



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD MEETING.

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, January 5, 2024
TIME: 10:00 AM – 12:00 PM
LOCATION: Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

****Please use this link to download ZOOM to your computer or phone:**

<https://zoom.us/support/download>.**

Join Zoom Meeting: <https://us06web.zoom.us/j/82883131701>

Meeting ID: 828 8313 1701

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 828 8313 1701

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 SBH-ASO Advisory Board Meeting Minutes for December 1, 2023 (Attachment 5)
6. Action Items
 - a. Approval of Federal Block Grant Plans (Attachment 6.a.1 and 6.a.2)
7. Informational Items
 - a. Washington State COD Conference Discussion – led by Helen Havens
 - b. Advisory Board Member Recruitment (Attachment 7.b.1, 7.b.2, 7.b.3, & 7.b.4)
 - c. Training Discussion for 2024
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBH-ASO	Salish Behavioral Health Administrative Services Organization
SUD	Substance Use Disorder
SYNC	Salish Youth Network Collaborative
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

January 5, 2024

Action Items

A. APPROVAL OF FEDERAL BLOCK GRANT PLANS

Standard Block Grant

SBH-ASO is presenting updated Block Grant plans for January 1, 2024-June 30, 2024, and seeks the Board's approval of these plans. Both plans align with the calendar year 2024 budget which was approved by the Executive Board.

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.

Informational Items

A. WASHINGTON STATE COD CONFERENCE DISCUSSION

Helen Havens attended the Washington State Behavioral Health Conference. Helen will share information gathered with the full board.

B. ADVISORY BOARD MEMBER RECRUITMENT

Review of Advisory Board member recruitment materials and processes, including:

- Talking Points for Board Members
- Board Application Process
- Print Materials / Advertising
- Update from Board Members

C. TRAINING DISCUSSION FOR 2024

Discussion of training needs and suggestions for 2024.

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

**Friday, December 1, 2023
10:00 a.m. - 12:00 p.m.
Hybrid Meeting
Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382**

CALL TO ORDER – Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:02 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – Jolene Kron provided SBH-ASO staffing updates. As of December 1, Stephanie Lewis is no longer the Administrator of the SBH-ASO. Effective November 27, 2023, Jolene Kron is the new Administrator. Amy Browning has shifted roles from Care Manager to Crisis Systems Supervisor.

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

APPROVAL of AGENDA –

MOTION: Stormy Howell moved to approve the agenda as submitted. Mary Beth Langenaur seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Mary Beth Langenaur moved to approve the meeting minutes as submitted for the August 4, 2023 meeting. Diane Pfeifle seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **ADVISORY BOARD MEMBER TERM EXTENSION**

Sandy Goodwick’s current term expires on December 31, 2023. Sandy has expressed interest in continuing her service. She would be eligible for a three (3) year extension of service (January 1, 2024 – December 31, 2026). Seeking board approval for the extension.

MOTION: Diane Pfeifle moved to approve an extension of Sandy Goodwick’s term from January 1, 2024 – December 31, 2026. Mary Beth Langenaur seconded the motion. Motion carried unanimously.

Gratitude shared for Sandy’s continued service on the Advisory Board.

INFORMATIONAL ITEMS

➤ **REVIEW OF 2024 BEHAVIORAL HEALTH ADVISORY BOARD MEETING SCHEDULE**

The Advisory Board is scheduled to meet on the following dates in 2024:

Friday, March 1

Friday, May 3
 Friday, July 12
 Friday, September 13
 Friday, November 1

2024 Advisory Board meetings will continue to occur in a hybrid format (Zoom and 7 Cedars Hotel) from 10:00 am – 12:00 pm.

➤ **JANUARY 2024 TO JUNE 2024 BLOCK GRANT PLANS**

Block Grant Plans are reviewed and approved every 6 months due to contract changes. We are unable to provide the plans today due to pending budget information. We do not anticipate significant changes as the funding approved during the RFP process is reflected in these plans. We anticipate plans being completed by mid-December. The next Behavioral Health Advisory Board Meeting is scheduled in March. We have 2 options:

1. Call a meeting in January specifically to review and approve the plans
2. Review at the March meeting for approval

Question around whether any peer-run organizations have received federal block grant funding within the State of Washington, and if peer-run organizations within Clallam County have been presented with block grant funding opportunities. There are some peer-run organizations receiving block grant funding within Washington State. SBH-ASO expanded Block Grant RFP criteria to include peer-run organizations, however, Staff are not currently aware of any formal peer-run agencies providing services that would be eligible for Block Grant funding within the region.

Comment regarding the interest of peer-run organizations in procuring block grant funding. Staff will plan to directly outreach to peer organizations within the region to ensure they are aware of opportunities and support going forward.

Current plans relate to what has already been allocated based on the previous RFP process.

Board consensus to hold an additional Board meeting on January 5th to review block grant plans.

➤ **ANNUAL CODE OF ETHCS TRAINING AND DOCUMENT REVIEW**

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

Brief review of Code of Ethics, noting confidentiality and conflicts of interest as being particularly relevant to Board activities.

➤ **WASHINGTON STATE COD CONFERENCE DISCUSSION**

Helen Havens attended the Washington State Behavioral Health Conference. Helen will share information gathered with the full board.

Discussion is deferred to the January 2024 meeting.

Reminder to Board Members of the opportunity to attend trainings or conferences of interest to help inform future Advisory Board work. Funds are available to cover lodging, meals, transportation, and registration fees. Board members who are interested in utilizing this benefit can reach out to Jolene.

➤ **REIMBURSEMENT PROCESS FOR BOARD MEMBERS**

The new form for reimbursement is available. This allows for easy submission of requests for mileage or other approved reimbursement. Receipts can be photographed on a cell phone or scanned and attached.

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

Staff will verify status of W9 forms and the County process for receiving reimbursements by direct deposit.

➤ **BOARD MEMBER RECRUITMENT**

Opportunity to discuss ideas for recruitment of Board members.

Current Advisory Board Openings:

- 1 in Clallam County
- 2 in Jefferson County
- 1 in Kitsap County
- 1 Tribal Representative

Discussion around the importance of community representation and voice in the SBH-ASO decision making process, in particular representation of individuals with lived experience.

Recruitment ideas shared included additional resource fairs and community presentations in 2024, Board outreach to the Salish Recovery Coalition in January, newspaper advertisements, and Board members sharing about the Advisory Board through social media including Nextdoor. Staff will create a short write-up for Board members to distribute.

Discussion around SBH-ASO presentations in the community in 2024. Request to include the Office of Behavioral Health Advocacy to present on their services and how individuals can establish their own advance directives.

Of priority for 2024 is updating the SBH-ASO website to improve content and accessibility.

➤ **NALOXONE UPDATE**

Salish BHASO has 10 naloxone cabinets to distribute around the region. We are working to identify current resources and partnerships. To date, interest has been expressed by Quileute Tribe and Kitsap Transit.

SBH-ASO has been supporting naloxone distribution in the Salish region for the last five years.

Staff is seeking additional suggestions for locations to place naloxone cabinets in order to maximize resources and ensure equitable access across all three counties. Cabinets are intended to be placed in high-traffic areas.

Management of the cabinets will be negotiated with the partner organization. How each cabinet is serviced may vary based on the needs of that specific community.

Clallam County has placed several naloxone distribution boxes in the Community. Additional community partners have expressed interest in hosting boxes. Plan for Staff to connect with Clallam County HHS for further coordination. Staff has also connected with Kitsap Public Health to identify areas of high need that may benefit from a naloxone cabinet.

Board member location suggestions included the YMCA, warming centers, day centers, libraries, transit centers, and community/arts centers. Also recommended was additional public education around naloxone resources, including signage for host organizations and other community partners to use that indicate where to find distribution boxes in the community.

Community partners in need of naloxone can call the SBH-ASO Customer Service Line at 360-337-7050.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:21pm

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Jolene Kron, SBH-ASO Administrator	Barb Jones, Jefferson County Public Health
John Stroup, Chair	Nicole Oberg, SBH-ASO Program Specialist	Kate Jasonowicz, CHPW
Sandy Goodwick	Doug Washburn, Director Human Services	Jenny Oppelt, Clallam Co. HHS
Stormy Howell		Thorn Sorensen
Mary Beth Langenaur		
Diane Pfiefler		
<i>Excused:</i>		
Helen Havens		

NOTE: These meeting notes are not verbatim.

