AGENDA

Behavioral Health Advisory Board
Virtual Meeting (details below)
October 12, 2021
3:00 – 5:00 pm

****ATTENTION****

In response to the current pandemic, to promote social distancing, in compliance with Governor's Proclamation and the recommendation of the Clallam County Health Officer, the behavioral health advisory board meetings will be held virtually only. Public comments are strongly encouraged to be submitted in writing if possible.

This meeting can be viewed on a live stream at this link: http://www.clallam.net/features/meetings.html

If you would like to participate in the meeting by **phone** please call +1.253.215.8782 OR +1.346.248.7799 and use Meeting ID: **927 4677 8294** Passcode: **12345**

If you would like to participate via **video conference**, please visit https://www.zoom.us/join and join the BHAB meeting with Meeting ID: **927 4677 8294** Passcode: **12345** OR this link: https://us06web.zoom.us/j/92746778294?pwd=RFZMYXV1VU1oUDNSVDJvRkRVSTJndz09

Public comment and questions can be directed to the Clerk of the Board at (360.417.2377) or tkerr@co.clallam.wa.us

1. **Welcome and Introductions**

2. **Agenda –** Approval or Modifications

3. **Minutes –** Approval of draft minutes from September 14, 2021

4. **Old Business**
   - Covid-19 Impacts
     - Report of what you're observing or hearing regarding your sector related to COVID impacts (trends of unmet needs or new community resources, etc.)
   - RFP Update
     - Summary of received proposals
     - Additional volunteers for RFP Review Committee

5. **New Business**
   - Presentation
     - Reflections Counseling: Crisis Intervention & Underinsured/Noninsured – G'Nell Ashley, Administrator & Luisa Sheppard, SUDPT
   - Bylaw Review
     - discussion surrounding voting vs. non voting membership
   - Position Vacancy
     - Tribal Representative

6. **Future Meeting Agendas**

7. **Public Comment**

8. **Announcements**

9. **Adjourn**

Next Meeting: November 9, 2021

Voting Members: Grace Bell, John DeBoer, Bruce Fernie, Travis Hedin, Helen Kenoyer, Don Lawley, Tayler McCrorie, Christina Miko, Amy Miller, Tom Stokes, Viola Ware, Don Wenzl
Non-Voting Members: Kristina Bullington, Jody Jacobsen, Stephanie Lewis, Kevin LoPiccolo, Kirsten Poole, Wendy Sisk

2020 Clallam County Hargrove Fund Program Evaluation

Amanda Tjemsland, Epidemiologist

Kitsap Public Health District

Behavioral Health Advisory Board Meeting

September 14, 2021

Overview of Program Evaluation Process

- Clallam County began program monitoring and evaluation in mid-2019.
- 2020 was the first full year of program evaluation in Clallam County.
- Timeline of Program Evaluation Activities:
  - Meet with new and existing programs to create and review program evaluations.
  - Finalize program evaluations and create form for online submission.
  - Program submits quarterly reports via One Tenth website.
- By end of the year, we will have two full years of data to show progress of programs in 2021 Annual Program Evaluation.
- As programs continue to monitor their data, it will become easier for them to create evaluations and establish goals that best demonstrate the work they are doing with Hargrove funds.

Data Limitations

- Limitations of Zip Code of Participants: Programs may use location of program event as zip code, rather than zip code of the individual served by program.
- Ask for de-duplicated individuals served count but with large events and classes, unless programs are taking attendance, individuals may be counted more than once.
- Some programs do not collect zip code or health insurance data.

COVID-19 Pandemic and Mental Health Services

- Limited mental health treatment options due to capacity restrictions, closures, and increase in need
- When possible, services transitioned to video or telehealth
- In Hargrove Fund data, may result in fewer individuals served in 2020, fewer referrals to services, fewer services provided due to programs' need to transition to different service model, etc.

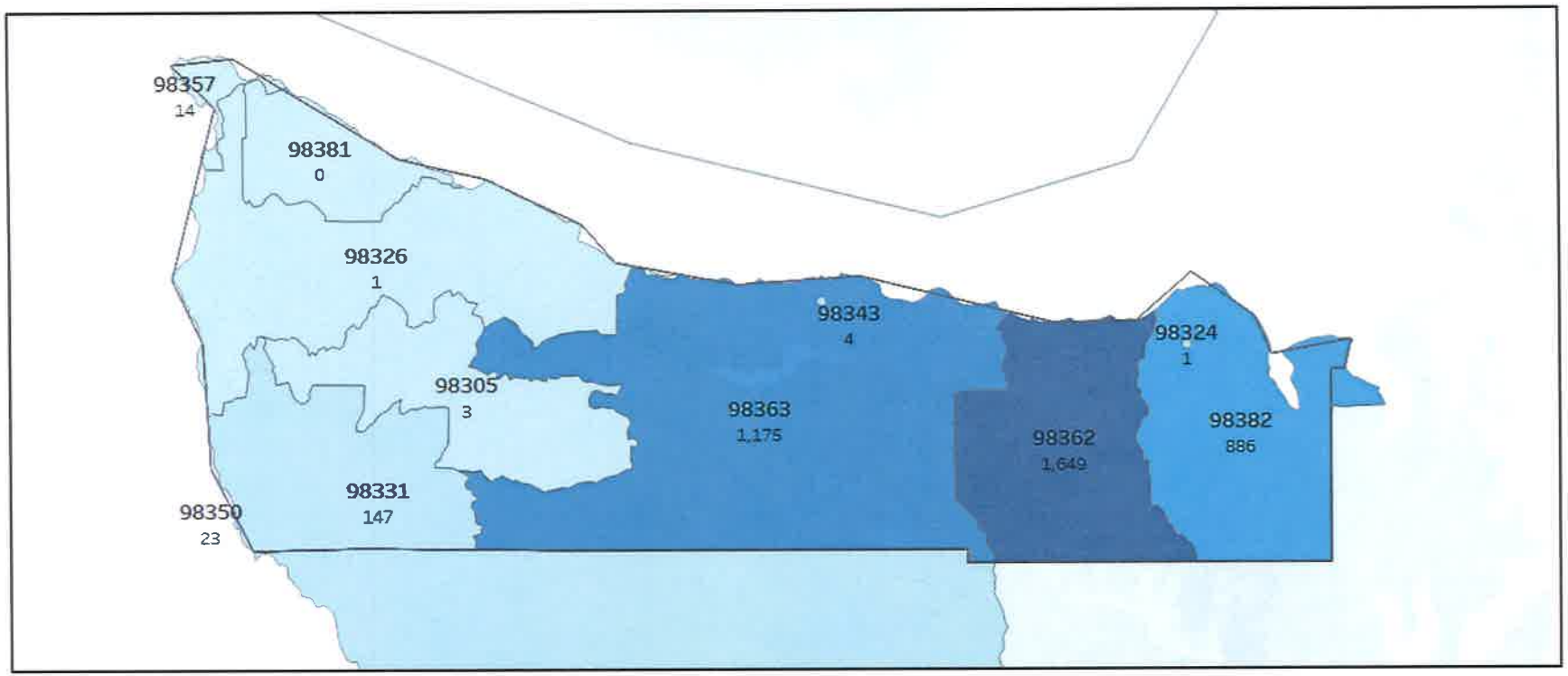
How to Use Program Evaluation Summaries

- Are programs effectively using Hargrove funds?
- What additional data would you like programs to collect?
- Compare budget, number of individuals served, and number of services provided from entire program history
- Compare metrics to previous year

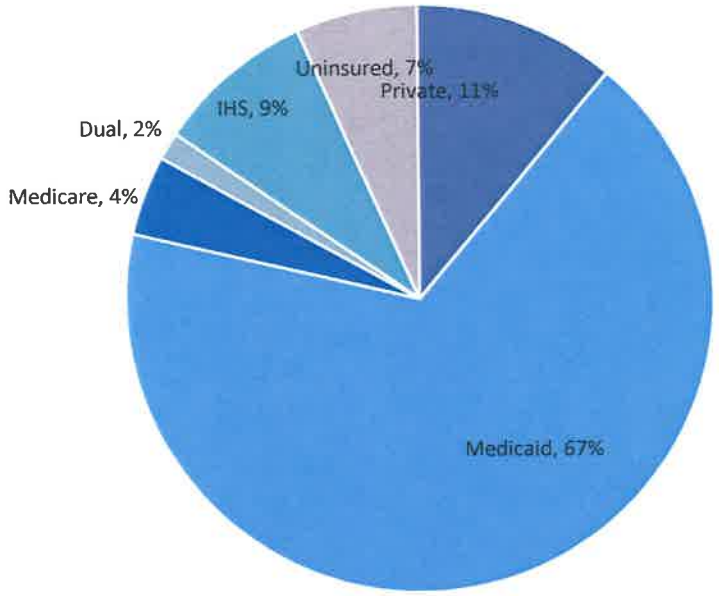
Annual Count of Individuals Served

Funding Priority	Agency	Project	Individuals Served
Prevention/Early Intervention	Lutheran Community Services NW	Child Check	844
	Sequim School District	Education & Early Intervention for Mental Wellness	36
	Lutheran Community Services NW	Healthy Families Project	2639
	Peninsula Behavioral Health	Mental Health First Aid Training	22
	First Step Family Support Center	Parents as Teachers	182
SUD/MH Housing and Shelter	Serenity House	Application for the Administration of HARPS	103
	Peninsula Behavioral Health	PATH Outreach Services	121
Unfunded/Underfunded Behavioral Health	The Answer for Youth (TAFY)	Mindful Body Recovery Support	83
	Olympic Peninsula Community Clinic	Case Management	474
	Reflections Counseling Services Group	Crisis Intervention	568
	Olympic Personal Growth Center	Filling the Gap	60
	Peninsula Behavioral Health	Outpatient and Residential for Underfunded or Unfunded Clients	76
	Reflections Counseling Services Group	Underinsured and Non-Insured	21
	Cedar Grove Counseling	Wraparound Services Program	82
West End Behavioral Health Services	West End Outreach Services	Behavior Health Services of Low-Income Individuals and Families	24
	Cedar Grove Counseling	Neurofeedback Therapy Program	41
		Total	**5376**

