



# Executive Summary 2019



Center for Human Services

*Building a stronger community...one family at a time.*



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# CENTER FOR HUMAN SERVICES

## ANNUAL EXECUTIVE SUMMARY

### 2019

#### Introduction

Center for Human Services (CHS), a community-based, non-profit organization, exists to meet the needs of residents of King County and Snohomish County in the areas of outpatient mental health, outpatient substance use disorders treatment, behavioral health integration, and family support.

#### AGENCY OVERVIEW

##### Mission

To strengthen the community through counseling, education, and support to children, youth, adults, and families.

##### Our Vision

It is our vision to be the community's leading provider of social services to children, youth, adults, and families. CHS strives to help create a strong community in which:

- Thriving children, vital individuals, and stable loving families are created and supported.
- Children and their families are able to increase emotional strength and resolve personal and interpersonal issues.
- People recover from behavioral health problems.

##### Belief Statement

CHS believes that the most critical element for strengthening a community is to strengthen its members and their families through preventive and responsive programs. This is accomplished by taking an approach that is strength-based, family-focused, client-centered, trauma-informed, integrated with other services, and culturally responsive.

## Our Values

### **Embrace Diversity**

We respect and honor the diversity of our community and are committed to weaving that diversity into our programs, actions, and results.

### **Provide Accessibility**

We provide services that are easy to find, use, and understand.

### **Champion Collaboration**

We foster collaborative relationships that promote creativity, innovation, and teamwork.

### **Demand Accountability**

We assess and coordinate our programs and systems to assure that we meet high standards of service and care.

### **Personify Integrity**

We value the strengths and assets of our clients, community members, and co-workers and are honest, respectful, and ethical in our interactions.

### **Have Fun**

We are passionate about the work we do and use humor to promote a positive workplace.

## Our Philosophy

It is our philosophy that all people have gifts and strengths and our role as a human service provider is to create opportunities for them to use these talents and skills to strengthen themselves and their community. Our premise is that change will occur only when we firmly believe in our clients/participants and when we collaborate with them to positively use their aspirations, perceptions, and strengths. We believe that anyone who seeks our services at CHS deserves the best quality services possible. Our approach is holistic in that we try to understand the whole person or whole family rather than a dissection of parts. Not one therapeutic approach works for all people or in all situations, so various techniques are applied. However, general themes of emotional/physical safety, respect, and cultural sensitivity are consistent. Intra-agency referrals are made when we see that a combination of our program services will best serve the client's/participant's needs; when services are needed which CHS cannot provide, referrals outside the agency are made. Staff have a commitment to provide effective services, thus engage in an on-going process of evaluation,

education and self-care. CHS is striving to be a leader in the human services community by providing preventive and responsive services and using our identified strategic approaches.

## **Strategic Approaches**

### **Strengths-based**

Providing services from a strength-based perspective is based on the belief that every individual has strengths and that the role of a human service provider is to create opportunities for individuals to use these talents and skills to strengthen themselves, their families and their community. When working with a child or an adult, CHS acknowledges and responds to their needs, while also identifying their strengths and capacity for growth. This approach empowers participants to draw upon their own strengths in order to move toward creating change within themselves.

### **Client-centered**

We strive to provide services that are congruent and responsive to our clients' strengths and needs. When clients receive services that are tailored to their individualized needs, they are more likely to achieve positive outcomes. This process promotes client choice, voice, and resilience.

### **Family-focused**

The CHS approach is family-focused and holistic in that staff and volunteers try to understand the whole person or whole family rather than a dissection of parts. CHS defines family in the broadest sense of the word and staff are dedicated to supporting all families. Genuinely understanding each family's uniqueness, CHS recognizes grandparents, friends, extended family and other individuals together as playing a significant role in the family design.

### **Trauma-informed**

CHS realizes the widespread impact of trauma and actively resist re-traumatization of our clients and participants. Trauma-informed care is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive behavioral health services.

