



**SALISH BEHAVIORAL HEALTH**  
**ADMINISTRATIVE SERVICES ORGANIZATION**  
**ADVISORY BOARD MEETING.**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**DATE:** Friday, September 13, 2024  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** Bay 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/88389419000>

Meeting ID: 883 8941 9000

**USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:**

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

Meeting ID: 883 8941 9000

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**A G E N D A**

[Salish Behavioral Health Administrative Services Organization – Advisory Board](#)

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBHASO Advisory Board Meeting Minutes for July 12, 2024 (Attachment 5) [page 9]
6. Action Items
  - a. Approval of Federal Block Grant plans [page 4] (Attachment 6.a.1 and 6.a.2) [page 14]
  - b. Advisory Board Membership Review [page 5]
  - c. Approval of 2025 Behavioral Health Advisory Board Meeting Schedule [page 5]
7. Informational Items
  - a. Culturally and Linguistically Appropriate Services (CLAS) Training [page 5]
  - b. Training and Conference Opportunities for Board Members [page 6]

- c. Training Updates [page 7]
- d. Naloxone Directory Update [page 8] (Attachment 7.d) [page 31]
- e. Office of Behavioral Health Advocacy (OBHA) [page 8] (Attachment 7.e) [page 32]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

## ACRONYMS

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



## **SALISH BEHAVIORAL HEALTH** **ADMINISTRATIVE SERVICES ORGANIZATION** **ADVISORY BOARD** **MEETING**

Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

**September 13, 2024**

### **Action Items**

#### **A. APPROVAL OF FEDERAL BLOCK GRANT PLANS**

Salish BHASO will present updated Block Grant plans for July 1, 2024 – June 30, 2025 and seeks the Board's approval of these plans. Current plans align with the approved budget and allocations determined during the RFP review.

##### **Mental Health Block Grant (MHBG)**

MHBG plan provides funding for crisis stabilization, residential treatment, and outpatient treatment services. The plan also includes funding for supports including transportation, interpreter services, and training. The MHBG plan identifies an estimate of the number of people to be served in each category. SBH-ASO Administration allowance is also included. Allocations are in line with Advisory Board priorities. MHBG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority.

##### **Substance Abuse Block Grant (SABG)**

Funding is allocated for crisis services, which is categorized under "brief intervention" on this template. Brief intervention includes mobile crisis outreach services.

Funding has been allocated to support the distribution of naloxone across the region.

Interim services is a required category for all SABG Plans. This line item is limited as there has not historically been a need for interim services in the Salish region.

Therapeutic Intervention Services for Children is also a required category and specifically intended for services to children in residential facilities serving Pregnant and Parenting Women (PPW).

Funding is also allocated to both sub-acute withdrawal management and Intensive Inpatient Residential Treatment which are line items under the "Out of Home Residential Services" category.

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

Under the "Other SABG activities" funding is allocated to for Interpreter Services and SBH-ASO Administrative allowance.

SABG Co-Responder is a required category, and the allocation amount is pre-set by the Health Care Authority

## B. ADVISORY BOARD MEMBERSHIP REVIEW

### Appointment of Advisory Board Chair

Jon Stroup, current Board Chair, will be stepping down effective September 13, 2024. Staff requests nominees from the Advisory Board for Board Chair.

### Open Board Appointments

The SBHASO Advisory Board Membership includes three representatives from each county and two Tribal Representatives. Open appointments include one seat for Clallam County, one seat for Kitsap County, and one Tribal Representative seat.

## C. APPROVAL OF 2025 BEHAVIORAL HEALTH ADVISORY BOARD MEETING SCHEDULE

Staff are proposing a change in the cadence of Advisory Board meetings from the first Friday of every other month to the third Friday to align with existing Executive Board meetings. 2025 meeting dates are as follows:

March 21, 2025

May 16, 2025

July 18, 2025

September 19, 2025

Staff are also proposing two meetings outside of the regular meeting cadence for joint strategic planning and priority setting with the Executive Board and Advisory Board.

February 21, 2025

December 5, 2025

## **Informational Items**

### A. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) TRAINING

Ileea Clauson, SBHASO Operations Manager, will facilitate a CLAS training of CLAS Domain Four: Engagement, Continuous Improvement, and Accountability, for the Board

Culturally and linguistically appropriate service (CLAS) Standards are intended to advance health equity, improve health, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. The National CLAS standards were first developed by the Office of Health and Human Services (HHS) Office of Minority Health in 2000.

