Salish Behavioral Health
Administrative Services Organization

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Administrative Services Organization

ADVISORY BOARD MEETING

DATE: July 17, 2026
TIME: **10:00 AM – 12:00 PM**
LOCATION: Hybrid – Cedar Room, 7 Cedars Hotel
270756 US-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.*

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Meeting ID: 840 0555 5912

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 840 0555 5912

Agenda

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Minutes for May 15, 2026 (Attachment 5 [page 6])
6. Action Items
   a. Approval of Federal Block Grant Plans [page 3] (Attachment 6.a.1 [page 10] and 6.a.2 [page 18])
7. Informational Items
   a. Salish Regional 2026 Behavioral Health Crisis Forum [page 4] (Attachment 7.a [page 25])
   b. Health Care Authority Behavioral Health Advisory Council Regional Feedback Request [page 4]
   c. Advisory Board-Led Discussion Topic [page 4]
   d. Office of Behavioral Health Advocacy (OBHA) Updates [page 5]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

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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
BH-ASO	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	**SUPTRS**	Substance Use Prevention Treatment and Recovery Services
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 SBH-ASO
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
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ADVISORY BOARD MEETING

July 17, 2026

Action Items

A. APPROVAL OF FEDERAL BLOCK GRANT PLANS

Salish BH-ASO will present updated Block Grant plans for July 1, 2026 – December 31, 2026 and seek the Board's approval of these plans. Current plans align with the approved budget and identified priorities.

Mental Health Block Grant (MHBG)

MHBG plan provides funding for residential treatment, and outpatient treatment services. The plan also includes funding for supports including transportation and interpreter services. The MHBG plan 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 Advisory Board priorities. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

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 for 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 the "Other activities" funding is allocated to 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.

Informational Items

A. 2026 BEHAVIORAL HEALTH CRISIS FORUM

On July 24, 2026, Salish BH-ASO is hosting the Salish Regional 2026 Behavioral Health Crisis Forum. This event provides an opportunity for community partners and community members to join in discussion of Crisis Services in Clallam, Jefferson, and Kitsap Counties. Salish BH-ASO will provide an overview of existing crisis services, recent crisis system expansion, and the future direction of behavioral health crisis services in the Salish region. Attendees will have the opportunity to share feedback on existing gaps and needs across the region.

An event flyer is attached.

B. HCA BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC) REGIONAL FEEDBACK REQUEST

The HCA Behavioral Health Advisory Council (BHAC) has submitted a request to statewide BH-ASOs seeking feedback from Behavioral Health Advisory Boards on ways to incorporate regional perspectives into statewide behavioral health recommendations. In addition to inviting BHABs to present at the BHAC bi-monthly meeting, BHAC is proposing various avenues for gathering this information, including:

- An annual letter from BHAB co-chairs summarizing board activities, successes, challenges, and regional needs.
- A brief narrative addressing regional behavioral health trends, service gaps, and underserved populations.
- Other approaches as suggested by BHABs that would provide meaningful feedback without creating unnecessary administrative burden.

Staff will facilitate review of the proposed approaches and gather Board feedback, questions, concerns, or alternative recommendations to provide the BHAC.

C. ADVISORY BOARD LED DISCUSSION TOPICS

Social Connection Promotion – Naomi Levine

The Board will discuss strengths and opportunities for social connection both in their communities and within the work they are doing as an advisory board. This is an informational and exploratory discussion period with no immediate action anticipated.

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, May 15, 2026
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Bay/Blyn Room, 7 Cedars Hotel
270756 US-101, Sequim, WA 98382

CALL TO ORDER –Stormy Howell, SBH-ASO Behavioral Advisory Board Chair, called the meeting to order at 10:08 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: Naomi Levine moved to approve the agenda as presented. Helen Havens seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Naomi Levine moved to approve the meeting minutes as presented for the March 20, 2026 Advisory Board meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

ACTION ITEMS

- **RECOMMENDATION FOR APPOINTMENT OF SHERRIFF ANDY PERNSTEINER**

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

- Clallam County: Mary Beth Lagenaur, Molly Barnes, and 1 vacancy
- Jefferson County: 3 vacancies
- Kitsap County: Helen Havens, Naomi Levine, and Renee Hernandez Greenfield
- Tribal Representative: Stormy Howell and Morgan Allen

In April 2026 SBH-ASO received an Advisory Board application from Sherriff Andy Pernsteiner to serve as a representative for Jefferson County.