Map of Annual Count of Individuals Served by Zip Code



Individuals Served by Primary Health Insurance Type



Evaluation Summaries' Format

Organization → **Organization:** Cedar Grove Counseling

Project: Neurofeedback Therapy Program ← **Project Name**

Evaluation Summary

- The Neurofeedback Therapy Program provides subsidized sessions of neurofeedback therapy, an evidence-based program, to high-community-resource-impact individuals suffering from mental health and substance use disorders. By providing neurofeedback therapy to these clients, the program hopes to increase client engagement in mental health and/or substance use disorder therapy.
- The program successes for 2020 included: multiple patients quitting smoking, multiple patients reporting no nightmares since beginning treatment, and other improvements in patients' mental health.
- The program challenges for 2020 included: no sessions held during stay-at-home order, limited capacity to collaborate with other organizations, and the facility was shut down temporarily due to a COVID-19 outbreak.

Grant Amount
Amount Spent
Individuals Served
Services Provided →

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$78,000.00	$35,350.00
Grant $ Expended	$69,246.31	$15,600.65
% Grant $ Expended	89%	44%
# Individuals Proposed	36	48
# Individuals Served	36	41
$ per Individual	$1,923.51	$380.50
Services Provided	240	455
$ per Service	$288.53	$34.29

Summary of narrative section of evaluation. Highlights successes and challenges.

2019 Metrics
2020 Metrics
Side-by-side to compare →
Metrics may change from year to year

2019 Evaluation	2020 Evaluation
42% of the clients completed 30 1-hour neurofeedback therapy session.	41% of clients, who began neurofeedback therapy, completed six 1-hour sessions as part of their treatment plan compliance.
92% of clients with a substance use disorder reduced their substance consumption from baseline, as determined by a clinician	78% of clients with a substance use disorder reduced their substance consumption from baseline, as determined by a clinician
89% of clients, who answered the sleep question, reported an improvement in their sleep.	91% of clients, who answered the sleep question, reported an improvement in their sleep.
	100% of clients, who answered the cravings question, reported an improvement in cravings.
	78% of clients, who answered the energy-level question, reported an improvement in energy-level.
100% of clients, who answered the motivation question, reported an improvement in motivation.	69% of clients, who answered the motivation question, reported an improvement in motivation.
80% reported an improvement in their anxiety.	Metric not included in 2020 evaluation.
93% reported an improvement in their depression.	Metric not included in 2020 evaluation.
	100% of clients, who answered the satisfaction question, reported satisfaction with the program.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Cedar Grove: Neurofeedback Therapy

- **Not a Current Program**
- **Summary:** Provided subsidized neurofeedback therapy, an evidence-based program, to high-community-resource-impact individuals suffering from mental health substance use disorders.
- **Successes:** Patients reported improvement in sleep, substance use, and mental health outcomes.
- **Challenges:** Unable to hold sessions during stay-at-home order and limited capacity.
- 41 individuals served in 2020, an increase from the 36 served in 2019.

Cedar Grove: Wraparound Services Program

- **Not a Current Program**
- **Summary:** Provided wraparound recovery support services (vocational, housing, transportation, and gym memberships).
- **Successes:** Patients provided with services that allowed them to remain employed, housed, and in support services.
- **Challenges:** Unable to recruit new staff, gym closures, and limited ability to collaborate with other organizations.
- 82 individuals served in 2020.

First Step: Parents as Teachers

- **Current Program**
- **Summary:** Evidence-based home visiting program to ensure young children are healthy, safe, and ready to learn.
- **Successes:** Transitioned to telephone, virtual, and outdoor visits, started a zoom support group, provided Zoom and tablets for families, started an outreach program, and collaborated with NOHN to provide virtual cooking classes.
- **Challenges:** Unable to provide in-home visits, staff left positions due to childcare, and difficulties recruiting additional staff.
- 153 individuals served in 2020.

Lutheran Community Services: Child Check

- **Current Program**
- **Summary:** Provides parents with support and referrals to services to help with child development and parenting skills.
- **Successes:** Increase in parents seeking Child Check services as home-based learning increased.
- **Challenges:** Unable to conduct screenings at schools and early learning programs and delayed screenings due to changing priorities during the pandemic.
- 844 individuals served in 2020.

Lutheran Community Services: Healthy Families

- **Current Program**
- **Summary:** Delivers family, financial, and physical health trainings and services to low-income families.
- **Successes:** Transitioned to online and social-media based classes and one-on-one services, provided crisis triage for families, and conducted outreach to provide basic needs services.
- **Challenges:** Shift in priorities – greater need in the community but a lack of services.
- 2,639 individuals served in 2020.

Olympic Peninsula Community Clinic: Case Management

- **Current Program**
- **Summary:** Partners navigators with police officers to connect individuals with services.
- **Successes:** Shifted focus to providing housing, provided access to internet for clients, and provided case management support o help meet clients' basic needs.
- **Challenges:** Lack of availability of services for clients and difficulty connecting to clients without internet services.
- 474 individuals served in 2020.

Olympic Personal Growth: Filling the Gap

- **Current Program**
- **Summary:** Offers substance use disorder and mental health treatment to youth and adults.
- **Successes:** Shifted to individual care versus group, helped multiple clients access services, and became involved in multiple collaborative groups.
- **Challenges:** Unable to provide group therapy services and need for services greater than funding awarded.
- 60 individuals served in 2020.

Peninsula Behavioral Health: Projects for Assistance in Transition from Homelessness (PATH)

- **Current Program**
- **Summary:** Aids individuals with serious mental illness who are experiencing homelessness or at risk.
- **Successes:** Provided smart phones to help clients connect to services, expanded outreach, distributed naloxone kits, and helped in housing multiple clients.
- **Challenges:** Lack of housing availability and clients' limited access to internet.
- 121 individuals served in 2020.

Peninsula Behavioral Health: Safety Net for Underfunded Clients

- **Current Program**
- **Summary:** Provide clients with Medicare with care not funded by Medicare, including case management, peer support, and therapeutic services.
- **Successes:** Collaboration with health care organizations, multiple clients completed treatment, and reduced client use of the ER.
- **Challenges:** High need in community.
- 76 individuals served in 2020.

Peninsula Behavioral Health: Mental Health First Aid Training

- **Current Program**
- **Summary:** Provides Mental Health First Aid Trainings to community members at no cost.
- **Successes:** Able to hold one training prior to stay-at-home order and trained to begin conducting trainings virtually in 2021.
- **Challenges:** Unable to hold trainings during pandemic.
- 22 individuals served in 2020.

Reflections Counseling: Crisis Intervention

- **Current Program**
- **Summary:** Helps to stabilize crisis situations, engage clients in treatment, provide referrals, and remove barriers to care.
- **Successes:** OMC referred detox patients to Reflections to reduce ER use, transported patients to residential treatment, and hired additional staff.
- **Challenges:** High need in community with limited funding and services.
- 568 individuals served in 2020.

Reflections Counseling: Underinsured and Non-Insured

- **Current Program**
- **Summary:** Provides substance use disorder treatment and other behavioral health services to underinsured and non-insured individuals.
- **Successes:** Transitioned to telehealth, multiple clients completed treatment, and helped clients apply for Medicaid.
- **Challenges:** Difficulty delivering services due to restrictions and high need for services in the community.
- 21 individuals served in 2020.

Sequim School District: Education and Early Interventions for Mental Wellness

- **Not a Current Program**
- **Summary:** Provided mental health curriculum to freshmen, counseling to families and students, and links to community resources.
- **Successes:** Transitioned to telehealth, student participation and engagement increased, and referred students with immediate needs to inpatient facilities.
- **Challenges:** Identify mental health needs in students in online school and increased need due to life changes from the pandemic.
- 36 individuals served in 2020.