BH ASO:	Salish BH-ASO
Counties:	Clallam, Jefferson and Kitsap
Current Date:	12.28.2023
Total MHBG Allocation:	\$329,354
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.org

**Section 1
Proposed Plan Narratives**

Needs Assessment	<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>Begin writing here : SBH-ASO gains insight into the regional strengths, needs and gaps through multiple mechanisms. This includes routine engagement with the SBH-ASO Provider Network, SBH-ASO Advisory Board, SBH-ASO Quality and Compliance Committee, each of the 3 Counties’ 1/10th of 1% Sales Tax Advisory Boards, and the Regional Office of Behavioral Health Advocacy (OBHA) for access to regional data on grievance data which reflects strengths, needs and gaps. Information is also gathered by engagement in community services groups including housing/homeless committees, local continuum of care meetings, and cross-system collaborations meetings. SBH-ASO also reviews community needs assessments as available.</p> <p>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.</p>
Cultural Competence *	<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>Begin writing here : SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <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>
Children’s Services	<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>Begin writing here : SBH-ASO provides support to children with SED through care coordination activities and facilitation of the CLIP committee. Enrollment in Medicaid is the first priority in facilitating access to services. SBH-ASO continues to partner with community entities including Children’s Administration, Juvenile Justice, Developmental Disabilities Administration, and community providers. SBH-ASO facilitates FYSVRT meetings and work to increase avenues for youth and family feedback.</p>
Public Comment/Local/ BH Advisory Board Involvement	<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>

Begin writing here : SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.

Outreach Services

Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

Begin writing here : SBH-ASO staff engage 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.

Attachment 6.a.1

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 including MH Frist Aid.</i>	5	10	\$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
Individual Evidenced-Based Therapies	<i>Begin writing here:</i>	1	15	Enter budget allocation for these proposed activities. \$40,000.00
Group Therapy	<i>Begin writing here:</i>	1	15	\$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
<i>Outcomes and Performance Indicators:</i>				
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	2	Enter budget allocation for these proposed activities. \$10,000.00
Pharmacotherapy	<i>Begin writing here:</i>	1	1	\$0.00
Laboratory Services	<i>Begin writing here:</i>	1	1	\$0.00
<i>Outcomes and Performance Indicators:</i>				
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
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>	1	15	\$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
<i>Outcomes and Performance Indicators:</i>				
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	Begin writing here:	0	0	\$0.00
<i>Outcomes and Performance Indicators:</i>				
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	Begin writing here:	0	0	Enter budget allocation for these proposed activities. \$0.00
Respite	Begin writing here:	0	0	\$0.00
Support Education	Begin writing here:	0	0	\$0.00
Transportation	Begin writing here: Bus tickets, bus passes or mileage reimbursement to assist with transportation to treatment.	5	25	\$4,000.00
Assisted Living Services	Begin writing here:	0	0	\$0.00
Trained Behavioral Health Interpreters	Begin writing here:	1	15	\$3,000.00
Interactive communication Technology Devices	Begin writing here:	0	0	\$0.00
<i>Outcomes and Performance Indicators:</i> 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.				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	Begin writing here:	0	0	Enter budget allocation for these proposed activities. \$0.00
Intensive Home-Based Services	Begin writing here:	0	0	\$0.00

Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	\$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	\$0.00
<i>Outcomes and Performance Indicators:</i>				
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	25	Enter budget allocation for these proposed activities. \$45,354.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	10	\$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
<i>Outcomes and Performance Indicators: Each individual within Salish region will have access as identified in reported encounters.</i>				
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	<i>Begin writing here: Administrative Costs</i>	1	1	Enter budget allocation for these proposed activities. \$30,000.00
Grand Total				\$329,354.00

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>	1	25		Enter budget allocation to this
					\$75,000.00

BH ASO:	Salish BH-ASO
Counties:	Clallam, Jefferson and Kitsap
Current Date:	12.28.2023
Total SABG Allocation:	\$1,132,110
Contact Person:	Jolene Kron
Phone Number:	360-337-4832
Email:	jkron@kitsap.gov

**Section 1
Proposed Plan Narratives**

Needs Assessment (required)	<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>Begin writing here: <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.</i></p> <p><i>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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Cultural Competence (required)	<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>Begin writing here: SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <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>Continuing Education for Staff (required)</p>	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p>Begin writing here : SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.</p>
<p>Charitable Choice (required)</p>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p>Begin writing here : 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>Coordination of Services (required)</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>Begin writing here : Coordination with our provider network, community partners and MCO's is critical to the long-term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.</p>
<p>Public Comment/Local Board /BH Advisory Board Involvement (required)</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>Begin writing here : SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
<p>Program Compliance (required)</p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <p>Begin writing here : SBH-ASO works with providers to ensure adequate and timely submission of expenses reports/billing. Fiscal and Clinical components are reviewed in Annual Monitoring for each agency. Providers will also participate in routine SBH-ASO Quality and Compliance Committee meetings, complete monthly exclusionary reviews, and ensure signage posting to welcome reporting of any program integrity issues.</p>

<p>Recovery Support Services (optional)</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> <hr/> <p>Begin writing here: Transportation and childcare are funded in this plan. SBH-ASO providers are able to offer these services per contract. SBH-ASO Care Managers assist any individuals seeking services to connect to providers who can meet the requested need for support.</p>
<p>Cost Sharing (optional)</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> <hr/> <p>Begin writing here: Note applicable</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
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$455,000.00
*PPW Outreach (required)	<i>Begin writing here: Outreach and crisis intervention with Pregnant and Parenting women</i>	10	<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>	5	<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) – Consist 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
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	\$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$1,000.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: For services to children in residential treatment facilities serving PPW.</i>	2	<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
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.				\$269,610.00
Sub-acute Withdrawal Management	<i>Begin writing here: Withdrawal management services as indicated by individual need</i>	1	<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>	1	<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
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$111,000.00
*Interim Services (required)	<i>Begin writing here: See information in "Interim Services" line above</i>	0	<i>Begin writing here: See information in "Interim Services" line above</i>	Enter budget allocation for these proposed activities. \$0.00
*Transportation for PPW (required)	<i>Begin writing here: Provide individual bus ticket, bus passes, mileage reimbursement to aid in access to treatment.</i>	10	<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>	30	<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.				\$270,000.00
<i>Begin writing here: Administration and Interpreter Services. Naloxone program support including training and access.</i>				
Grand Total				\$1,132,110.00

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

SBH-ASO Advisory Board Recruitment Talking Points / Social Media Verbiage

Join the Salish BH-ASO Advisory Board!

Who We Are: SBH-ASO oversees behavioral health (mental health and substance use disorder) crisis services for all residents across Clallam, Jefferson, and Kitsap Counties. SBH-ASO also administers special programs including housing supports, peer services, and programs serving individuals connected to the justice system. Our Advisory Board collaborates with the SBH-ASO Executive Board to provide guidance on funding priorities and oversight for programs across the Salish region.

Who We Need: We are seeking volunteers with lived experience and/or a strong interest in behavioral health systems of care. Individuals of all ages and backgrounds are encouraged to apply. Your insights are valuable and can make a difference!

When We Meet: Meetings are held every other month on the first Friday from 10:00 am to 12:00 pm. You can join either in-person at 7 Cedars Hotel in Sequim or via Zoom. Advisory Board meetings are open to the public. If you would like to receive notifications of upcoming meetings, you can sign up for emails at

https://public.govdelivery.com/accounts/WAKITSAP/subscriber/new?topic_id=WAKITSAP_98.

Travel Compensation: Board members can receive compensation for travel expenses when attending in-person meetings or approved trainings and conferences.

Continuous Learning: As a Board member, you will have the opportunity to attend trainings and events that support Advisory Board work. Board members are empowered to stay up to date on current behavioral health topics and develop their strengths!

If you are interested in applying or have any questions – or would like to join a meeting as a guest, please contact Nicole Oberg, SBH-ASO Program Specialist at 360-337-4829 or noberg@kitsap.gov. We would be pleased to have you!



**Volunteer Application for Appointment to the
Salish Behavioral Health Administrative Services Organization
Advisory Board**

The following information will assist us in the selection process. Please help us in getting to know you.

Name _____

Contact Phone # _____ Contact E-mail _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Address (if different) _____

Occupation _____ Employer _____

Education _____

(please circle) Clallam, Jefferson, or Kitsap County Residence since: _____

Have you or any member of your immediate family received mental health services or those related to substance abuse through the public service system? Yes _____ No _____

Are you recovering from mental illness, alcohol or other drug dependency? Yes _____ No _____

(Optional) What ethnic minority group do you represent? _____

Affiliations

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of any agency that may be supported by state or county funds? Yes _____ No _____

If yes, agency name _____

Special Training

Have you received special training in human services, mental health or substance abuse disorder services?

