Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health
Services in Clallam, Jefferson
and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

DATE: **Friday, June 21, 2024**

TIME: **9:00 AM – 11:00 AM**

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/89283185750

Meeting ID: 892 8318 5750

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 892 8318 5750

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 April 19, 2024 (Attachment 5)[page 8]
6. Action Items
   a. Approval of Amended Advisory Board By-Laws [page 4] (Attachment 6.a) [page 15]
   b. 2024 Policy and Procedure Updates [page 4] (Attachment 6.b.1 [page 21], 6.b.2 [page 22], and Supplemental Packet 6.a.3)
7. Informational Items
   a. Naloxone Program Updates [page 5] (Attachment 7.a) [page 72]

b. SBHASO Housing Program Overview [page 6] (Attachment 7.b) [page 73]

c. Financial Overview [page 6]

d. Behavioral Health Advisory Board (BHAB) Update [page 7]

8. Opioid Abatement Council Discussion [page 7]

a. Update on Plans

b. Update on Funding

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

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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Friday, June 21, 2024

Action Items

A. APPROVAL OF AMENDED ADVISORY BOARD BY-LAWS

Staff is seeking the Executive Board's approval of the attached amended Advisory Board By-Laws. The Advisory Board reviewed the existing By-laws in full at the May 1, 2024, meeting and proposed the following revisions:

Section 3.b, "Representation"
- Replace "consumers or parents or legal guardians" with "individuals or chosen family".

Section 5, "Attendance"
- Add "Meetings are held in a hybrid format. Members are encouraged to attend meetings in person."

Sections 6.c, "Notice" and Section 12, "Staffing"
- Replace "The Kitsap County Human Services Department" with "Salish Behavioral Health Administrative Services Organization

Section 6.e "Meeting Location
- Add "All meetings are held in a hybrid format, with the option to attend remotely via Zoom or by phone."

Section 11, "Compensation"
- Replace "Director of the Kitsap County Human Services Department" with "Salish Behavioral Health Administrative Services Organization Administrator"

With Executive Board approval these changes will be effective immediately.

B. 2024 POLICY AND PROCEDURE UPDATES

Staff is seeking the Executive Board's approval of the revised Policies and Procedures. HCA/BHASO Contract changes and overall SBH-ASO growth and process improvements necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures. See attachments 6.b.1 (page 21), 6.b.2 (page 22), and supplemental packet 6.b.3.

The following policies have been revised and are included for the Board's approval:

AD101	Policy Development and Review
AD102	Provider Network Selection and Management
AD104	Credentialing and Recredentialing of Providers
AD105	Customer Service
CL209	SBH-ASO Recovery Navigator Program
CL210	SBH-ASO Behavioral Health Housing
CA403	Individual Rights
IS602	Data Integrity
UM803	Authorization for Payment of Psychiatric Inpatient Services
UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility
PS908	Workstation and Portable Computer Use

Informational Items

A. NALOXONE PROJECT UPDATES

Salish BHASO has been committed to providing support to individuals with opiate disorders. As an organization, we have been distributing naloxone to our communities over the past 5 years. This has been achieved through a partnership with Washington Department of Health and funding from our Health Care Authority Contract. Additional funding has been allocated to support continued expansion of naloxone access across the Salish region.

In 2023, SBHASO ordered ten naloxone cabinets to support ease of distribution across the three counties. To date, we have partnered with the following organizations and successfully mounted cabinets at their locations:

- Agape Unlimited, Bremerton
- BAART Programs, Bremerton
- Discovery Behavioral Healthcare, Port Townsend (2 cabinets)
- Hoh Tribe, Forks
- Olympic Community Action Program, Port Townsend
- Olympic Personal Growth Center, Sequim
- Port Gamble S'Klallam Tribe, Kingston
- Quileute Tribe, La Push (2 cabinets)
- Reflections Counseling Services Group
- Salvation Army, Bremerton
- West Sound Treatment Center, Port Orchard

In 2024, SBHASO ordered an additional 25 naloxone cabinets of various sizes. Staff continue to work with local public health departments and community partners to identify interested parties and determine additional locations to place cabinets.

SBHASO has distributed 1,348 naloxone kits to partners and community members from March through May.

Staff will provide an update and demonstration of the naloxone map.

B. SALISH BHASO HOUSING PROGRAM OVERVIEW

The Salish BHASO Housing Program provides housing supports and subsidies for the behavioral health population. The program consists of 3 components: Housing and Recovery through Peer Supports (HARPS) Services, HARPS Subsidies, and Community Behavioral Health Rental Assistance (CBRA). Washington State Health Care Authority provides funding for HARPS services and subsidies as well as Governors Funding for individuals leaving state facilities. Washington Department of Commerce provides funding for CBRA. Combined funding for the housing program is approximately $1.6 million per year.

These 3 components provide housing support services and subsidies to individuals who meet program criteria. The population served includes individuals with behavioral health needs, with priority given to individuals exiting treatment facilities.

The HARPS service team provides direct housing support services to individuals in Kitsap County. This program provides peer-based support to individuals with unmet housing needs across the spectrum. This could include being unhoused, at risk of being unhoused, or needing support to maintain housing. The goal of peer support is also intended to assist with reintegration back to community after inpatient or residential treatment. This service team in contracted through Kitsap Mental Health.

Housing subsidies provide direct payments to landlords to support housing placement and maintenance. HARPS subsidies are intended to be short term (up to 3 months) and can provide for a variety of housing cost including deposits, arrears, and utilities. CBRA is intended to be a permanent housing subsidy for individuals with the goal of filling the gap toward more standard housing programs like section 8. Subsidy funding is contracted through Coordinated Entry providers in all 3-counties. This structure is unique to Salish BHASO.

C. FINANCIAL OVERVIEW

Salish BHASO had a meeting with HCA in May regarding the draft budget for July 1, 2024. The budget includes many continuing funding sources. New funding sources this cycle include funding to support Mental Health Sentencing Alternatives for individuals involved in the legal system. We will also receive another one-time allocation of funding for enhancement of crisis system coordination secondary to 988 to be expended by June of 2025. There is also additional funding to increase youth stabilization by adding team members to existing your crisis teams. The Peer Bridger program received additional funding for staffing costs as this program funding had been unchanged since program inception. The was also an increase in Trueblood crisis stabilization costs.

D. BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) UPDATE

Jon Stroup, Chair, will provide an update on behalf of the Advisory Board.

In May, the Advisory Board identified the following training priorities:

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

Staff are engaged in identifying existing training resources.

E. OPIOID ABATEMENT COUNCIL DISCUSSION

Staff is continuing work to develop tracking mechanisms for this funding.

Recent activities related to funding includes the pharmacy settlement funding being released for those listed on the table below.

The initial round of pharmacy settlement payments were received March 15, 2024. SBHASO will be coordinating with each county on a spending plan for these funds.

Walmart Payment 1	$1,166,276.77
Allergan Payment 1	$133,111.47
Teva Payment 1	$120,119.71
Walgreens Payment 1	$171,481.84
Walgreens Payment 2	$115,357.61
CVS Payment 1	$148,229.07
Total Payments	**$1,854,576.47**

Salish BHASO is currently working with partners to solidify funding plans.

Jefferson County recently hosted a retreat with their Behavioral Health Advisory Council and community stakeholders to discuss funding priorities and identify opportunities for use of opiate funding in their community.

Janssen/J&J/Kroger agreements are currently sitting with settlement entities to determine if they will sign on to the final agreement.

Washington State has been working on a dashboard to share opiate funding information and has included Opiate Abatement Councils in the feedback process.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD

Friday, April 19, 2024
9:00 a.m. - 11:00 a.m.
Hybrid Meeting
Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

CALL TO ORDER – Commissioner Mark Ozias called the meeting to order at 9:07 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 Eisenhour 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 notes as submitted for the December 8, 2023 meeting. Commissioner Eisenhour 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
- Vacant
- Vacant

Kitsap County
- Helen Havens
- Jon Stroup
- Vacant

Tribal Representative
- Stormy Howell (Lower Elwha)
- Vacant

Throughout 2023 SBHASO and Advisory Board members have been actively recruiting to fill vacancies. This has included print advertising, social media advertising, and word-of-mouth recruitment. We added two Advisory Board members in 2023.

In January 2024, SBHASO received an Advisory Board Application for Jefferson County. In February 2024, SBHASO received Advisory Board Applications for Jefferson County and Kitsap County. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Jon Stroup.

Appointment of Kathryn Harrer

Kathryn Harrer is resident of Jefferson County. Ms. Harrer has over 30 years of nursing experience and is involved in various non-profit and community-focused programs that support the behavioral health continuum. The Advisory Board unanimously recommended that the Executive Board appoint Kathryn Harrer to the Advisory Board to represent Jefferson County.

Appointment of Lori Fleming

Lori Fleming is a resident of Jefferson County. Ms. Fleming has served on multiple Jefferson County committees and is involved in mental health advocacy, community organization efforts, and collaboration with key stakeholders across the county. The Advisory Board unanimously recommended that the Executive Board appoint Lori Fleming to the Advisory Board to represent Jefferson County.

Appointment of Deputy Casey Jinks

Deputy Casey Jinks is a resident of Kitsap County. Deputy Jinks has served as the Kitsap County Sherriff's Office Crisis Intervention Coordinator since 2021. He has prior experience in both military and civilian crisis work and has interest in coordination of services across the behavioral health spectrum. The Advisory Board unanimously recommended that the Executive Board appoint Deputy Jinks to the Advisory Board to represent Kitsap County.

Staff requests Executive Board approval for appointment of all three candidates to the Advisory Board for a 3-year term from May 1, 2024 – April 30, 2027.

Gratitude shared for the ongoing recruitment efforts by Advisory Board members and staff.

MOTION: Commissioner Eisenhour approved the appointment Kathryn Harrer of Jefferson County, Lori Fleming of Jefferson County, and Deputy Casey Jinks of Kitsap County to the Advisory Board for a 3-year term from May 1, 2024 – April 30, 2027. Theresa Lehman seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

- **SUBSTANCE USE DISORDER SUMMIT**

On April 26, 2024, Salish BHASO will hold a Salish Regional Substance Use Disorder Summit at John Wayne Marina in Sequim. The Summit is an opportunity for SUD providers and stakeholders to engage in conversation and a work session regarding gaps in services for the SUD treatment population. The goal of this Summit is to establish a more holistic view of the needs across communities in the Salish Region by gathering input from individuals working in various levels of the SUD treatment spectrum. We anticipate information gathered may inform continued development of SUD programs both across the region and within each county.

Registration for the SUD Summit can be completed at https://tinyurl.com/yrr3483a before April 22, 2024.

Registered attendees include representation from all three counties, as well as Salish BHASO provider network and Kitsap Public Health. A more thorough review of the RSVP list will take place ahead of the event to identify any gaps and need for additional outreach support.

Regional data around opioid use and other substance use will be shared at the event.

Question regarding primary outcomes of the event. Targeted outcomes include increased partnership and collaboration across the Salish region as well as within each county. Staff anticipate robust conversation surrounding secure withdrawal management and associated challenges, along with discussion around how to gather accurate data to be able to support programs going forward.

