



Salish Behavioral Health
Administrative Services Organization

Salish Behavioral Health

Administrative Services Organization

EXECUTIVE BOARD MEETING

DATE: March 13, 2026
TIME: 9:00 am – 11:00 am
LOCATION: Hybrid - Cedar Room, 7 Cedars Hotel
270756 Hwy 101, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP

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Meeting ID: 817 7036 5499

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Agenda

[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 Combined Executive and Advisory Board Meeting Minutes for December 5, 2025 (Attachment 5 [page 7])
6. Action Items
 - a. Election of Executive Board Chair and Vice-Chair [page 4]
 - b. Review and Approval of the 2026 Salish BH-ASO Risk Assessment [page 4] (Attachment 6.b.1 [page 15] and 6.b.2 [page 22])
7. Informational Items
 - a. Fiscal Overview [page 4]
 - i. Budget Update
 - ii. Spending Plans
 - iii. Fiscal Program Update



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- b. Legislative Updates [page 5]
- c. Program Updates [page 5]
 - i. House Bill 1813 Implementation
 - ii. Recovery Navigator Program (R.E.A.L. Teams)
 - iii. Youth Summit
- 8. Behavioral Health Advisory Board Updates [page 6]
- 9. Opportunity for Public Comment (limited to 3 minutes each)
- 10. Adjournment



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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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Action Items

A. ELECTION OF SBH-ASO EXECUTIVE BOARD CHAIR AND VICE CHAIR

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair and Vice-Chair by majority vote. For the past three years, Commissioner Ozias served as Chair. Staff respectfully requests that the Executive Board elect a Chair and Vice-Chair for 2026.

B. REVIEW AND APPROVAL OF THE 2026 SALISH BH-ASO RISK ASSESSMENT In

accordance with 45 CFR §164.308, the SBH-ASO 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, SBH-ASO Staff worked collaboratively to identify areas of risk in all avenues of its business operations. For the 2025/2026 Risk Assessment, the top 3 identified risks include:

- 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. Legislative changes necessitating planning and implementation work, 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. Internal contract routing processes causing delays in subcontract execution.
- Salish BH-ASO workforce recruitment and retention challenges impacting organizational bandwidth.

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

Informational Items

A. FISCAL OVERVIEW

i. Budget

The SBH-ASO Core budget with Washington State Healthcare Authority (HCA) was received on January 12, 2026 for January 1, 2026 to June 30, 2027 funding. There



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were line items we did not expect specific to endorsed teams funding.

Staff was notified of a change in budget that will remove funding that was erroneously included. Funding has been reworked to continue to meet the approved budget. The Salish BH-ASO Executive Director is reworking budgets due to these changes, pending spending plan and process review.

Discussions with HCA regarding BH-ASO reserves continue. HCA anticipated providing some direction by January 31, 2026. HCA had a significant change in fiscal staff in December that has impacted this timeline. The decision regarding reserves will impact how spending plans are implemented as well as availability of funds for services within available resources.

ii. Spending Plans

Salish BH-ASO Staff has completed a new spending plan to support spending of previously unspent funds. This plan was due to HCA on February 13, 2026. HCA has committed to 30 days to review and provide approval. Approval will then impact the updated budget, to be presented at the April 17, 2026 Executive Board meeting.

iii. Fiscal Program Update

Salish BH-ASO has implemented a new fiscal program effective January 1, 2026. The first phase of this program assists in our ability to be more agile with fiscal expenditure data. The implemented program component focuses on expenditure tracking by contract, vendor, expenditure type, and fund source.

The revenue tracking component is now being built. The expectation is that SBH-ASO will have a full top to bottom reporting from revenue by source, type, fund, and service. Staff will be able to track budgets and related contracts in real-time and with greater efficiency.

B. LEGISLATIVE UPDATES

Staff will share updates on bills that are still active and under review.

C. PROGRAM UPDATES

i. House Bill 1813 Implementation

House Bill 1813 directs Managed Care Organizations (MCOs) to delegate facility-based crisis stabilization services to ASOs statewide by July 1, 2026. There was discussion in late 2025 regarding feasibility of the timeline and consideration of delaying the timeline. A determination was made that implementation would not be



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delayed. HCA has taken the lead in coordinating a timeline for ASO and MCO coordination of this body of work. This work includes completion of readiness documents for each MCO by each ASO statewide to implement the delegation of agreed upon items including utilization management. Care Coordination will not be delegated and will remain the responsibility of the MCO.