Serenity House: Housing and Shelter Program

- **Current Program**
- **Summary:** Provides flexible housing funds, rapid rehousing, and services to clients to prevent them from becoming homeless.
- **Successes:** Secured COVID-19 funding and housed clients.
- **Challenges:** Difficult to conduct outreach and increase in need of services.
- 103 individuals served in 2020.

The Answer for Youth: Mindful Body Recovery Support

- **Not a Current Program**
- **Summary:** Provided access to mindfulness and exercise practices for clients in recovery.
- **Successes:** Aided in recovery process of clients.
- **Challenges:** Gym closures due to pandemic led to program being discontinued after Quarter 1.
- 83 individuals served in 2020.

West End Outreach Services: Behavioral Health Services

- **Current Program**
- **Summary:** Provides behavioral health services for clients who are unable to afford it.
- **Successes:** Served undocumented clients, offered telehealth services, and served incarcerated clients.
- **Challenges:** Stalled collaborations due to pandemic.
- 24 individuals served in 2020.

Thank you!

Contact: Amanda Tjemsland
amanda.tjemsland@kitsappublichealth.org

Clallam County One Tenth of One Percent Tax Fund - 2020 Annual Report

Background: In the 2005 Washington State legislative session, Senator Hargrove passed the Omnibus Mental Health and Substance Abuse Reform Act SB 563 to expand substance abuse and mental health treatment. The bill allows local governments to increase a sales tax to improve local services. In March 2006, the Clallam County Board of Commissioners (BOCC) approved an ordinance authorizing a 1/10th of one percent sales and use tax. This sales and use tax is known as the Behavioral Health Tax or BH Tax. The Behavioral Health Advisory Board (BHAB) advises and makes recommendations to the BOCC on provision of services in Clallam County to be funded by the sales tax. Fund recipients submit quarterly reports of service outputs, as well as participant characteristics and outcomes to Kitsap Public Health District. Then using the quarterly reports' data, Kitsap Public Health District is contracted to monitor and evaluate the impact of those funds.

Table 1: Annual Count of Individuals Served

Note: Programs are asked to report the de-duplicated count of individuals they serve in their evaluation reports; however, for larger events where attendance is not taken, individuals may be counted more than once.

Funding Priority	Agency	Project	Individuals Served
Prevention/Early Intervention	Lutheran Community Services NW	Child Check	844
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West End Behavioral Health Services	West End Outreach Services	Behavior Health Services of Low-Income Individuals and Families	24
	Cedar Grove Counseling	Neurofeedback Therapy Program	41
		Total	**5376**

Impact of COVID-19 Pandemic on Mental Health Services

On March 23, 2020, Governor Inslee declared a stay-at-home order for Washington state for March 25 to May 4, 2020. The stay-at-home order allowed for only essential businesses and non-essential businesses closed or, if able to, transitioned to a work-from-home model. The shutdown and subsequent restrictions, lead to changes and created barriers in receiving substance use disorder and mental health treatment. In Clallam County, treatment became limited due to limitations on non-COVID health care and capacity restrictions. When possible, services transitioned to video or telehealth options. Moreover, the pandemic and resulting economic recession impacted the mental health of much of the population. According to the Kaiser Family Foundation, during the pandemic 4 of 10 adults in the United States reported symptoms of anxiety or depressive disorder, an increase from 1 of 10 adults reporting these symptoms in 2019. These negative outcomes have disproportionately impacted communities of color and low-income households. To address some of these mental health needs, Congress has allocated funding for mental health and substance use services. Clallam County received $5.7 million dollars in the Coronavirus Aid, Relief and Economic Security (CARES) Act. This increased need for mental and substance use services will likely persist as the pandemic continues.

Figure 1: Map of Annual Count of Individuals Served by Zip Code

The map displays the zip code areas served by the Clallam County CD/MH Program Fund with the darker colors representing the areas with more individuals served. Based on program's submitted reports, **4% of the population served reported being homeless** at some point while being served by the program.

Notes: (1) Zip code is unknown for some individuals served by the programs. (2) Programs are asked to report the de-duplicated count of individuals by zip code they serve in their evaluation reports; however, for larger events where attendance is not taken, individuals may be counted more than once. For larger events, the zip code of the event may be used instead of the individual's zip code of residence. (3) The zip codes 98350 and 98331 include both Clallam and Jefferson County

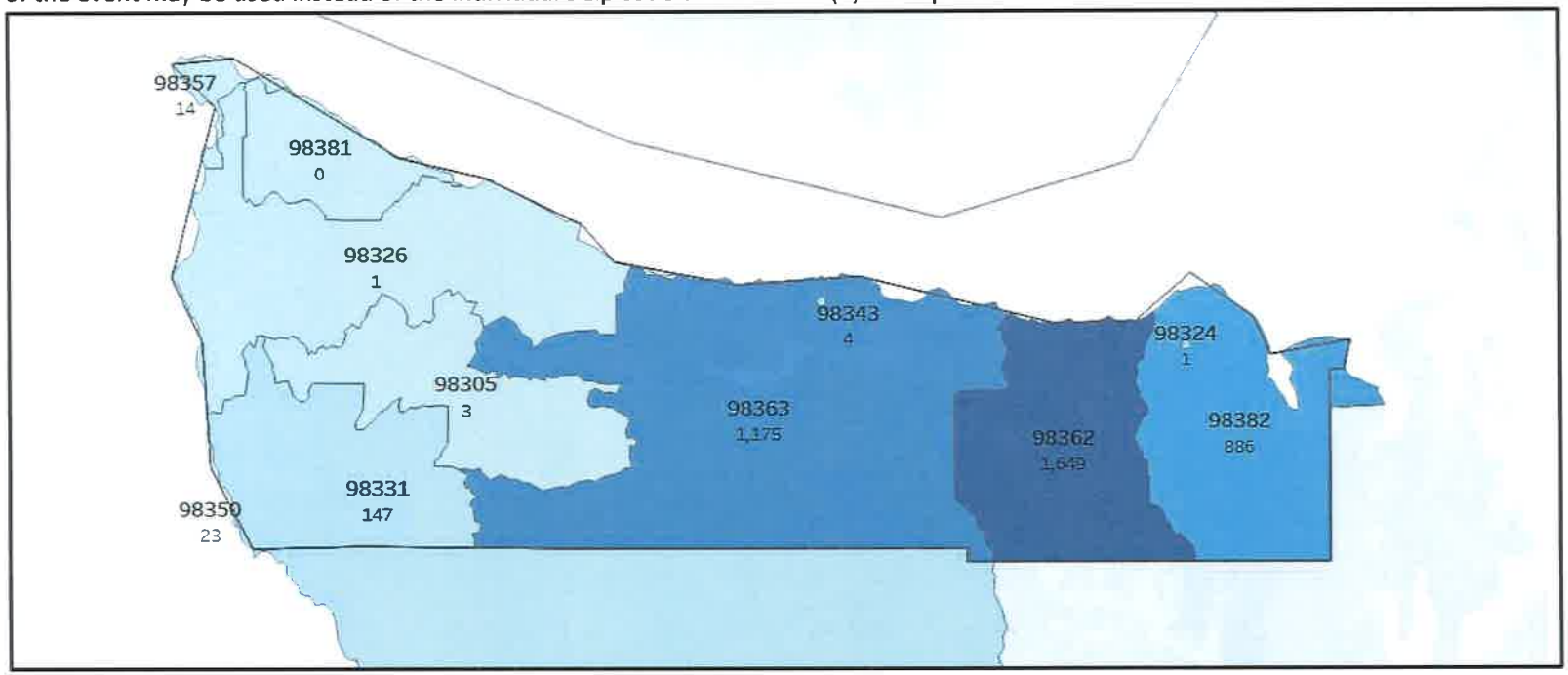
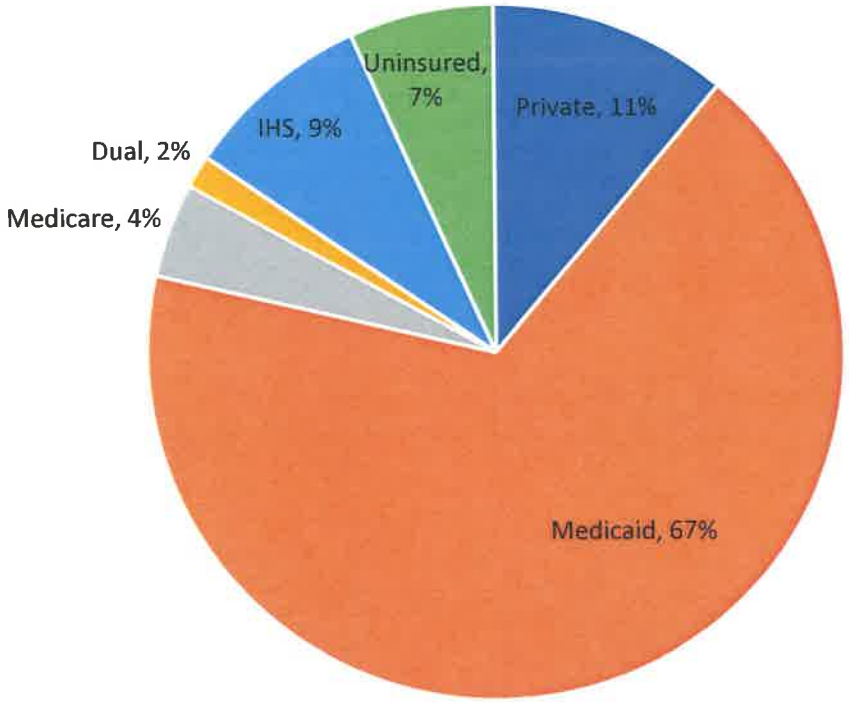


Figure 2: Percent of Individuals Served by Primary Health Insurance Type

Of those individuals whose health insurance information was collected, more than two-thirds of individuals served are enrolled in Medicaid as their primary health insurance.