Question regarding any planned discussion about the Medicaid waiver and working with jails, including development of a regional cohort to support ongoing work with jails. Staff plan to focus on treatment access gaps for the initial summit, with subsequent meetings involving more law enforcement and jail involvement.

There currently is no plan to include discussion around distribution of opioid settlement funds, as the associated planning is individual to each county.

➢ SBHASO RESTRUCTURE / STAFFING UPDATES

SBHASO continues work on internal restructuring. We would like to congratulate Ileea Clauson in moving into the role of Operations Manager. The Operations Manager is a reclassification of an existing position to take on additional management duties and will supervise fiscal and data staff within SBHASO.

We continue to recruit for the Clinical Manager position.

The Care Manager position has been filled. We would like to welcome Brian Wilson to the team. An updated Organizational Chart is attached on page 13.

Elise Bowditch, SBHASO Data Analyst, will be retiring on May 3rd. Staff will be recruiting to fill her position as well.

Request to clarify Care Manager responsibilities. Care Managers are classified as Program Supervisors within the County structure but serve as system coordinators. Each Care Manager has several programs that they oversee and different specialties. They provide utilization management, care coordination, and technical assistance to our providers.

- *Sam Agnew is a Substance Use Disorder Professional. He oversees the Criminal Justice Treatment Account (CJTA), the Family and Youth System Partner Roundtable (FYSPRT) and is heavily involved in the Naloxone program.*
- *Amy Browning serves as the crisis system coordinator and has been instrumental to the rollout of the Assisted Outpatient Treatment (AOT) program.*
- *Heidi Geier is the Salish Youth Network Collaborative (SYNC) Supervisor and will be taking on children's services as a Children's Mental Health Specialist.*
- *Kelsey Clary is the Recovery Navigator Program, also known as R.E.A.L. Program Administrator, and has been working on jail transitions work.*
- *Brian Wilson will be focusing on the housing programs and the rollout of Trueblood, as well as some of the forensic work.*

Question regarding the scale of the SYNC program. SYNC is a legislatively funded statewide program to serve youth with the initial focus of serving youth who were being boarded in emergency departments. SYNC rolled out for referrals in August of 2023. Since then, the SYNC team has received 29 referrals. Their focus is providing community support to youth and families with complex behavioral health needs. They do not provide any services, but rather assist with referrals and hand over hand coordination. They facilitate the development of multi-disciplinary teams (MDT) to provide wraparound support. SYNC Staff have been engaged in a large amount of outreach across all three counties and regional tribes.

Request for additional updates about SYNC at future Executive Board meetings.

- **NEW PROGRAM DEVELOPMENT**

Assisted Outpatient Treatment

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

The expansion of AOT:

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

Salish BHASO Staff have been working with identified providers and local courts, prosecutors, and defense in the development of this program. Each county has taken a unique approach to implementation. We are finalizing related documents and taking next steps to coordinate with additional community stakeholders in the rollout of this program.

Staff provided an update on the status of AOT development. Staff have met with the superior courts, prosecutors, and most of the defense bar for Clallam, Jefferson, and Kitsap County. Implementation models for each county vary. Next steps involve meeting with law enforcement, hospitals, and other stakeholders who may serve as AOT petitioners.

Trueblood

All criminal defendants have the constitutional right to assist in their own defense. If a court believes a mental disability may prevent a defendant from assisting in their own defense, the court has the authority to put the criminal case on hold while an evaluation is completed to determine the defendant's competency. Generally, if the evaluation finds the defendant competent, and the court agrees they are returned to stand trial, and if the court finds the evaluation shows the person is not competent, the court will order the defendant to receive mental health treatment to restore competency.

Implications for Salish Region

Salish and Thurston/Mason have been identified as a Phase 3 Regions. Trueblood funding was included in the 2024 SBHASO budget. SBHASO will act as coordinator for Trueblood services within the region. HCA is negotiating direct Trueblood contracts with local behavioral health providers.

SBHASO received funding in its core contract with HCA for “crisis enhancements” targeted to support Trueblood Class Members. SBHASO is collaborating with contracted providers in the development of a meaningful plan for use of these enhancement funds.

Funding for crisis enhancements can be used to support facility improvements. HCA also has direct contracts with providers to provide funding for additional services, supports, and capital investments.

The Trueblood contract includes approximately $150,000, along with an additional $600,000 to assist with rollout. Some funding has been directed to agencies directly. Agencies are required to provide a plan for what crisis enhancements may be to ensure they meet criteria.

Funding for Trueblood was included in the annual budget presented to the Executive Board in December of 2023. HCA has direct contracts with community providers for housing and related supports. The programs are referred to as Forensic Housing and Recovery through Peer Supports (FHARPS) and Forensic Projects for Assistance in Transition from Homelessness (FPATH). Support can include hotel vouchers, as well as funding for wraparound services and teams. SBHASO has been tasked with coordination related to FHARPS and FPATH, however, funding is contracted between HCA and the service provider directly.

Plan for additional conversation with each County related to community partner education.

Naloxone Program

Additional discussion about the SBHASO Naloxone Program. Salish has been providing naloxone to providers and community members in partnership with the Department of Health over the past five years. In 2024 Salish has been working to identify placement of naloxone distribution cabinets for community access. This effort has increased over recent weeks as interest has increased. Recent conversations with Kitsap Transit around a project to place cabinets at transit centers across Kitsap County.

Sam Agnew has been focused on developing partnerships with harm reduction and drug user health programs regionally. Staff have also been working to strengthen relationships with regional public health districts.

Question regarding data or trends being tracked about volume of use and whether there are any concerns about maintaining supply. For each cabinet placed, SBHASO will receive a monthly report of how many boxes are stocked and distributed to begin to identify trends around use. Additionally, Staff are developing a map of all locations across the three counties, which will be linked via QR code on each box.

SBHASO has ordered 25 boxes so far and will be ordering 10 newspaper-style units. All cabinets have instructions for use as well as the SBHASO logo and QR code.

Discussion around additional efforts to support buy-in from transit operators. Transit drivers may benefit from additional education, training, and support to alleviate concerns related to naloxone use and distribution at transit centers and park and rides.

Comment regarding the role of public health in facilitating conversations with transit agencies to support drivers. All three Kitsap County Commissioners sit on the Transit Board and can converse with transit agencies and driver union leaders regarding naloxone distribution. Jefferson County and Clallam County transit drivers are also unionized. Clallam County Health is working in partnership with Clallam Transit and other agencies regarding related to naloxone distribution.

➢ OPIOID ABATEMENT COUNCIL DISCUSSION

In accordance with One Washington MOU, a Regional Opioid Abatement Council (OAC) was formed to allow local governments within the Salish Region to receive their funds. An interlocal agreement was executed between Clallam, Jefferson and Kitsap Counties which designates SBH-ASO as the Regional Opioid Abatement Council. Washington State priorities include prevention of opioid misuse, detection and treatment of opioid use disorders, ensuring the health and wellness of people who use drugs (PWUD), using data to inform processes, and supporting people in recovery. HCA is now holding a quarterly Opioid Settlement Learning Collaborative meeting. The approved plans for distributor settlement funding are as follows:

Jefferson County
- Distributor Settlement Funding to support facilitation of the Behavioral Health Consortium Table
- All subsequent funds will be managed through a Request for Proposal Process managed through Jefferson County Public Health.

Clallam County
- Drug User Health Program
- Jail Services Program

Kitsap County (including the cities of Bainbridge Island, Bremerton, and Port Orchard)
- Primary Prevention services with Kitsap Human Services and Kitsap Public Health to provide intervention in schools, facilitate positive youth events, and community education. Kitsap Public Health will also be assisting with opiate related data reporting.

The initial round of pharmacy settlement payments were received March 15, 2024. SBHASO will be coordinating with each county on a spending plan for these funds.

Walmart Payment 1	$1,166,276.77
Allergan Payment 1	$133,111.47
Teva Payment 1	$120,119.71
Walgreens Payment 1	$171,481.84
Walgreens Payment 2	$115,357.61
CVS Payment 1	$148,229.07
Total Payments	**$1,854,576.47**

The City of Poulsbo and City of Port Angeles have opted to administer their funds independently. SBHASO will be in touch with County contacts once final amounts for each county have been decided.

SBHASO will present plans for approval by the Opioid Abatement Council at the June Executive Board meeting.

➢ ADVISORY BOARD UPDATE

Salish BHASO Advisory Board Chair, Jon Stroup, will provide an update on Advisory Board activities.

The Advisory Board will be identifying training priorities for the next year at the May meeting. Other Board focus areas include increased involvement in community meetings, expanding opportunities for outreach and engagement by Board members.

Executive Board members are encouraged to reach out to Staff, or the Advisory Board Chair should they identify any opportunities for expanded Advisory Board participation.

PUBLIC COMMENT

- Stephanie Hahn provided an update from Representative Derek Kilmer's office. Stephanie recently reached out to Kitsap County to begin developing a roundtable in Port Orchard related to homelessness, substance use, and mental health. A similar roundtable has already taken place in Mason County.

GOOD OF THE ORDER

ADJOURNMENT – Consensus for adjournment at 10:21 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Jolene Kron, SBHASO Administrator/Clinical Director	Lori Fleming, Jefferson County Behavioral Health Consortium
Commissioner Heidi Eisenhour	Doug Washburn, Kitsap County Human Services	Jenny Oppelt, Clallam County HHS
Commissioner Christine Rolfes	Brian Wilson, SBHASO Care Manager	Stephanie Hahn, Rep. Kilmer's Office
Theresa Lehman, Tribal Representative	Nicole Oberg, SBHASO Program Specialist	
Excused:		
Celeste Schoenthaler, OCH Executive Director		

NOTE: These meeting notes are not verbatim.

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

Salish Behavioral Heath 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 ~~consumers or parents or legal guardians~~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

~~The Kitsap County Human Services Department~~ 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~~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 ~~Director of the Kitsap County Human Services Department.~~ Salish Behavioral Health Administrative Services Organization Administrator.

12. STAFFING

~~The Kitsap County Human Services Department~~ 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.

Chapter	Number	Title	Description of Updates
Administration	AD101	Policy Development and Review	**3/15/2024 REVISION:** 1. Clarified language around reviewing policies for updates
Administration	AD102	Monitoring Provider Network Selection and Management	**3/15/2024 REVISION:** 1. Added updated contract language
Administration	AD104	Credentialing and Recredentialing of Providers	**2/15/2024 REVISION:** 1. Added clarifying language around DCR process
Administration	AD105	Customer Service	**3/15/2024 REVISION:** 1. Removed outdated contract language. 2. Removed monitoring portion as this is outlined in QM701 - Quality Management Plan
Clinical	CL209	SBH-ASO Recovery Navigator Program	**4/1/2024 REVISION:** 1. Updated language to align with Program and Regional standards
Clinical	CL210	SBH-ASO Behavioral Health Housing	**4/1/2024 REVISION:** 1. Updated language to align for funding source
Consumer Affairs	CA403	Individual Rights	**4/23/2024 REVISION:** 1. Updated Rigts to align with WAC 246-341-0600
Information Systems	IS602	Data Integrity	**5/24/2024 REVISION:** 1. Updated language to clarify data error and anomaly process
Utilization Management	UM803	Authorization for Payment of Psychiatric Inpatient Services	**3/15/2024 REVISION:** 1. Updated Family Initiated Treatment process 2. Added clarifying language for continued stays
Utilization Management	UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility	**4/8/2024 REVISION:** 1. Clarified process for Facility-based stabilization services
Privacy & Security	PS908	Workstation and Portable Computer Use	**4/23/2024 REVISION:** 1. Updated to include SBH-ASO mobile devices

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: POLICY DEVELOPMENT AND REVIEW **Policy Number:** AD101

Effective Date: 1/01/2020

Revision Dates: 2/5/2020; 6/18/2021; 3/15/2024

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020; 7/30/2021

PURPOSE

To establish standardized processes for developing, reviewing and updating SBH-ASO Policies and Procedures.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) shall develop, implement, maintain, comply with and monitor all policies and procedures of the SBH-ASO. Policies will comply, as necessary, with relevant state, federal and contractual regulations and requirements.