### **Integrated with Other Services**

Recognizing that no single approach works for everyone or in all situations, CHS programs include a variety of services and techniques. These include prevention-based and other services that respond to the immediate needs of the community. Intra-agency referrals are made between programs when a combination of services would best serve individual needs. External referrals are

made when additional services are needed outside the agency's scope. Our most recent and current efforts toward integration are with primary care clinics.

### **Culturally Responsive**

CHS understands, respects, and honors cultural differences. We practice our work through a lens of cultural humility. We bring people together in community while celebrating everyone as unique individuals. CHS maintains an atmosphere of openness and appreciation of cultural differences, while continuing to assess our agency's own culture. CHS promotes ongoing development and knowledge of various cultures and relevant resources and affirms and strengthens the cultural identity of individuals and families, while enhancing each client's/ participant's individual abilities to thrive in a multi-cultural society.

## **Strengths**

### **CHS:**

- is CARF accredited for our mental health and substance use disorders programs.
- has a stable leadership team with significant longevity.
- values diversity and has minority representation on the board, leadership team, management team, and in direct service and support positions.
- has a strong and active board.
- provides progressive advocacy within the local community and greater region.
- has an experienced and respected leadership team that values the organization's employees and clients.
- has employees who exhibit compassion and enthusiasm for the mission of the organization and the services provided.
- has a strong commitment to training, which enhances the commitment and confidence of its staff members to provide quality services and keeps best practices at the heart of the organization.
- treats clients with dignity and respect.
- routinely uses and tracks the usage of evidence-based practices.
- is using an industry-leading electronic health record and has been ongoing for the past 5 years.
- has an excellent benefit package for employees.
- has a forward-thinking vision and is ahead of the curve on most integration efforts provides services in primary care clinics, schools (5 school districts), clients' homes, and other community locations as well as in six agency locations.
- Is dedicated to developing and maintaining partnerships with other community agencies.
- uses data to make wise (management and service) decisions.



- strategically plans and prioritizes program and service expansion as needed.
- has an experienced Executive Director (24+ years of experience at the Center for Human Services & over 40 years in non-profit behavioral health).

## Challenges and Opportunities

### CHS is challenged to:

- maintain CARF accreditation and State licensures.
- Maintain up-to-date credentialing with the five Managed Care Organizations (MCOs).
- abide by complex reporting requirements and increased administrative burdens.
- hire clinical staff in a region with a significant workforce shortage.
- clinical departments have grown significantly in the last several years that may necessitate restructure.
- space for offices and services are limited.
- earn incentives from KCICN for identified milestones.
- recruit and retain qualified staff in an increasingly competitive market.
- operate with the state that has a workforce shortage of CDPs and Mental Health therapists.
- recruit and retain excellent and engaged board members.
- face the increased cost of doing business.
- compete with other organizations for resources and funding (Local, State, Federal).
- successfully integrate behavioral health and primary care (physical health).
- effectively use technology in helping us meet our goals.
- operate under a funding model for IEC Mental Health is not adequate because of the added expenses of home visiting.
- survive the current national political climate that could present numerous risks to human services.

## Highlights of 2019 Accomplishments

### CHS:

- gave all employees a bonus and increased clinical staff salaries to make us more competitive as an employer.
- had a clean financial audit with no management letter.
- entered into a contract with a major telepsychiatry company so we can provide medication management services to Medicaid clients.
- became a trauma-informed agency.