Yes _____ No _____ If yes, please describe: _____

Availability to Attend Meetings

❖ Bimonthly daytime meetings? Yes _____ No _____ Bimonthly evening meetings? Yes _____ No _____

- Nights of the week you would be unable to attend meetings (exclude Friday, Saturday or Sunday)

❖ Available to attend committee meetings in addition to regular bimonthly meetings? Yes _____ No _____



Why are you applying for this appointment? _____

Which of your personal and/or professional interests prompted you to apply for this appointment?

Have you served on any County board, commission, committee, council or task force? If yes, please list:

Please list your qualifications for this appointment (include skills, activities, training, education).

What are your community interests (committees, organizations, special activities)? _____

Comments (optional)

In addition to the above, I wish to add: _____



Personal References *(Please provide the names of two non-relative references)*

1. Name _____ Phone # _____
Address _____ City/Zip _____
Relationship _____

2. Name _____ Phone # _____
Address _____ City/Zip _____
Relationship _____

I hereby certify that the information on this application is true and complete. My signature authorizes the program administrator to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking.

I also understand as a regional volunteer I will be performing services for civic, charitable or humanitarian reasons; I have not been promised and have no expectation of compensation for services rendered; and offer my services freely and without pressure or coercion, direct or implied, from the organization.

Signature Date

We welcome your willingness to serve the Clallam, Jefferson and Kitsap County region. Please return this application to: Nicole Oberg, Salish BH-ASO Program Specialist; 614 Division St. MS-23, Port Orchard, WA 98366; noberg@co.kitsap.wa.us; 360.337.4829

V-16 Updated December 2023



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
SERVING CLALLAM,
JEFFERSON, AND
KITSAP COUNTIES

Volunteers Needed

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is seeking volunteers to serve on its Advisory Board



We are looking for individuals who:

- Have lived experience with a behavioral health disorder, or family members
- Have interest in behavioral health systems of care

Help guide behavioral health services in your community!

For more information visit:

<https://www.kitsapgov.com/hs/Pages/SBH-ASO-ADVISORY-BOARD.aspx>

SBH-ASO Advisory Board
360-337-4829
noberg@kitsap.gov

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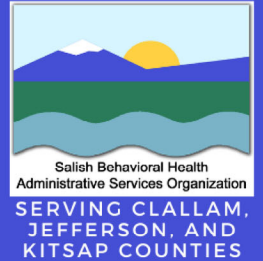
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Advisory Board Recruitment Graphic

Volunteers Needed



The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is seeking volunteers to serve on its Advisory Board

Seeking individuals who:

- Have lived experience with a behavioral health disorder, or family members
- Have interest in behavioral health systems of care



For more info contact
Nicole Oberg
360-337-4829
noberg@kitsap.gov



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD MEETING.

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, March 1, 2024
TIME: 10:00 AM – 12:00 PM
LOCATION: Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

****Please use this link to download ZOOM to your computer or phone:**
<https://zoom.us/support/download>**

Join Zoom Meeting: <https://us06web.zoom.us/j/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

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 January 5, 2024
(Attachment 5)
6. Action Items
 - a. Salish BHASO Advisory Board Applicants
7. Informational Items
 - a. Overview of 2024 Salish BHASO Budget (Attachment 7.a.1)
 - b. Advisory Board Training Recommendations
 - c. Salish BHASO Organizational Structure
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHAB	Behavioral Health Advisory Board
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBH-ASO	Salish Behavioral Health Administrative Services Organization
SUD	Substance Use Disorder
SYNC	Salish Youth Network Collaborative
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

March 1, 2024

Action Items

A. SALISH BHASO ADVISORY BOARD APPLICANTS

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

- Clallam County: Sandy Goodwick, Diane Pfeifle and 2 vacancies
- Jefferson County: Anne Dean, Mary Beth Langenaur and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy

SBHASO received Advisory Board Applications from three individuals. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Jon Stroup.

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.

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.

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.

Informational Items

A. OVERVIEW OF 2024 SALISH BHASO BUDGET

At the request of the Advisory Board, Staff will review the Executive Board approved Medicaid and non-Medicaid 2024 budgets.

B. ADVISORY BOARD TRAINING PRIORITY DISCUSSION

Opportunity to discuss Advisory Board training priorities. Areas of interest have included supporting peer workforce, trauma sensitivity, resilience, and advocacy. Other areas of consideration include youth-focused trainings, stigma, anti-oppression language, and training related to behavioral health system changes.

C. SALISH BHASO ORGANIZATIONAL STRUCTURE

Staff will provide an update on current SBHASO programming and organizational structure.

Summary of Non-Medicaid Expenditures - January 1 - December 31, 2024	
Crisis Line	\$358,368.00
Crisis Response/Mobile Outreach	\$3,078,897.00
Certified Peer Counselor Crisis Team Expansion	\$127,632.00
Youth Mobile Crisis Outreach Team	\$599,828.00
Next Day Appointments	\$120,000.00
<i>Crissi Team Prep for Mobile Rapid Response Endorsement</i>	\$671,350.00
Total Crisis	\$4,956,075.00
Involuntary (ITA) Psychiatric Inpatient	\$1,372,326.00
ITA Secure Withdrawal Management and Stabilization	\$50,000.00
ITA Court Costs	\$375,000.00
LRA/CR Outpatient Monitoring and Treatment	\$15,000.00
<i>AOT Court Costs</i>	\$296,764.00
<i>AOT Program</i>	\$467,088.00
Total Involuntary	\$2,576,178.00
Facility-based Crisis Stabilization	\$295,354.00
<i>MH Residential</i>	\$252,000.00
SUD Residential Treatment	\$171,110.00
SUD Withdrawal Management	\$161,592.00
Total Residential Treatment	\$880,056.00
PPW Childcare and Housing Supports	\$160,000.00
MH Outpatient	\$270,000.00
PACT	\$189,456.00
New Journeys Program	\$51,168.00
Recovery Navigator (REAL) Program	\$1,906,045.00
Co-Responder Program (RFP)	\$100,000.00
CJTA Services and Supports	\$700,380.00
E&T Discharge Planners	\$107,294.00
Peer Bridger and PB Participant Funds	\$164,101.00
Behavioral Helath Enhancement Payments	\$229,904.00
Jail Services and Jail Peer Transition Pilot	\$199,816.00
Behavioral Health Advisory Board	\$39,996.00
Community Education/Training	\$25,000.00
Youth Education and Outreach	\$156,560.00
FYSPRT Program	\$75,000.00
Transportation	\$15,000.00
Interpreter Services	\$3,000.00
SABG RFP Awards (Outpatient, Residential and Recovery Supports)	\$200,000.00
MHBG RFP Awards (Consultation)	\$37,000.00
Naloxone	\$200,000.00
Difficult to Discharge/Hisk Risk Individual Supports	\$658,793.00
SBH-ASO Housing Program (Subsidies and Services)	\$1,695,207
Youth Behavioral Health Navigator Program (SYNC)	\$422,984.00
<i>SYNC Program Enhancements</i>	\$175,000.00
SB 5476 Recovery Navigator Administrator	\$140,000.00
Assisted Outpatient Treatment Program Administrator	\$140,000.00
Total Special Programs, Provisos and Recovery Supports	\$8,061,704.00



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD MEETING.

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, May 3, 2024
TIME: 10:00 AM – 12:00 PM
LOCATION: Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

****Please use this link to download ZOOM to your computer or phone:**
<https://zoom.us/support/download>.**

Join Zoom Meeting: <https://us06web.zoom.us/j/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

A G E N D A

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

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBHASO Advisory Board Meeting Minutes for March 1, 2024
(Attachment 5) [page 6]
6. Action Items
 - a. Review of Salish BHASO Behavioral Health Advisory Board By-Laws [page 3]
(Attachment 6.a) [page 10]
 - b. 2024 Advisory Board Training Recommendations [page 3] (Attachment 6.b) [page 16]
7. Informational Items
 - a. Welcome to new Advisory Board Members [page 3]
 - b. Salish BHASO Restructure / Staffing Updates [page 3] (Attachment 7.b) [page 17]
 - c. Assisted Outpatient Treatment [page 4]
 - d. Naloxone Update [page 4] (Attachment 7.d) [page 18]
 - e. SUD Summit Summary [page 5]
 - f. Kitsap Reentry Simulation [page 5] (Attachment 7.f) [page 19]
 - g. Office of Behavioral Health Advocacy (OBHA) Updates [page 5]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

May 3, 2024

Action Items

A. REVIEW OF SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD BY-LAWS

Review of existing by-laws to consider changes, updates, and provide information to new members.