These 15 standards are broken down into 4 domains:

#### A. Principal Standard

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## B. Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## C. Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally, and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## D. Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

## D. TRAINING AND CONFERENCE OPPORTUNITIES FOR BOARD MEMBERS

SBHASO has funding to support training and conference attendance for Board Members. Upcoming conferences that may be of interest include:

**The COD and Treatment Conference** takes place on October 8 – 9, 2024 in Yakima. The conference brings together experts from Washington and nationwide to discuss innovative approaches for treating Co-occurring Disorders. More information about the conference can be found on the WA State COD and Treatment Conference website at <https://wacodtx.org/>

**The Washington Council for Behavioral Health’s Annual Conference**, scheduled for June 11-13, 2025, in Kennewick, WA, will continue its focus on supporting recovery in the context of ongoing changes within the behavioral health landscape. Attendees can expect sessions on policy updates, innovative therapeutic interventions, and strategies for enhancing the behavioral health workforce, with an emphasis on addressing the unique challenges faced by providers in Washington State. <https://www.thewashingtoncouncil.org/>

**The National Crisis Continuum Conference (CrisisCon) 2025**, will focus on advancing crisis response systems across the United States. It will cover topics such as the latest in mobile crisis teams, crisis stabilization units, and the 988 suicide and crisis lifeline. This event is geared towards professionals seeking to enhance their understanding and effectiveness in crisis intervention and mental health crisis services. <https://www.crisiscon.org/>

**NatCon25**, organized by the National Council for Mental Wellbeing, will take place from May 5 – 7, 2025, in Philadelphia, PA. This event will gather leaders in mental health, addiction treatment, and policy to explore the latest trends, research, and practices aimed at promoting mental wellbeing. The conference will feature sessions on integrated care, social determinants of mental health, and innovative community-based approaches. <https://www.thenationalcouncil.org/event/>

**Peerpocalypse 2025**, taking place May 5 – 8, 2025 in Seaside, Oregon, will continue to emphasize the importance of peer support in the recovery journey for individuals with mental health and substance use challenges. The conference will include workshops, keynote speeches, and networking opportunities focused on peer-led initiatives, advocacy, and the evolving role of peer support workers in behavioral health systems. <https://www.mhaoforegon.org/peerpocalypse>

Board Members that are interested in attending trainings or conferences can reach out to Nicole Oberg, Salish BHASO Program Specialist.

## E. TRAINING UPDATES

### Jefferson and Clallam Reentry Simulation

Salish BHASO, in partnership with Kitsap Strong, will be hosting a Reentry Simulation on November 8th. This event will spotlight the unique challenges faced by individuals reentering the community after incarceration and aims to drive systemic change through an immersive experience.

The simulation will provide participants with a firsthand perspective of the barriers and difficulties faced by those transitioning from incarceration back into their communities. By "walking in the shoes" of returning citizens, attendees will gain invaluable insights into the obstacles they encounter and the need for resilient, supportive resources.

This event is designed to inspire and inform both formal and informal leaders in Clallam and Jefferson Counties. The simulation aims to highlight the importance of a trauma-informed approach and effective planning in efforts to reduce recidivism and support successful reentry. Participation in the simulation will contribute to creating a more supportive and understanding environment for those navigating reentry.

Board members are invited to assist in outreach and enrollment efforts within their communities. Registration information will be shared with the Board as soon as it is available.

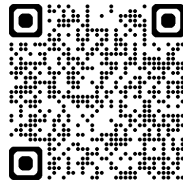
### Emotional CPR

Emotional CPR (eCPR) is a peer-developed and peer-led education program designed to teach people how to assist others through emotional crises by connecting, empowering, and revitalizing individuals in distress.

Salish BHASO plans to host a 3-hour virtual eCPR training to reach a broad community audience. After consulting with eCPR training staff and considering various formats, the 3-hour option was chosen for its flexibility to accommodate diverse schedules of potential participants. eCPR training is also available for specific populations including youth and law enforcement.