- provided multiple all-staff trainings about trauma.
- leadership participated in a restorative practices training.
- secured additional Best Start for Kids grant funding.
- Family Support Director served on the Housing and Expanded Learning Opportunities (HELO) Steering Committee.
- took significant steps, working with a consultant, to improve our HIPAA Security & Privacy policies and practices.
- added new locations for our Wraparound Program.
- began using Pre-Manage to track our client's hospitalizations and emergency room visits.
- worked with various capacity-building consultants.
- increased the number service hours provided compared to 2018 by 14,622 hours.
- had a successful and fun annual auction fundraiser.
- mental health director was invited to participate in a committee to standardize acceptable reporting elements for evidence-based practices for Infant Mental Health in partnership with the University of Washington Evidence-Based Practice Institute and the Barnard Center for Infant Mental Health and Development.
- actively participated in Affordable Communities of Health efforts in Snohomish and King Counties.
- expanded our Positive Discipline Parenting classes to include classes facilitated in English.
- mental health therapist presented at the 2019 Learning Resources Network (LRN) on the topic of engaging youth in the community.
- improved our infrastructure by restructuring positions.
- trained twenty-six adults in Youth Mental Health First Aid.
- has maintained a health insurance plan with no out-of-pocket expenses for full time.
- awarded funding to promote awareness of the 2020 Census.
- Mental health director participated in the Children's Behavioral Health Legislative Advisory Workgroup.
- Trained all staff to use Narcan and created Narcan kits for each site.
- made improvements to on-boarding and training processes.
- developed pathways and work-flows to standardize clinical and administrative processes.
- added another medical clinic where we are providing behavioral health integration services.

## CHS Locations

CHS owns three buildings where we provide services:

- **CHS – 170<sup>th</sup>**

17018 15<sup>th</sup> Ave NE Shoreline, WA 98155 (King County Substance Use Treatment Services, Infant & Early Childhood Mental Health, Integrated Behavioral Health, and Family Support)

- **CHS – 148<sup>th</sup>**  
14803 15<sup>th</sup> Ave. NE Shoreline, WA 98155 (King County Mental Health Counseling & Administration)
- **CHS – Silverlake**  
10315 19<sup>th</sup> Ave. SE, STE 112 Everett, WA 98208 (Snohomish County Substance Use Treatment Services, plus limited Infant & Early Childhood Mental Health services)

We rent office space at the following locations:

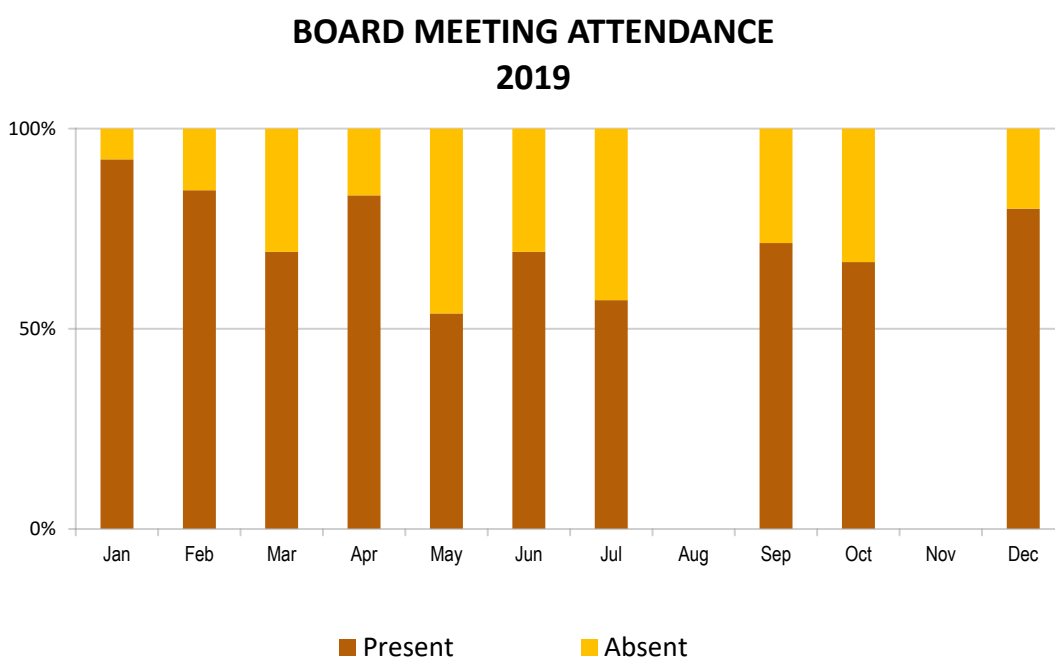
- Bothell United Methodist Church  
18515 92nd Ave NE, Bothell, WA 98011 (Family Support programming)
- CHS - 147<sup>th</sup> Shoreline  
14708 15<sup>th</sup> Ave. NE Shoreline, WA 98155 (WISe King County programming)
- CHS South Everett  
11314 4th Ave W, STE 209 Everett, WA 98204 (WISe Snohomish County programming)
- CHS - Edmonds  
21727 76TH Ave. W, STE J, Edmonds, WA 98026 (Snohomish County Mental Health counseling, plus limited Substance Use Disorders Treatment)

