salish BHASO continues to be more out-facing, we needed to upgrade the current market materials as we progress as an organization. Our previous logo was created internally and was not versatile in the ability to manipulate the image for our business purposes. SBHASO worked with a designer to provide a selection of proofs. Staff then determined the final version presented here today.



Salish Behavioral Health

Administrative Services Organization

➤ OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nicolette will provide an update on behalf of the Office of Behavioral Health Advocacy (OBHA).

OBHA had 10 active cases from the Salish region between May – July 2025. No formal grievances were filed. Trends included concerns from individuals about regaining access to behavioral health services following termination. Recovery navigators and other peer support have played an important role in helping individuals re-enter services.

Recent feedback from peers included the need for more mental health training, particularly Mental Health First Aid (MHFA), as well as a need for more in-field SUD assessments. Nanine also noted that the Olympic Connect care hub has been a good resource for providing individuals with resources and addressing broader needs.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

Naomi Levine announced the expansion of the UW Medicine Telebuprenorphine Hotline into Salish region. This expansion will connect individuals to more regionally specific resources.

The role of the Opioid Abatement Council (OAC) was briefly discussed, as well as recent conversation at the Executive Board meeting around improving regional awareness and cross-county information sharing.

ADJOURNMENT – Consensus for adjournment at 12:02 pm

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Jolene Kron, SBHASO Executive Director	Erin Martin, Kitsap County Community Member

Lori Fleming	Ileea Clauson, SBHASO Director of Operations	Jason Buchannan, Kitsap County Community Member
Mary Beth Lagenaur	Nicole Oberg, SBHASO Executive Assistant	Renee Hernandez Greenfield, Kitsap County Community Member
Helen Havens	Kristina Didricksen, SBHASO Contract Specialist	Nanine Nicolette, Office of Behavioral Health Advocacy (OBHA)
Naomi Levine		Kate Jasonowicz, Community Health Plan of Washington (CHPW)
Diane Pfeifle		
Stormy Howell		

NOTE: These meeting notes are not verbatim.