This implementation requires staff to review and develop additional policies and protocols to support program rollout within the requirements of each MCO. There is limited standardization in the requirements that apply across all five MCOs. Variances across MCOs are being evaluated and accommodated as needed. SBH-ASO has continued to provide facility-based crisis stabilization for non-Medicaid individuals and will build upon existing infrastructure to support this work. Staff is currently evaluating any needed adjustments to meet requirements.

ii. Recovery Navigator Program (R.E.A.L. Teams)

The recovery navigator program has been identified as an area of increased efficiency. The program took a 20 percent reduction in the last legislative session and is anticipated to take an additional 10 percent cut in the current legislative session. SBH-ASO supplements this program with General Fund-State to support the current infrastructure. It has been determined that program efficiencies can be increased by reducing teams to one per county. This will allow for better streamlining without a reduction in the services being provided. The change in structure will increase the size of a single team and streamline the positions to better meet program needs. SBH-ASO released a request for proposal to determine which of the two teams in Kitsap and Clallam will continue with this program. This RFP is only open to existing R.E.A.L. Teams. The contract change will be effective July 1, 2026.

iii. Youth Summit

Salish BH-ASO will be hosting a Youth Summit April 29 from 12:00 pm – 4:00 pm in Red Cedar Hall, located at the Jamestown S’Klallam Tribal Center. The intent of this event is to engage all stakeholders within the youth-serving space. This may include treatment providers, social service partners, State and local government, and Managed Care Organizations. SBH-ASO hopes to support increased awareness of resources and gaps within the behavioral health spectrum supporting youth and families.

Behavioral Health Advisory Board Updates

SBH-ASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

**MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
COMBINED EXECUTIVE AND ADVISORY BOARD BIENNIAL MEETING**

**Friday, December 5, 2025
9:00 a.m. to 11:00 a.m.
Hybrid Meeting
7 Cedars Hotel, Bay Room**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:03 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 –

The agenda was amended, moving the approval of Executive Board Minutes to precede approval of the Advisory Board minutes.

MOTION: The December 5, 2025 Combined Executive and Advisory Board meeting agenda was approved as revised unanimously.

APPROVAL of EXECUTIVE BOARD MINUTES –

MOTION: Commissioner Dudley-Nollette moved to approve the meeting minutes as submitted for the October 17, 2025 meeting. Commissioner Rolfes seconded the motion. Motion carried unanimously.

APPROVAL of ADVISORY BOARD MINUTES –

MOTION: Diane Pfeifle moved to approve the meeting minutes as submitted for the September 19, 2025 meeting. Naomi Levine seconded the motion. Motion carried unanimously.

ADVISORY BOARD ACTION ITEMS

➤ **SALISH BHASO ADVISORY BOARD APPLICANTS**

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

- Clallam County: Mary Beth Lagenaur and 2 vacancies
- Jefferson County: Diane Pfeifle, Lori Fleming, and 1 vacancy
- Kitsap County: Helen Havens, Naomi Levine, and Renee Hernandez Greenfield
- Tribal Representative and 1 vacancy

SBHASO received Advisory Board Applications from two individuals. Applicants were interviewed by SBHASO Administrator Jolene Kron and Advisory Board Chair Stormy Howell.

- Tribal Representative applicant: Morgan Snell
- Clallam County Representative applicant: Molly Barnes

Morgan Snell is a Tribal Citizen and serves as a Tribal Health Planner for Jamestown S’Klallam Tribe. Ms. Snell has emphasized the importance of equitable and culturally responsive services in regional behavioral healthcare. She seeks to support policy development that reflects the priorities, lived experiences, and needs of Tribal community members.

Molly Barnes is a resident of Clallam County. Ms. Barnes currently serves as a Behavioral Health Case Manager for the North Olympic Healthcare Network, as part of the Office-Based Addiction Treatment (OBAT) Program. She is interested in contributing to decision-making and planning efforts related to behavioral health service delivery in her community, with a focus on maximizing resources and improving outcomes. Ms. Barnes is also pursuing her master’s degree in Mental Health Counseling.