### F. NALOXONE DIRECTORY UPDATE

The Salish BHASO Naloxone Directory has been updated to include cabinets provided by community partners. The directory can be accessed at <https://www.kitsap.gov/hs/Pages/SBHASO-Naloxone-Directory.aspx>. It is also accessible via this QR code:



### G. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA)

The Office of Behavioral Health Advocacy hosts the Salish Region Behavioral Health Forum on the last Tuesday of each month from 3:00 pm – 5:00 pm. The forum provides a space to share behavioral health experiences, trends, concerns, and possible solutions. A flyer with Zoom information is attached.



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

**Friday, July 12, 2024  
10:00 a.m. - 12:00 p.m.  
Hybrid Meeting  
Cedar Room, 7 Cedars Hotel  
270756 Hwy 101, Sequim, WA 98382**

**CALL TO ORDER** – Stormi Howell, SBHASO Behavioral Advisory Board Vice Chair called the meeting to order at 10:04 a.m.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – None.

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

**APPROVAL of AGENDA** –

**MOTION:** Sandy Goodwick moved to approve the agenda as presented. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

**APPROVAL of MINUTES** –

**MOTION:** Diane Pfeifle moved to approve the meeting minutes as amended for the May 3, 2024 meeting. Lori Fleming seconded the motion. Motion carried unanimously.

**ACTION ITEMS**

**APPROVAL OF UPDATED SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD BY-LAWS**

The following revisions to the Behavioral Health Advisory Board By-Laws have been finalized:

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".

## Section 12, "Staffing"

- Replace "Director of the Kitsap County Human Services Department" with "Salish Behavioral Health Administrative Services Organization Administrator".

Staff will present the updated By-Laws for Board approval.

**MOTION: Lori Fleming moved to approve the Salish Behavioral Health Administrative Services Advisory Board By-Laws as presented. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.**

## INFORMATIONAL ITEMS

### ➤ TRAINING UPDATES

Opportunity to discuss training updates, including conversation about enhancing community partnerships around training.

On August 6 and 8, 2024, Salish BHASO Staff will be facilitating community facing QPR (Question, Persuade, Refer) suicide prevention training. The August 6 training will be held from 4:30 pm to 5:30 pm at the 7 Cedars Hotel. The August 8 training will be held from 4:30 pm to 5:30 pm at the Poulsbo Library. Training is free of charge. A registration form is available at

Salish BHASO has partnered with Change Company to support staff training across our provide network. We have purchased 75 registrations to provide staff with access to an array of self-paced trainings, including Motivational Interviewing, ASAM 4 training, and more.

SBHASO Staff continue to research additional training opportunities.

*Kitsap Providers Group in partnership with Suquamish Tribe are providing ASAM-4 training to regional providers at Kiana Lodge on November 15.*

*Board member Sandy Goodwick expressed concern about QPR as suicide prevention training to the community, and recommended consideration of alternative suicide prevention and awareness curriculum, such as Alternatives to Suicide.*

*A Certified Peer Counselor training is being considered for the fall to support peer workforce within the Salish BHASO provider network.*

*Salish BHASO will provide information about changes to the Crisis System at a future meeting, including the role of mobile crisis teams.*

*Salish BHASO is in the processing of reviewing options and pricing to host Emotional CPR training in the training. Virtual training was discussed as the preferred option.*

*Salish BHASO plans to offer a Reentry Simulation for community members in Clallam and Jefferson counties. Information will be shared as it comes available.*

➤ **SALISH BHASO NALOXONE PROGRAM UPDATES**

To date, we have partnered with the following organizations and successfully mounted cabinets at their locations:

- Agape Unlimited, Bremerton
- BAART Programs, Bremerton
- Benedict House, Bremerton (upon request)
- Discovery Behavioral Healthcare, Port Townsend (2 cabinets)
- Hoh Tribe, Forks
- Olympic Community Action Programs, 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

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

*Salish BHASO has installed 15 cabinets have been throughout the region, and distributed 1348 naloxone kits between March 2024 and May 2024. The ASO will soon be providing both nasal and intramuscular naloxone.*

*SBHASO continues to work with Kitsap Transit to locate additional locations for naloxone distribution boxes, including transit centers and ferry terminals.*

*Comment regarding generating a QR code linking to the Naloxone Directory to distribute across the region.*

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

Nanine Nicolette will provide additional information about the Office of Behavioral Health Advocacy.