B. 2024 ADVISORY BOARD TRAINING RECOMMENDATIONS

Review and finalize training priorities put forth for consideration by the Advisory Board. Training recommendations include:

- Emotional CPR (eCPR)
- Hearing Voices
- Alternatives to Suicide
- Supporting Peer Workforce
- Trauma Sensitivity
- Resilience
- Advocacy
- Youth-focused Trainings
- Stigma
- Anti-Oppression language
- Behavioral Health System Changes
- Supervision of SUDPTs and CPCs
- BH Crisis Response for Law Enforcement / First Responders

Informational Items

A. NEW BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS

Salish BHASO Executive Board appointed all three candidates effective May 1, 2024. Welcome Kathryn Harrer (Jefferson), Lori Fleming (Jefferson), and Deputy Casey Jinks (Kitsap)!

B. SALISH BHASO RESTRUCTURE / STAFFING UPDATES

SBHASO continues work on internal restructuring.

Staff would like to congratulate Ilea 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.

The Care Manager position has been filled. We would like to welcome Brian Wilson to the team.

Staff would also like to congratulate SBHASO Data Analyst, Elise Bowditch, on her retirement. Her last day with the organization is Friday, May 3.

SBHASO is currently recruiting to fill the Clinical Manager position and the Data Analyst position.

An updated Organizational Chart is attached on page 17.

C. 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 from 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.

D. NALOXONE UPDATE

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:

- Hoh Tribe, Forks
- Quileute Tribe, La Push (2 cabinets)
- Port Gamble S'Klallam Tribe, Kingston
- Reflections Counseling Services Group, Port Angeles
- West Sound Treatment Center, Port Orchard
- Agape Unlimited, Bremerton
- BAART Programs, Bremerton

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.

E. SALISH REGIONAL SUD SUMMIT

On April 26, 2024 Salish BHASO hosted a region Substance Use Disorder Summit at John Wayne Marina in Sequim. This event provided an opportunity for SUD providers and stakeholders to engage in conversation and a work session regarding gaps in services for the SUD treatment population. Staff will provide a summary of the event.

F. KITSAP REENTRY SIMULATION

Salish BHASO is excited to be a sponsor for the 2024 Kitsap Reentry Simulation taking place at the Marvin Williams Recreation Center in Bremerton on May 31, 2024. This event is hosted by the Up From Slavery Initiative and Kitsap Strong. The event aims to foster systems change by introducing participants to the 5R's (Resilient Reentry Resources Reduces Recidivism) through presentations and a simulation. The simulation aims to provide participants with a firsthand understanding of the significant barriers individuals face upon reentering society post-incarceration. By immersing professionals in these simulations, they can gain invaluable insights into the reentry experience, thus equipping them with the knowledge to better support formerly incarcerated individuals as they reintegrate into their communities.

G. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

Nanine Nanette will provide additional information about the Office of Behavioral Health Advocacy and any updates on regional recruitment.

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

**Friday, March 1, 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 – Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:03 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 –

Addition of Informational Item D – OBHA Overview

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

APPROVAL of MINUTES –

Minutes will be amended to reflect removal of Mental Health First Aid language under Section 2 of the Mental Health Block Grant plans, and state that Board members were asked to submit training priorities/recommendations to SBHASO Staff.

MOTION: Helen Havens moved to approve the meeting minutes as amended for the January 5, 2024 meeting. Sandy Goodwick seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **SALISH BHASO ADVISORY BOARD APPLICANTS**

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

- Clallam County: Sandy Goodwick, Diane Pfeifle and 2 vacancies
- Jefferson County: Anne Dean, Mary Beth Lagenaur and 2 vacancies
- Kitsap County: Helen Havens, Jon Stroup and 1 vacancy
- Tribal Representative: Stormy Howell and 1 vacancy

SBHASO received Advisory Board Applications from three individuals. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Jon Stroup.

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.

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.

Deputy Casey Jinks is a resident of Kitsap County. Deputy Jinks has served as the Kitsap County Sheriff'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.

Applicants shared information about their background, interests, and desire to serve on the Salish BHASO Advisory Board.

Gratitude shared for the current volunteers, noting their diverse experience and perspectives.

Discussion around lived experience in the context of representation on the Advisory Board. The Salish BHASO Advisory Board is required to have 51% membership of individuals with lived experience.

Recommendations for Advisory Board appointments will be presented to the Executive board for final approval in April 2023.

Staff will continue to recruit for Advisory Board volunteers to fill remaining open seats.

MOTION: Mary Beth Lagenaur moved to recommend the appointment of Kathryn Harrer, Lori Fleming, and Deputy Casey Jinks to the SBHASO Advisory Board. Diane Pfeifle seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **OVERVIEW OF 2024 SALISH BHASO BUDGET**

At the request of the Advisory Board, Staff will review the Executive Board approved Medicaid and non-Medicaid 2024 budgets.

Staff reviewed budgeted Medicaid Revenues and Expenditures for January 1 – December 31, 2024. Medicaid funding comes from Washington State Managed Care Organizations (MCOs) including Community Health Plan of Washington (CHPW), Coordinated Care Washington, Molina Healthcare, United Healthcare, and Wellpoint (formerly Amerigroup). Revenue is estimated as it is paid on a per member per month (PMPM) basis by each MCO. This funding is specific to support individuals in the crisis service sector. A portion of these funds go to fund the Salish Regional Crisis Line, as well as regional Mobile Crisis Response Teams, and BHASO Administration.

The Salish Regional Crisis Line is contracted with Volunteers of America of Western Washington. Currently there are approximately 30 staff providing 24-hour crisis line services who are trained on the specific needs of the Salish region. The crisis line is the primary conduit for accessing the crisis system.

Staff reviewed budgeted non-Medicaid Revenues and Expenditures for January 1 – December 31, 2024. Non-Medicaid revenues come primarily from Health Care Authority (HCA) and is split into multiple program and service-specific funding streams. The majority of services funded are non-negotiable services that the SBHASO is required to administer across Clallam, Jefferson, and Kitsap Counties.

Discussion around Involuntary Treatment (ITA) Services. An Involuntary Treatment Investigation is a process wherein an individual assessed by a Designated Crisis Responder is determined to be a risk to themselves, others, property, or meet grave disability requirements. These individuals can be detained and placed in a hospital on a 120-hour hold.

Question regarding oversight of court processes related to involuntary treatment. Salish BHASO and governing boards provide oversight of the providers facilitating ITA and Assisted Outpatient Treatment (AOT) services. Concern raised about additional oversight by individuals with lived experience who have a history of involvement in court-ordered involuntary treatment processes. Behavioral Health Advocates are in place to support individuals related to behavioral health services they receive, which extends to AOT. Staff will outreach to the State-level AOT coordinator for additional information regarding oversight. Staff noted that AOT is intended to reduce involuntary inpatient stays thereby reducing trauma associated with involuntary treatment.

➤ **ADVISORY BOARD TRAINING PRIORITY DISCUSSION**

Opportunity to discuss Advisory Board training priorities. Areas of interest have included supporting peer workforce, trauma sensitivity, resilience, and advocacy. Other areas of consideration include youth-focused trainings, stigma, anti-oppression language, and training related to behavioral health system changes.

Historically, SBHASO has provided and/or funded trainings on suicide prevention, ethics, ASAM, Motivational Interviewing, Certified Peer Trainings, recovery-focused trainings, diversity training, among others.

Comment regarding need for additional training on behavioral health crisis response with Law Enforcement in West Jefferson County. In partnership with VOA, Staff will be increasing informational campaigns around accessing crisis services via the Salish Regional Crisis Line. Staff will plan to include outreach to law enforcement partners in that effort. There has also been expansion of legislated behavioral health crisis response training for law enforcement and first responders.

Other training recommendations included training and integration of peer work alongside traditional treatment models, supervision of peers and SUDPTs, youth-focused crisis training, Emotional CPR.

Also noted was the need for additional American Society of Addiction Medicine (ASAM) criteria training, including implementation for behavioral health and ancillary services providers. Staff noted that there will be changes to the State plan reflecting ASAM updates and anticipate training to be provided at the State level by HCA.

Staff will compile all training recommendations in an email to Board members for review. A vote on 2024 training priorities will take place at the May Advisory Board meeting.

➤ **SALISH BHASO ORGANIZATIONAL STRUCTURE**

Staff will provide an update on current SBHASO programming and organizational structure.

Salish BHASO is undergoing a restructure to ensure continued capacity to serve the region.

Salish BHASO is currently hiring a Clinical Manager. The Clinical Manager position, paired with an Operations Manager, will replace the Deputy Administrator position.

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

Nanine Nanette provided information about the Office of Behavioral Health Advocacy and her role as a Behavioral Health Advocate (BHA).

Nanine’s current position with OBHA is focused on the North Central region whilst providing additional support to the Salish region. OBHA is in the process of hiring a dedicated BHA to serve the Salish region.