CHS also provides services on a regular basis at schools in the Northshore, Edmonds, Mukilteo, and Seattle School Districts; Third Place Commons; Ballinger Homes King County Housing Authority community. We provide on-site services at the Virginia Mason Medical Clinic in Edmonds (formerly Edmonds Family Medicine); at the Community Health Center of Snohomish County in Lynnwood, Edmonds, and Everett; and at the Providence Pediatric Clinic in Mill Creek. Additionally, clients often receive services at other community locations of their choosing including their homes.

## BOARD OF DIRECTORS

At the end of 2019, CHS had 14 board members (21 is maximum size of board). Board Officers were Karen Fernandez, President; Rick Henshaw, Vice-President; Kim Karmil, Secretary, and Dave Calhoun, Treasurer. We added three new board members in 2018. Our Board of Directors, at the end of 2019, represented a diverse representation of age range, males and females, sexual minorities, and races.

The following graph indicates the board attendance for 2019:



The Grace Cole Award for 2019 Volunteer of the Year was awarded to Susan Ramstead at the dinner gala and auction in April 2019.

At that time, the Board of Directors also presented the 2019 Dorrit Pealy Awards for Outstanding Community Support to the King County Housing Authority (business/organization) and to Neal & Linda Ottmar (individuals).

# STRATEGIC PLANNING

In 2019 CHS completed the final year of the 2016 - 2019 Strategic Plan. Having met our goals and objectives in our 2016 – 2019 Strategic Plan, a strategic planning committee, consisting of five staff and two board members, was formed to develop a new strategic plan. To inform the development of the new plan, the committee conducted an environmental scan. The scan included both an external component (identifying and assessing opportunities and possible problems in the external environment), and an internal component (assessing organizational strengths and weaknesses), and a needs assessment (reviewing existing relevant literature and other community assessments). The committee solicited and reviewed input by administering surveys to community stakeholders, conducting SWOT exercises with staff, administering client surveys, and conducting focus groups. Additionally, they reviewed data collected throughout the previous three years obtained from client surveys, employee satisfaction surveys, fiscal audits, employee and client grievances, and other community input.

## 2020-2023 Strategies and Goals

### Strategy 1

#### Support a Thriving Community by Providing Exceptional Services to Clients and Participants

**GOAL 1:** Maintain practice as a Trauma-informed Organization

**Objectives:**

1. Continually assess our agency regarding trauma informed approaches (TIA) using a nationally recognized tool to identify areas for improvement
2. Assure that all staff are trained in TIA and maintain staff who are trained as trainers
3. Support active TIA staff committee
4. Assure that CHS is a safe and supportive environment for staff and clients

**GOAL 2:** Use cultural humility and responsiveness in every aspect of our work

**Objectives:**

1. Hire & retain staff who represent the diversity of our communities
2. Evolve staff's cultural competency to work with special populations (including people of color, immigrants/refugees, LGBTQIA+, etc.)

## Strategy 2

### Strive to Be the First Choice as a Resource for Stakeholders Driving Change in Human Services

**GOAL 1:** Participate in Behavioral Health System Transformation

**Objectives:**

1. Integrate our services with primary care settings and objectives
2. Develop & implement procedures to address acute care transitions (from E.D., jail, etc.) for our clients
3. Work towards prevention, intervention & treatment of opioid use and misuse
4. Promote child health (including well-child visits, immunizations, etc.)
5. Develop & use methods to access, track, measure, and evaluate data that shows progress toward regional goals

**GOAL 2:** Use cultural humility and responsiveness in every aspect of our work

**Objectives:**

1. Apply evidence-based and promising practices throughout our programming to achieve desired outcomes
2. Continually improve performance for client and community benefit
3. Maintain CARF International accreditation for substance use disorders services and mental health services
4. Provide whole-person care that addresses social determinants of health

## Strategy 3

### Promote Community Engagement Through Collaborative Partnerships

**GOAL 1:** Strengthen marketing and outreach efforts to increase community awareness and investment in CHS

**Objectives:**

1. Maintain up-to-date web page, brochures, and other marketing material
2. Utilize social media to promote our services

**GOAL 2:** Build and maximize community partnerships with entities such as schools, medical clinics, governments, community-based organizations, managed care organizations, etc.