Sheriff Pernsteiner has served Jefferson County in law enforcement for 28 years. His experience includes extensive work with individuals experiencing mental health and substance use challenges, along with long-standing involvement in multiple community

and public-service organizations. He has received ongoing training throughout his career related to behavioral health and has direct insight into system needs through his leadership of the county jail.

MOTION: Mary Beth Lagenaur moved to recommend the appointment of Sherriff Pernsteiner to the Salish Behavioral Health Administrative Services Advisory Board for a three-year term from June 1, 2026 – May 30, 2029. Helen Havens seconded the motion. Motion carried unanimously.

Sherriff Pernsteiner expressed his strong interest in contributing to regional behavioral health work, referencing his current service on the Discovery Behavioral Health Care board and his commitment to collaborative, community-based responses to youth and adult behavioral health needs.

Board members spoke in support of his appointment, noting that his law enforcement leadership and direct experience with behavioral health issues would bring valuable perspective to the Board's work.

The Advisory Board recommendation for appointment of Sherriff Pernsteiner will be presented for approval at the June 3 Executive Board meeting.

INFORMATIONAL ITEMS

- **APRIL 2026 YOUTH SUMMIT RECAP**

On April 29th, 2026, Salish BH-ASO hosted Strengthening Youth Behavioral Health: A Community Conversation. 47 people attended and represented a wide variety of youth-serving community partners from across the region including individuals from child welfare, education, juvenile justice, social services, community organizations, public health, managed care organizations, and community behavioral health agencies.

Participants engaged in collaborative conversations to identify key challenges facing youth in the Salish region, while also highlighting system strengths and increasing awareness of existing community programs and services. As a result of these group conversations, action steps emerged and there was a shared commitment to continued collaboration.

This group agreed to meet again in August, and then regularly thereafter. Salish BH-ASO will facilitate these events and will also extend invitations to additional youth-serving community partners to increase representation and participation.

Staff summarized key themes from the summit, including school-based supports, community and family supports, special population needs, access and availability of services, and workforce training and retention. Board discussion focused on workforce challenges, particularly burnout and the need for sustainable retention strategies. Discussion included the importance of leveraging local behavioral health education programs, youth-specific SUD training, and peer/family support models.

Question raised regarding how LGBTQ+ youth, youth of color, and immigrant youth were addressed; staff confirmed these groups were highlighted as higher-risk

populations, with concerns about reduced access to LGBTQ+-specific crisis lines and barriers to care surfacing across multiple topic areas.

- **KITSAP COUNTY BEHAVIORAL HEALTH SYSTEM ASSESSMENT**

  Kitsap 1/10th Committee completed a Behavioral Health System Assessment in 2026. The full report is pending. The report synthesized quantitative data, provider and community surveys, and key information interview to identify themes with Kitsap County. These identified included care coordination and system navigation; accessibility; housing and homelessness; and youth behavioral health services.

  Staff will provide an overview of the information available.

  Staff presented preliminary findings from the 2026 Kitsap 1/10th Behavioral Health System Assessment. Cross-cutting themes included care coordination and navigation; access to timely, appropriate services (especially crisis response, withdrawal management, and youth services); housing and homelessness; transportation; and workforce shortages. Youth anxiety, depression, and suicide contemplation rates in Kitsap exceed state averages and that homelessness and unsheltered counts are at a two-decade high. Additional issues discussed included social isolation and loneliness, limited local inpatient capacity, and the impact of geography, transportation gaps, and broadband limitations on access to both in-person care and telehealth. Staff noted that overdose trends since 2023 appear to be decreasing, potentially reflecting naloxone distribution efforts, and highlighted local prevention and early-intervention initiatives as important complements to crisis services. The Board expressed interest in using the final report to inform regional planning and advocacy.

  Staff will distribute the final report to Board members once it is available.

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

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

  Agenda item deferred.

PUBLIC COMMENT

- None

GOOD OF THE ORDER

- None

ADJOURNMENT – Consensus for adjournment at 11:06 am.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Jolene Kron, SBH-ASO Executive Director	Dioselín Gonzalez, Clallam County
Stormy Howell, Chair	Nicole Oberg, SBH-ASO Executive Assistant	Sherriff Andy Pernsteiner, Jefferson County
Naomi Levine, Vice Chair	Belinda Sharp, SBH-ASO Clinical Director	
Morgan Allen	Kelsey Clary, SBH-ASO Outreach Program Manager	
Molly Barnes		
Mary Beth Lagenaur		
Helen Havens		
Excused:		
Renee Hernandez-Greenfield		

NOTE: These meeting notes are not verbatim.