Recommendation for local representation to be included in hiring committees for the Salish region BHA role.

Plan to have Nanine present more information on OBHA at the May Advisory Board meeting.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 12:00pm

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Jolene Kron, SBH-ASO Administrator	Lori Fleming, Jefferson County
John Stroup, Chair	Nicole Oberg, SBH-ASO Program Specialist	G’Nell Ashley, Reflections Counseling Services Group
Sandy Goodwick	Doug Washburn, Human Services	Heidi Eisenhour, SBHASO Executive Board
Stormy Howell		Kate Jasonowicz, CHPW
Mary Beth Lagenaur		Deputy Jinks, KCSO Crisis Intervention Coordinator
Diane Pfeifle		Nanine Nicolette, OBHA
Helen Havens		Kathryn Harrer, Jefferson County
Excused:		Marty, Guest
None.		

NOTE: These meeting notes are not verbatim.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

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

2. PURPOSE

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

The purpose of the Advisory Board is to:

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

* Required role by RCW

3. MEMBERSHIP

a. Appointment

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

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

b. Representation

The Advisory Board shall be comprised of a maximum of eleven members, with three individuals representing each participating county, and two at-large Tribal representatives. At least 51% of the membership will be made up of consumers or parents or legal guardians 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.

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 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.

f. Quorum

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

g. Voting

Voting shall be restricted to Advisory Board members only, and each Board member shall have one vote. The chair shall vote when a tie results. Except, the chair may vote in elections. All decisions of the Advisory Board shall be made by no less than a majority vote of a quorum at a meeting where a quorum is present.

h. Minutes

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

i. Agendas

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

j. Parliamentary Procedures

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

k. Decorum and Control

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

7. OFFICERS**a. Chair and Vice Chair**

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

b. Process

The Chair shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor. Nominees must be active members who have consented to serve. All elections shall be by secret ballot unless dispensed with by a majority vote of the members present.

c. Chair Responsibilities

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

d. Vice Chair

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

e. Chair Pro Tempore

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

f. Vacancies or Removal of Officers

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

8. SPECIAL COMMITTEES

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

9. CONFLICTS OF INTEREST**a. Declaration**

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

b. Conflict of Interest

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

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

10. REPRESENTATION

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

11. COMPENSATION

Members of the Board shall serve without compensation. Reimbursement for expenses incurred while conducting official Advisory Board business may be provided for with the approval of the Director of the Kitsap County Human Services Department.

12. STAFFING

The Kitsap County Human Services Department shall have the responsibility to provide professional, technical and clerical staff as necessary, to support the activities of the Board.

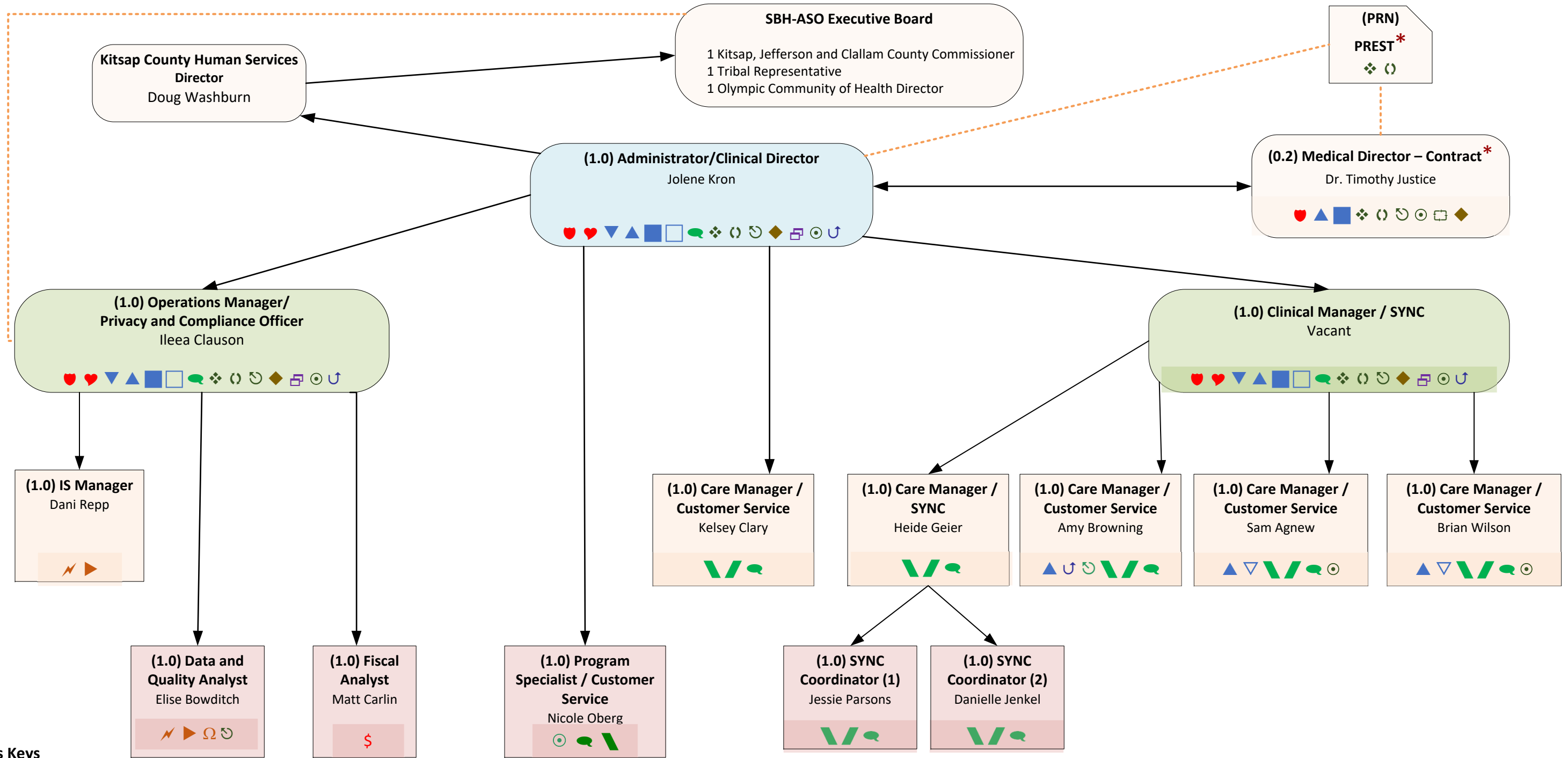
13. AMENDMENT OF BYLAWS

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.

Training Recommendations	Target Population (Youth, Adult, MH, SUD, etc.)
Emotional CPR (eCPR)	
Hearing Voices	
Alternatives to Suicide	
Supporting Peer Workforce	
Trauma Sensitivity	
Resilience	
Advocacy	
Youth-focused Trainings	
Stigma	
Anti-Oppression language	
Behavioral Health System Changes	
Supervision of SUDPTs and CPCs	
BH Crisis Response for Law Enforcement / First Responders	



Symbols Keys

Additional Details: ——— Solid lines indicate direct supervision - - - - - Red lines indicate direct communication channels | Administrative services are the responsibility of all employed staff.

♥ Leadership Team	▼ Clinical Director	🗨️ General information, referral, and overall customer service	🔍 Utilization Management	📊 Data Analytics	📌 Staff and Provider Training
📄 Network Development and Contracting	▲ Care Management/Care Coordination	🗨️ Specific information, referral, and customer service on BH clinical services	🗣️ Grievance and Appeal	⚡ Information Services	📁 Federal Block Grant Reporting
💰 Financial Planning, Analytics and Reporting	📊 Crisis response system, including oversight of VOA	🗨️ Member Services	🕒 Quality Management	📄 Claims, Encounters and Supplemental Data Processing	* Contractor
🔄 Government and Community Liaison	📄 Crisis Triage Administration		👤 Credentialing		
♥ Provider Relations	△ Child Specialist		📄 Program Integrity; Fraud and Abuse		
	▽ Addiction Specialist				
	🔄 Tribal Liaison				



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.



The cabinet pictured is 26" tall x 18" wide x 7" deep.