Note: Primary health insurance of individuals is not collected by all programs.



Organization: Cedar Grove Counseling

Project: Neurofeedback Therapy Program

Evaluation Summary

- The Neurofeedback Therapy Program provides subsidized sessions of neurofeedback therapy, an evidence-based program, to high-community-resource-impact individuals suffering from mental health and substance use disorders. By providing neurofeedback therapy to these clients, the program hopes to increase client engagement in mental health and/or substance use disorder therapy.
- The program successes for 2020 included: multiple patients quitting smoking, multiple patients reporting no nightmares since beginning treatment, and other improvements in patients' mental health.
- The program challenges for 2020 included: no sessions held during stay-at-home order, limited capacity to collaborate with other organizations, and the facility was shut down temporarily due to a COVID-19 outbreak.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$78,000.00	$35,350.00
Grant $ Expended	$69,246.31	$15,600.65
% Grant $ Expended	89%	44%
# Individuals Proposed	36	48
# Individuals Served	36	41
$ per Individual	$1,923.51	$380.50
Services Provided	240	455
$ per Service	$288.53	$34.29

2019 Evaluation	2020 Evaluation
42% of the clients completed 30 1-hour neurofeedback therapy session.	**41%** of clients, who began neurofeedback therapy, completed six 1-hour sessions as part of their treatment plan compliance.
92% of clients with a substance use disorder reduced their substance consumption from baseline, as determined by a clinician	**78%** of clients with a substance use disorder reduced their substance consumption from baseline, as determined by a clinician
89% of clients, who answered the question, reported an improvement in sleep.	**91%** of clients, who answered the question, reported an improvement in sleep.
	100% of clients, who answered the question, reported an improvement in cravings.
	78% of clients, who answered the question, reported an improvement in energy-level.
100% of clients, who answered the question, reported an improvement in motivation.	69% of clients, who answered the question, reported an improvement in motivation.
80% reported an improvement in their anxiety.	Metric not included in 2020 evaluation.
93% reported an improvement in their depression.	Metric not included in 2020 evaluation.
	100% of clients, who answered the satisfaction question, reported satisfaction with the program.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Cedar Grove Counseling

Project: Wraparound Services Program

Evaluation Summary

- The Wraparound Services Program provided various recovery support services. Hiring full time LMHP, vocational support, housing support, transportation support, and gym memberships in Forks and Port Angeles.
- The program successes for 2020 included: provided a gym membership to a patient to take showers, provided gas vouchers to patients so they could continue to work, a pregnant patient who was using drugs was provided a sober housing voucher and is in outpatient services, provided bus vouchers to patients, provided work clothes, driver's license, and food handler's permit to patient to allow them to work, provided sober housing vouchers to 31 patients, and 20 clients were able to remain in outpatient services as a result of transportation vouchers.
- The program challenges for 2020 included: grant contract not received until end of February, unable to provide gym memberships to clients due to gym closures, delayed recruitment of mental health specialist due to pandemic, and limited capacity to collaborate with organizations due to pandemic.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	-	$40,500.00
Grant $ Expended	-	$22,796.40
% Grant $ Expended	-	56%
# Individuals Proposed	-	70
# Individuals Served	-	82
$ per Individual	-	$278.00
Services Provided	-	32
$ per Service	-	$712.39

2019 Evaluation	2020 Evaluation
	31 sober housing vouchers provided to clients.
	27% of patients who began treatment completed treatment
	$3650 spent on vocational support (work clothes, resumes, licenses)
	$5042 spent on transportation (gas vouchers, bus vouchers, and mileage)
	$164 spent on gym memberships

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: First Step Family Support Center

Project: Parents as Teachers

Evaluation Summary

- The Parents as Teachers program is an evidence-based home visiting program designed to ensure young children are healthy, safe, and ready to learn. The program targets families with multiple high-risk factors in their lives. The program is designed to help parents understand how important they are to their child's physical, social, and emotional development. The program consists of two home visits per month, group meetings, child screenings, family assessments, goal settings, and referrals to community resources.
- The program successes for 2020 included: transition from in-home visits to telephone, virtual, and outdoor visits, starting an outreach program for low-income families with funding from United Way and Seattle Foundation, able to serve more Spanish-speaking families by employing two Spanish-speakers, OCH funded outreach worker to provide basic needs services, collaboration with NOHN to post cooking classes online, started a zoom support group, partnered with Jefferson County Public Health to host a NFP nurse, and, received grant from OCH to buy Zoom license and tablets for families.
- The program challenges for 2020 included: due to COVID-19 restrictions stopped providing home visits, staff left their positions due to childcare issues, and difficulty in hiring new staff and getting them trained by national organization.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$107,000.00	$109,030.77
Grant $ Expended	$107,000.00	$109,030.74
% Grant $ Expended	100%	100%
# Individuals Proposed	-	-
# Individuals Served	177	153
$ per Individual	$604.52	$712.62
Services Provided	648	1,162
$ per Service	$165.12	$93.83

2019 Evaluation	2020 Evaluation
638 home visits were completed in 2019.	**1,151** client contacts made in 2020.
3.6 home visits were completed per family served in 2019.	**7.5** client contacts were completed per family served in 2020.
	79% of eligible parents are screened using Family Life Skills program scale.
	54% of eligible parents who had a positive screening for depression received a referral.
	41% of eligible children received an initial development screening within the first 90 days of their first visit or birth
95% of total families served received at least 75% of their hoped-for home visits.	**91%** of families with at least two stressors received at least 75% of their hoped-for home visits
	7 parent group meetings held in 2020.
	100% of families have identified at least one goal.
	54% of families met at least one identified goal during the program year.
	Blue Ribbon status was **maintained**.
	50% (1 of 2) of clients reported overall satisfaction with services provided.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Lutheran Community Services NW

Project: Child Check

Evaluation Summary

- Child Check provides parents with support and referrals to services to help them learn more about the social, emotional, and behavioral development of their child and to encourage effective parenting. Child Check is available to children 18-months to 5 years old. Screening is free and voluntary. Child Check screens for autism-spectrum disorders, developmental delays, and Adverse Childhood Experiences. As part of the process, parents receive coaching and information about resources.
- The program successes for 2020 included: families with children screened who require further assessment were provided with resources, a parent who brought their child in to be screened saw improvement in their child's behavior based on coaching and strategies, and parents sought out Child Check in the pandemic as home-based learning increased.
- The program challenges for 2020 included: inability to conduct screenings at schools and early learning programs, delayed screenings due to other priorities, and coordination.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$93,000.00	$75,000.00
Grant $ Expended	$93,000.00	$74,860.39
% Grant $ Expended	100%	100%
# Individuals Proposed	300	250
# Individuals Served	877	844
$ per Individual	$106.04	$88.70
Services Provided	288	347
$ per Service	$322.92	$215.74

2019 Evaluation	2020 Evaluation
There were **3** outreach events for Child Check.	There were **0** outreach events for Child Check.
	262 children screened by Child Check.
	100% of parents receive relevant information about growth, development, and health and school readiness for their child
90% of all parent participants received a follow-up call or in-person coaching session.	**53%** of all parent participants received a follow-up call or in-person coaching session.
54% of referrals resulted in at least 1 attended appointment.	**38%** of referrals resulted in at least 1 attended appointment based on parents' reports.
90% of parents reported an increase in understanding, awareness, utilization, identification, and bonding.	
	94% of parents increased understanding of child growth, behavior, and development.
	89% of parents increased awareness of parenting resources in Clallam County.
	81% of parents increased utilization of parenting programs in Clallam County.
	63% of parents increased identification of social, emotional, behavioral support for children assessed with disorders.
	71% of parents increased child bonding and relationship.
100% of parent participants said they were satisfied with the Child Check Program.	**74%** of parent participants said they were satisfied with the Child Check Program.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Lutheran Community Services NW