BH ASO:	Salish
RSA Counties:	Clallam, Jefferson, Kitsap
Current Date:	7/8/2026
MHBG Allocation:	$393,104.00
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

*** This amount includes annual MHBG and MHBG Co-reponder funds; this amount does not include MHBG Peer Bridger or MHBG FYSPRT funding.**

Section 1
Proposed Plan Narratives

Needs Assessment	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	Begin writing here: SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties' 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Gaps identified are access to services due to the rural and frontier geography within the region. Additional needs identified this period include youth treatment service access and access to outpatient treatment. Strengths identified are engagement of community and cross system partnerships.
Cultural Competence *	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	Begin writing here: SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values: 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services.
Children's Services	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	Begin writing here: SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children's Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPRT meetings and work to increase avenues for youth and family feedback. We have seen a significant increase in engagemetn with youth services thourgh the SYNC program. SBH-ASO has seen an increase in referrals for CLIP, community based, and school based challenges. SBH-ASO has worked to suppor the re-opening and expansion of the Kitsap Mental Health-Youth Inpatient Unit in our region. SBH-ASO has also continued to support the youth specific crisis team serving youth and families in Kitsap County.

Public Comment/Local/ BH Advisory Board Involvement	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	***Begin writing here**:* SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children's Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPRT meetings and work to increase avenues for youth and family feedback. We have seen a significant increase in engagemetn with youth services thourgh the SYNC program. SBH-ASO has seen an increase in referrals for CLIP, community based, and school based challenges. SBH-ASO has worked to suppor the re-opening and expansion of the Kitsap Mental Health-Youth Inpatient Unit in our region. SBH-ASO has also continued to support the youth specific crisis team serving youth and families in Kitsap County.
Outreach Services	Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.
	***Begin writing here**:* SBH-ASO staff engage in outreach in various venues across the region. Thee has been an increase in community ofcues outreach with participation in commmunity events by varous programs including youth and family events. SBH-ASO facilitates the Housing and Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to the HARPS service team provides outreach in partnership with community stakeholders. SBH-ASO also provides oversight of the Peer Bridger and Recovery Navigator programs to provide outreach to individuals in the community and provide support toward recovery and stability.

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				$0.00
Assessment	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Specialized Evaluations (Psychological and Neurological)	*Begin writing here:*	0	0	$0.00
Service Planning (including crisis planning)	*Begin writing here:*	0	0	$0.00
Educational Programs	*Begin writing here:*	0	0	$0.00
Outreach	*Begin writing here:*	0	0	$0.00
Brief Motivational Interviews	*Begin writing here:*	0	0	$0.00
Facilitated Referrals	*Begin writing here:*	0	0	$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	*Begin writing here:*	0	0	$0.00
Outcomes and Performance Indicators:				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				$175,000.00
Individual Evidenced-Based Therapies	*Begin writing here: Provides for outpatient treatment services.*	2	45	Enter budget allocation for these proposed activities. $100,000.00

Group Therapy	*Begin writing here: Provides for outpatient treatment services.*	2	45	$75,000.00
Family Therapy	*Begin writing here:*	0	0	$0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	0	$0.00
Consultation to Caregivers	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				$0.00
Medication Management	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Pharmacotherapy	*Begin writing here:*	0	0	$0.00
Laboratory Services	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				$0.00
Parent/Caregiver Support	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Skill Building (social, daily living, cognitive)	*Begin writing here:*	0	0	$0.00

Case Management	*Begin writing here:*	0	0	$0.00
Continuing Care	*Begin writing here:*	0	0	$0.00
Behavior Management	*Begin writing here:*	0	0	$0.00
Supported Employment	*Begin writing here:*	0	0	$0.00
Permanent Supported Housing	*Begin writing here:*	0	0	$0.00
Recovery Housing	*Begin writing here:*	0	0	$0.00
Therapeutic Mentoring	*Begin writing here:*	0	0	$0.00
Traditional Healing Services	*Begin writing here:*	0	0	$0.00
Parent Training	*Begin writing here:*	0	0	$0.00
Outcomes and Performance Indicators:				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life, and strive to reach their full potential.				$0.00
Peer Support	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00