SBH-ASO requires contracted providers to follow all SBH-ASO policies as applicable by contract. These policies are listed on SBH-ASO's website.

PROCEDURE

Document Development

1. SBH-ASO policies and procedures use a consistent format.
2. SBH-ASO policies and procedures:
    a. Direct and guide SBH-ASO's employees, subcontractors, and any non-contracted providers' compliance with all applicable federal, state, and contractual requirements.
    b. Fully articulate requirements,
    c. Have an effective training plan related to the requirements and maintain records of the number of staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.,
    d. Include monitoring of compliance, prompt response to detect non-compliance, and effective corrective action.
3. When the need for a policy and procedure is identified, the matter is brought to the Policy and Procedure Committee by the SBH-ASO Administrator.

4. The SBH-ASO Administrator will assign the policy to SBH-ASO staff with subject matter expertise. Upon completion, the assigned SBH-ASO staff will provide the Policy and Procedure Committee with the policy.
5. The Policy and Procedure Committee is comprised of SBH-ASO Staff responsible for the development, review, and recommendation of SBH-ASO policies and procedures to the Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will forward it to designated staff for upload to the SBH-ASO website.

Document Review/Revision

1. Policies and procedures will be reviewed at least biannually.
2. Changes in contractual requirements, delegation agreements and/or state or federal regulations will require a review of policies and procedures.
    a. Corrective action plans imposed by the HCA may require modification of any policies or procedures by the SBH-ASO relating to the fulfillment of its obligations pursuant to its contract with the State.
3. All policies that have been reviewed and/or revised are submitted to the Policy and Procedure Committee for review.
4. The Policy and Procedure Committee determines if the changes rise to the substantive level of revision.
5. When reviews do not reveal a need for a revision, the review is documented by entering a review date in the document header. .
6. When a review results in the need for revision, the review is documented by entering a revision date in the document header.
7. Revised policies are presented to the SBH-ASO Executive Board for approval.
8. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will forward it to designated staff for upload to the SBH-ASO website.

Document Preservation and Distribution

1. SBH-ASO Policies and Procedures are kept on file for a minimum of ten (10) years. Current SBH-ASO Policies and Procedures are available to network providers and the general public via the SBH-ASO website.
2. SBH-ASO shall submit Policies and Procedures to the HCA for review upon request by HCA and any time there is a new Policy and Procedure or there is a substantive change to an existing Policy and Procedure.
3. When changes are made to policies and procedures, network providers will be notified via email. Changes that impact network providers will be announced via email along with a thirty (30) day notice of compliance.
4. When changes are made to policies or procedures (or a new policy is developed) the Salish BH-ASO staff will be trained on the content. The ASO will maintain records of the staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PROVIDER NETWORK SELECTION AND MANAGEMENT **Policy Number:** AD102

Effective Date: 1/01/2020;

Revision Dates: 2/19/2020; 1/14/2021; 3/15/2024

Reviewed Date: 5/02/2019; 8/29/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020; 7/30/2021

PURPOSE

To provide guidelines, instructions and standards for the selection, retention, management and monitoring of Salish Behavioral Health Administrative Services Organization (SBH-ASO) providers and subcontractors that comply with contract requirements, delegation agreements and all applicable regulations. Additionally, to provide instructions for the process of SBH-ASO self-directed remediation.

POLICY

SBH-ASO develops, maintains, manages, and monitors an appropriate and adequate provider network, supported by written agreements, sufficient to provide all contracted services under HCA and MCO contacts and to ensure that individuals served get timely care.

Only licensed or certified Behavioral Health Providers shall provide behavioral health services. Licensed or certified Behavioral Health Providers include, but are not limited to: Health Care Professionals, Indian Health Care Providers (IHCP), licensed agencies or clinics, or professionals operating under an Agency Affiliated License.

All subcontractors providing services on behalf of SBH-ASO will be monitored for compliance with: SBH-ASO Contract(s), SBH-ASO Delegated Functions, Washington Administrative Code (WAC), Revised Code of Washington (RCW) and Federal rules and regulations (e.g., Health Insurance Portability and Accountability Act [HIPAA], 42 CFR Part 2, etc.)

PROCEDURE

Network Selection and Capacity Management

1. SBH-ASO follows uniform credentialing and re-credentialing processes which include the completion of provider credentialing prior to contract execution and recredentialing at least every 36 months.
2. SBH-ASO will not select or contract with provider network applicants that are excluded from participation in Medicare, Medicaid, and all other federal or Washington State health care programs.
3. SBH-ASO will not discriminate, with respect to participation, reimbursement or indemnification, against providers practicing within their licensed scope solely on the basis of the type of license or certification they hold. However, SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
4. If SBH-ASO declines to include an individual or group of providers in its network, written notice of the reason for its decision shall be provided.
5. SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
6. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area need to support the population of individuals that SBH-ASO is to serve. If applicable, this includes the ability to provide crisis services twenty-four (24) hours a day, seven (7) days a week. SBH-ASO shall consider the following in the selection and retention of its network:
    a. Expected utilization of services
    b. Characteristics and health needs of the population
    c. Number and type of providers able to furnish services
    d. Geographic location of providers and individuals, including distance, travel time, means of transportation and whether a location is American with Disabilities Act (ADA) accessible
    e. Anticipated needs of priority populations listed in contract
    f. SBH-ASO's available resources

7. SBH-ASO maintains a crisis network with enough capacity to serve the regional service area (RSA) to included, at a minimum, the following:
    a. Designated Crisis Responders (DCR)
    b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
    c. Psychiatric and Substance Use Disorder involuntary inpatient beds to serve the RSA's non-Medicaid population
    d. Staff to provide mobile crisis outreach in the RSA

8. SBH-ASO shall have a non-crisis behavioral health network with capacity to serve the RSA's non-Medicaid populations, within available resources.
9. Within available resources, SBH-ASO will establish and maintain contracts with office-based opioid treatment providers that have obtained a waiver under the Drug Addiction Treatment Act of 2000 to practices medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO Staff, and Subcontractors are trained at the time of orientation and periodically to understand and effectively communicate the services and supports that comprise the region-wide behavioral health system of care.
    a. Integrated Provider Network Meetings are conducted at least quarterly to ensure on-going communications with subcontractors. Issues for the agenda may include, but are not limited to: contract requirements, program changes, Best Practice updates, quality of care, quality improvement activities, performance indicators, and updates to state and federal regulations and requirements.
    b. SBH-ASO provides performance data and member experience data upon request.
2. SBH-ASO contract language clearly specifies expected standards of performance and the indicators used to monitor subcontractor performance. SBH-ASO collaborates with its provider network in implementing performance improvements.
3. SBH-ASO is committed to maintaining a provider network that is reflective of the geographic, demographic and cultural characteristics of the Salish RSA.
4. SBH-ASO requires its provider network to offer hours of operation and accessibility for individuals that are no less than those offered to any other client.

Network Evaluation and Monitoring

1. Provider Network and Subcontractor evaluation and monitoring is accomplished by:
    a. Performing reviews per HCA and MCO contract requirements for all its subcontractors. By contract, subcontractors agree to cooperate with SBH-ASO in the evaluation of performance, and to make available all information reasonably required by any such evaluation process. Subcontractors shall provide access to their facilities and the records documenting contract performance, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days.
        i. When a need for corrective action is identified during such reviews, subcontractors will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement.
        ii. SBH-ASO will review findings for trends requiring system level intervention and report such findings to the Salish Leadership Team, Quality Assurance and Compliance Committee (QACC) and the SBH-ASO Executive Board for Action.
    b. Determining contract renewals based on compliance with contract requirements. Additionally, SBH-ASO reviews corrective actions, utilization data, critical incident reports, handling of grievances and financial audits.
    c. Retaining and exercising the right to terminate a contract if the subcontractor has violated any law, regulation, rule or ordinance applicable to services provided under contract, or if continuance of the

contract poses material risk of injury or harm to any person. Denial of licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.

i. In the event of a subcontractor termination, a notification shall occur, and the following will commence:
    1. If a subcontract is terminated or a site closure occurs with less than 90 calendar days, SBH-ASO shall notify the HCA as soon as possible.
        a. If a subcontract is terminated or site closes unexpectedly, SBH-ASO shall submit a plan within seven (7) calendar days to HCA that includes:
            i. Notification to Behavioral Health Advocate services and Individuals
            ii. Provision of uninterrupted services
            iii. Any information released to the media

2. SBH-ASO retains documentation of all subcontractor monitoring activities; and upon request by HCA, shall immediately make all audits and/or monitoring activities available to HCA.

Federal Block Grant Subcontractors

1. In addition to the procedures identified above, the following apply to subcontractors receiving Federal Block Grant Funds.
    a. SBH-ASO ensures that its subcontractors receive an independent audit if the subcontractor expends a total of $750,000 or more in federal awards from any and/or all sources in any state fiscal year.
    b. SBH-ASO requires the subcontractors to submit the data collection form and reporting package as specified in 2 C.F.R. Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within ten (10) business days of audit reports being completed and received by subcontractors.
    c. SBH-ASO shall follow-up with any corrective actions for all subcontract audit findings in accordance with 2 C.F.R. Part 200, Subpart F.

    d. SBH-ASO shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving Federal Block Grant funds regardless of reimbursement methodology and shall provide HCA with documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure that:
        i. Expenditures are accounted for by revenue source.
        ii. No expenditures were made for items identified in the Payment and Sanctions section of the HCA-BHASO Contract.
        iii. Expenditures are made only for the purposes stated in the HCA-BHASO Contract and the SBH-ASO/Subcontractor Contract.

iv. As negotiated through consultation between HCA and Tribes, SBH-ASO will not request on-site inspections of Tribes, including facilities and programs operated by Tribes or Tribal Organizations.

Corrective Action

1. SBH-ASO evaluates delegate/subcontractor performance prior to imposing corrective action.
2. SBH-ASO monitors delegate/subcontractor activity on a consistent basis.
3. SBH-ASO evaluates available data on at least a quarterly basis, and as necessary.
4. If SBH-ASO determines that a delegate/subcontractor's performance is failing to meet contract requirements, corrective action may be initiated**.**
5. SBH-ASO shall allow delegate/subcontractor 30 calendar days from receipt of corrective action letter to submit a corrective action plan.
6. If the corrective action plan is accepted, the delegate/subcontractor shall have 60 days for implementation, with the exception of any situation that poses a threat to the health or safety of any person.
7. SBH-ASO subcontracts outline the general corrective action procedures.
8. SBH-ASO maintains an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective action plans submitted by delegates/subcontractors.
9. Delegate/Subcontractor failure to meet measurements of corrective actions may include additional remediation up to and including the termination of contract.