**Objectives:**

1. Identify existing and potential partnerships and create an integrated approach to strengthening relationships
2. Keep local, regional, and state governments informed regarding human services needs and gaps

**GOAL 3:** Focus advocacy efforts on issues that impact the mission of CHS

**Objectives:**

1. Develop and Advocacy Plan that is specific, measurable and relevant
2. Dedicate time and energy to implement the Advocacy Plan

## Strategy 4

### Build a CHS Workforce that is Second to None

**GOAL 1:** Recruit, develop, and retain staff and volunteers that deliver exemplary services

**Objectives:**

1. Offer competitive salaries to employees
2. Offer exceptional benefits to employees
3. Maximize internship opportunities
4. Provide exceptional supervision and training to employees/volunteers
5. Provide employees/volunteers the tools they need to do their jobs

# **TREND ANALYSES & ASSESSMENTS**



## CONTINUOUS QUALITY IMPROVEMENT (CQI)

CHS uses our Continuous Quality Improvement (CQI) Team to develop, review, and update our Accessibility Plan, Risk Management Plan, Cultural Competency and Diversity Plan, and our Quality Improvement Plan. The CQI Team usually meets every month and addresses other quality improvement issues or initiatives.

### Accessibility Planning

The 2017-2019 Accessibility Plan was reviewed by the CQI team regularly in 2019. The Accessibility plan and our analysis of the review of the plan are shared with stakeholders in a variety of ways such as through board reports, board minutes, CQI minutes, all staff meetings, this report, etc.

The following is a review of the barriers and action items and their statuses at the end of 2019. Previously completed goals are omitted. A new Accessibility Plan for 2020-2023 will be developed early 2020.

### Accessibility Plan - 2019 Review

#### Attitudinal

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Stigma toward individuals with behavioral health issues and ability to recover	<ul style="list-style-type: none"><li>• Educate staff</li><li>• Educate public</li><li>• Promote a culture of recovery &amp; resiliency</li></ul>	Attitude and stigma remain barriers for some people who are seeking and receiving services. This category needs to be continually addressed. The following steps were taken in 2019 to improve accessibility that could be inhibited by attitude.
Stigma toward minority cultures & different socio-economic groups.	<ul style="list-style-type: none"><li>• Educate staff</li><li>• Educate public</li><li>• Promote a welcoming and inclusive environment.</li></ul>	<ul style="list-style-type: none"><li>• One staff member conducts Youth Mental Health First Aid course which educate people about behavioral health issues and debunks myths. Two trainings were conducted by her in 2019.</li></ul>

#### Attitudinal (continued)

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
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		<ul style="list-style-type: none"> <li>• CHS became a Trauma-Informed Agency</li> <li>• Mental health staff participated in cultural competency and sensitivity trainings and other learning opportunities.</li> <li>• CHS allowed traditionally under-represented groups to hold support meetings or other activities at our locations. These included battered women, kinship caregivers, Arabic Language School, and transgender people.</li> <li>• The mental health department held regular equity trainings for their staff.</li> </ul>
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## Physical & Architectural

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Stairs at 170 <sup>th</sup> (fire escape) need to be more secure.	Assess situation and restrict use if necessary. Secure funding to fix stairs.	CDBG funding was obtained, the bid request for repair was released, and the stairs are scheduled to be fixed early in 2020.