Recovery Support Coaching	*Begin writing here:*	0	0	$0.00
Recovery Support Center Services	*Begin writing here:*	0	0	$0.00
Supports for Self-Directed Care	*Begin writing here:*	0	0	$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	0	0	$0.00
Outcomes and Performance Indicators:				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				$20,000.00
Personal Care	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Respite	*Begin writing here:*	0	0	$0.00
Support Education	*Begin writing here:*	0	0	$0.00
Transportation	*Begin writing here: Bus tickets, bus passes or mileage reimbursement to assist with transportation to treatment.*	0	40	$15,000.00
Assisted Living Services	*Begin writing here:*	0	0	$0.00
Trained Behavioral Health Interpreters	*Begin writing here: Provie behvaioral heatlh interpreter services*	0	25	$5,000.00

Interactive communication Technology Devices	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				$0.00
Assertive Community Treatment	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Intensive Home-Based Services	*Begin writing here:*	0	0	$0.00
Multi-Systemic Therapy	*Begin writing here:*	0	0	$0.00
Intensive Case Management	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				$102,354.00
Crisis Residential/Stabilization	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Adult Mental Health Residential	*Begin writing here: Per diem costs*	0	5	$102,354.00
Children's Residential Mental Health Services	*Begin writing here:*	0	0	$0.00
Therapeutic Foster Care	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$0.00
Mobile Crisis	*Begin writing here:*	0	0	Enter budget allocation for these proposed activities. $0.00
Peer-Based Crisis Services	*Begin writing here:*	0	0	$0.00
Urgent Care	*Begin writing here:*	0	0	$0.00
23 Hour Observation Bed	*Begin writing here:*	0	0	$0.00
24/7 Crisis Hotline Services	*Begin writing here:*	0	0	$0.00

Outcomes and Performance Indicators:

Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				$32,000.00
Workforce Development/Conferences	*Begin writing here: Administrative overhead*	0	0	Enter budget allocation for these proposed activities. $32,000.00
Grand Total				**$329,354.00**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the				$63,750
MHBG Co-responder	*Begin writing here: Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.*	5	100	Enter budget allocation to this $63,750.00

BH ASO:	Salish	
Counties:	Clallam, Jefferson, Kitsap	
Current Date:	7/8/2026	
Total SABG Allocation:	$1,153,360	***This amount includes annual SUPTRS and SUPTRS Co responder allocations**
Contact Person:	Jolene Kron	
Phone Number:	360-337-4832	
Email:	jkron@kitsap.gov	

Section 1
Proposed Plan Narratives

Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	Begin writing here *:* SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties' 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships. The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services, inpatient mental health services, childcare to support treatment, housing support and residential substance use disorder treatment. Note: The survey did not differentiate between income or insurance status.
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	Begin writing here *:* SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values: 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness.

	6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. The SBH-ASO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBH-ASO allow for monthly monitoring of project success, such as allocated funds being spent, and projected outcomes being met. SBH-ASO continues to engage with our Tribal partners through annual crisis planning with the Tribes in our region.
Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented.
	Begin writing here *:* SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.
Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.
	Begin writing here *:* SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.
Coordination of Services (required)	Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.
	Begin writing here *:* Coordination with our provider network, community partners and MCO's is critical to the long-term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.

Public Comment/Local Board /BH Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.
	Begin writing here *:* SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.
	Begin writing here *: SBH-ASO works with providers to ensure adequate and timely submission of expenses reports/billing. Fiscal and Clinical components are reviewed in Annual Monitoring for each agency. Providers will also participate in routine SBH-ASO Quality and Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.*
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.
	Begin writing here *:* Transportation and childcare are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored.
	Begin writing here *:* Not applicable