Self-directed Remediation

1. Any issues directly involving SBH-ASO that are determined to not be meeting policy or contractual benchmarks will be remediated under the auspices of the SBH-ASO Leadership Team.
    a. Remediation may be accomplished through staff training, supervisory oversight and/or personnel action as indicated.
2. All remediation processes are reported to the QACC by SBH-ASO Leadership Team.
3. The SBH-ASO Leadership Team will determine the final action to be taken while considering recommendations given by QACC.
4. Outcomes will be reported to QACC recorded in QACC meeting minutes.

Salish Behavioral Health Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CREDENTIALING AND RECREDENTIALING OF PROVIDERS **Policy Number:** AD104

Effective Date: 1/1/2020

Revision Dates: 12/3/2020; 04/03/2023; 02/15/2024

Reviewed Date: 4/11/2019; 1/18/2022

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 1/15/2021; 5/19/2023

PURPOSE

To provide clearly defined standards for the credentialing and recredentialing of providers for inclusion in the Salish Behavioral Health – Administrative Services Organization (SBH-ASO) network.

POLICY

1. SBH-ASO will collaborate with HCA to establish uniform provider credentialing policies and procedures to contribute to reducing provider burden.

2. SBH-ASO policies and procedures are compliant with all applicable State requirements which are in accordance with standards defined by the NCQA, related to the credentialing and recredentialing of Health Care Professionals who have signed contracts or participation agreements with the SBH-ASO (Chapter 246-12 WAC). Credentialing processes supports administrative simplification efforts such as the OneHealthPort credentialing portal.

3. SBH-ASO Credentialing Program operates under the oversight of the Medical Director and Credentialing Committee.

4. The SBHASO Credentialing Committee:
    a. Maintains a heterogeneous membership and requires those responsible for credentialing decisions to sign a Code of Conduct affirming non-discrimination and privacy.
    b. Meets quarterly, at minimum, for review of new files and monitoring of active credential entities/Individual practitioners.

c. Reviews all requests for credentialing or recredentialing and provides a written decision within 60 days of application when application is complete upon submission.
d. Provides annual reviews of practitioner complaints for evidence of alleged discrimination.

PROCEDURE

1. The SBH-ASO verifies that all Subcontractors meet the licensure and certification requirements as established by state and federal statute, administrative code, or as directed in the HCA Contract.

2. The SBH-ASO recredentials providers, at minimum every thirty-six (36) months, through information verified from primary sources, unless otherwise indicated.

3. SBH-ASO ensures that information provided in its member materials and practitioner directories is consistent with information obtained during the credentialing process.
    a. All provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria.
        i. In addition to materials submitted as part of an initial application for credentialing, SBH-ASO will perform a review of commonly available data bases to identify information that could impact the credentialing process. Any findings will be submitted to the Credentialing Committee to be used as part of the review process.
    b. If the provider does not meet the SBH-ASO's requirements for submission as detailed in section 4 below, the file will be presented to the Credentialing Committee. If the Committee concurs that the submission is not meeting criteria or is incomplete, the provider is notified of the issue(s) within 30 days and given 30 days from that notice to provide information to address the issue(s). If not received within this timeframe, the Credentialing Application will be denied.
    c. If the SBH-ASO Credentialing Committee has determined that the provider has met the minimum requirements for participation, the file is then deemed "clean" and can be approved by the Credentialing Committee and signed by the Medical Director or his/her designee.

4. The SBH-ASO Credentialing Program requires submission of the following source documents for review:

    a. SBH-ASO Credentialing/Recredentialing Application documenting the agency business and clinical structure.
        i. The application verifies provider type.
        ii. Includes National Plan Identifiers (NPI) numbers for each site

iii. The application includes an attestation signed by a duly authorized representative of the facility.

b. Copy of current valid license for all services to be credentialed. This includes a list of all satellite sites including license numbers for each site.

c. Evidence of good standing as evidenced by:

i. Documentation of accreditation by one or more of the following:

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
2. Commission on Accreditation of Rehabilitation Facilities (CARF)
3. Council on Accreditation (COA)
4. Community Health Accreditation Program (CHAP)
5. American Association for Ambulatory Health Care (AAAHC)
6. Critical Access Hospitals (CAH)
7. Healthcare Facilities Accreditation Program (HFAP, through AOA)
8. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare)
9. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA)
10. American Association of Suicidology (AAS)
11. A CLIA (Clinical Laboratory Improvement Amendments) Waiver as outlined by the Centers for Medicare & Medicaid Services (CMS).

OR

ii. Documentation of Centers for Medicare & Medicaid Services (CMS) or the Department of Health (DOH) review/recertification within the past 36 months. Documentation must include the full review, outcomes, corrective action plans, and approved completion of corrective actions.

OR

iii. SBH-ASO will conduct a Facility Site Survey/Audit to determine the quality of programming, types of staff providing service, staff competencies, quality of treatment record documentation, and physical environment to ensure access, and safety.

d. Exclusion on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) query.

e. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) query.

f. Verification of the National Plan Identifier (NPI) on the National Plan & provider Enumeration System (NPPES).

g. Verification of Washington State Medicaid Exclusions lists.

h. Copies of professional and general liability insurance (malpractice) of $1 million/occurrence and $2 million/aggregate for acute care settings and $1 million/occurrence and $2 million/aggregate for non-acute care settings.
    i. Acute care is defined as any facility duly licensed and offering inpatient mental health and/or substance use disorder health care services.
    ii. SBH-ASO does accept umbrella policy amounts to supplement professional liability insurance coverage.

i. If the provider does not meet liability coverage requirements, it must be reviewed by the SBH-ASO Credentialing Committee to be considered for network participation.

j. Use and dissemination of the Washington Provider Application (WPA).

k. Prohibition against employment or contracting with providers excluded from participation in federal health care programs under federal law as verified through List of Excluded Individuals and Entities (LEIE).

5. The SBH-ASO communicates to the provider any findings that differ from the provider's submitted materials to include communication of the provider's rights to:
    a. Review materials.
    b. Correct incorrect or erroneous information.
    c. Be informed of their credentialing status.
    d. Appeal a decision in writing within 60 days from the date the decision is communicated.

6. Provisional credentialing protocol:
    a. The practitioner may not be held in a provisional status for more than sixty (60) calendar days; and
    b. The provisional status will only be granted one time and only for providers applying for credentialing the first time.
    c. Provisional credentialing shall include an assessment of:

i. Primary source verification of a current, valid license to practice;
ii. Primary source verification of the past five (5) years of malpractice claims or settlements from the malpractice carrier or the results of the National Practitioner Databank query if indicated; and
iii. A current signed application with attestation.

7. SBH-ASO notifies providers within fifteen (15) calendar days of the Credentialing Committee's decision.

8. Providers may appeal, in writing, for quality reasons, and reporting of quality issues to the appropriate authority in accordance with the HCA's Program Integrity requirements.

9. SBH-ASO ensures confidentiality of all documents and decisions.

    a. All credentialing documents are stored electronically or in a locked cabinet.
    b. Shared documents redact sensitive information as appropriate.

10. SBH-ASO conducts monthly OIC, SAM, and Washington State Exclusion check for individuals identified on the Medicaid Provider Disclosure Statement/Disclosure of Ownership (DOO).

11. SBH-ASO does not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If the SBH-ASO declines to include individual or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision.

12. Designated Crisis Responder (DCR) Requirements:

    a. All candidates for DCR designation will complete the SBH-ASO Designation Request form.
    b. Individuals seeking DCR designation provide the following documentation for review:
        i. Attestation that the individual meets experience criteria in RCW 71.05.
        ii. Active WA License, Qualifying Degree, or MHP designation documents
        iii. Copy of DCR bootcamp certificate (to include 2-day SUD training certificate if completed prior to January 1,2020) or verification of completion of DCR bootcamp within six months
        iv. Marty Smith Safety Training documentation within the past 12 months

v. Professional Ethics training documentation within the past 12 months.
vi. Suicide Prevention training documentation within the past 12 months.
vii. Any additional supporting documentation to support the application.
viii. Any additional supporting documentation requested during the designation process.

c. SBH-ASO staff provides designation to all DCRs within the Salish Region under the authority of the SBH-ASO Interlocal Agreement.
    i. SBH-ASO reviews all documentation submitted in the DCR Designation Request process.
    ii. SBH-ASO verifies eligibility based on information provided.
    iii. Each designee and the affiliated agency will receive a written letter of designation upon completion of document review which will occur within 15 calendar days.
        a. Absence of qualifications will result in written notification of denial of designation.
    iv. SBH-ASO DCR designation will be reported to its Credentialing Committee.

13. Individual Practitioners
    a. The criteria used by the SBH-ASO to credential and recredential individual practitioners shall include:
        i. Evidence of a current valid license or certification to practice;
        ii. A valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certificate if applicable;
        iii. Evidence of appropriate education and training;
        iv. Board certification if applicable;
        v. Evaluation of work history;
        vi. A review of any liability claims resulting in settlements or judgments paid on or on behalf of the provider; and
        vii. A signed, dated attestation statement from the provider that addresses:
            a. The lack of present illegal drug use;
            b. A history of loss of license and criminal or felony convictions;
            c. A history of loss or limitation of privileges or disciplinary activity;
            d. Current malpractice coverage within minimum limits;
            e. Any reason(s) for inability to perform the essential functions of the position with or without accommodation; and
            f. Accuracy and completeness of the application.
        viii. Verification of the: NPI, the provider's enrollment as a Washington Medicaid provider, and the Social Security Administration's death master file.

b. Organizational credentialing timeframes, notifications, and appeal rights also apply to the credentialing of individual practitioners.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CUSTOMER SERVICE **Policy Number:** AD105

Effective Date: 1/1/2020

Revision Dates: 1/20/2021; 3/15/2024

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 7/30/2021

PURPOSE

To describe and establish standards for customer service provided by Salish Behavioral Health Administrative Services Organization (SBH-ASO).

POLICY

SBH-ASO strives to provide excellent customer service and is committed to consistent, friendly, proactive, and responsive interaction with individuals, families, and stakeholders. Staff members provide friendly, efficient, and accurate services to all individuals, families, and stakeholders.

PROCEDURE

1. Customer Service:
   A. The SBH-ASO provides a single toll-free number for Individuals to call regarding services, at its expense, which is a separate and distinct number from the SBH-ASO's Toll-Free Crisis Line telephone number. SBH-ASO also provides a local telephone number within the local calling range for customer service issues.

   B. The SBH-ASO provides adequate staff to provide customer service representation at a minimum from 8:00 a.m. to 5:00 p.m. Pacific Time, or alternative hours as agreed to by HCA, Monday through Friday, year-round and shall provide customer service on all dates recognized as workdays for state employees.
      - SBH-ASO shall report to HCA by December 1 of each year its scheduled non-business days for the upcoming calendar year.
      - SBH-ASO will notify HCA five (5) business days in advance of any non-scheduled closure during scheduled business days, except in the

case when advance notification is not possible due to emergency conditions.