## Policies, Practice & Procedures

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Development, revisions, updates, and combinations of existing or non-existing clinical policies & procedures need to be made.	Integrate new policies & procedures in relation to WACs/RCWs, BHO requirements, county requirements, & CARF	Some revisions were made, and some new policies were established to be following MCO and KCICH requirements.
Language barriers	Hire more staff; educate staff on use of interpreters and translators.	26% of our staff are bilingual. In 2019 we used both telephone interpreters and in person interpreters.
Too much time between assessment and to first on-going appointment.	Improve response time for assessment to first on-going appointment	Open access was implemented, and we put measures in place to improve the amount of time for first appointments. The only problems are with school-based and home-based services, and these services do not fit in the model. We will track and monitor these time expectations closely in 2020.

## Communication (Information & Technology)

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Some computers need replacing.	Replace computers and implement replacement rotation schedule.	Computers were replaced in 2019 according to the schedule.
Not utilizing Credible as effectively as we could.	Training for leadership about reports & billing team about billing.	Credible consultant spent 3 days with staff and trained them on billing processes and building reports

## Financial

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Need to increase billing	Increase number of clients & service encounters. Assure that all encounters are billed, and payments received.	King County Behavioral Health is adopting a Service Delivery Adherence component to the amount we will receive on case rates. Therefore, we have begun our work to analyze where and why encounters are low and develop action plans to address identified issues.
Rates do not cover all costs for services	Negotiate rates with MCOs and other contractors	Negotiated new rates with MCO's for all Snohomish County services and all WISE services. Current rates will cover cost.
Some clients are not insured or have insurance deductibles so high that they discourage use of coverage	Obtain more unrestricted funds to subsidize services; Educate legislators	This action goal continues to be of concern. We had a little successful increasing existing grant funding to help serve these people.

## Transportation

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Agency van is aging.	Regular van maintenance.	Regular maintenance was completed in 2019. This is monitored by the Operations Coordinator.

## Community Integration

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2018
Lack of knowledge of available community opportunities and resources.	Educate clients and staff.	Worked on educating clients about available community resources. Work is on-going.
Clients (particularly youth) are reluctant to become involved in pro- social activities.	Educate clients on what is available to them; include pro- social activities as part of ISP when appropriate.	Worked on educating clients about pro-social activities. Work is on-going.
People of color are disproportionately represented in the criminal justice system.	Advocate for and model racial equity.	Conducted trainings and facilitated/directed conversations regarding racial equity. Several staff attended equity trainings. We regularly posted messages on our Face-book Page related to equity. Researched anti-biased interviewing and hiring practices.

## Employment

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2019
Some clients have a difficult time finding and keeping a job.	Include employment goals in ISPs when appropriate; Develop partnerships with employment programs.	Work on this barrier will continue.

## Other Barriers

(As identified by persons served, personnel, or other stakeholders) The need for childcare was a barrier for many of our clients/ participants. We will continue to offer as much free childcare for our SUD clients as possible, but we do not have childcare available for mental health clients. The workforce shortage for SUD

professionals and mental health therapists as well as lack of competitive wages caused us to be under-staffed much of the year.

## **Risk Management**

Center for Human Services has insurance coverage that adequately protects all the agency's assets including coverage for professional liability, directors and officers, buildings, equipment and inventory, worker's compensation and our vehicle. Center for Human Services maintains coverage against claims from persons served, personnel, visitors, volunteers and other associates.

When, upon investigation, issues of risk to persons served, personnel, visitors and the organization are found to exist, CHS acts as quickly as possible to take corrective actions and make changes so the identified risk is minimized (or removed) and the potential for loss is decreased. Corrective actions are reviewed to ensure that the actions are or will be effective.

In 2019, we worked with a consultant to implement our HIPAA Security Assessment Action Plan. New policies, procedures, and practices were adopted to further improve our cyber security.

Additional risk management activities in 2019 included:

- All staff adhere to the confidentiality rules outlined in 42 CFR, part 2 and 45 CFR (HIPAA).
- Background checks were completed on all employees and volunteers
- HR regularly checked the LEIE Exclusion List to look for any of our employees who may be on the list. None were found.
- At orientation with new employees, Human Resources verified the employee's credentials and received consent to obtain a driving record on the employee. Copies of driver's licenses were filed in personnel files. Our insurance company obtained the driving records of employees.
- All new employees received and signed our Substance Use Policy and our Ethical Codes at orientation.
- Accounting policies and procedures were updated.