Project: Healthy Families Project

Evaluation Summary

- The Healthy Families Project delivers three service components: family, financial, and physical health, to households experiencing crisis or hardship. The program's approach ensures that low-income families and individuals can access necessary services to meet their basic needs.
- The program successes for 2020 included: one cooking and financial literacy class was held in quarter 1, transitioned to online/social media-based cooking classes, provided crisis triage for families, classes transitioned to one-on-one services, conducted outreach to provide basic needs services to families, and assisted a single mother in gaining housing.
- The program challenges for 2020 included: shifting priorities, greater needs from clients, lack of available services, and increased need for housing in the community.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$98,000.00	$55,000.00
Grant $ Expended	$75,356.90	$52,798.81
% Grant $ Expended	77%	96%
# Individuals Proposed	5,500	5,500
# Individuals Served	6,019	2,639
$ per Individual	$12.52	$20.01
Services Provided	-	-
$ per Service	-	-

2019 Evaluation	2020 Evaluation
42 families completed the four-week nutrition course.	**135** families completed the nutrition course (abbreviated due to pandemic).
62 families completed the four-week financial literacy course.	**124** families completed the financial literacy course (abbreviated due to pandemic).
95% of families said that they were able to address their family's financial concerns.	**41%** of families said that they were able to address their family's financial concerns.
100% of families increased their knowledge of financial resources in their community.	**75%** of families increased their knowledge of financial resources in their community.
76% of families said that they felt more confident about managing their budget.	**60%** of families said that they felt more confident about managing their budget.
100% of participants learned at least one new skill that they feel competent to apply.	**50%** of participants learned at least one new skill that they feel competent to apply.
100% of participants increased their knowledge of a topic that interests and benefits them.	**88%** of participants increased their knowledge of a topic that interests and benefits them.
99% of participants said they believe the community cares about their family and that they have access to the resources to meet their family's needs.	**63%** of participants said they believe the community cares about their family and that they have access to the resources to meet their family's needs.
100% of participants said that they have access to community resources that will help them better meet their own or their family's needs.	**24%** of participants said that they have access to community resources that will help them better meet their own or their family's needs.
100% of participants said that they can meet their basic needs through resources and referrals.	**56%** of participants said that they can meet their basic needs through resources and referrals.
100% of participants said they were satisfied with services provided by the Healthy Families Project.	**100%** of participants said they were satisfied with services provided by the Healthy Families Project.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Olympic Peninsula Community Clinic **Project:** Case Management

Evaluation Summary

- The Case Management program partners navigators with police officers to find those in need and match them with services. The navigators work with the patients to remove barriers to treatment and then help them to successfully enter treatment. The program also helps to provide services through a weekly off-site clinic to those at the Serenity House shelter.
- The program successes for 2020 included: shifted focus to providing housing, received a grant funding to expand program, provided case management support to clients that allowed them to enter treatment, gain housing, and gain food assistance, provided services at COVID Social Distancing Center, helped in contact tracing of homeless community, increased staffing, increased number of referrals given, reduced no-shows to appointments, increased prescription compliance, provided access to internet to clients via tablets, and brought awareness to gaps in services in the community.
- The program challenges for 2020 included: shifting priorities due to the pandemic, lack of availability of services for clients, and connecting with clients without internet service.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$29,000.00	$35,000.00
Grant $ Expended	$26,325.63	$35,000.00
% Grant $ Expended	91%	100%
# Individuals Proposed	-	-
# Individuals Served	335	474
$ per Individual	$78.58	$73.84
Services Provided	1785	1321
$ per Service	$14.75	$26.50

2019 Evaluation	2020 Evaluation
	1,298 individualized, targeted referrals (warm handoffs) made to services
	49% of referrals out result in at least one scheduled appointment.
	52% of individuals receiving ongoing support from caseworkers and navigators were successfully connected to medical, behavioral health or other services.
	8% of individuals receiving ongoing support from case workers and navigators have reduced involvement with the Fire Dept during engagement.
	35% of individuals receiving ongoing support from case workers and navigators have reduced involvement with the Police Dept during engagement.
	78% of applicable clients report that services provided by VIMO were helpful for them towards the goal of employment.
	86% of applicable clients report that services provided by VIMO were helpful for them towards the goal of housing.
	97% of participants reported overall satisfaction with services provided.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Olympic Personal Growth

Project: Filling the Gap

Evaluation Summary

- The Filling the Gap program offers Substance Use Disorder Treatment and Mental Treatment to youth and adults. Services provided include: group, individual, family, and conjoint sessions, employment support, housing support, case management, urinalysis testing, outreach, engagement, and peer support. Clients for the program qualify based on financial eligibility and access to other resources.
- The program successes for 2020 included: involvement in multiple collaborative groups, helped multiple clients access SUD services and housing, contracted with Amerigroup for mental health services, and shifted to individual care from group settings due to COVID-19.
- The program challenges for 2020 included: unable to provide group therapy services and limited funding due to using all funding provided by third quarter.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$94,020.00	$30,000.00
Grant $ Expended	$22,405.00	$29,955.00
% Grant $ Expended	24%	100%
# Individuals Proposed	-	-
# Individuals Served	47	60
$ per Individual	$476.70	$499.25
Services Provided	275	385
$ per Service	$81.47	$77.81

2019 Evaluation	2020 Evaluation
An average of **5.9** services were provided to clients.	Metric not included in 2020 evaluation.
	89% of participants who stabilized or decreased their use of the emergency department compared to their baseline.
	89% of participants who stabilized or decreased their use of the hospital compared to their baseline.
	96% of participants who stabilized or decreased their use of emergency transport services compared to the baseline.
	87% of participants who remained in outpatient treatment for at least 90 days or successfully completed treatment.
	94% of participants reported an improved quality of life.
	75% of participants with an identified social relations goal in their treatment plan make progress (as determined by clinician).
	94% of participants reported overall satisfaction with services provided.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Peninsula Behavioral Health

Project: PATH Outreach Services

Evaluation Summary

- PATH (Projects for Assistance in Transition from Homelessness) is a federal grant program that aids individuals, including outreach services by a case manager, to people who are experiencing serious mental illness and are experiencing homelessness or risk of homelessness. PBH will be receiving SAMHSA funding for 2/3 the cost of the program and is asking CC BH fund to provide the remaining 1/3.
- The program successes for 2020 included: distributed smart phones donated by the WA HCA to help them more easily connect to services, expanded outreach services into Sequim leading to them funding a Peer Pathfinder position, successfully housed multiple clients, working with local hotels to fund long-term hotel stays for those impacted by COVID-19, continued to provide referrals to MAT services, distributed meals and helped to fulfill other basic needs in the community, and distributed nasal naloxone kits to the community.
- The program challenges for 2020 included: IV-administered naloxone kits not accepted by community, lack of housing availability, inability to connect with state agencies, client's limited access to phone/internet, less services provided in the community, and greater need from community members for services.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	-	$18,032.00
Grant $ Expended	-	$12,049.70
% Grant $ Expended	-	67%
# Individuals Proposed	-	-
# Individuals Served	-	121
$ per Individual	-	$99.58
Services Provided	-	-
$ per Service	-	-

2019 Evaluation	2020 Evaluation
	5% of enrolled clients who needed housing who gained housing.
	15% of enrolled clients who left services due to loss to follow-up.
	9% of enrolled clients who left services due to leaving services voluntarily.
	48% of service goals completed by clients.
	100% of clients have maintained contact with their Peer support.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Peninsula Behavioral Health

Project: Outpatient & Residential for Underfunded or Unfunded Clients

Evaluation Summary

- The Safety Net for Underfunded Clients helps provide those with Medicare coverage with a broader spectrum of care not funded by Medicare, these services include case management, peer support, and therapeutic services provided by non-licensed professionals. They also provide services to underinsured and uninsured clients, who would otherwise not be able to afford behavioral health services and support.
- The program successes for 2020 included: maintained funded contracts with four managed care organizations, collaborated with multiple health care organizations, multiple clients completed treatment, reduced client visits to the emergency room.
- The program challenges for 2020 included: high need for funding of services in the community.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$28,000.00	$140,200.00
Grant $ Expended	$28,000.00	$122,599.25
% Grant $ Expended	100%	87%
# Individuals Proposed	-	-
# Individuals Served	45	76
$ per Individual	$622.22	$1613.15
Services Provided	157	-
$ per Service	$178.34	-

2019 Evaluation	2020 Evaluation
	13% of eligible clients who completed treatment by meeting their treatment plan goals
463 hours of individual services were provided to clients.	**805** hours of individual services were provided to clients.
23 hours of case management services were provided to clients.	**516** hours of case management services were provided to clients.
	206 hours of group services were provided to clients.
41 hours of cooccurring disorder services were provided to clients.	**31** hours of cooccurring disorder services were provided to clients.
203 medical appointments were attended by clients, that they otherwise would not be able to afford.	**524** medical appointments were attended by clients, that they otherwise would not be able to afford.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Peninsula Behavioral Health