*OBHA has released a new phone number specific to the Salish region, which is 360-481-8833. Nanine Nicolette will be the permanent representative for Salish. She is currently out on leave for the next two months. Tisha Robbins is currently filling in.*

*Discussion around OBHA’s role in supporting individuals through the grievance process, clarifying that OBHA does not offer legal services.*

*Staff will provide brochures at the next Board meeting.*

**PUBLIC COMMENT**

- None.

**GOOD OF THE ORDER**

- Jefferson County held several community conversations. The diverse participation, including medical professionals, facilitated meaningful discussion around medication-assisted treatment. Recommendation to include medical providers in similar community forums who can speak to use of medication-assisted treatment as well as naloxone.
- Board members are welcome to share information with one another between meetings, as well as propose agenda topics for future meetings. Any recommendations for agenda topics should be sent to Jolene two weeks prior to the scheduled meeting.

**ADJOURNMENT** – Consensus for adjournment at 11:56pm

**ATTENDANCE**

<b>BOARD MEMBERS</b>	<b>STAFF</b>	<b>GUESTS</b>
<b><i>Present:</i></b>	Jolene Kron, SBHASO Administrator	Kate Jasonowicz, Community Health Plan of Washington
<b>Lori Fleming</b>	Nicole Oberg, SBHASO Program Specialist	
<b>Sandy Goodwick</b>	Olu Ladejobi, SBHASO Data Analyst	
<b>Stormy Howell</b>	Brian Wilson, SBHASO Care Manager	
<b>Helen Havens</b>		
<b>Dep. Casey Jinks</b>		
<b>Mary Beth Lagenaur</b>		
<b>Diane Pfeifle</b>		
<b><i>Excused:</i></b>		
John Stroup, Chair		
Kathryn Harrer		

**NOTE: These meeting notes are not verbatim.**

<b>BH ASO:</b>	Salish BH-ASO
<b>Counties:</b>	Clallam, Jefferson and Kitsap
<b>Current Date:</b>	8/28/2024
<b>Total MHBG Allocation:</b>	\$329,354
<b>Contact Person:</b>	Jolene Kron
<b>Phone Number:</b>	360-337-4832
<b>Email:</b>	<a href="mailto:jkron@kitsap.gov">jkron@kitsap.gov</a>

**Section 1  
Proposed Plan Narratives**

<b>Needs Assessment</b>	<p>Describe what strengths, needs, and gaps were identified through a need’s assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p><b>Begin writing here :</b> <i>SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties’ 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available. Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships. The SBH-ASO 2022 Community Needs Survey identified the following areas of unmet needs by survey respondents: Withdrawal management services, inpatient mental health services, childcare to support treatment, housing support and residential substance use disorder treatment. Note: The survey did not differentiate between income or insurance status.</i></p>
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<b>Cultural Competence *</b>	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><b>Begin writing here :</b> SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> <li>1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.</li> <li>2. We value and respect cultural and other diverse qualities of each individual.</li> <li>3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.</li> <li>4. We work in partnership with allied community providers to provide continuity and quality care.</li> <li>5. We treat all people with respect, compassion, and fairness.</li> <li>6. We value the continuous improvement of services.</li> <li>7. We value flexibility and creativity in meeting the needs of each individual.</li> </ol> <p>The SBH-ASO will measure these projects through required FBG implementation and progress reports. The submitted monthly service reports to the SBH-ASO allow for monthly monitoring of project success, such as allocated funds being spent, and projected outcomes being met. SBH-ASO continues to engage with our Tribal partners through annual crisis planning with the Tribes in our region.</p>
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	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p><b>Begin writing here :</b></p>
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<b>Children’s Services</b>	<p>SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children’s Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSPRT meetings and work to increase avenues for youth and family feedback.</p>
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Attachment 6.a.1

<b>Public Comment/Local/ BH Advisory Board Involvement</b>	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p><b>Begin writing here :</b> SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
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<b>Outreach Services</b>	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p><b>Begin writing here :</b> SBH-ASO staff engage with the housing continuum across the region. SBH-ASO facilitates the Housing and Recovery through Peer Supports (HARPS) Program across the region. HARPS funding is facilitated by Coordinated Entry as a means to engage our housing continuum to expand access to individuals within the community. HARPS subsidies are available in all areas of our region. These contractors provide outreach and facilitate access to the HARPS service team provides outreach in partnership with community stakeholders. SBH-ASO also provides oversight of the Peer Bridger and Recovery Navigator programs to provide outreach to individuals in the community and provide support toward recovery and stability.</p>
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Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$25,000.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation for these proposed activities. \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	\$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	\$0.00
Educational Programs	<i>Begin writing here: Provide community based training on topics related to mental health in alignment with Advisory Board identified priorities.</i>	10	20	\$25,000.00
Outreach	<i>Begin writing here:</i>	0	0	\$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	\$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	\$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here:</i>	0	0	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$60,000.00
	<i>Begin writing here:</i>			Enter budget allocation for these proposed activities.