CHS sought and received input from clients, staff, and other stakeholders regarding perceived risks to create and update the Risk Management Plan. All risks continue to be assessed and updated on a regular basis. In all instances, CHS has done everything within reason to ensure that all risks to the agency are minimized. The Risk Management Plan and our analysis of reviews of the plan are shared with stakeholders in a variety of ways such as through board reports, board minutes, all staff meetings, CQI minutes, this report, etc.

In 2019, the Continuous Quality Improvement (CQI) Team reviewed the Risk Management Plan. The plan identifies our loss exposure or risks. In each of the

potential loss categories the CQI team analyzed the loss exposure (likelihood of occurrence and seriousness of risk), identified how to rectify identified exposures, implemented actions to reduce risks, and reported results of these actions.

Our 2019 results of our risk mediation efforts are below. Early in 2020, a new Risk Management plan for 2020 - 2023 will be developed and implemented.

## CHS Risk Management Plan for 2019-2020 2019 Review

Loss Exposure/ Risk	Analysis of Loss Exposure						Actions to Reduce Risks	Projected Results	Actual Results
	Likelihood of Occurrence			Seriousness of Risk					2019
	Low	Med	High	Low	Med	High			Baseline 2018
FISCAL									
Loss of funding			X			X	Increase marketing and grant requests. Replace loss funding with new funding.	Funding base will be increased by 5%.	Funding increased by \$1,733,319
Costs exceed revenue			X			X	Maintain internship relationships with schools. Maximize available billing hours. Bill more insurance; Monitor monthly budget to identify trends of excess costs or under-billing, Increase revenue. Find ways to lower costs.	Cost will stay even with or less than revenue	Our costs were \$1,740,424 although our total costs were less than income. We billed more hours than in the previous year. Our internship program remained strong. Several cost savings measures were implemented
FISCAL (Cont.)									

Delay in payment			X		X		Participate in conversations with decision makers regarding impact of early adoption. Build reserves.	Reserves will be ample to cover all expense for 3 months.	We have built reserves that will cover 3 months of expenses.
<b>HUMAN RESOURCES</b>									
Loss of key personnel			X			X	Open door policy for all supervisory staff members. Transparency in all business dealings. Retreat. Boost employee retention efforts. Maintain exceptional benefits.	Minimize "key staff" turnover	The Director of Finance and Administration left the agency and moved out of our region. Decision was made by the board in 2019 to begin a match contribution to employee's 403-B accounts beginning Jan 2020.
Increase in training requirements			X		X		Simplify access to training. Use of Relias web-based training. Review and update training curriculum. Stay up to date with training requirements. Customizing and documenting training (new hires & on-going).	100% of required staff trainings will be offered. There will be a 95% completion rate for all training requirements.	To assure that all staff meet training expectations, we are implementing a monthly training schedule for all required trainings.
High staff turnover			X			X	Utilize staff incentive programs. Utilize satisfaction surveys. Utilize exit interviews. If possible, increase pay raises. Maintain excellent employee benefits. Improve training programs. Involve line staff in decision-making when appropriate. Explore new ways to invest in employees.	Reduce staff member turnover by 10%.	Staff turnover remains a significant problem. There is simply a shortage of professional staff and we an abundance of competition. An analysis was made of salaries offered to clinical staff by similar organizations which resulted in
<b>HUMAN RESOURCES (Cont.)</b>									