MOTION: Naomi Levine moved to recommend the appointment of Morgan Snell to the Salish Behavioral Health Administrative Services Organization Advisory Board. Diane Pfeifle seconded the motion. Motion carried unanimously.

MOTION: Renee Hernandez Greenfield moved to recommend the appointment of Molly Barnes to the Salish Behavioral Health Administrative Services Organization Advisory Board. Diane Pfeifle seconded the motion. Motion carried unanimously

EXECUTIVE BOARD ACTION ITEMS

➤ **ADVISORY BOARD MEMBER APPOINTMENTS**

Staff request Executive Board approval of the Advisory Board’s recommendations for the appointment of new Salish BHASO Advisory Board members. The Advisory Board will review and provide recommendations during this meeting. Pending that action, the Executive Board is asked to approve the recommended appointments for a 3-year term from December 1, 2025, through November 30, 2028.

A question was raised regarding ongoing recruitment efforts. The Advisory Board currently needs law enforcement representation. Commissioner Dudley Nollette will share with Salish staff a list of potential candidates from Jefferson County.

MOTION: Commissioner Dudley Nollette moved to approve the appointment of Morgan Snell and Molly Barnes to the Salish BHASO Behavioral Health Advisory Board for a term of December 1, 2025 – November 30, 2028. Commissioner Rolfe seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF MEDICAID BUDGET FOR 2026**

Staff will provide a presentation of the 2026 Medicaid projected Revenue and Expenditures. Staff will review these documents in detail.

Staff provided an overview of the structure of the Medicaid budget, noting that it is specific to crisis services, and reflects revenue contracts with the five managed care organizations (MCOs). The total revenue is an estimate, based on a Per Payor Per Month (PMPM) service rate and admin fees. Medicaid expenditures are reconciled on a quarterly basis.

Staff noted the anticipation of Medicaid budget adjustments following the rollout of crisis system endorsement, which will provide additional funding specific to those teams.

The variance in total amounts for Medicaid Revenue versus Expenditures was noted. It is anticipated that, following actuarial work, Medicaid expenditures exceeding the estimated revenue for 2026 will be covered by the general fund.

Amerigroup will be updated to Wellpoint in the MCO Revenue line item of the Medicaid budget.

MOTION: Commissioner Dudley Nollette moved to approve the Medicaid budget for January – December 2026 with the understanding that staff will update Amerigroup to Wellpoint as discussed. Commissioner Rolfes seconded the motion. Motion carried unanimously.

➤ **APPROVAL OF NON-MEDICAID BUDGET FOR 2026**

Staff will provide a presentation of the 2026 non-Medicaid projected Revenue. Staff will provide a breakdown of Expenditures for Fiscal Year 2026. Staff will review these documents in detail.

The Board requested that Salish BHASO provide an additional opportunity to review the non-Medicaid budget, either prior to or during the first quarterly reconciliation. The Board further requested: (1) more detailed information on each SBHASO-funded program (including purpose, target population, and funding source), and (2) follow-up discussion on how counties can reflect this work in local budgets and what specific items to advocate for at the state level.

Comment regarding the omission of revenue line items from the non-Medicaid budget presented. Future non-Medicaid budgets will include revenue line items to accompany expenditures.

MOTION: Commissioner Rolfes moved to approve the non-Medicaid budget for January – December 2026 with the understanding that the 2027 non-Medicaid budget and other budgets will reflect revenue as well as expenditures. Commissioner Dudley-Nollette seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **REVIEW OF REGIONAL PRIORITIES, GAPS, AND COMMUNITY NEEDS**

Salish BHASO Staff will provide an overview of previously identified regional priorities, gaps, and community needs. This overview includes information from Salish BHASO surveys and reports developed by community providers and partners as noted below.

This overarching information is being presented to assist the Boards in understanding the community-identified needs and gaps across our region. This information will then be used to support the conversation related to priorities for 2026.