For additional information or questions, please contact

- Sam Agnew, SUDP, Harm Reduction Manager: 360-337-4664, sagnew@kitsap.gov
- Kelsey Clary, R.E.A.L. Program Administrator: 360-271-5922, kclary@kitsap.gov



Resilient Reentry Resources Reduces Recidivism

Friday
MAY 31
8:45a-2:00p



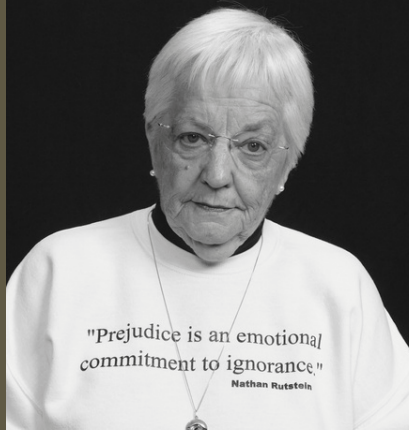
*Reentry simulation:
An exercise in empathy*

Marvin Williams Center
725 Park Ave. Bremerton WA

REGISTER NOW



<https://kitsap5rs.bpt.me>



"Prejudice is an emotional
commitment to ignorance."
Nathan Rutstein

Virtual Keynote Speaker
Jane Elliott

\$49 fee

Includes lunch

Appreciation to the generosity of sponsors who make this shared experience possible





Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, July 12, 2024
TIME: 10:00 AM – 12:00 PM
LOCATION: Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

****Please use this link to download ZOOM to your computer or phone:**
<https://zoom.us/support/download>.

Join Zoom Meeting: <https://us06web.zoom.us/j/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

A G E N D A

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBHASO Advisory Board Meeting Minutes for May 3, 2024 (Attachment 5) [page 5]
6. Action Items
 - a. Approval of Updated Salish BHASO Behavioral Health Advisory Board By-Laws [page 3] (Attachment 6.a.1 [page 11] and 6.a.2 [page 17])
7. Informational Items
 - a. Training Updates [page 3] (Attachment 7.a) [page 23]
 - b. Salish BHASO Naloxone Program Updates [page 4]
 - c. Office of Behavioral Health Advocacy (OBHA) Updates [page 4]
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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DBHR	Division of Behavioral Health & Recovery	PIHP	Prepaid Inpatient Health Plans
DCR	Designated Crisis Responder	P&P	Policies and Procedures
DCYF	Division of Children, Youth, & Families	QACC	Quality and Compliance Committee
DDA	Developmental Disabilities Administration	RCW	Revised Code Washington
DSHS	Department of Social and Health Services	R.E.A.L.	Recovery. Empowerment. Advocacy. Linkage.
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)	RFP, RFQ	Request for Proposal, Request for Qualifications
EBP	Evidence Based Practice	SABG	Substance Abuse Block Grant
FYSPRT	Family, Youth, and System Partner Round Table	SRCL	Salish Regional Crisis Line
HCA	Health Care Authority	SUD	Substance Use Disorder
HCS	Home and Community Services	SYNC	Salish Youth Network Collaborative
HIPAA	Health Insurance Portability & Accountability Act	TEAMonitor	HCA Annual Monitoring of SBHASO
HRSA	Health and Rehabilitation Services Administration	UM	Utilization Management
IMC	Integration of Medicaid Services	WAC	Washington Administrative Code
IMD	Institutes for the Mentally Diseased	WM	Withdrawal Management
IS	Information Services	WSH	Western State Hospital, Tacoma



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

July 12, 2024

Action Items

A. 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"

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

Informational Items

A. 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 and open to community members. A registration form is available at <http://bit.ly/4bsuqT9>.

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.

B. SALISH BHASO NALOXONE PROGRAM UPDATE

SBHASO has partnered to install 14 cabinets across all 3 counties.

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

SBHASO had distributed more than 1348 naloxone kits to community partners from March through May of this year.

Current work in partnering for additional placement includes Kitsap Transit and Kitsap Mental Health Services.

Continuing to work with Department of Health (DOH) and have updated to their new system for ordering.

****Demonstration of the naloxone map****

C. OFFICE OF BEHAVIORAL HEALTH ADVOCACY (OBHA) UPDATES

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

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

**Friday, May 3, 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 – Jon Stroup, SBH-ASO Behavioral Advisory Board Chair called the meeting to order at 10:07 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 –

Request to add item 7.h for Behavioral Health Advisory Council (BHAC) recruitment.

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

APPROVAL of MINUTES –

Minutes will be revised to list correct date on page 7.

MOTION: Diane Pfeifle moved to approve the meeting minutes as amended for the March 1, 2024 meeting. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REVIEW OF SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD BY-LAWS**

Review of existing by-laws to consider changes, updates, and provide information to new members.

Advisory Board members reviewed the by-laws and provided the following recommendations for revision:

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”.*

Motion is deferred until document is updated with recommended changes.

➤ **2024 ADVISORY BOARD TRAINING RECOMMENDATIONS**

Review and finalize training priorities put forth for consideration by the Advisory Board.

Training recommendations include:

- Emotional CPR (eCPR)
- Hearing Voices
- Alternatives to Suicide
- Supporting Peer Workforce
- Trauma Sensitivity
- Resilience
- Advocacy
- Youth-focused Trainings
- Stigma
- Anti-Oppression language
- Behavioral Health System Changes
- Supervision of SUDPTs and CPCs
- BH Crisis Response for Law Enforcement / First Responders

Staff provided a review of the 13 training recommendations presented. Upon recommendation by the Board, training priorities for consideration were revised for consistency prior to vote. Emotional CPR (eCPR), Hearing Voices, and Alternatives to Suicide were replaced by Community-focused Behavioral Health Trainings and Suicide Intervention / Mitigation.

Advisory Board members ranked their top 10 priorities which were then reduced to five. The final five training priorities were identified as:

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

Plan for SBHASO Staff to research specific trainings that align with identified priorities. Specific trainings will be presented for consideration at the July 12 Advisory Board meeting.

MOTION: Diane Pfeifle moved to approve the five Advisory Board training recommendations as identified by vote. Lori Fleming seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **NEW BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS**

Salish BHASO Executive Board appointed all three candidates effective May 1, 2024. Welcome Kathryn Harrer (Jefferson), Lori Fleming (Jefferson), and Deputy Casey Jinks (Kitsap)!

Appreciation and enthusiasm shared for new Advisory Board members.

Recruitment efforts continue for open Clallam County and Tribal Representative positions. Board members are encouraged to engage in recruitment efforts as they are able.

➤ **SALISH BHASO RESTRUCTURE / STAFFING UPDATES**

SBHASO continues work on internal restructuring.

Staff 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.

The Care Manager position has been filled. We would like to welcome Brian Wilson to the team.

Staff would also like to congratulate SBHASO Data Analyst, Elise Bowditch, on her retirement. Her last day with the organization is Friday, May 3.

SBHASO is currently recruiting to fill the Clinical Manager position and the Data Analyst position.

An updated Organizational Chart is attached on page 17.

➤ **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 from 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.

Court-ordered treatment is considered a civil process and does not include any criminal penalties for non-compliance.

Question regarding the length of time AOT and associated programs have been in place, as well as the level of success, specifically what percentage of people have measurable reduction in symptoms as a result of court-ordered outpatient treatment. Staff will look for data related to outcomes of similar programs, noting that they vary greatly from state to state.

Staff will send Board Members additional information about Assisted Outpatient Treatment.

➤ **NALOXONE UPDATE**

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:

- Hoh Tribe, Forks
- Quileute Tribe, La Push (2 cabinets)
- Port Gamble S'Klallam Tribe, Kingston
- Reflections Counseling Services Group
- West Sound Treatment Center, Port Orchard
- Agape Unlimited, Bremerton
- BAART Programs, Bremerton

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.

Cabinet capacities vary from 6 to 74 boxes.

Restocking of naloxone supply for each cabinet is negotiated with each partner agency.

➤ **SALISH REGIONAL SUD SUMMIT**

On April 26, 2024 Salish BHASO hosted a region Substance Use Disorder Summit at John Wayne Marina in Sequim. This event provided an opportunity for SUD providers and stakeholders to engage in conversation and a work session regarding gaps in services for the SUD treatment population. Staff will provide a summary of the event.

The Substance Use Disorder Summit had 77 total attendees, which included individuals from Public Health, Commissioners, Law Enforcement, and Peers.

Identified priorities included transportation and withdrawal management.

Attendees expressed interest in quarterly convenings. A plan for follow-up meetings is in progress. Staff will continue to share information as it is available.

➤ **KITSAP REENTRY SIMULATION**

Salish BHASO is excited to be a sponsor for the 2024 Kitsap Reentry Simulation taking place at the Marvin Williams Recreation Center in Bremerton on May 31, 2024. This event is hosted by the Up From Slavery Initiative and Kitsap Strong. The event aims to foster systems change by introducing participants to the 5R's (Resilient Reentry Resources Reduces Recidivism) through presentations and a simulation. The simulation aims to provide participants with a firsthand understanding of the significant barriers individuals face upon reentering society post-incarceration. By immersing professionals in these simulations, they can gain invaluable insights into the reentry experience, thus equipping them with the knowledge to better support formerly incarcerated individuals as they reintegrate into their communities.