C. SBH-ASO assures that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for Individuals who are deaf or hearing impaired, including American Sign Language (ASL), and TDD/TTY services.

D. SBH-ASO respectfully responds to individuals, family members, and stakeholders in a manner that resolves their inquiry politely, promptly, and with helpful attention.

2. SBH-ASO staffs its customer service line with a sufficient number of trained clinical customer service representatives to answer the phones

   A. SBH-ASO Staff are available at least eight hours a day during normal business hours for inbound calls regarding Utilization Management (UM) issues.

   B. Staff have the ability to receive inbound communication regarding UM after normal business hours.

3. SBH-ASO customer service staff have access to and are trained in the following:

   A. Access to information regarding eligibility requirements and benefits;

   B. Information on GFS/FBG services;

   C. How to refer for behavioral health services;

   D. How to resolve Grievances and triage Appeals.

   E. Information on Contracted Services including where and how to access them;

   F. Authorization requirements;

   G. Requirements for responding promptly to family members and supporting links to other service systems such as Medicaid services administered by the MCO, First Responders, criminal justice system, and social services.

4. SBH-ASO provides individuals with access to qualified clinicians without placing the Individual on hold.

5. SBHASO customer service clinicians shall assess any crisis and warm transfer the call to the Salish Regional Crisis Line for referral to Designated Crisis Responder

(DCR), call 911, refer the Individual for services or to his or her provider, or resolve the request or crisis, based on identified need.

6. All calls (incoming/outgoing/VM) are documented in the SBH-ASO Contact Log. The SBHASO Contact Log documentation includes, at a minimum the initial call information (including the caller's name and contact information) reason for of call, and date of attempted resolution. Contact Log reports may be provided to the Health Care Authority for review upon request.

7. SBH-ASO phone system provides data on time to answer the call with a live voice and abandoned calls.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name:	Recovery Navigator Program: R.E.A.L. Program	**Policy Number:**	CL209
Effective Date:	11/1/2021		
Revision Dates:	4/1/2024		
Reviewed Date:			
Executive Board Approval Dates:	3/18/2022		

PURPOSE

To define the program, eligibility, and services covered by the Recovery Navigator Program (RNP) within available resources. The RNP policy is to ensure consistent application of program standards.

DEFINITIONS

R.E.A.L. Program: The Recovery Navigator Program in the Salish Behavioral Health Administrative Services Organization (SBH-ASO) is titled the R.E.A.L. (Recovery, Empowerment, Advocacy, and Linkage) Program.

Outreach Support/Care Manager: R.E.A.L. Program staff with lived experience that provides intensive, field-based coordination support to assist participants with accessing services that meet the identified needs in their Success Plan.

Recovery Coach: R.E.A.L. Program staff with lived experience that spends the majority of their time in the field responding to and engaging with participants referred to the R.E.A.L. Program.

POLICY

SBH-ASO administers the R.E.A.L. Program for Clallam, Jefferson, and Kitsap counties in accordance with Washington Health Care Authority (HCA) Recovery Navigator Uniform Program Standards and HCA-ASO Contract. R.E.A.L. Programs render services in accordance with SBH-ASO Contract requirements.

PROCEDURE

1. The SBH-ASO employs a Regional Recovery Navigator Administrator (RNA) who, in concert with the SBH-ASO Clinical Director, ensures R.E.A.L. Programs are

compliant with program standards. The SBH-ASO Regional RNA maintains a Regional Resource Guide to identify local, state, and federally funded community-based services. The SBH-ASO Regional RNA provides regular and routine technical assistance and training related to compliance with program standards.

2. The SBH-ASO R.E.A.L. Program embraces and advances the following core principles:
    a. Law Enforcement Assisted Diversion (LEAD), e.g. Let Everyone Advance with Dignity (LEAD), core principles (www.leadbureau.org).
        i. Harm Reduction Framework
        ii. Participant-identified and driven
        iii. Intensive Case Management
        iv. Peer Outreach and Counseling
        v. Trauma-Informed Approach
        vi. Culturally competent services

3. The R.E.A.L. Program provides community-based outreach support throughout the region. The R.E.A.L. Program is expected to provide:
    a. Field-based engagement and support.
    b. Expected response time to referrals for the Salish region is sixty (60) to ninety (90) minutes.
    c. Support is ideally provided face-to-face. If barriers exist, virtual or telephone visits may be utilized.
    d. There is no specified time limitation for participation in the R.E.A.L. Program. Timelines are individually self-determined.
    e. Participation is voluntary and non-coercive.
    f. Intended to be staffed by individuals with lived experience with substance use disorder.
    g. Staff that reflects the visible diversity of the community served, e.g. Black Indigenous and People of Color (BIPOC) peers, trans peers, lesbian/gay/bisexual peers, peers with visible and non-visible disabilities.
    h. Engagement in and facilitates Cross Agency Coordination with Golden Thread Service Coordination as indicated in the Uniform Program Standards.
    i. Engagement/education in Overdose Prevention and Response.
    j. Does not require abstinence from drug or alcohol use for program participation.

4. The priority population of the R.E.A.L. Program includes Individuals:
    a. with substance use needs and/or co-occurring (substance use and mental health) needs

b. who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), and/or
c. who could benefit from being connected to supportive resources and public health services when appropriate.

5. The R.E.A.L. Programs provide referrals to crisis services (e.g. voluntary and involuntary options) as needed.

6. The R.E.A.L. Programs provide the following supports to youth and adults with behavioral health conditions, including:
    a. Community-based outreach;
    b. Brief Wellbeing Screening;
    c. Referral services;
    d. Program Screening and Needs Scale (needs assessment);
    e. Connection to services; and
    f. Warm handoffs to treatment recovery support services along the continuum of care.

    Additional supports to be provided as appropriate, include, but are not limited to:
    a. Long-term intensive outreach support/care management.
    b. Development of Success Plan.
    c. Recovery coaching.
    d. Recovery support services.
    e. Treatment.

7. The R.E.A.L. Program referral process:
    a. Law Enforcement is considered a priority referral and R.E.A.L. Programs accept all referrals, including those from community members, friends, and family.
        i. For counties with multiple R.E.A.L. Programs, referral is based on referent or individual choice and assessed needs.
            a. R.E.A.L. Programs coordinate and transition individuals upon request.
        ii. There is “no wrong door” for an individual to be referred to the R.E.A.L. Program.
    b. Referrals may be completed by direct access phone number, voicemail, in-person, or other means as indicated.
        i. R.E.A.L. Programs accept referrals and coordinate appropriate response 24 hours a day, 7 days per week, 365 days per year.

a. All responses are expected to occur where the individual is at, including well-known locations, shelters, or community-based programs.
b. Expected in-person response time is sixty (60) to ninety (90) minutes.

8. The R.E.A.L. Program Involuntary Discharge protocol:
    a. Individuals may be involuntarily discharged from the program due to lack of contact.
        i. At least 5 attempted contacts over a 60-day period are made prior to program discharge.
        ii. If contact is made after that 60-day timeframe, there are no barriers to re-engaging with the R.E.A.L. Program.
    b. Individuals may be discharged if expected incarceration of more than 1 year.
    c. Individuals presenting significant safety risk to team members (e.g., threats to staff or agency with plan and means) may be discharged.
    d. Upon discharge, appropriate referrals to other community resources are assessed.

9. The R.E.A.L. Program Staff Training Plan includes:
    a. Prior to First Contact:
        i. LEAD Core Principles
        ii. CPR and Medical First Aid
        iii. Safety Training
        iv. Confidentiality, HIPAA, and 42 CFR Part 2 training
        v. Harm reduction
        vi. Trauma-informed responses
        vii. Cultural appropriateness
        viii. Conflict resolution and de-escalation techniques
        ix. Crisis Intervention
        x. Introduction to Regional Crisis System
        xi. Overdose Prevention/Naloxone Training, Recognition, and Response
        xii. Local Resources, e.g., meal programs, hygiene/showers, veterans, domestic violence, bus passes, transportation, medical providers, behavioral health, furniture, clothing, tents/tarps, etc.

    b. Within 90 days*:*
        i. Diversity training
        ii. Suicide Prevention
        iii. Outreach strategies
        iv. Working with American Indian/Alaska Native individuals

v. Basic cross-system access, e.g., Program for Assertive Community Treatment (PACT), Wraparound with Intensive Services (WISe), Housing and Recovery through Peer Services (HARPS), Community Behavioral Health Rental Assistance Program (CBRA), Program for Adult Transition to Health (PATH), Foundational Community Supports (FCS), etc.—Region Specific
vi. Gather, Assess, Integrate, Network, and Stimulate (GAINS)
vii. Ethics
viii. Benefits Training
ix. Housing and Homelessness
x. Opiate Substitution Treatment/Medication Assisted Treatment (OST/MAT) options
xi. Working with People with Intellectual/Developmental Disorders
xii. Early intervention/prevention
xiii. Ombuds services through the Office of Behavioral Health Advocacy (OBHA)
xiv. Cross-training between Law Enforcement and R.E.A.L. Program Outreach/Care Managers (LEAD National Support Bureau WA State)
xv. Building relationships (LEAD National Support Bureau WA State)
xvi. Shared Decision-Making Processes for Services

c. Additional Trainings Recommended:
   i. Peer Certification Training (Optional)
   ii. SSI/SSDI Outreach, Access, and Recovery (SOAR) Training (Optional)
   iii. Mental Health First Aid
   iv. Vicarious Trauma/Secondary Trauma
   v. Stigma
   vi. Motivational Interviewing
   vii. Government to Government Training for collaborating with Tribes
   viii. Crisis Intervention Training (CIT)

<u>The R.E.A.L. Program Operational Workgroup:</u>

The R.E.A.L. Program Operational Work Group (OWG) is facilitated by the R.E.A.L. Program Project Manager(s). The OWG provides coordination with Law Enforcement agencies, court agencies, fire departments/EMS, and other community support programs to review day-to-day operations.

<u>The R.E.A.L. Program Policy Coordinating Group:</u>

The R.E.A.L. Program Policy Coordinating Group (PCG), facilitated by the R.E.A.L. Program Project Manager(s), is composed of community leadership who are authorized to make decisions on behalf of their respective offices.

R.E.A.L. Program Reporting Requirements

Monthly submission of the R.E.A.L. Program Logs by the 10th of the month following the month of service to the SBH-ASO via Provider Portal or other agreed method. SBH-ASO requires additional data reporting as appropriate.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: Behavioral Health Housing Program **Policy Number:** CL210

Effective Date: 7/1/2021

Revision Dates: 4/1/2024

Reviewed Date:

Executive Board Approval Dates: 3/18/2022

PURPOSE:

To establish standardized procedures regarding the utilization of behavioral health housing funds by Salish Behavioral Health Administrative Services Organization (SBH-ASO) subcontractors.

POLICY:

SBH-ASO exercises responsibility over contracted funds for the purpose of assisting individuals in securing Permanent Supportive Housing (PSH) within and throughout the Salish Region. The SBH-ASO is the primary contact for any housing program related questions or concerns.