Attachment 6.a.1

Individual Evidenced-Based Therapies		2	30	\$40,000.00
Group Therapy	<i>Begin writing here:</i>	2	30	\$20,000.00
Family Therapy	<i>Begin writing here:</i>	0	0	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	\$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	\$0.00

*Outcomes and Performance Indicators:*

Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community. \$10,000.00

Medication Management	<i>Begin writing here:</i>	0	4	Enter budget allocation for these proposed activities. \$10,000.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	\$0.00
Laboratory Services	<i>Begin writing here:</i>	0	0	\$0.00

*Outcomes and Performance Indicators:*

Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them. \$50,000.00



Attachment 6.a.1

Parent/Caregiver Support	<i>Begin writing here:</i>	0	0	Enter budget allocation for these proposed activities. \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	\$0.00
Case Management	<i>Begin writing here:</i>	2	30	\$50,000.00
Continuing Care	<i>Begin writing here:</i>	0	0	\$0.00
Behavior Management	<i>Begin writing here:</i>	0	0	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	\$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	\$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	\$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	\$0.00
Traditional Healing Services	<i>Begin writing here:</i>	0	0	\$0.00
Parent Training	<i>Begin writing here:</i>	0	0	\$0.00

*Outcomes and Performance Indicators:*

Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00
Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation for these proposed activities. \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	\$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	\$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	0	0	\$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	0	0	\$0.00

*Outcomes and Performance Indicators:*

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$7,000.00
Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation for these proposed activities. \$0.00
Respite	<i>Begin writing here:</i>	0	0	\$0.00
Support Education	<i>Begin writing here:</i>	0	0	\$0.00

Transportation	<i>Begin writing here: Bus tickets, bus passes or mileage reimbursement to assist with transportation to treatment.</i>	10	50	\$4,000.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	\$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	2	30	\$3,000.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	\$0.00

*Outcomes and Performance Indicators:* 100% of individuals seeking services requiring interpreter services will have access to the culturally appropriate resource. Access to transportation including bus passes and gas vouchers for non-Medicaid individuals.

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

*Outcomes and Performance Indicators:*

Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$147,354.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	0	10	Enter budget allocation for these proposed activities. \$45,354.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	20	\$102,000.00
Children’s Residential Mental Health Services	<i>Begin writing here:</i>	0	0	\$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	\$0.00
<i>Outcomes and Performance Indicators:</i>				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$0.00
Mobile Crisis	<i>Begin writing here:</i>	1	1	Enter budget allocation for these proposed activities. \$0.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	1	1	\$0.00
Urgent Care	<i>Begin writing here:</i>	1	1	\$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	1	1	\$0.00
24/7 Crisis Hotline Services	<i>Begin writing here: Each individual within the Salish region will have access to toll-free crisis line services and referral.</i>	0	0	\$0.00

24/7 Crisis Hotline Services				
Outcomes and Performance Indicators: Each individual within Salish region will have access as identified in reported encounters.				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$30,000.00
Workforce Development/Conferences	Begin writing here: Administrative Costs	2	2	Enter budget allocation for these proposed activities. \$30,000.00
<b>Grand Total</b>				<b>\$329,354.00</b>

## Attachment 6.a.1

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI		Proposed Total Expenditure Amount
Co-responder funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions					\$75,000
MHBG Co-responder	<i>Begin writing here: Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.</i>	2	50		Enter budget allocation to this
					\$75,000.00

<b>BH ASO:</b>	Salish BH-ASO
<b>Counties:</b>	Clallam, Jefferson and Kitsap
<b>Current Date:</b>	8/28/2024
<b>Total SABG Allocation:</b>	1,157,110
<b>Contact Person:</b>	Jolene Kron
<b>Phone Number:</b>	360-337-4832
<b>Email:</b>	<a href="mailto:jkron@kitsap.gov">jkron@kitsap.gov</a>