Salish Regional 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 inpatient/services

2025 Criminal Justice Treatment Account (CJTA) Survey

SUD Treatment Services

1. Outpatient SUD Treatment
2. SUD Assessments (including assessments done while in jail)
3. Residential SUD Treatment

Treatment and Recovery Supports

1. Housing Support Services (rent and/or deposits)
2. Transportation
3. Relapse Prevention

Opioid Response Community Survey

1. Making it easier and quicker for people at risk of OUD to access care and support.
2. Expanding and improving treatment services for people with OUD
3. Offering education in communities and schools to prevent or stop the misuse of opioids
4. Strengthening support for people currently in treatment or recovery from OUD

Salish Regional SUD Quarterly Action Committees

Education

- Areas of focus: Stigma education, youth education, system education/awareness, resource development, etc.

Spectrum of Care

- Areas of focus: Bridging transitions, detox/withdrawal management, the role of emergency departments, medication support, direct service access, housing support, etc.

Staffing and Bridging Systems

- Operationalizing peers (youth peers, peer liaisons), wraparound support, cross-system education and access, staff support for general workforce (training, retention, burnout prevention, self-care), cross-system/inter-agency support and relationships, etc.

Regional Gaps identified by SBHASO Children's Programming

- Lack of access to the full spectrum of care within the Salish region (and statewide), including:
 - Inpatient care
 - Residential Mental Health
 - Residential Substance Use Disorder (including involuntary treatment)
 - Community-based intensive wraparound care
 - General access to youth-focused care
- Challenges with access to care related to time/cost of commuting outside of the region.

- Challenges related to specific populations, to include ID/D, Autism, youth with history of aggressive behavior, and military families.
- Limited providers serving youth under age 12 across all levels of care, particularly concerning for inpatient and residential.

Family Youth System Partner Round Table (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

Additional county and regional priorities, gaps, and needs will be presented using data from the following assessments and reports:

Clallam County

- Peninsula Behavioral Health 2025 Community Needs Assessment (see attachment 9.a.i)
- [Forks Hospital December 2023 Community Needs Assessment](#)
- [Clallam County HHS 2022 Community Health Assessment](#)

Jefferson County

- 2024 Behavioral Health Advisory Council Retreat Data
- [2019 Jefferson County Community Health Survey](#)

Kitsap County

- [Kitsap Mental Health Services 2023 Community Needs Assessment](#)
- [Kitsap Public Health District 2023 Kitsap County Community Health Assessment](#)
- [Strengthening Our Connections – Addressing the Epidemic of Loneliness and Isolation 9/24/2024 Workshop Summary Report](#)

➤ **2026 STRATEGIC PLANNING**

The 2026 strategic planning process provides an opportunity for the Advisory and Executive Boards to jointly review areas of concern, assess community needs, and establish priority focus areas and corresponding actions for the upcoming year. As part of this process, the Boards will also identify training and community education needs for 2026 to ensure alignment with system gaps, stakeholder input, and regional trends.

Salish BHASO is tasked with oversight of the behavioral health crisis system serving Clallam, Jefferson, and Kitsap Counties. SBHASO is responsible for the administration of un/underinsured and non-Medicaid behavioral health services and supports. Administrative Services Organizations statewide are tasked with the development and implementation of programs supporting behavioral health service expansion.

The Executive Board, Advisory Board, and Salish BHASO agreed to initiate a 2026 strategic planning process to clarify the organization's mission, scope, and regional priorities within state-mandated requirements. This effort will include forming a Strategic Planning Team composed of the Executive Board Chair, Advisory Board Chair, Salish BHASO Executive Director, key staff, and any interested advisory members to develop the process. The May 15 joint meeting will serve as a primary planning session. The team will also work to define the regional behavioral health ecosystem and identify priority areas for local budgeting and state-level advocacy—particularly where current funding models do not align with rural needs.

Additional considerations for strategic planning were provided in writing by Advisory Board member Renee Hernandez Greenfield:

“From my perspective, and review of materials, key opportunities for regional focus include:

- Strengthening youth behavioral health access, particularly school-based supports, early intervention, and access to intensive services (inpatient, residential, wraparound).*
- Expanding crisis response infrastructure, including endorsed 988 crisis teams, youth-specific crisis response, and improved coordination with emergency departments and law enforcement.*
- Increasing regional capacity for substance use disorder treatment, including exploration of local/dual detox beds, expanded peer services, and harm reduction approaches that reduce overdose risk and stigma.*
- Improving cross-system coordination between behavioral health, housing, healthcare, schools, and justice systems to reduce duplication, support smoother transitions, and strengthen referral pathways.*
- Investing in community education and stigma reduction, especially among youth, families, and first responders, to improve engagement and awareness of available supports.*
- Prioritizing equity and culturally responsive care, including outreach to Tribal communities, LGBTQIA youth, unhoused youth, and BIPOC populations.*
- Supporting workforce development and retention, including training, cross-training, burnout prevention, and peer workforce expansion.*

Additionally, I would encourage consideration of transportation barriers as a significant determinant of access, particularly for rural families, and alignment of funding decisions with measurable outcomes that reflect access, retention, and equity.”