Project: Mental Health First Aid Training

Evaluation Summary

- Cover the cost of four adult Mental Health First Aid and four Youth Mental Health First Aid trainings and to be available to any community member at no charge.
- The program successes for 2020 included: one Mental Health First Aid Training held prior to COVID-19 shutdowns and instructor became trained in virtual Mental Health First Aid Training to continue providing services during the pandemic.
- The program challenges for 2020 included: unable to hold trainings due to COVID-19 pandemic.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$16,000.00	$18,000.00
Grant $ Expended	$16,000.00	$1,650.00
% Grant $ Expended	100%	9%
# Individuals Proposed	-	-
# Individuals Served	196	22
$ per Individual	$81.63	$75.00
Services Provided	-	1
$ per Service	-	$1,650.00

2019 Evaluation	2020 Evaluation
Mental Health First Aid Trainings were filled at **84%** capacity.	Mental Health First Aid Trainings were filled at **73%** capacity.
65% of those who registered for training attended the training.	**66%** of those who registered for training attended the training.
100% of those who completed training and passed the training's exam.	**100%** of those who completed training and passed the training's exam.
92% of those who attended the training felt that they would be able to practically apply their training.	**96%** of those who attended the training felt that they would be able to practically apply their training.
95% of those who attended the training were satisfied with the training.	**95%** of those who attended the training were satisfied with the training.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Reflections Counseling Services Group

Project: Crisis Intervention

Evaluation Summary

- The Crisis Intervention program helps to stabilize crisis situations, educate families, engage clients in treatment, provide referrals, remove barriers to services, and offer recovery supports during transitions in care.
- The program successes for 2020 included: OMC began referring patients for detox to Reflections Counseling during COVID-19 to limit ER use, reduced barriers to SUD services, transported numerous patients to residential treatment, began to work with Jamestown MAT to coordinate services, and hired additional staff.
- The program challenges for 2020 included: high need with limited funding and closure of services.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$48,000.00	$65,000.00
Grant $ Expended	$10,300.34	$64,999.67
% Grant $ Expended	21%	100%
# Individuals Proposed	175	175
# Individuals Served	310	568
$ per Individual	$33.23	$114.44
Services Provided	379	2954
$ per Service	$27.17	$22.00

2019 Evaluation	2020 Evaluation
45 trip tickets were distributed to clients.	Metric not included in 2020 evaluation.
40% of clients stayed in services for 72 hours or were successfully discharged.	**44%** of clients stayed in services for 72 hours or were successfully discharged.
	22% of clients were provided with a referral into treatment more than once in 2020.
	20% of clients completed an assessment.
	100% of clients who completed an assessment were referred to outpatient, residential or other treatment.
	353 referrals to outpatient treatment.
	145 referrals to residential treatment.
100% of clients reported being satisfied with the Crisis Intervention services.	**100%** of clients reported overall satisfaction with services provided.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Reflections Counseling Services Group

Project: Under Insured and Non-Insured

Evaluation Summary

- The Treatment to Underinsured and Non-Insured program provides Substance Use Disorders Treatment and other Behavioral Health Services to underinsured and non-insured individuals
- The program successes for 2020 included: hired a new Clinical Supervisor, transitioned to telehealth due to COVID-19 pandemic, helped individuals successfully apply for Medicaid, and clients completed treatment.
- The program challenges for 2020 included: difficulty delivering services with COVID-19 restrictions and high need for services but limited funding availability.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$44,000.00	$12,500.00
Grant $ Expended	$37,444.38	$12,493.78
% Grant $ Expended	85%	100%
# Individuals Proposed	11	15
# Individuals Served	35	21
$ per Individual	$1069.84	$594.94
Services Provided	354	-
$ per Service	$105.78	-

2019 Evaluation	2020 Evaluation
46% of clients either completed or remained in treatment for at least 90 days	**76%** of clients either completed or remained in treatment for at least 90 days.
100% of clients in need received a referral to services.	**100%** of clients in need received a referral to services.
	69% of clients who reduced their level of care as determined by the clinician.
	100% of clients who demonstrated a reduction in the number of positive urinalyses.
100% of clients who completed the satisfaction survey reported satisfaction with the program.	**100%** of clients who completed the satisfaction survey reported satisfaction with the program.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: Sequim School District

Project: Education and Early Interventions for Mental Wellness

Evaluation Summary

- Continuation of mental health curriculum for students in freshman year at SHS. Program staff will also provide school staff training, counseling for families and students, and resources through community linkages and supports. Funding includes program manager and four contracted counselors.
- The program successes for 2020 included: began to offer tele-counseling and video-counseling to students, collaborated with community agencies to increase awareness of how to refer students for services, student participation and engagement increased, collaborated with community organizations to offer counseling at the YMCA, and referred students with more immediate needs to in-patient mental health facilities.
- The program challenges for 2020 included: identifying mental health needs in students due to online school, identifying funding sources, and increased need of students due to life changes from the pandemic.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$82,000.00	$145,300.00
Grant $ Expended	$45,881.21	$117,474.08
% Grant $ Expended	56%	81%
# Individuals Proposed	-	-
# Individuals Served	40	36
$ per Individual	$1,147.03	$3,263.17
Services Provided	-	-
$ per Service	-	-

2019 Evaluation	2020 Evaluation
2 health teachers and **2** high school counselors were trained in the curriculum.	Metric not included in 2020 evaluation.
70% of students demonstrated an improvement in their mental health knowledge.	**78%** of students demonstrated an improvement in their mental health knowledge.
69% of students demonstrated an improvement in their mental health attitude.	**72%** of students demonstrated an improvement in their mental health attitude.
40 students were referred to the program manager.	**25** students were referred to the program manager.
	100% of students referred to program manager are matched with an ACE within two weeks of referral.
100% of students were contacted within one week of referral.	**100%** of students referred to program manager within one week.
73% of students were referred out for acute services.	**80%** of students were referred out for acute services.
	55% of students who were referred out for acute services who entered services within two weeks of referral.
	100% of engaged families demonstrated an increased awareness of available resources.
	100% of engaged families demonstrated an increased mental health knowledge.
	100% of engaged families demonstrated an improved mental health attitude.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: Serenity House

Project: Application for the Administration of HARPS

Evaluation Summary

- The CD/MH Housing and Shelter program provides flexible housing funds for clients by preventing clients from becoming homeless, providing rapid rehousing (rent, deposit, move-in costs), and helps with services to assist when seeking housing (obtain ID, background check, etc.).
- The program successes for 2020 included: secured emergency COVID-19 funds, collaborated with Peninsula Behavioral Health, a client housed with HARPS funding reached two years of sobriety and regained custody of their child, a client housed with HARPS funding since being house remained sober for over 3 months and regained custody of their child, and applied for over 30 funding opportunities.
- The program challenges for 2020 included: difficulty conducting outreach and increased need of services due to pandemic.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$53,000.00	$37,440.00
Grant $ Expended	$35,045.16	$27,672.00
% Grant $ Expended	66%	74%
# Individuals Proposed	-	150
# Individuals Served	148	103
$ per Individual	$236.79	$268.66
Services Provided	-	-
$ per Service	-	-

2019 Evaluation	2020 Evaluation
79% of the households served gained permanent housing.	**32%** of households that needed housing that gained housing within 90 days
	30 additional funding sources applied to in 2020
	$4,000,000.00 additional funding secured in 2020.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

Organization: The Answer for Youth

Project: Mindful Body Recovery Support

Evaluation Summary

- **Due to the nature of the Mindful Body Recovery Support program, services were discontinued due to COVID-19 business closures.**
- The Mindful Body Recovery Support program provided free access to mindfulness and exercise practices for clients diagnosed with SUDs and are in recovery. Facilities tracking attendance and relapse warning assessments completed monthly.
- The program successes for 2020 included: aided in recovery process of a multiple clients in treatment and strengthened relationships with service providers and treatment centers.
- The program challenges for 2020 included: gym closures due to pandemic.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	-	$30,000.00
Grant $ Expended	-	$5,983.56
% Grant $ Expended	-	20%
# Individuals Proposed	-	120
# Individuals Served	-	83
$ per Individual	-	$72.09
Services Provided	-	546
$ per Service	-	$10.96

2019 Evaluation	2020 Evaluation – Quarter 1 Data Only
	93% of all clients attended at least two classes in Quarter 1.
	46% of clients showed a decrease in their overall AWARE score comparing first to last survey in Quarter 1.
	66% of Craft Café mindfulness classes are attended by 3+ participants in Quarter 1.
	65% of clients who received a monthly pass to fitness center attended at least 4 classes per month in Quarter 1.
	100% of clients reported overall satisfaction with services.

Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.