**Section 1  
Proposed Plan Narratives**

<b>Needs Assessment (required)</b>	<p>Describe what strengths, needs, and gaps were identified through a need’s assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p><b>Begin writing here :</b> <i>SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties’ 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available.</i></p> <p><i>Gaps identified are access to services due to the rural and frontier geography within the region. Strengths identified are engagement of community and cross system partnerships.</i></p>
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<b>Cultural Competence (required)</b>	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><b>Begin writing here :</b> SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> <li>1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures.</li> <li>2. We value and respect cultural and other diverse qualities of each individual.</li> <li>3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.</li> <li>4. We work in partnership with allied community providers to provide continuity and quality care.</li> <li>5. We treat all people with respect, compassion, and fairness.</li> <li>6. We value the continuous improvement of services.</li> </ol>
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<b>Continuing Education for Staff (required)</b>	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p><b>Begin writing here :</b> SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.</p>
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<p><b>Charitable Choice (required)</b></p>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p><b>Begin writing here :</b> There are currently no faith-based BHA's within our region. SBH-ASO will work to engage faith-based organizations involved in providing treatment and seek input regarding how they choose to be integrated into the public treatment system. Current programs coordinate with faith based organizations as needed to support individuals. Any requests for faith based services will be tracked through our care management staff.</p>
<p><b>Coordination of Services (required)</b></p>	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <p><b>Begin writing here :</b> Coordination with our provider network, community partners and MCO's is critical to the long-term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.</p>
<p><b>Public Comment/Local Board /BH Advisory Board Involvement (required)</b></p>	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <p><b>Begin writing here :</b> SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>



<p><b>Program Compliance (required)</b></p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p><i><b>Begin writing here :</b> SBH-ASO works with providers to ensure adequate and timely submission of expenses reports/billing. Fiscal and Clinical components are reviewed in Annual Monitoring for each agency. Providers will also participate in routine SBH-ASO Quality and Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.</i></p>
<p><b>Recovery Support Services (optional)</b></p>	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <p><i><b>Begin writing here :</b> Transportation and childcare are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</i></p>
<p><b>Cost Sharing (optional)</b></p>	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored.</p> <p><i><b>Begin writing here :</b></i></p>

Section 2 Proposed Project Summaries and Expenditures The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Outreach and Screening – Early intervention, screening and outreach services.				\$455,000.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting women</i>	20	<i>Begin writing here: PPW are provided intervention services.</i>	Enter budget allocation for these proposed activities. \$5,000.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Brief Intervention	<i>Begin writing here: Brief intervention and crisis intervention services to individuals as part of the mobile crisis outreach service spectrum.</i>	0	<i>Begin writing here: Evidence of care coordination with referral sources to provide information on treatment services. Evidence of prioritization. Individuals receive triage, referral, and coordination of care.</i>	\$450,000.00
Drug Screening	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$500.00
Assessment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
*Interim Services (required)	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment</i>	10	<i>Begin writing here: Provision of services for individuals on waitlist for access to treatment Monitor for compliance with waitlist policy and procedure.</i>	\$500.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00

Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Individual Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Group Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Community Support (Rehabilitative) – Consists of support and treatment services focused on enhancing independent functioning.				\$0.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				\$0.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Housing Assistance	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
	<i>Begin writing here:</i>		<i>Begin writing here:</i>	

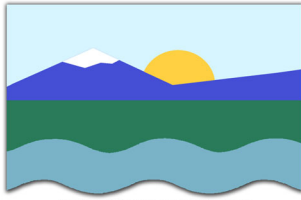
Spiritual/Faith-Based Support		0		\$0.00
<b>Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.</b>				<b>\$1,000.00</b>
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	4	<i>Begin writing here: Tracking use of Therapeutic Intervention services with monthly reporting</i>	Enter budget allocation for these proposed activities. \$1,000.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
<b>Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.</b>				<b>\$269,610.00</b>
Sub-acute Withdrawal Management	<i>Begin writing here: Withdrawal management services as indicated by individual need</i>	2	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	Enter budget allocation for these proposed activities. \$100,000.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Residential SUD services as indicated by individual need.</i>	2	<i>Begin writing here: Documentation of services by bed day and clinical supporting documentation upon authorization for services</i>	\$169,610.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Involuntary Commitment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
<b>Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.</b>				<b>\$0.00</b>
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
<b>Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.</b>				<b>\$111,000.00</b>
*Interim Services (required)	<i>Begin writing here:</i>	0	<i>Begin writing here: See information in "Interim Services" line above</i>	Enter budget allocation for these proposed activities. \$0.00