Board members are invited to attend the reentry simulation free of charge. Interested board members can reach out to Nicole or Jolene to register.

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

Nanine Nanette will provide additional information about the Office of Behavioral Health Advocacy and any updates on regional recruitment.

Nanine recommended that naloxone outreach efforts include primary care and/or patients receiving prescribed opioids, who are required to fill a prescription of naloxone. The prescription has an associated cost, causing a financial barrier for many.

Nanine has requested to transition to the Salish region. More to come.

➤ **BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC) RECRUITMENT**

The Behavioral Health Advisory Council is recruiting for members. Meetings occur monthly and are in-person in Olympia. Staff will send out information about the opportunity to Board Members.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- Kate Jasonowicz of CHPW noted that enrollment for the Apple Health expansion for immigrants and refugees begins June 20 for coverage effective on July 1.

ADJOURNMENT – Consensus for adjournment at 12:03pm

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Jolene Kron, SBHASO Administrator	Kate Jasonowicz, Community Health Plan of Washington
John Stroup, Chair	Nicole Oberg, SBHASO Program Specialist	Nanine Nicolette, Office of Behavioral Health Advocacy
Lori Fleming	Doug Washburn, Human Services	Jenny Oppelt, Clallam County Health and Human Services

Sandy Goodwick	Ileea Clauson, SBHASO Operations Manager	Conor Wilson, Kitsap Sun
Helen Havens	Brian Wilson, SBHASO Care Manager	
Dep. Casey Jinks	Elise Bowditch, SBHASO Data Analyst	
Mary Beth Lagenaur		
Diane Pfeifle		
<i>Excused:</i>		
Stormy Howell		
Kathryn Harrer		

NOTE: These meeting notes are not verbatim.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

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

2. PURPOSE

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

The purpose of the Advisory Board is to:

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

* Required role by RCW

3. MEMBERSHIP

a. Appointment

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

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

b. Representation

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



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD

BYLAWS

1. NAME

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

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

* Required role by RCW

3. MEMBERSHIP

a. Appointment

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

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

b. Representation

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

4. TERMINATION

c. Resignation

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

d. Removal

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

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

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

5. ATTENDANCE

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

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

6. MEETINGS

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b. Regular Meetings

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c. Notice

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

d. Special Meetings

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

e. Meeting Location

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

f. Quorum

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

g. Voting

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

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

h. Minutes

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

i. Agendas

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

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

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

7. OFFICERS

a. Chair and Vice Chair

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

b. Process

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

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

c. Chair Responsibilities

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

d. Vice Chair

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

e. Chair Pro Tempore

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

f. Vacancies or Removal of Officers

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

8. SPECIAL COMMITTEES

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

9. CONFLICTS OF INTEREST

a. Declaration

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

b. Conflict of Interest

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

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

10. REPRESENTATION

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

11. COMPENSATION

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

12. STAFFING

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

13. AMENDMENT OF BYLAWS

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

14. ADOPTION

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

QPR

Attachment 7.a



Serving Clallam, Jefferson,
and Kitsap Counties

(Question/Persuade/Refer)

SUICIDE PREVENTION TRAINING

August 6 & 8, 2024

Ask a Question, Save a Life

Three steps anyone can take to help prevent suicide. You can be a resource for someone who might be struggling.

This training is for anyone that wants to recognize the signs that someone is at risk for suicide.

QPR Gatekeeper Training Teaches:

- How to recognize the warning signs
- How to offer hope
- How to refer someone to help

Tuesday, August 6, 2024

Doors open at 4:00 pm
Training from 4:30 pm - 5:30 pm
7 Cedars Hotel, Blyn Room
270756 US-101
Sequim, WA 98382

Thursday, August 8, 2024

Doors open at 4:00 pm
Training from 4:30 pm - 5:30 pm
Poulsbo Library, Community Room
700 NE Lincoln Road
Poulsbo, WA 98370

Light refreshments will be served

Register for free:

<http://bit.ly/4bsuqT9>



For more info, contact Amy Browning at
abrowning@kitsap.gov or 360-307-4275



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

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

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



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

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.

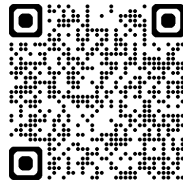
Emotional CPR

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

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

NOTE: These meeting notes are not verbatim.

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

**Section 1
Proposed Plan Narratives**

Needs Assessment	<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>Begin writing here : <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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Cultural Competence *	<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>Begin writing here : SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services. 7. We value flexibility and creativity in meeting the needs of each individual. <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>Begin writing here :</p>
--	--

Children’s Services	<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

Public Comment/Local/ BH Advisory Board Involvement	<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>Begin writing here : SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>
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Outreach Services	<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>Begin writing here : 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.

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	<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
Grand Total				\$329,354.00

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

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

**Section 1
Proposed Plan Narratives**

Needs Assessment (required)	<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>Begin writing here : <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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Cultural Competence (required)	<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>Begin writing here : SBH-ASO integrates CLAS standards in all service provision. SBH-ASO values:</p> <ol style="list-style-type: none"> 1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policies and procedures. 2. We value and respect cultural and other diverse qualities of each individual. 3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation. 4. We work in partnership with allied community providers to provide continuity and quality care. 5. We treat all people with respect, compassion, and fairness. 6. We value the continuous improvement of services.
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Continuing Education for Staff (required)	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <p>Begin writing here : SBH-ASO has strong relationships with providers. SBH-ASO meets quarterly with the provider network to provide system updates, problems solving, and training. SBH-ASO staff provide technical assistance support to all providers as needs arise. SBH-ASO encourages providers to engage in community training and provides resources as they are available. SBH-ASO provides oversight to agencies related to training plans and requirements as part of the Annual Monitoring Process.</p>
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<p>Charitable Choice (required)</p>	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p>Begin writing here : 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>Coordination of Services (required)</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>Begin writing here : Coordination with our provider network, community partners and MCO's is critical to the long-term success of the SBH-ASO. SBH-ASO Care Managers work to coordinate care for individuals who receive funded services. Outpatient providers use case managers to coordinate with community services including housing, employment, DSHS, DOC, and Children's Administration. SBH-ASO has participated in meetings to assist with in problem solving concerns related to care coordination of services for individuals across all counties. SBH-ASO participates in regional opioid programs to assist with development of community network response and facilitate care for individuals. SBH-ASO continues to work to support community members and community partners in accessing services by facilitating and maintaining relationships to provide coordination as needed.</p>
<p>Public Comment/Local Board /BH Advisory Board Involvement (required)</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>Begin writing here : SBH-ASO provides a forum for public comment at each Executive and Advisory Board meetings. SBH-ASO providers identify needs in part based on community surveys. The SBH-ASO Advisory Board uses community survey information to assist in identifying gaps and needs within the community and set priorities for future work. SBH-ASO staff engages with other regional behavioral health advisory boards and community organizations to encourage feedback and facilitate identification of community needs. Final feedback is incorporated into the plan development and the plan is approved by the SBH-ASO Advisory Board.</p>

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

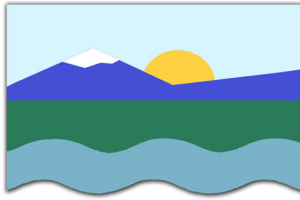
Spiritual/Faith-Based Support		0		\$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$1,000.00
*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
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.				\$269,610.00
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
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation for these proposed activities. \$0.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$111,000.00
*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>				
Grand Total				\$1,157,110.00

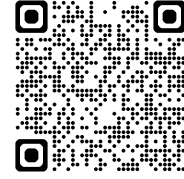
Attachment 6.a.2

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



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 or 1-800-366-3103

ZOOM CALL IN NUMBER: 253-205-0468

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

*Password: Welcome!



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, November 1, 2024
TIME: 10:00 AM – 12:00 PM
LOCATION: Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

*****Please use this link to download ZOOM to your computer or phone:***

<https://zoom.us/support/download>.**

Join Zoom Meeting: <https://us06web.zoom.us/j/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

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 SBH-ASO Advisory Board Meeting Minutes for September 13, 2024 (Attachment 5) [page 5]
6. Informational Items
 - a. Annual Code of Conduct Training [page 3] (Attachment 6.a.1 [page 12] and 6.a.2 [page 15])
 - b. Salish BHASO Behavioral Health Advisory Board Orientation [page 3]
 - c. 2025 Advisory Board Priorities & Strategic Planning [page 3]
7. Opportunity for Public Comment (limited to 3 minutes each)
8. Adjournment

ACRONYMS

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



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

November 1, 2024

Informational Items

A. ANNUAL CODE OF CONDUCT TRAINING

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

B. SALISH BHASO BEHAVIORAL HEALTH ADVISORY BOARD ORIENTATION

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

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

C. 2025 ADVISORY BOARD PRIORITIES & STRATEGIC PLANNING

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

Historical Board Priorities:

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

SUD Summit-Identified Gaps/Needs:

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

Training Priorities Identified in 2024:

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

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

**Friday, September 13, 2024
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY**

CALL TO ORDER –Stormy Howell, SBHASO Behavioral Advisory Board Vice Chair called the meeting to order at 10:07 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: Lori Fleming moved to approve the agenda as submitted. Sandy Goodwick seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Lori Fleming moved to approve the meeting minutes as submitted for the July 12, 2024 meeting. Kathryn Harrer seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **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

Discussion around the scope and limitations of block grant funding. Funding is often braided with existing funding or other service line items to support target populations.