➤ **2026 TRAINING AND COMMUNITY EDUCATION NEEDS**

Staff will facilitate further discussion regarding 2026 training needs and opportunities, particularly considering ongoing crisis system developments and anticipated system changes.

Previously Identified Advisory Board Training Priorities

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

In 2025, Salish BHASO supported a range of provider and community training efforts, including:

- March 2025 Introduction to Emotional CPR Community Training
- May 2025 1st Annual Washington State Deflection and Diversion Summit

- June 2025 Reentry Simulation in partnership with Kitsap Strong, Up From Slavery Initiative, All Hands Whatcom, and the WA State Secretary of State
- On-demand virtual trainings through Change Company
- Regional Crisis System Trainings for Mobile Crisis Outreach Teams
- Suicide Awareness Training
- Substance Use Quarterly Meeting Panels
 - Transportation (February 2025)
 - Housing (May 2025)

Additional training efforts are anticipated for 2026, including:

- SUD Quarterly Panel - Peer Services (February 2026)
- 2nd Annual Washington state Deflection and Diversion Summit
- Stigma Education for Law Enforcement and Hospitals

2026 training and community education activities will be aligned with the emerging strategic plan and used to improve access to and navigation of the crisis system and strengthen cross-system collaboration.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:04 am

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Jolene Kron, SBHASO Executive Director	Kate Jasonowicz, Community Health Plan of Washington
Commissioner Mark Ozias	Ileea Clauson, SBHASO Director of Operations	Dana Bierman, Kitsap Public Health District
Commissioner Christine Rolfes	Stephanie Thelen, SBHAS Children’s Program Manager	Nanine Nicolette, Office of Behavioral Health Advocacy
Commissioner Heather Dudley-Nollette	Nicole Oberg, SBHASO Executive Assistant	Jenny Oppelt, Clallam County Health and Human Services
Celeste Schoenthaler		Morgan Snell, Jamestown S’Klallam Tribe
Stormy Howell		Molly Barnes, North Olympic Healthcare Network
Diane Pfeifle		
Naomi Levine		
Renee Hernandez Greenfield		

Excused:		
Marybeth Lagenaur		
Helen Havens		
Lori Fleming		

NOTE: These meeting notes are not verbatim.