Attachment 6.a.2

*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	20	<i>Begin writing here:</i>	\$2,000.00
Transportation	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	0	<i>Begin writing here:</i>	\$9,000.00
*Childcare Services (required)	<i>Begin writing here: Provide childcare in a licensed on-site facility to increase access to treatment services.</i>	60	<i>Begin writing here: Track number of children accessing care and cost of program. Monthly report on usage</i>	Enter budget allocation for these proposed activities. \$100,000.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				\$295,000.00
<i>Begin writing here: Administration and Interpreter Services. Naloxone program support including training and access.</i>				
<b>Grand Total</b>				<b>\$1,157,110.00</b>

## Attachment 6.a.2

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served if known.	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Co-responder - funds to support grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within regions.				\$25,000
SABG Co-responder	Begin writing here: Behavioral Health Co-Responder will be paired with First Responder personnel to respond to Behavioral health calls.	0		\$25,000.00



Salish Behavioral Health  
Administrative Services Organization

Scan to access the  
Salish BHASO  
Naloxone Directory



**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.
- The naloxone cabinet locator map and additional resources are available on the Salish BHASO Naloxone Directory webpage, accessible by scanning the QR code above.

### About the Cabinets

- Cabinets are available in various sizes, holding between 6 to 74 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](mailto:kclary@kitsap.gov)



# BEHAVIORAL HEALTH MONTHLY GROUP FORUMS

## WHAT?

A community meeting to talk about your region's behavioral health system. What's going well? Where can we improve? What are the biggest barriers to providing care? What is needed? Share your story and ideas on resolutions.

## WHO?

Open to the public - youth, adult, and family/supports with lived experience receiving or seeking behavioral health services.  
**ALL ARE WELCOME!**

## WHY?

OBHA reports community trends/concerns to our local, regional, and state leaders.

## WHERE?

Anywhere! Each region's meeting is held virtually via Zoom call, find more information on the back side of this flyer.

**FLIP ME OVER FOR A FULL LIST OF  
ALL OUR REGIONS' MONTHLY FORUM  
SCHEDULES AND ZOOM CODES**

*Ask for an email invite at: [info@obhadvocacy.org](mailto:info@obhadvocacy.org) or 1-800-366-3103*

**ZOOM CALL IN NUMBER: 253-205-0468**



<b>REGION</b>	<b>MEETING TIME</b>	<b>COUNTIES</b>	<b>ZOOM ID*</b>
<b>GREAT RIVERS</b>	3rd Wednesday, 3:30pm - 5:30pm	Cowlitz, Grays Harbor County, Lewis, Pacific, Wahkiakum	918 6146 9163
<b>GREATER COLUMBIA</b>	4th Monday, 4pm - 6pm	Asotin, Benton, Columbia, Garfield, Franklin, Kittitas, Walla Walla, Whitman, Yakima	868 678 7130
<b>KING COUNTY</b>	1st Tuesday, 4pm - 6pm	King County	967 1615 9032
<b>NORTH CENTRAL</b>	3rd Tuesday, 3pm - 4:30pm	Chelan, Douglas, Grant, Okanogan	974 6643 0795
<b>NORTH SOUND</b>	4th Thursday, 2pm - 4pm	San Juan, Skagit, Snohomish, Whatcom, Island	926 2974 5703
<b>THURSTON</b>	4th Tuesday, 4pm - 5:30pm	Thurston and Mason	951 5217 2788
<b>PIERCE COUNTY</b>	3rd Thursday, 3pm - 5pm	Pierce County	945 7405 3511
<b>SALISH</b>	Last Tuesday, 3pm - 5pm	Clallam, Kitsap, Jefferson	998 5033 2385
<b>SOUTHWEST</b>	2nd Wednesday, 4pm - 6pm	Clark, Klickitat, Skamania	937 8149 5239
<b>SPOKANE</b>	2nd Wednesday, 3pm - 4:30pm	Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams	958 3467 1115

\*Password: Welcome!