Section 2 Proposed Project Summaries and Expenditures The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Outreach and Screening – Early intervention, screening and outreach services.				$248,000.00
*PPW Outreach (required)	*Begin writing here: Brief intervention and crisis intervention services to pregnant and parenting women*	20	*Begin writing here: Identification of PPW intervention services*	Enter budget allocation for these proposed activities. $5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	*Begin writing here: Brief intervention and outreach services to individuals*	50	*Begin writing here: Measured by number of individuals served*	$43,000.00
Brief Intervention	*Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.*	250	*Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.*	$200,000.00
Drug Screening	*Begin writing here:*	0	*Begin writing here:*	$0.00
*Tuberculosis Screening (required)	*Begin writing here: Provided other under funding*	0	*Begin writing here:*	$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				$75,500.00
Assessment	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
*Engagement and Referral (required)	*Begin writing here: Outreach services as part ot R.E.A.L. Teams*	45	*Begin writing here: Diversion services with tracked outcomes of reduced recidivism and peer support services*	$75,000.00
*Interim Services (required)	*Begin writing here: Services to indiiduals pending treatment*	2	*Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.*	$500.00
Educational Programs	*Begin writing here:*	0	*Begin writing here:*	$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				$150,000.00
Individual Therapy	*Begin writing here: Provides for outpatient treatment services*	15	*Begin writing here: Measured by encountered services*	Enter budget allocation for these proposed activities. $100,000.00

Group Therapy	*Begin writing here: Provides for outpatient treatment services*	0	*Begin writing here: Measured by encountered services*	$50,000.00
Family Therapy	*Begin writing here:*	0	*Begin writing here:*	$0.00
Multi-Family Counseling Therapy	*Begin writing here:*	0	*Begin writing here:*	$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Community Support (Rehabilitative) – Consists of support and treatment services focused on enhancing independent functioning.				$0.00
Case Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
Recovery Housing	*Begin writing here:*	0	*Begin writing here:*	$0.00
Supported Employment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				$100,000.00
PPW Housing Support Services	*Begin writing here: Provides case management housing support*	8	*Begin writing here: Measured in census reporting*	Enter budget allocation for these proposed activities. $100,000.00
Supported Education	*Begin writing here:*	0	*Begin writing here:*	$0.00
Housing Assistance	*Begin writing here:*	0	*Begin writing here:*	$0.00
Spiritual/Faith-Based Support	*Begin writing here:*	0	*Begin writing here:*	$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				$500.00
*Therapeutic Intervention Services for Children (required)	*Begin writing here: Provides for service add-on for children*	2	*Begin writing here: Measured by census as requested*	Enter budget allocation for these proposed activities. $500.00

Sobering Services	*Begin writing here:*	0	*Begin writing here:*	$0.00
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				$300,000.00
Sub-acute Withdrawal Management	*Begin writing here: Withdrawal management services as indicated by individual need*	0	*Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorizatoin for services*	Enter budget allocation for these proposed activities. $100,000.00
Crisis Services Residential/ Stabilization	*Begin writing here:*	0	*Begin writing here:*	$0.00
Intensive Inpatient Residential Treatment	*Begin writing here: Residential SUD services as identified by individual need and level of care*	0	*Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorizatoin for services*	$200,000.00
Long Term Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Recovery House Residential Treatment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Involuntary Commitment	*Begin writing here:*	0	*Begin writing here:*	$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				$0.00
Acute Withdrawal Management	*Begin writing here:*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				$145,110.00
*Interim Services (required)	*Begin writing here: Addressed above*	0	*Begin writing here:*	Enter budget allocation for these proposed activities. $0.00
*Transportation for PPW (required)	*Begin writing here:Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	5	*Begin writing here:*	$5,000.00
Transportation	*Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.*	20	*Begin writing here:*	$40,000.00

*Childcare Services (required)	*Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.*	60	*Begin writing here: Track number of children accessing care and cost of program. Monthtly report on usage*	Enter budget allocation for these proposed activities. $100,110.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				$113,000.00
Begin writing here: Administrative costs, interpreters services				
Grand Total				**$1,132,110.00**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served if known.	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Co-responder - funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel				$21,250
SABG Co-responder	Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.	5	Tracking number of contacts	$21,250.00

Salish Behavioral Health
Administrative Services Organization

SALISH REGIONAL

2026 Behavioral Health Crisis Forum

Please join us for a conversation about mental health and substance use crisis services in Clallam, Jefferson, and Kitsap Counties.

Learn about what supports are currently available, recent improvements, and future changes.

We also want to hear from you about any gaps, challenges, or needs across our communities.

FRIDAY

July 24, 2026
12:00 pm - 2:00 pm

John Wayne Marina

2577 W Sequim Bay Rd
Sequim, WA 98382

Have questions? Please call the Salish BH-ASO Customer Service line at 360-337-7050.