Definitions:

Housing and Recovery through Peer Services (HARPS) (HCA): The HARPS program provides housing-related peer services and Bridge subsidies to individuals with behavioral health disorders who are homeless or at risk of becoming homeless with priority given to Individuals exiting treatment facilities.

Bridge subsidy: HARPS Bridge subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with behavioral health disorders.

SUD subsidy: HAPRS SUD subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with substance use disorders.

Community Behavioral Health Rental Assistance (CBRA) (Commerce): Housing subsidies provided by the Department of Commerce for individuals with behavioral health and long-term housing needs in accordance with the CBRA Guidelines.

Governor's Housing and Homeless Initiative (HCA): The Governor's Housing and Homeless Initiative is a bridge subsidy program intended to reduce instances where an individual leaves a state

operated behavioral or private behavioral health facility directly into homelessness. Contractors must prioritize this funding for individuals being discharged from state operated behavioral health facilities.

Procedure:

Housing Program Facilitation:

Housing Program subcontractors shall have policies and procedures outlining:

1. The purpose of program-specific rental subsidies and how those subsidies can be used.
    a. HARPS Bridge subsidy (GFS)
    b. HARPS SUD subsidy (GFS-SUD)
    c. CBRA (Dept. of Commerce) subsidy
    d. Governor's Housing and Homeless Initiative subsidy
2. Program eligibility criteria
    a. Program-specific eligibility verification
    b. Priority populations as identified by program
    c. Required documentation to verify eligibility
        i. Screening
        ii. Risk Assessment
        iii. Verification of behavioral health diagnosis
        iv. Verification of risk of homelessness
3. Housing program support principles
    a. Permanent Supported Housing (PSH)
    b. Landlord outreach
    c. Privacy requirements as identified in the contract

HOUSING AND RECOVERY THROUGH PEER SUPPORTS (HARPS)

1. HARPS Housing Bridge Subsidy:

a. SBH-ASO administers short-term Bridge subsidies intended for individuals with serious mental illness or substance use disorders. Housing subsidies are encouraged to be available to priority populations as follows:
    i. Individuals who are not eligible for Medicaid services through the Foundational Community Supports supportive housing program and who are experiencing a serious mental health, substance use, or co-occurring disorders (mental health and substance use disorder)
    ii. Individuals who are released from or at risk of entering:
        1. Psychiatric inpatient settings
        2. Substance use treatment inpatient settings
        3. Who are homeless, or at risk of becoming homeless
            a. Broad definition of homeless (couch surfing included)

b. SBH-ASO administers SUD specific Bridge subsidy funds to serve individuals with substance use disorders. SUD specific funds are to be exhausted prior to use of Bridge subsidies for the SUD population. Housing subsidies are encouraged to be available to Individuals in the region that meet eligibility as priority populations.

2. **HARPS Housing Bridge Subsidy Guidelines:** HARPS programs are encouraged to have housing subsidy policies in place to address appeals, denials, and the following guidelines:

   a. The HARPS Bridge subsidy is short-term funding intended to help reduce barriers and increase access to housing. Individuals exiting withdrawal management, inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, evaluation and treatment (E&T) facilities, local psychiatric hospitals, and other inpatient behavioral healthcare settings could receive up to 3 months of assistance.

   b. HARPS Bridge subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to utilize long-term housing subsidies available through the CBRA program.

   c. HARPS Bridge subsidies are estimated at approximately $2,500 per calendar year.
   d. Allowable expenses for HARPS Bridge subsidy:
      i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's rent payment.
      ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
      iii. Security deposits and utility deposits for a household moving into a new unit.
      iv. Move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
      v. Application fees, background and credit check fees for rental housing.
      vi. Lot rent for an RV or manufactured home.
      vii. Costs of parking spaces when connected to a unit.
      viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities). Subcontractor policies must be submitted to SBH-ASO for review.
      ix. Reasonable storage costs.
      x. Reasonable moving costs such as truck rental and hiring a moving company.
      xi. Hotel/motel expenses for up to 30 days if unsheltered households are actively engaged in a housing search and no other shelter option is available.
      xii. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.

xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at Workbook: Residence/Oxford House Locations (wa.gov)

3. HARPS Housing Service Team Guidelines:

a. Housing and Recovery through Peer Services (HARPS) Teams' caseload size.
   i. The case mix must be such that the HARPS Teams can manage and have the flexibility to provide the intensity of services required for each individual according to Medical Necessity.
   ii. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.

b. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or is requested.
   i. HARPS Teams must have a response contact time of no later than two (2) calendar days following discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment center, Residential Treatment Center, Withdrawal Management facility, or psychiatric hospital, including state hospitals.

c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:
   i. Hospital Liaison Coordination: The SBH-ASO's Hospital Liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence to minimize gaps in outpatient health care and housing.
   ii. Service Coordination: Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in developing their personal housing plan, and will play an active role in finding housing and decision-making.
   iii. Crisis Assessment and Intervention Coordination: Behavioral health crisis assessment and intervention must be available 24-hours per day, seven days per week through the SBH-ASO's Crisis System. Services must be coordinated with the assigned treatment provider. These services include telephone and face-to-face contact.

d. Supportive housing services should include the following, as determined by medical necessity:
   i. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working

with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

ii. Each HARPS participant will be assigned a Peer Specialist or Housing Specialist who will assist in locating housing and resources to secure housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.

iii. Each participant receiving HARPS services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.

e. Housing Search and Placement: Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.

f. Housing Stability: Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:

i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
iii. Seeking out and assistance applying for long-term housing subsidies
iv. Affordable Care Act activities that are specifically linked to the household stability plan
v. Activities related to accessing Work Source employment services
vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
vii. Monitoring and evaluating household progress
viii. Assuring that households' rights are protected

ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)

g. Education Services Linkage: Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support with applying for schooling and financial aid, enrolling, and participating in educational activities, or linking to supported employment/supported education services.

h. Vocational Services Linkage: These services may include work-related services to help an individual's value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan or linkage to supported employment.

i. Activities of Daily Living Services: Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), environmental adaptations to assist individual in gaining or using the skills required to access services, and providing direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.

j. Social and Community Integration Skills Training: Social and community integration skills training serves to support social/interpersonal relationships and leisure-time skill training. Services may include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network, and receive feedback and support.

k. Peer Support Services: These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:

    1. Promote self-determination

    2. Model and teach self-advocacy

    3. Encourage and reinforce choice and decision-making

4. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery

5. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery

6. The Peer Specialist will serve as a consultant to the treatment team to support a culture of recovery in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities

l. Substance Use Disorder Treatment Linkage: If clinically indicated, the HARPS team may refer the individual to a DBHR-licensed SUD treatment program.

4. HARPS Teams will not suggest or provide medication prescription, administration, monitoring and documentation.

5. The HARPS Team should work with the treatment team:

a. To establish a peer relationship with each participant

b. To assess an individual's housing needs and provide verbal and written information about housing status.

c. The community treatment team physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may review that information with the individual, HARPS Team Members and, as appropriate, with the individual's family members or significant others

d. Provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.

e. In collaboration with the individual, assess, discuss, and document the individual's housing needs and behavior in response to medication, monitor and document medication side effects, and review observations with the individual and treatment team

6. HARPS Team Members must participate in the HARPS monthly administrative conference call hosted by the Health Care Authority.

COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE (CBRA)

The SBH-ASO receives funds from the Department of Commerce for long-term rental subsidies intended for high-risk individuals with behavioral health conditions and their households.

1. Program Eligibility

a. Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program and demonstrate a need for long-term subsidy (for example, Foundational Community Supports)

b. Contractors shall commit to prioritizing subsidies for priority populations, identified as individuals who are discharging or needing to discharge form a psychiatric hospital or other psychiatric inpatient setting

2. **Contractors shall comply with all of the requirements in the most up-to-date version of the Community Behavioral Health Rental Assistance Program Guidelines.**

Reporting

Monthly reports will be submitted to SBH-ASO by the 10th of the following month through the SBH-ASO Provider Portal .

1. HCA HARPS Subsidy Log for Bridge (GFS) and SUD (GFS SUD)
    a. HARPS Participant Log (for HARPS Service Team only)
    b. Western State Hospital Referrals Report
2. CBRA and Governor's Subsidy Log (HMIS roster with financial information, at minimum)
3. CBRA: Accurate and timely data entry into the Homeless Management Information System (HMIS) database

Billing

Monthly invoices must be submitted by the 10th of the following month through the Provider Portal SFT or directly to the SBH-ASO Fiscal Analyst.

Billing must be in accordance with contract budget.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL RIGHTS AND PROTECTIONS **Policy Number:** CA403

Effective Date: 1/1/2020

Revision Dates: 9/25/2020; 4/23/2024

Reviewed Date:

Executive Board Approval Dates: 11/1/2019; 11/20/2020

PURPOSE

To ensure that Salish Behavioral Health Administrative Services Organization (SBH-ASO) Individuals are fully informed of their rights and responsibilities in accordance with applicable state and federal laws.

POLICY

SBH-ASO and its subcontractors shall comply with any applicable State and Federal laws that pertain to Individuals' rights and protections and ensure that its staff protect and promote those rights when furnishing services to Individuals. Subcontractors are responsible for ensuring each Individual requesting/receiving a service is informed of their rights.

PROCEDURE

General Requirements

The SBH-ASO and its subcontractors shall guarantee that each Individual has the following rights:

1. To information regarding the Individual's behavioral health status.
2. To receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. To receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. To participate in decisions regarding his or her behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.

5. To be treated with respect and with due consideration for his or her dignity and privacy.
6. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. To request and receive a copy of his or her medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. To be free to exercise his or her rights and to ensure that doing so does not adversely affect the way the Contractor treats the Individual.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Participate in the development of your individual service plan and receive a copy of the plan if desired;
17. Make a mental health advanced directive consistent with chapter 71.32 RCW;
18. Receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if the individual believes their rights have been violated; and
19. Submit a report to the Department of Health when the individual feels the agency has violated a WAC requirement regulating behavioral health agencies.

In addition to the rights above, Individuals receiving involuntary treatment services have the following rights:

20. The right to individualized care and adequate treatment;
21. The right to discuss treatment plans and decisions with professional persons;
22. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

<u>Subcontractor Requirements</u>

SBH-ASO and its subcontractors requires a criminal history background check through the Washington State Patrol for employees, volunteers, and contractors of the SBH-

ASO who may have unsupervised access to children, people with developmental disabilities or vulnerable adults, in accordance with Chapter 388-06 WAC.

Each subcontractor licensed to provide any behavioral health service must develop a statement of Individual participant rights applicable to the service categories the agency is licensed for, to ensure an Individual's rights are protected in compliance with RCW 71.05, 71.12, and 71.34. In addition, the subcontractor must either utilize the SBH-ASO "Individual Rights Statement" or develop a general statement of Individual rights that incorporates, at a minimum, the rights outlined in the General Requirements section of this Policy.

Subcontractors are responsible for ensuring the SBH-ASO Individual Rights, or equivalent, are offered to each person at the initial intake/assessment or first face-to-face crisis contact. Subcontractors are responsible for ensuring a copy of the Individual Rights document is signed by the Individual at the first outpatient appointment documenting that the rights are understood and accepted. The signed Individual Rights document will be maintained in the Individual's clinical record. Subcontractors shall document in the clinical record if the individual chooses not to sign the Individual Rights document. Subcontractors are expected to review the rights with the individual as frequently as necessary.