Organization: West End Outreach Services **Project:** Behavior Health Services of Low-Income Individuals and Families

Evaluation Summary

- The Behavior Health Services of Low-Income Individuals and Family program provides intakes/assessments, individual and group counseling, case management, peer support services, psychiatric evaluation, medication management, and adult day support services for clients who are unable to afford needed behavioral health treatment.
- The program successes for 2020 included: able to continue behavioral health services for a client, served undocumented clients who otherwise would not have access to services, offered services via telephone and Zoom due to COVID-19, served clients who were incarcerated and referred them to treatment services, and partnered with a provider who prescribes suboxone.
- The program challenges for 2020 included: change of screening tool and stalled collaboration with Hoh tribe to provide additional services.

Year	2019 (12 Mo)	2020 (12 Mo)
Grant $ Awarded	$28,040.00	$38,375.00
Grant $ Expended	$18,250.00	$23,622.50
% Grant $ Expended	65%	62%
# Individuals Proposed	40	40
# Individuals Served	20	24
$ per Individual	$912.50	$984.27
Services Provided	543	548
$ per Service	$33.61	$43.11

2019 Evaluation	2020 Evaluation
	No, six mental health and one substance use disorder provider were not maintained.
100% of clients were given an Adverse Childhood Experiences survey.	**58%** of clients were given an Adverse Childhood Experiences survey.
Clients decreased their number of jail bed days after their enrollment in the program by **77%**	Clients decreased their number of jail bed days after their enrollment in the program by **53%**
100% of clients were compliant with their medication at the end of the quarter.	**100%** of clients were compliant with their medication at the end of the quarter.
71% of clients had fewer negative mental health symptoms	**75%** of clients had fewer negative mental health symptoms
50% of clients had fewer SUD symptoms at discharge compared to baseline.	**57%** of clients had fewer SUD symptoms at discharge compared to baseline.
Note: Green, red, orange, or purple indicates that value met or exceeded, did not met, nearly met (within 10% of target), or is not yet active for its target, respectively.	

History of BHAB Bylaws

- 2005 A 1/10th of 1% sales tax allowed by RCW 82.14.460 was passed by Washington State Legislative Session (7/01/05)
- 2006 the Clallam County Behavioral Health Workgroup presented "Recommendations For New and Expanded Mental Health and Chemical Dependency Treatment Services and Therapeutic Cords in Clallam County" to the BOCC (02/28/06)
- 2006 BOCC established CDMH Program Fund via Ordinance 791 (03/28/06)
- 2006 BOCC passed Resolution 55 establishing The Chemical Dependency/Mental Health Program Advisory Board (06/27/06). The membership of the board consisted of 16 positions:

1. A Clallam County Commissioner
2. The Director of Clallam County Health and Human Services
3. The Director of Clallam County Juvenile Services
4. The Court Commissioner who presides over the Therapeutic Court
5. A designated representative agreed upon by the Hospital Districts (OMC and Forks)
6. A designated representative agreed upon by the Cities (Forks, Sequim, Port Angeles)
7. A designated representative agreed upon by the Tribes (Jamestown, Lower Elwha, Makah, Quileute)
8. A prevention/intervention supervisor agreed upon by the school districts' in the county (Port Angeles, Sequim, Crescent, Quillayute, Cape Flattery)
9. A designated representative from the Division of Children and Family Services
10. A designated representative from the Law Enforcement Community
11. A designated representative from an agency that delivers subsidized mental health services
12. A designated representative from an agency that delivers subsidized chemical dependency services
13. A private provider of mental health services
14. A private provider of chemical dependency services
15. An advocate for chemical dependency/mental health services
16. A consumer/past consumer of chemical dependency/mental health services

- 2011 membership increased by 2 "At Large" positons via Resolution 16 (02/08/11)
- 2013 board restructure via Resolution 07. This removed the commissioner position, removed prevention/intervention supervisor, and added non-voting designations. Also added that non-voting members are not counted for purposes of establishing a quorum.

1. Director of Health and Human Services – non-voting
2. Director of Juvenile and Family Services – non-voting
3. Representative of Superior Court – non-voting
4. Representative of Hospital District(s)
5. Representative of City law enforcement
6. Representative of the Tribes
7. Representative from Division of Child and Family Services
8. Representative for the Sheriff's Office
9. Representative from an agency that delivers subsidized Mental Health services – non-voting
10. Representative from an agency that delivers subsidized Chemical Dependency services – non voting
11. Representative of provider of private mental health services not contracting for funding
12. Representative of provider of private Chemical Dependency services not contracting for funding
13. Advocate for Chemical Dependency/Mental Health Services
14. Consumer/past consumer of Chemical Dependency/Mental Health Services
15. Two at-large positions
16. Representative of services for the homeless

- 2014 changed co-chair from elected member of the board to current Director of Clallam County Health & Human Services (board meeting 05/13/21).
- 2017 Sheriff's Office Representation added as standing term and membership increased to add Administrator of the SBHO position (standing) via Resolution 16 (05/30/17)
- 2018 Convert consumer/past consumer of chemical dependency/mental health services to: consumer past consumer of substance use disorder services **AND** consumer past consumer of mental health services. This added a position for a total of 19. (board meeting 10/9/18)
- 2019 BOCC amended the original ordinance to change CDMH Program Fund to BHAB Fund via Ordinance 955 (01/08/19)
- 2020 Resolution 32 converted SBHO to SBH-ASO position and converted consumer/past consumer of chemical dependency/mental health services to: consumer past consumer of substance use disorder services AND consumer past consumer of mental health services (3/10/20)

BYLAWS OF THE

CLALLAM COUNTY

BEHAVIORAL HEALTH ADVISORY BOARD

ARTICLE I. NAME

The name of this organization shall be the Clallam County Behavioral Health Advisory Board hereafter referred to as Behavioral Health Advisory Board.

ARTICLE II. PURPOSE

The purpose of the Behavioral Health Advisory Board is to advise and make recommendations to the Board of County Commissioners (hereafter referred to as BOCC) on the implementation and the future funding from the 1/10 of 1 percent sales tax authorized by RCW 82.14.460 passed in 2005 by the Washington State Legislature Session and by Clallam County Ordinance number 791 adopted March 28, 2006 and by Clallam County Code Chapter 5.05. In addition the Behavioral Health Advisory Board will advise and make recommendations to the BOCC on provision of services in Clallam County to be funded by the sales tax. The Behavioral Health Advisory Board does not have the authority to enforce policy or create rules outside its jurisdiction.

The Behavioral Health Advisory Board provides an important link between the public and the BOCC. Committee members provide important information about community needs and opinions that can affect Clallam County policies and lead to improved services for county citizens with substance use disorders or mental health issues.

The Behavioral Health Advisory Board's main purposes and responsibilities are:

- Planning and Goal Setting:
  Planning the expenditure of available funding based on goals set as a part of the community needs.
- Communication with the BOCC:
  Behavioral Health Advisory Board advises the BOCC on various issues of concern to people with substance use disorders or mental health issues.
- Oversight Role:
  Behavioral Health Advisory Board performs an Oversight Role regarding the work of the Behavioral Health Advisory Board in assisting the County, providing oversight of the services and programming offered through the 1/10 of 1 cent sales tax revenues. It also provides an avenue for various community members to voice their concerns and suggestions for services to people with substance use disorders or mental health issues. The Behavioral Health Advisory Board is also responsible for exploring long-range issues and recommending initiatives to respond to them.

- Inform and Educate Community Members:
  Members of the Behavioral Health Advisory Board assist HHS staff in monitoring and evaluating the various programs that receive money from the 1/10 of 1 percent fund.
- In addition, members of the Behavioral Health Advisory Board will:
  Promote both diversity and unity in discussions and decisions.
  Take responsibility for educating themselves about the needs and preferences of people with substance use disorders and mental health issues.
  Listen to the community for information that may be of value to the work of the County and communicate that information to the Behavioral Health Advisory Board and/or HHS staff.

ARTICLE III. REPRESENTATION

Membership: The Behavioral Health Advisory Board shall consist of no more than 19 members. The membership shall consist of the following:

- Four standing members with unlimited terms and 15 categorical members with staggered 3 year terms.
- Non-voting members are:
  - Director of Clallam County Health & Human Services (standing)
  - Director of Juvenile Services (standing)
  - Representative of the Superior Court (standing)
  - Designated representative from an agency that delivers subsidized mental health services
  - Designated representative from an agency that delivers subsidized substance use disorders services
  - Regional Administrator Salish Behavioral Health Administrative Services Organization (standing)

- Categorical voting members
  - Designated Hospital Districts' representative
  - Designated representative of cities' law enforcement
  - Designated Tribal representative
  - Designated representative from the Division of Child and Family Services
  - Designated Sheriff's Office representative
  - A private provider of mental health services not contracting for funding under RCW 82.14.460 (often referred to as "Hargrove" funding).
  - A private provider of substance use disorders services not contracting for funding under RCW 82.14.460 (often referred to as "Hargrove" funding).
  - An advocate for substance use disorders/mental health services
  - A consumer/past consumer of substance use disorders services

- A consumer/past consumer of mental health services
- Two community at-large positions
- A representative of services for the homeless

- All non-voting members are not counted for purposes of establishing a quorum. Voting members must be residents of Clallam County or represent services in Clallam County. Additional representation by HHS staff may be part of the board in a non-voting capacity.

