



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

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

DATE: Friday, February 21, 2025
TIME: 9:00 AM – 11:00 AM
LOCATION: Bay/Blyn Room, 7 Cedars Hotel
270756 Highway 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP:

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

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Meeting ID: 850 6764 5210

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A G E N D A

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

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Minutes for December 13, 2024 (Attachment 5 [page 6])
6. Executive Board Action Items
 - a. Election of SBHASO Executive Board Chair and Vice Chair [page 3]
 - b. Review and Approval of the 2025 SBHASO Risk Assessment [page 3]
(Attachments 6.b.1 [page 12] and 6.b.2 [page 18])
7. Approval of SBHASO Advisory Board Minutes for November 1, 2024
(Attachment 7 [page 27])
8. Informational Items
 - a. Commemoration of Advisory Board Member Sandy Goodwick [page 4]
 - b. 2025 Strategic Planning [page 4]
9. Opportunity for Public Comment (limited to 3 minutes each)
10. Adjournment

ACRONYMS

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



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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Friday, February 21, 2025

Executive Board Action Items

A. ELECTION OF SBHASO EXECUTIVE BOARD CHAIR AND VICE-CHAIR

The SBHASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair and Vice-Chair by majority vote. For the past two years, Commissioner Ozias served as Chair. Staff respectfully requests that the Executive Board Elect a Chair and Vice-Chair for 2025.

B. REVIEW AND APPROVAL OF THE 2025 SBHASO RISK ASSESSMENT

In accordance with 45 CFR §164.308, the SBHASO is required to maintain, review, and update a Risk Assessment. This document provides a process by which the SBH-ASO continually monitors its operations to identify areas of potential risk and opportunities for mitigation. In order to ensure this document is comprehensive, SBHASO Staff worked collaboratively to identify areas of risk in all avenues of its business operations. For the 2024/2025 Risk Assessment, the top 3 identified risks include:

- Frequency of change to data submission requirements at the State level creates risk of incorrect and untimely data submissions. Challenges in programmatic changes occurring prior to adequate stakeholder involvement.
- Changes to Regional Crisis System as a result of State level (i.e., judicial, legislative, regulatory) changes could inhibit community response to behavioral health crises, HB1688 planning and implementation, and the increase in complexity of service delivery with lack of clarity around organizational responsibilities.
- Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payments.

This document is attached for review, comment, and approval by the Executive Board.

Informational Items

A. COMMEMERATION OF ADVISORY BOARD MEMBER SANDY GOODWICK

Salish BHASO Staff recently learned of the passing of Advisory Board member Sandy Goodwick on September 20, 2024. Sandy served on the Advisory Board for many years, where she made significant contributions to the mission and vision of SBHASO since its inception in 2020. Sandy was a steadfast advocate for peer-led initiatives and disability justice. Her absence is deeply felt, and her legacy will continue to inspire the work of SBHASO Staff and the Advisory Board.

B. 2025 STRATEGIC PLANNING

The 2025 strategic planning process offers an opportunity for the Salish BHASO Advisory and Executive Boards to discuss and align on priorities that will guide the organization's future work, ensuring it continues to address the complex needs of the community.

The following previously identified priorities are provided to inform the discussion:

Historical Advisory Board Priorities

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

Advisory Board Training Priorities Identified in 2024

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

SUD Summit-Identified Gaps/Needs

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

FYSPRT Needs Assessment Priorities

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

Opioid Response Community Survey

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

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

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

Friday, December 13, 2024

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

Hybrid Meeting

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

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

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

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

ACTION ITEMS

➤ **ADVISORY BOARD MEMBER APPOINTMENTS**

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

Current Advisory Board Membership includes:

Clallam County

- Mary Beth Lagenaur,
- Sandy Goodwick,
- Vacant

Kitsap County

- Helen Havens
- Dep. Casy Jinks
- Vacant

Jefferson County

- Diane Pfeifle,
- Kathryn Harrer
- Lori Fleming

Tribal Representative

- Stormy Howell (Lower Elwha)
- Vacant

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

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

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

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

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

➤ **APPROVAL OF MEDICAID BUDGET FOR 2025**

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

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

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

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

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

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

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

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

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

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

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

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

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

INFORMATIONAL ITEMS

➤ **FY 2026 STATE FISCAL PROJECTIONS**

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

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

➤ **FY 2025 SPENDING PLAN**

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

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

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

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

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

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

➤ **SALISH BHASO ORGANIZATION UPDATE**

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

SBHASO is actively recruiting for:

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

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

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

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

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

➤ **OAC UPDATE**

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

Kitsap County Planning:

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

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

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

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

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

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

PUBLIC COMMENT

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

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 10:51 am.

ATTENDANCE

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

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

NOTE: These meeting notes are not verbatim.

SBH-ASO Risk Assessment

2024-2025

Definitions of Level of Risk (Low to High)

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

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

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

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

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

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

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

SBH-ASO Risk Assessment

~~2024-20253-2024~~

Definitions of Level of Risk (Low to High)

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

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

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

Preventing Fraud, Waste, and Abuse (FWA)

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

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

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

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

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

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

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

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

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

CALL TO ORDER –Stormy Howell, SBHASO Behavioral Advisory Board Chair called the meeting to order at 10:00 am.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

MOTION: Laurie Fleming moved to approve the agenda as submitted. Helen Havens seconded the motion as amended. Motion carried unanimously.

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

APPROVAL of MINUTES –

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

ACTION ITEMS

➤ **SALISH BHASO ADVISORY BOARD APPLICANT**

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

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

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

INFORMATIONAL ITEMS

➤ **ANNUAL CODE OF CONDUCT TRAINING**

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

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

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

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

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

Presentation of slides outlining above topics.

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

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

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

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

Historical Board Priorities:

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

stabilization, and residential services)

SUD Summit-Identified Gaps/Needs:

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

Training Priorities Identified in 2024:

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

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

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

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

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

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

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

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

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

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

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

PUBLIC COMMENT

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

GOOD OF THE ORDER

ADJOURNMENT – Consensus for adjournment at 11:56 am

ATTENDANCE

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

NOTE: These meeting notes are not verbatim.