Subcontractors will prominently post the current Individual Rights in each location where an individual receives services.

Subcontractors will ensure a copy of the Individual Rights and Individual Rights Policy and Procedure are provided to individuals, family members or other interested persons upon request. Subcontractor employees shall be apprised of this policy and the procedures set forth in this policy upon hire. Documentation of this training will be maintained within each employee's personnel file.

Each subcontractor must ensure that the current Individual Rights described in this policy are available in alternative formats acceptable to the individual and translated to the most commonly used languages in the subcontractor's service area.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA INTEGRITY **Policy Number:** IS602

Effective Date: 1/1/2020

Revision Dates: 10/15/2020; 5/24/2024

Reviewed Date: 4/08/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 11/20/2020

PURPOSE

To specify the processes for ensuring the latest information is available to Salish Behavioral Health Administrative Services Organization (SBH-ASO) which ensures that SBH-ASO data, and therefore the Health Care Authority (HCA) and Managed Care Organizations (MCOs) data is as current and error free as possible.

POLICY

SBH-ASO will submit accurate and complete data to the HCA and MCOs.

PROCEDURE

A. SBH-ASO requires contracted providers to submit encounter data and supplemental transactions in accordance with contract terms, the Encounter Data Reporting Guide, BHDS Data Guide, SBH-ASO Data Dictionary, and the IMC Service Encounter Reporting Instructions (SERI).

B. SBH-ASO will import and process provider files daily and proactively run error handling processes to identify anticipated rejections from the HCA and MCOs.

C. After the import process is complete, contracted providers will receive an agency response file which lists all transactions and import status. SBH-ASO will communicate with the contracted providers any identified data errors or anomalies. Any outstanding errors must be corrected and resubmitted within 30 days. SBH-ASO will provide technical assistance as necessary to support this.

D. SBH-ASO generates and exports supplemental data daily to the HCA. Encounter files are generated and uploaded to the HCA and/or the MCO portals on weekly

schedule.

E. SBH-ASO downloads error reports from MCOs and HCA, when they are made available, and any errors received are corrected within 30 days.

F. SBH-ASO will import the eligibility, claims, and payment files from the HCA and the MCOs on a weekly schedule. They are imported and processed into the SBH-ASO system upon retrieval.

All data sent to SBH-ASO by contracted providers will be certified within 30 days from the close of the calendar month in which the encounter occurred. Certification forms must be submitted at least monthly to the Provider Portal. This information is reviewed quarterly basis for verification.

All data sent by SBH-ASO to the HCA and MCOs will be certified concurrently with each file upload per 42 CFR 438.606 and the Encounter Data Reporting Guide.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT **Policy Number:** UM803

Effective Date: 1/01/2020

Revision Dates: 3/4/2020; 6/18/2021; 3/15/2024

Reviewed Date: 7/26/2019

Executive Board Approval Dates: 11/1/2019; 5/22/2020; 7/30/2021

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services provided to Individuals funded through General Fund State (GFS).

POLICY

Psychiatric Inpatient options are for individuals who require 24-hour supervision and psychiatric/medical services. Length-of-stay is determined on an individual basis with an emphasis placed on transitioning individuals to more independent settings or returning them to their previous settings.

PROCEDURE

INPATIENT PSYCHIATRIC HOSPITAL LEVEL OF CARE CRITERIA

Case-specific UM review decisions maintain the following Level of Care Guidelines for making authorizations and continued stay and discharge determinations:

1. In addition to the definition in WAC 182-500-0070, Medically Necessary also includes the following:
    a. Ambulatory care resources available in the community do not meet the psychiatric treatment needs of the individual; AND
    b. Proper treatment based on the acuity of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician (according to WAC 246-322-170); AND
    c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning; AND

d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder and warrants voluntary extended care in the most intensive and restrictive setting; OR

e. The individual was evaluated and met the criteria for emergency involuntary detention (RCW 71.05 or 71.34) but agreed to inpatient care. Approved (ordered) by the professional in charge of the hospital or hospital unit; and

2. Certified or authorized by the Salish BH-ASO.

Involuntary inpatient psychiatric care must be in accordance with the admission criteria specified in RCW 71.05 and 71.34.

Services will be provided that are:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and
3. Appropriate to the age and developmental stage of the individual.

PROVIDER REQUIREMENTS

SBH-ASO pays for inpatient psychiatric care, as defined in WAC 246-320 and 246-322, only when provided by one (1) of the following Department of Health (DOH) licensed hospitals or units:

1. Free-standing psychiatric hospitals determined by the Health Care Authority (HCA) to meet the federal definition of an Institution for Mental Diseases (IMD), which is: “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care and related services”.

2. Medicare-certified, distinct psychiatric units, or State-designated pediatric psychiatric units.

3. Evaluation and Treatment Centers licensed by DOH.

4. In addition to DOH licensure, hospitals providing involuntary hospital inpatient psychiatric care must be certified in accordance with WAC 246-341-1134 and 246-341-0365.

CONSENT FOR TREATMENT

Individuals 18 years of age and older may be admitted to voluntary treatment only with the individual's voluntary and informed written consent, a properly executed advance directive that allows for admission when the individual is unable to consent, or the consent of the individual's legal representative when appropriate.

Individuals 13-17 years of age may be admitted to treatment only with the permission of:

1. The minor and the minor's parent/legal guardian; or
2. The minor without parental consent; or
3. The minor's parent/legal guardian without the minor's consent (Family-Initiated Treatment [FIT]). (For Utilization Management purposes FIT authorization requests will handled via the involuntary treatment services authorization process.)

Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian.

AUTHORIZATION REQUIREMENTS FOR VOLUNTARY INPATIENT HOSPITAL PSYCHIATRIC CARE

1. The hospital must obtain authorization for payment from SBH-ASO for all inpatient hospital psychiatric stays when the SBH-ASO is the primary payer. Hospitals must request authorization prior to voluntary admission.
2. A Prospective Authorization Request must be completed within 24-hours of a change in legal status from ITA to voluntary.
3. SBH-ASO will require submission of clinical data for authorization of services from the admitting facility.
4. Authorization is dependent on the Individual meeting medical necessity criteria, financial eligibility, and is within available resources.

TIMEFRAMES FOR AUTHORIZATION DECISIONS

Prospective Authorization Requests – Voluntary Admissions

1. Initial Requests
    a. Prospective Authorization is required before admission for all admissions that would be funded solely or partially by GFS, including planned admissions coordinated by the Individual's provider network.
    b. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2)

hours and provide a decision within twelve (12) hours of receipt of the request.

c. SBH-ASO will provide written notification to the individual and facility of the decision within 72 hours.

SBH-ASO will provide a written Notice of Action to the individual, or their legal representative, if a denial occurs based on medical necessity. SBH-ASO will provide a written Notice of Adverse Authorization Determination to the individual, or their legal representative, if a denial occurs based on lack of available resources, financial eligibility, and/or residency within the Salish Service Area.

2. Length-of-Stay – Concurrent Review

   a. Unless SBH-ASO specifies otherwise, hospitals must submit requests for extension reviews at least by the preceding business day prior to the expiration of the authorized period.

   b. Length-of-stay extension determinations will be made within one (1) business day from the request and authorized for three (3) to five (5) days depending on clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.

   c. For hospital providers requesting prior authorization for length-of-stay extensions, requests must be submitted during regular business hours.

   d. The authorization decision is documented by SBH-ASO staff and provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the prior to continuation of the stay.

3. If the required clinical information is not received by SBH-ASO to construct an authorization record, the request will be categorized as withdrawn.

Post-Service Authorization Requests

Requests for post-service authorizations (retrospective) will be considered only if the Individual becomes eligible for GFS assistance after admission or the hospital was not notified of or able to determine eligibility for GFS funding. Voluntary psychiatric hospital retrospective requests will not be accepted.

1. For post-service authorizations, SBH-ASO will make its determination within 30 calendar days of receipt of the authorization request.
2. SBH-ASO will notify the Individual and the requesting provider within two (2) business days of the post-service authorization determination.
3. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

SBH-ASO will ensure any decision to authorize or deny any requested services must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. A physician board-certified or board-eligible in General Psychiatry must conduct all inpatient level of care actions for psychiatric treatment.

Involuntary Psychiatric Admissions

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA), RCW 71.05 and 71.34; therefore, no consent is required. Authorizations are done to facilitate claims submissions and are not based on Medical Necessity but rather the legal status. Only Individuals 13 years of age and older may be subject to the provisions of these laws. If the Individual has an authorized representative, the representative also authorizes services that are provided to Individuals detained under ITA law when the Individual either refuses to apply for, or does not qualify for, any Apple Health program. These inpatient stays are paid for with state funds:

1. Notification of Initial ITA admissions shall be directed to SBH-ASO.
2. Submitting Initial ITA notification will be conducted by the hospital and/or by the Designated Crisis Responder (DCR).
3. Initial ITA notifications for Individuals in the Salish Regional Service Area are provided an initial certification within two (2) hours of receipt.
4. Required clinical information will be provided by the hospital within 72 legal hours of admission.
5. SBH-ASO will conduct a review of submitted information and provide authorization within one (1) business day of receipt.
6. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.
7. Facilities providing Involuntary treatment and provided certification must submit an Authorization Extension Request for Continued Inpatient Psychiatric Care form one (1) business day before the expiration of the previously authorized days (WAC 182-550-2600).
8. Salish BH-ASO cannot deny extension requests for Individuals who are detained in accordance with the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.

9. Individuals on a continuance will be reviewed for continued care every seven days until next court date or placement. Individuals awaiting placement at Western State Hospital (WSH), Eastern State Hospital, or Long-Term Community Care Facilities will be granted a length-of-stay extension until admission to WSH.
10. Requests for Individuals whose legal status changes from involuntary to voluntary, will be reviewed by UM and authorized or denied depending upon clinical presentation, financial eligibility, and within available resources.

Single Bed Certifications

Involuntary inpatient psychiatric care for Single Bed Certifications must be in accordance with the admission criteria specified in statute.

The provided funding does not cover non-behavioral health medical care.

The coded service is 01x4 for the bedded services. This does not include placement in an emergency department bed.

Care needs will be reviewed by the Clinical Director and/or Medical Director to determine the SBC meets minimum criteria. Information needed for this review includes:

1. Admission documents to include nursing assessment, psychosocial assessment, admitting history and physical
2. Medical attending daily documentation
3. Documentation of daily behavioral health services delivered by a mental health professional
4. Social Work behavioral health documentation
5. Treatment Plan
6. Discharge Summary including transfer or after care plans

Changes in Status

Changes in the Individual's status including legal or principal diagnosis, should be directed to SBH-ASO within 24 hours of the change of status.

If the Individual is to be transferred from one hospital to another hospital for continued inpatient psychiatric care, the request for certification and prior authorization must be submitted before the transfer.

SBH-ASO will respond within two (2) hours and make any authorization determinations within 12 hours.

Discharge Notification

1. Hospitals are expected to work toward discharge beginning at admission.
2. Hospitals are required to provide discharge notification and clinical disposition within seven (7) business days of discharge in order for SBH-ASO to close out the authorization record.