SBH-ASO Risk Assessment

2025-2026

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 monthly SBH-ASO Regional Providers Meeting and via monthly data updates summary email issued by SBH-ASO IS Manager which is distributed network wide.</p>		
<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 FTE 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>	Low	<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>
Detecting Fraud, Waste, and Abuse (FWA)				
<p>Detecting Fraud, Waste, and Abuse in the provision of services and business practices</p>	Medium	<p>SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components</p> <p>SBH-ASO Grievance Monitoring</p> <p>SBH-ASO monitors federal exclusion lists for internal staff, board members, and subcontractor network DOO</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p>Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors</p> <p>Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings</p>		
Business Practices				
Billing processes are not fully integrated which can create potential for untimely billings, incomplete processing, and/or incorrect payments	Medium	<p>SBH-ASO has developed protocols to support internal error management.</p> <p>SBH-ASO is in process of developing a custom software solution to manage all ASO related tracking of fiscal processes/reporting.</p> <p>SBH-ASO is in process of developing more transparent contract budget exhibits and invoice templates for provider network utilization.</p> <p>Addition of new Human Services Fiscal Manager in 2025 provides opportunity to improve integration and communication related to SBH-ASO fiscal operations and WorkDay fiscal system.</p>		
Subcontractors and out-of-network providers not utilizing SBH-ASO authorization processes or verifying eligibility correctly.	Low	<p>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.</p> <p>Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.</p>		Ranking/identification of payor of a service is the responsibility of each BHA BHAs have multiple payors
Policy and Procedure, and Protocol accuracy – the pace of change, frequent contract changes, and programmatic additions have resulted in a challenge to	Low	<p>The policies and procedures are reviewed and updated biannually.</p> <p>SBH-ASO staff will ensure notification to leadership when a modification need has been identified for a policy and</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
timely updates of SBH-ASO policies and procedures.		<p>procedure based on contractual, regulatory, or workflow changes.</p> <p>SBH-ASO will prioritize establishing organizational infrastructure to support standardized protocols to support program delivery</p>		
<p>Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payment.</p> <p>Internal contract routing processes causing delays in subcontract execution.</p>	High	<p>SBH-ASO proactively communicates anticipated contract changes to its network via monthly Regional Providers Meeting.</p> <p>SBH-ASO initiates contract amendments, as soon as sufficient revenue contract details are available, to reduce likelihood of disruption in subcontracts.</p> <p>Additional FTE for office support/contracts added in 2025.</p> <p>SBH-ASO staff proactively work with Human Services and Kitsap County staff to remediate inefficiencies and operational barriers in the existing process.</p>	#2 RISK	
<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>Legislative changes necessitating planning and implementation work</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	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<p>Process for determination, procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow</p>	<p>High</p>	<p>When fully staffed, SBH-ASO Leadership Team shall routinely evaluate work priorities and adjust 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>Increasing SBH-ASO Leadership engagement with 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>		
<p>SBH-ASO workforce recruitment and retention challenges impacting organizational bandwidth</p>	<p>High</p>	<p>SBH-ASO Leadership Team engages Administrative Entity Leadership to review opportunities to increase recruitment efforts of qualified staff</p> <p>SBH-ASO engages the Executive Board and Administrative Entity Leadership to strategize opportunities to remain a competitive employer and maintaining existing workforce.</p> <p>When fully staffed, SBH-ASO Leadership Team shall routinely evaluate work priorities and adjust staff work assignments accordingly.</p> <p>Increasing SBH-ASO Leadership engagement with employees during routine supervision, and interactions to monitor for and respond to staff burnout.</p>	<p>#3 Risk</p>	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		SBH-ASO development of automated processes to streamline workflow to improve efficiencies		
Implementation of new programs and subcontractors increases risk of potential for accurate delivery of program in accordance with regulatory and contractual requirements.	Medium	<p>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to training staff within required timelines.</p> <p>SBH-ASO monitors 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 staff are 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> <p>Staff that are working remotely will ensure a secure workspace when accessing, viewing, or discussing PHI</p>		
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 in accordance with OCIO standards.		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p>Regular review with staff of the need to ensure encryption is selected prior to transmitting PHI electronically.</p> <p>SBH-ASO facilitates a one-way document submission portal that prohibits inaccurate delivery or retrieval of documents containing PHI.</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>		
Integrity of Data and IT Security	Medium	<p>Maintain current SBH-ASO Disaster Recovery Plans in alignment with Kitsap County Disaster Recovery Plans</p> <p>SBH-ASO Staff participates in training on these methods in accordance with industry standards, including OCIO standards</p>		

SBH-ASO Risk Assessment

~~20254-20265~~

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; <u>occasional</u>, 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 <u>Regional Integrated</u> Providers Meeting and via monthly data updates summary email issued by SBH-ASO IS Manager which is distributed network wide.</p>	#2 RISK	
Deliverable template modifications occurring prior to BHASO notification	Medium	SBH-ASO Staff can Cc HCA subject matter expert on emails when deliverables are being submitted (when known)		