Appointment: Members of the Behavioral Health Advisory Board are appointed by the BOCC. When notified by HHS, BOCC will announce openings on the Behavioral Health Advisory Board through press releases and HHS email distribution lists. Persons wishing to serve as a member of the Behavioral Health Advisory Board will send an application to Clallam County Human Resources. The application will be forwarded to HHS and BOCC for Behavioral Health Advisory Board and staff review. Recommendations for appointment by the Behavioral Health Advisory Board will be forwarded to the BOCC. Final authority for such appointments will rest with the BOCC.

Terms: Appointed members shall serve for three-year terms. Members may serve more than one term, including consecutive terms. Terms may be adjusted as necessary to maintain staggered expiration dates.

Incumbents: Incumbent members desiring to serve another term must so indicate by submitting a written request and application to HHS staff and BOCC, confirming their desire for reappointment. No appointments will be made automatically.

Alternates: Each non-voting member to Behavioral Health Advisory Board may designate an alternate. Alternates must be designated in writing by a letter addressed to the HHS staff and chair.

Vacancies: When a vacancy occurs, the vacancy shall be published in an official county newspaper by means of a press release naming the type of vacancy, where to pick up an application and the closing date for accepting applications. Vacancies will also be advertised via HHS email distribution lists. If no applications are received by the expiration of the application period, or if applicants fail to receive majority support of the Behavioral Health Advisory Board, the BOCC may solicit individuals to serve and may appoint members without another open application period.

Filling Mid-Term Vacancies: Should a mid-term vacancy occur for any reason, the BOCC may appoint a replacement member to complete the remainder of the term.

Qualifications: Behavioral Health Advisory Board members shall be appointed on the basis of representation from groups as indicated in the section on representation.

Absences: Behavioral Health Advisory members shall notify the HHS staff liaison in advance if unable to attend any regular meeting of the Board. Examples of excused absences are illness, vacation, work out of town, and furlough days. Standing and appointed members may be removed from membership by action of the BOCC for lack of attendance. Lack of attendance is considered any of the following:

6 excused absences in a calendar year,
3 unexcused absences in a calendar year or
2 consecutive unexcused absences

The Behavioral Health Advisory Board shall recommend to the BOCC for action to be taken to remove a member, as per the bylaws.

Removal of Members: The BOCC, by majority vote, may remove any member of the Behavioral Health Advisory Board without cause. Members removed by the BOCC shall be so notified.

ARTICLE IV. OFFICERS

Chairperson: The presiding officer of the Behavioral Health Advisory Board shall be the Chair. The Chair shall be elected from members of the Behavioral Health Advisory Board. The Chair shall be selected for a term of two years from the date of election in even years. Behavioral Health Advisory Board members may serve consecutive terms as chair. Chair shall preside over all meetings.

Co-chair: The current Director of Clallam County Health & Human Services shall be the Co-chair.

ARTICLE V. RULES OF BUSINESS

The most recent revision of Robert's Rules of Order shall serve as the parliamentary authority in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Behavioral Health Advisory Board may adopt. The Behavioral Health Advisory Board shall adopt the following meeting agenda:

Call to order

Roll Call/Introductions

Minutes of previous meeting(s)

Public forum: Limited at the pleasure of the Chair

Old business

New business

Next meeting agenda

ARTICLE VI. COMMITTEES

The Behavioral Health Advisory Board will suggest the creation of subcommittees and the Chair solicits volunteers for the subcommittees from the Behavioral Health Advisory Board or members of the community from time to time as the Chair shall deem necessary. The subcommittee recommendation(s) shall be taken to the Behavioral Health Advisory Board for final review and approval, if any.

ARTICLE VII. MEETINGS

Regular meeting: Regular meetings of the Behavioral Health Advisory Board shall be scheduled and held monthly. Any regular meeting of the Behavioral Health Advisory Board may be cancelled with the concurrence of a majority of the voting members of the Board.

Special Meeting: The chair or two-thirds of the voting members of the Behavioral Health Advisory Board may call a special meeting of the Behavioral Health Advisory Board as set forth in RCW 42.30.080.

Quorum: A quorum shall consist of a majority of the filled voting positions on Behavioral Health Advisory Board. A quorum shall be required to transact business at any regular or special meeting.

Minutes: Written minutes of each Behavioral Health Advisory Board meeting shall be prepared and approved by the Behavioral Health Advisory Board at the subsequent regular meeting. Accessible formats of minutes shall be made available upon request.

Meetings Open to Public: All regular and special meetings of the Behavioral Health Advisory Board shall be open to the public in accordance with RCW 42.30 and Clallam County Policy and Procedure 952, Boards and Committees.

Public Records Act: The Behavioral Health Advisory Board will make public records such as meeting minutes, procedural rules and statements of general policy, and other records, written or electronic, pertaining to the business of the committee available for public inspection and copying as required by RCW 42.56. Exemptions to disclosure are very limited and are specifically identified in statute.

ARTICLE VIII. VOTING

Actions Requiring a Vote: Each voting member of the Behavioral Health Advisory Board shall be entitled to one vote on all actions of the Behavioral Health Advisory Board that require a vote. An affirmative vote of a majority of voting Behavioral Health Advisory Board members present shall be required to pass an action or recommendation from the Behavioral Health Advisory Board,

provided that a quorum of the Behavioral Health Advisory Board is present. Proxy votes are not allowed.

The Chair and Voting: The Chair, if representing a voting member position on the Behavioral Health Advisory Board, may vote when her/his vote would affect the outcome, to make or break a tie.

Voting by secret ballot is prohibited by the Open Meetings Act, RCW 42.30.060. Voting will generally be by a show of hands. Votes will be recorded by the number of yea, nay, and abstention votes.

Members of the Behavioral Health Advisory Board having personal, family, professional or pecuniary interest on an action item that may be deemed to establish a conflict shall declare the conflict and refrain from discussing or voting on such matters. See Article IX.

ARTICLE IX. CONFLICT OF INTEREST

Conflict of interest: Given the professional context of the situation, as well as the parameters of the professional community, it is not possible to avoid all conflicts of interest on this advisory board. Essential input and expertise may come from any member of the board, sometimes particularly from members experiencing dual roles.

However, in service to accountability to the community it is essential that any and all potential conflicts of interests, real or perceived, be transparently acknowledged and addressed with a firm set of guidelines and bylaws. Members of the Behavioral Health Advisory Board having personal, family, professional or pecuniary interest on an action item that may be deemed to establish a conflict shall declare the conflict and refrain from discussing or voting on such matters.

Good faith disclosure: Each member should prepare and submit a formal statement of any and all potential dual roles and conflicts of interest. This information should be compiled as a list and distributed to all Behavioral Health Advisory Board members as well as any interested or concerned community members. This list should be reviewed and updated annually (Sample form attached.)

Information to be disclosed should include the following:

> Employment or any other association with any entity that is currently receiving $1/10^{th}$ of 1 percent tax monies, or could potentially receive funding in the future.
>
> Financial investments and/or interests in any activity or entity involved or potentially involved in $1/10^{th}$ of 1 percent projects.
>
> Existing professional or personal associations with funded projects or personnel.

Personal convictions which could potentially interfere with impartiality in discussing and voting on any particular issue.

Procedure to be followed: before any major discussion brought before the Behavioral Health Advisory Board, an inquiry should be made of the board members present, regarding any potential conflicts, with discussions as deemed appropriate.

Behavioral Health Advisory Board members should identify themselves as having a conflict of interest when applicable. After any questions pertinent to that particular board member, the identified member should recuse him or herself from not only voting on the issues currently being considered, but also from all discussion and/or debate around the issues at hand before voting occurs.

At no point should a Behavioral Health Advisory Board member ever be inquiring or advocating for funds or decisions in favor of any entity in which he or she represents or in which he or she has some other interest or involvement.

Consistent violations may lead to recommendation for removal from the Behavioral Health Advisory Board. Contested conflicts and/or violations may require outside consultation as deemed appropriate by either the majority vote of the Behavioral Health Advisory and/or the BOCC.

ARTICLE X. MISCELLANEOUS

General Public Comments: At each meeting, according to the usual order of business, the Chair shall call for general comments from the public. Persons wishing to comment shall give their name. The Chair may establish time limits for individuals who wish to speak.

ARTICLE X. AMENDMENTS TO BYLAWS

These bylaws can be amended at any regular meeting of the Behavioral Health Advisory Board by a majority vote, provided the amendment has been submitted in writing to the Behavioral Health Advisory Board at least ten (10) days prior to said meeting.

Adopted the 8th day of January, 2019