Alien Emergency Medical

The SBH-ASO shall serve as the point of contact for inpatient community psychiatric admissions for undocumented aliens to support HCA Alien Emergency medical (AEM) Program.

1. SBH-ASO shall establish if the Individual is an undocumented alien, possibly qualifying for the AEM program, and instruct the requesting hospital to assist the client in submitting an AEM eligibility request.

2. SBH-ASO shall receive the admission notification for ITA admissions and make medical necessity determinations for voluntary psychiatric admissions.

3. SBH-ASO staff are trained and qualified in HCA's ProviderOne system to complete the direct data entry prior authorization request screen, completing all required fields and record the clinical information required through the ProviderOne provider portal within five (5) working days of the discharge. The required data and clinical information includes, but not limited to:
    a. The Individual's name and date of birth;
    b. The hospital to which the admission occurred;
    c. If the admission is an ITA or voluntary;
    d. The diagnosis code;
    e. The date of admission;
    f. The date of discharge;
    g. The number of covered days, with dates as indicated;
    h. The number of denied dates, with dates as indicated; and
    i. For voluntary admissions, a brief statement as to how the stay met medical necessity criteria.

4. If the information has not been submitted completely, SBH-ASO has five (5) working days to respond to inquiries for the designated HCA staff to obtain the information necessary to support completion on the prior authorization request record.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION SERVICES **Policy Number:** UM805

Effective Date: 1/1/2020

Revision Dates: 3/12/2020; 10/29/2020; 4/8/2024

Reviewed Date: 7/30/2019; 2/23/2021

Executive Board Approval Dates: 11/1/2019; 11/20/2020

PURPOSE

The purpose of this policy is to ensure the provision of Crisis Stabilization Services to non-Medicaid individuals in the Salish region as available resources allow and subject to eligibility and medical necessity review.

POLICY

Crisis Stabilization Services are provided to individuals who are experiencing a behavioral health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility.

PROCEDURE

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides for these services in a home-like setting, or a setting that provides for safety of the person and the staff.
5. Service is short-term and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent avoidable hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion, and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;
2. An evaluation of the individual’s cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADLs) and ambulation; and

7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Facility-based Crisis Stabilization

1. Inclusionary Criteria

a. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
b. Individuals must be willing to admit to a voluntary facility.
c. Individuals, if a risk to self, must be willing to engage in safety planning.
d. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
e. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
f. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
g. Individuals must be able to perform basic ADLs and be able to self-ambulate.

2. Exclusionary Criteria

a. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
b. Individuals who present a high likelihood of violence or arson at time of admit.
c. Any non-emergent referral for Crisis Stabilization Services.

Utilization Management
Crisis Stabilization Services are provided in a home like setting or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on eligibility, subject to medical necessity, and within available resources.

A. Certification of Services for Facility-based services

1. Emergent Admission:
   a. Emergent Referrals are those instances where the individual is referred for Crisis Stabilization Services by one of the following:
      i. Hospital Emergency Department
      ii. Law Enforcement
      iii. Mobile Crisis Outreach Team staff under the supervision of an MHP

b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.

c. Concurrent review is conducted within one (1) business day from receipt.

2. Facility-based Concurrent/Continued Stay Review Requests:
   a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to three to five (3-5) days depending on medical necessity.

   b. Concurrent/Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.

   c. Concurrent/Continued Stay reviews will be completed within one (1) business day.

Facility-based Discharge Planning Standards

A. Planning for discharge is expected to begin at admission.
B. Prior to any planned discharge
   1. A referral to a behavioral health provider for outpatient services.
   2. Information regarding available crisis services and community-based supports.

C. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
   1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or a request for Mobile Crisis Outreach.
   2. A referral to a behavioral health provider for outpatient services.
   3. Information regarding available crisis services and community-based supports.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: WORKSTATION AND PORTABLE COMPUTER USE **Policy Number:** PS908

Effective Date: 1/1/2020

Revision Dates: 1/14/2021; 4/23/2024

Reviewed Date:

Executive Board Approval Dates: 7/30/2021

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.

POLICY

SBH-ASO staff must monitor the computer's (desktop, laptop, and/or mobile devices) operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system. SBH-ASO staff will take appropriate measures to protect computers and data from loss or destruction.

PROCEDURE

Workstation Use

Officers, agents, employees, contractors, and others using portable/laptop computers and/or mobile devices (users) must read, understand, and comply with this policy

- Personnel using SBH-ASO computers, needs to secure a safe area for their food and drinks to prevent damage to these devices.
- Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce members employment. Staff are responsible for the equipment SBH-ASO issues during employment.
- Personnel logging onto the SBH-ASO network will ensure that no one observes the entry of their password.

- Personnel will neither log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password. Please refer to the SBH-ASO Policy "Password Protection".
- Each person using SBH-ASO computers and/or mobile devices is responsible for the content of any data he or she inputs into the computer or transmits through or outside the SBH-ASO system. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with Kitsap County e-mail policy.
- No personnel may access any confidential or other information that they do not have a need to know. No personnel may disclose confidential or other information unless properly authorized (SBH-ASO Confidentiality Use and Disclosure of Protected Health Information Policy).
- Personnel must not leave printers unattended when they are printing confidential information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer.
- Personnel using the computer system will not write down their password and place it at or near the terminal.
- Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period.
- Users must at a minimum lock their computer if leaving the computer terminal unattended.
- No personnel may access protected health information (PHI) on personal mobile devices.
- SBH-ASO Mobile Devices must be password protected.
- No personnel may download PHI from SBH-ASO system onto USB, CD, hard drive, fax, scanner, any network drive or any other hardware, software, or paper without the express permission of their manager with written notice to the SBH-ASO Privacy Officer.
- No personnel shall download any software without express written permission of the Kitsap County IS Manager. The Kitsap County IS Manager must approve any software than an employee wishes to download in order to protect against the transmission of computer viruses into the system.

The user agrees to use the equipment solely for SBH-ASO business purposes. The user further understands:

- The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- Users must use only batteries and power cables provided by SBH-ASO and

may not, for example, use their car's adaptor power sources.

- Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Kitsap County Information Services department.
- Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.
- Users may not leave mobile computer units unattended unless they are in a secured location.
- Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- Users must place portable computers and associated equipment in their proper carrying cases when transporting them.
- Users must not alter the serial numbers and asset numbers of the equipment in any way.
- Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.
- Users must report in writing any breach of password security immediately to the SBH-ASO Privacy Officer and Kitsap County IS Department.
- Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.
- Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the SBH-ASO Privacy Officer and Kitsap County IS Department.

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.

Salish Behavioral Health
Administrative Services Organization

Salish Behavioral Health Administrative Services Organization (Salish BHASO) is partnering with organizations throughout Clallam, Jefferson, and Kitsap Counties to place naloxone cabinets in the community.

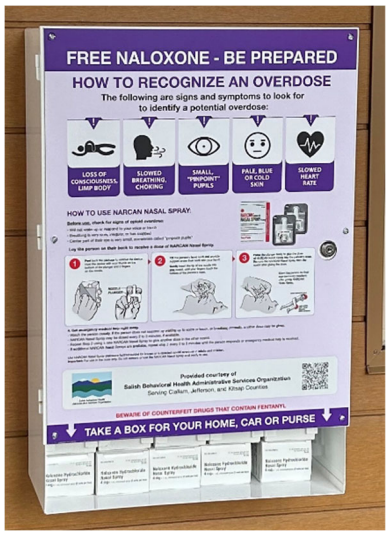
General Information about this Initiative

- Naloxone cabinets will be placed in various community locations.
- Salish BHASO will work with partnering organizations to negotiate placement, maintenance, and access to sufficient naloxone to stock the cabinet.
- Salish BHASO will provide a full complement of naloxone kits upon delivery of the cabinet.
- Partners will be asked to provide limited monthly reports of naloxone kits dispensed.
- A naloxone cabinet locator map and additional resources will be available on the Salish BHASO website, accessible by scanning the QR code above.

About the Cabinets

- Cabinets are available in various sizes, holding between 6 to 50 boxes of naloxone.
- Cabinets are standalone units. They do not require technology or access to electricity.
- Cabinets are open access. Individuals can take as many kits as needed.
- Each organization may decide to mount the cabinet indoors or outdoors.

Newspaper-style cabinet "Barney"
42" tall x 21" wide x 14" deep.



40 - 50 unit wall-mounted cabinet
26" tall x 18" wide x 7" deep.

For additional information or questions, please contact

- Salish BHASO Customer Service Line: 1-800-525-5637 or 360-337-7050
- Kelsey Clary, R.E.A.L. Program Administrator: 360-271-5922, kclary@kitsap.gov

Salish BH-ASO Behavioral Health Housing Program

Salish Behavioral Health Administrative Services Organization, in partnership with local Coordinated Entry Sites, provides short- and long-term financial subsidies for individuals with behavioral health disorders (mental health disorder, substance use disorder, or both) who are homeless or at risk of becoming homeless. Priority is given to individuals exiting inpatient mental health or substance use treatment settings.

All eligibility criteria will be verified by the Coordinated Entry provider in your area and based on funds available.

Housing and Recovery through Peer Services (HARPS)

The HARPS program provides short-term financial subsidies and housing support services.

HARPS subsidies **MAY** provide **short-term** financial assistance with:

- Rental assistance, up to three months
- Rent and utilities in arrears
- Rental application fees, background checks, security deposits, and utility deposits
- Related costs, i.e., lot rent for RVs, parking spaces when connected to a unit, storage, rental trucks, or movers
- Pay up to 60 days rent when temporarily out of home (incarcerated or in inpatient treatment)

HARPS Support Services

The HARPS team works to support individuals in recovery to access and maintain housing. This is accomplished through peer support wraparound services available only at Kitsap Mental Health Services in Kitsap County.

To find out if you are eligible for HARPS services contact **Kitsap Mental Health Services, HARPS Peer Service Team, (360) 373-5031 ext. 5811**

Community Behavioral Health Rental Assistance (CBRA)

The CBRA program provides long-term rental subsidies intended for high-risk individuals with behavioral health conditions and their households.
Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program and demonstrate a need for long-term subsidy (for example, Foundational Community Supports).

Contact any Coordinated Entry Site for more information about HARPS and CBRA

Coordinated Entry Sites - Housing Resource Centers

Attachment 7.b

Clallam County

Serenity House of Clallam County
2203 West 18th St, Port Angeles
(360) 452-7224 ext. 1

583 W Washington St, Sequim
(360) 682-9442

255 Founders Way, Forks
(360) 670-4934

Jefferson County

Olympic Community Action Program (OlyCAP)
2120 West Sims Wy, Port Townsend
360-385-2571
http://www.olycap.org

Kitsap County

Kitsap Community Resources
Housing Solutions Center
1201 Park Ave, Bremerton
(360) 473-2035
hsc@kcr.org

3200 SE Rainshadow Ct, Port Orchard
(360) 473-2146

North Kitsap Fishline
787 Liberty Ln NW, Poulsbo
(360) 801-2564

Helpline House
Bainbridge Island
(360) 801-2564

In partnership with:
Coffee Oasis (serving ages 13-25)
837 4th Street, Bremerton
(360) 377-5560

Salish Behavioral Health Administrative Services Organization