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 FTE 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>	<p>Medium Low</p>	<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>	<p>Low</p>	<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>	<p>Medium Low</p>	<p>SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components</p> <p>SBH-ASO Grievance Monitoring</p>		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p>SBH-ASO monitors federal exclusion lists for internal staff, board members, and subcontractor network DOO</p> <p>Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors</p> <p>Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings</p>		
Business Practices				
<p>Billing processes are not fully integrated which can create potential for untimely billings, incomplete processing, and/or incorrect payments</p>	<p>Medium</p>	<p>SBH-ASO is implementing program specific presentations in Team meetings to help ensure cross-program understanding.</p> <p>SBH-ASO has developed developing protocols to support internal error management.</p> <p>SBH-ASO is in process of developing a custom software solution to manage all ASO related tracking of fiscal processes/reporting.</p> <p>SBH-ASO is in process of developing more transparent contract budget exhibits and invoice templates for provider network utilization.</p> <p>Addition of new Human Services Fiscal Manager in 2025 provides opportunity to improve integration and communication related to SBH-ASO fiscal operations and WorkDay fiscal system.</p>		
<p>Subcontractors and out-of-network providers not utilizing SBH-ASO authorization processes or verifying eligibility correctly.</p>	<p>Low</p>	<p>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.</p> <p>Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.</p>		<p>Ranking/identification of payor of a service is the responsibility of each BHA</p> <p>BHAs have multiple payors</p>

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Policy and Procedure, <u>and Protocol</u> 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	<p>The policies and procedures are reviewed and updated biannually.</p> <p><u>SBH-ASO staff will ensure notification to leadership when a modification need has been identified for a policy and procedure based on contractual, regulatory, or workflow changes.</u></p> <p><u>SBH-ASO will prioritize establishing organizational infrastructure to support standardized protocols to support program delivery</u></p>		
<p>Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payment.</p> <p>Internal contract routing processes causing delays in subcontract execution.</p>	High	<p>SBH-ASO proactively communicates anticipated contract changes to its network via bi-monthly <u>Integrated Regional</u> Providers Meeting.</p> <p>SBH-ASO initiates contract amendments, as soon as sufficient revenue contract details are available, to reduce likelihood of disruption in subcontracts.</p> <p>Additional FTE for office support/contracts <u>added in 2025.</u></p> <p><u>SBH-ASO staff proactively work with Human Services and Kitsap County staff to remediate inefficiencies and operational barriers in the existing process.</u></p>	# 2 RISK	
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	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	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
<p><u>HB1518688</u> <u>Legislative changes necessitating</u> planning and implementation <u>work</u></p> <p>Increase in complexity of service delivery with lack of clarity around organizational responsibilities</p>				
<p>Process for determination, procurement and/or administration of new program development while managing staff bandwidth, agency bandwidth, and challenges with information flow</p>	High	<p><u>When fully staffed, SBH-ASO Leadership Team shall routinely evaluate work priorities and adjust staff work assignments accordingly.</u></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><u>Increasing SBH-ASO Leadership engagement with employees during routine supervision, and interactions to monitor for and respond to staff burnout.</u></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>		
<p><u>SBH-ASO workforce recruitment and retention challenges impacting organizational bandwidth</u></p>	High	<p><u>SBH-ASO Leadership Team engages Administrative Entity Leadership to review opportunities to increase recruitment efforts of qualified staff</u></p>	#3 Risk	

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
		<p><u>SBH-ASO engages the Executive Board and Administrative Entity Leadership to strategize opportunities to remain a competitive employer and maintaining existing workforce.</u></p> <p><u>When fully staffed, SBH-ASO Leadership Team shall routinely evaluate work priorities and adjust staff work assignments accordingly.</u></p> <p><u>Increasing SBH-ASO Leadership engagement with employees during routine supervision, and interactions to monitor for and respond to staff burnout.</u></p> <p><u>SBH-ASO development of automated processes to streamline workflow to improve efficiencies</u></p>		
<p>Implementation of new programs and subcontractors increases risk of potential for <u>fraud, waste, abuse and privacy violations</u> <u>accurate delivery of program in accordance with regulatory and contractual requirements.</u></p>	<p>Medium</p>	<p>Each SBH-ASO subcontract includes terms for subcontractors and staff to adhere to <u>FWA and privacy regulations, including training staff within required timelines</u> <u>90 days of hire and annually thereafter.</u></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 <u>staff</u> is <u>are</u> 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:

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
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> <p><u>Staff that are working remotely will ensure a secure workspace when accessing, viewing, or discussing PHI</u></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 <u>in accordance with OCIO standards.</u></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 a one-way document submission portal that prohibits inaccurate delivery or retrieval of documents containing PHI.</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 utilizes SBH-ASO Provider Portal for transmission of deliverables and PHI (starting 7/1/24)</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.	Medium	Awareness of privacy concerns has increased at an organizational level allowing SBH-ASO to identify areas of opportunity for intervention and training.		

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
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		