Discussion regarding specific block grant allocations, including childcare services, therapeutic services for youth, pregnant and parenting women (PPW), and other recovery supports.

MOTION: Lori Fleming moved to approve the Federal Block Grant Plans for July 1, 2024 – June 30, 2025 as presented. Sandy Goodwick seconded the motion. Motion carried unanimously.

➤ **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.

Staff have received an application for the open Kitsap County seat.

MOTION: Lori Fleming moved to nominate the Stormy Howell as the Salish Behavioral Health Administrative Services Organization Behavioral Health Advisory Board Chair. Sandy Goodwick seconded the motion. Motion carried unanimously.

MOTION: Mary Beth Lagenaur moved to nominate Lori Fleming as the Salish Behavioral Health Administrative services Organization Behavioral Health Advisory Board Vice Chair. Kathryn Harrer seconded the motion. Motion carried unanimously.

➤ **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

Discussion at the November meeting will focus on providing an overview of previous Advisory Board priorities, followed by an open dialogue to identify future priorities in preparation for the combined meeting in February. (majority of meeting)

Staff noted that priorities have evolved over time due to changes in Executive Board and Advisory Board membership, as well as community needs. Recent expansion in Advisory Board membership, along with organizational changes, provides an ideal opportunity to realign goals and establish a clear path forward.

MOTION: Diane Pfeifle moved to approve the 2025 Behavioral Health Advisory Board meeting schedule as presented. Mary Beth Lagenaur seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **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.

Discussion regarding translation services and the mechanisms available for individuals to notify SBHASO of any concerns related to culturally and/or linguistically appropriate care provided by SBHASO-contracted providers.

➤ **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.

➤ **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.

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

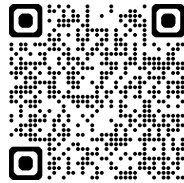
Emotional CPR (eCPR) is a peer-developed and peer-led education program designed to teach people how to assist others through emotional crises by connecting, empowering, and revitalizing individuals in distress.

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.

The reentry simulation will be staffed by individuals with lived experience of incarceration. There are 75 participant registration slots available.

➤ **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:



➤ **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.

Staff suggested identifying a designated SBHASO Advisory Board representative to attend at monthly forum meetings.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- SBHASO Staff will reach out to coordinate an orientation for new Advisory Board members.

ADJOURNMENT – Consensus for adjournment at 11:56 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
<i>Present:</i>	Jolene Kron, SBHASO Administrator/Clinical Director	
Diane Pfeifle	Nicole Oberg, SBHASO Program Specialist	
Lt. Casey Jinks	Ileea Clauson, SBHASO Operations Manager	
Kathryn Harrer	Doug Washburn, Human Services Director	
Lori Fleming		

Mary Beth Lagenaur		
Sandy Goodwick		
Stormy Howell		
Excused:		
Helen Havens		
Jon Stroup		

NOTE: These meeting notes are not verbatim.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CODE OF CONDUCT

Policy Number: CP304

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date: 3/22/2023

Executive Board Approval Dates: 1/15/2021

PURPOSE

To outline the scope, responsibilities, operational guidelines, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure maintenance of an environment that facilitates ethical decision making in accordance with federal and state laws and regulations.

POLICY

The SBH-ASO is committed to ensuring that all staff and associates conduct their activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures.

SBH-ASO establishes this Code of Conduct to ensure that the SBH-ASO community, which includes employees (paid and volunteer) and board members, will know and understand expectation of behavior.

This Code is not meant to answer every question that might arise in daily activities; however, it does provide guidelines, direction, and resources that can be used to respond to matters and circumstances in the course of SBH-ASO duties. No set of guidelines, including these, can ever substitute for the sound judgment, common sense, and personal integrity required to meet the challenges of the job.

All SBH-ASO employees (paid and volunteer) and board members are responsible for understanding and adhering to this Code of Conduct. Inherent in this Code are the following principles by which all employees (paid and volunteer) and board members, as applicable, will abide:

Principle 1 - Legal Compliance and Ethical Business Practices

- 1.1 Business conducted complies with all relevant local, state, and federal laws, rules, and ordinances.
- 1.2 Business practices are conducted truthfully, fairly, and without deception.
- 1.3 Facilities and resources are used solely for the benefit of the SBH-ASO.
- 1.4 The SBH-ASO does not discriminate. The SBH-ASO believes in the fair and equitable treatment of Individuals, providers, employees (paid and volunteer), and board members.
- 1.5 SBH-ASO employees (paid and volunteer) and board members conduct all activities in accordance with the highest ethical standards.
- 1.6 SBH-ASO cooperates with government inquiries and investigations as required by law.

Principle 2 – Confidentiality

- 2.1 Employees (paid and volunteer) and board members abide by the Health Insurance Portability and Accountability Act (HIPAA), applicable policies and procedures, and 42 CFR Part 2. The confidentiality of all medically and clinically sensitive and personal and proprietary information is protected.
- 2.2 Proprietary information is protected and only shared with employees (paid and volunteer) and board members having a need to know such information to perform their job responsibilities.

Principle 3 - Avoid Real and Apparent Conflicts of Interest

- 3.1 All SBH-ASO employees (paid and volunteer) and board members are obligated to avoid situations or conduct that could influence (or appear to influence) objective decisions in the performance of assigned duties and responsibilities—or that could raise questions as to the honesty and integrity of SBH-ASO or negatively impact its reputation.
- 3.2 Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 4 - Protection of Assets

- 4.1 All SBH-ASO employees (paid and volunteer) and board members will strive to preserve and protect the assets of SBH-ASO by making prudent and effective use of the SBH-ASO's resources and properly and accurately reporting its financial condition.

PROCEDURE

All employees (paid and volunteer) and board members are responsible to:

1. Know the existing laws, regulations, and ordinances relevant to the management of a multi-member government behavioral health system.

2. Conduct business in a professional manner that respects the rights and decisions of others, fosters cooperation and integration, respects diversity and is in the best interest of the SBH-ASO.
3. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the management of the SBH-ASO.
4. Ensure the Individual's voice is heard and considered prior to making policy decisions.
5. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
6. This Code of Conduct Policy and Procedure, which clearly reflects the standards of conduct, will be reviewed on an annual basis and updated as necessary.
7. All SBH-ASO employees (paid and volunteer) and board members will review and attest to this Code of Conduct by signing an attestation annually.

MONITORING

1. Consequences for noncompliance by SBH-ASO employees (paid and volunteer) will rely on Kitsap County Personnel Policies and Procedures.
2. All parties are encouraged to suggest changes or additions to this Code. The Code augments, but does not limit, specific policies and procedures of the SBH-ASO.
3. Reports of any concerns may be made to a manager, supervisor, or to the Compliance Officer.
4. Managers and supervisors are further required to report allegations reported to them and to report any known or suspected violations of any laws, acts, statutes or regulations that they discover in the performance of their supervisory duties. Reports can be made to the Compliance Officer.
5. If you know of a violation but fail to report it, you could be considered a party to the violation.
6. Anyone who ever feels retaliated against for making a report should contact the Compliance Officer immediately.



Salish Behavioral Health Administrative Services Organization Code of Conduct Attestation

Attestation/Affirmation for all Board Members and Employees (paid and volunteer):

I attest and affirm that I will strictly follow the policies and guidelines of the Code of Conduct of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) as they apply to me. My observance of these policies and guidelines is a condition of my working with or participating in the SBH-ASO.

- I hereby acknowledge that I have received, on the date below, a copy of the SBH-ASO Code of Conduct Policy and Procedure CP304.
- I have read the document, understand its meaning, and agree to conduct myself in accordance with these policies and guidelines.
- I understand that violations of the Code of Conduct, or failure to take action mandated by this Code of Conduct are grounds for disciplinary action.

Signature

Print Name

Date

Reviewed: 3/22/2023