									<p>a revision of our salary scale. Implementation resulted in salary increases. Decision was made by the board in 2019 to begin a match contribution to employee's 403-B accounts beginning Jan 2020. Interestingly, we had no turnover of staff in 2019 who had been with CHS for over 3 years.</p>
<b>SERVICE DELIVERY</b>									
Improper service documentation			X			X	<p>Increase staff training and improve professionalism. Standard utilization of collaborative documentation. Supervisors monitor case notes. Proactive clinical supervision. Keep training manuals up to date. Maintain professional liability insurance.</p>	Excellent clinical documentation	<p>We have excelled in this area. Staff are using collaborative documentation. Our outside audits of our documentation have been good. We made improvements to our trainings.</p>
Poor outcomes or outputs		X			X		<p>Proactive clinical supervision. Use evidence-based practices. Staff training.</p>	Excellent outputs and outcomes.	<p>We had over-estimated some of the outputs with our City contracts. However, overall, our outputs and outcomes were within acceptable ranges.</p>
<b>HEALTH &amp; SAFETY</b>									

Serious on-site accident		X			X		Safety trainings for all staff members. Maintain proper insurance. Active Safety Team. Timely repair of hazards.	Avoidance of serious accidents.	None reported.
Traffic accident			X		X		Properly orient staff members who are drivers. Staff training. Minimize travel. Ask City for flags at cross walk at 148 <sup>th</sup> . Maintain vehicle insurance.	Reduce number of annual traffic accidents.	Staff had no traffic accidents. However, someone had a car accident outside of our 148 <sup>th</sup> building and the truck involved broke a window. Flags were added to crossing path at 148 <sup>th</sup> .
Fire incident	X					X	Safety trainings for all staff members. Train staff members about safety plan. Maintain adequate property insurance.	No fires.	No fires occurred.
Disaster	X					X	Educate staff regarding our Emergency Operations Plan. Contingency planning. Maintain adequate insurance.	Educate staff regarding our Emergency Operations Plan. Contingency planning. Maintain adequate insurance.	All staff received disaster preparation training and were educated about our EO Plan & Contingency Plan. Maintained same level of insurance.
Potential of violence or harmful situations		X				X	De-escalation & other safety trainings; safety drills; safety inspections; implement safety protocols for new situations	No violence or threat of violence occurs at CHS, or if it occurs, harm is minimized.	The few cases of behavioral escalation by clients were controlled with de-escalation techniques. No remarkable situations occurred. CHS became a trauma-informed organization and provided staff
<b>HEALTH &amp; SAFETY (Cont.)</b>									
									with numerous trauma-related

									trainings which should help with this element as well.
<b>LEGAL</b>									
Sexual harassment charges	X					X	Training during orientation and annually thereafter. Maintain proper insurance.	No sexual harassment incidents	No sexual harassment incidents were reported.
HIPAA or 42 CFR violation		X				X	Training in confidentiality. Maintain insurance (including cyber insurance). Training about HIPAA security. HIPAA security audit.	0 reportable incidents	Only minor violations were reported and none had an consequence to the agency. Cyber insurance was maintained. We conducted our standard HIPAA Security audits with no major concerns found.
Malpractice lawsuit.		X				X	Educate staff on documentation techniques. Effective client grievance process. Regular supervision, performance coaching, & training. Maintain insurance.	0 lawsuits	No lawsuits were filed against us.
Waste, fraud & abuse.		X				X	Have strong w/f/a policy. Educate staff on what w/f/a is and how to report violations. Implement quality assurance measures to verify proper billing.	0 waste, fraud, or abuse.	No incidents of waste, fraud, or abuse were reported or suspected.
Employment practice lawsuit.		X			X		Effective employee grievance process. Regular supervision, performance coaching, & training. Supervisor training. Maintain insurance.	0 lawsuits	No lawsuits were filed against us. HR Manager participated in various trainings about employment practices.
<b>TECHNOLOGY</b>									
Data breach or data loss (affecting confidentiality,		X			X		Maintain strong back-up policies & procedures. Review	0 data breaches	No reportable data was breaches.

integrity, or availability of EPHI)							back-up P&Ps annually. Regular testing by IT vendor. Maintain cyber insurance.		
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## Cultural Competency & Diversity

In 2019 our CQI Team reviewed our Cultural Competency and Diversity Plan. Input was considered from employees, clients, and other stakeholders in the analysis of this plan. The plan is based on the consideration of culture, age, gender, sexual orientation, gender identity, gender expression, spiritual beliefs, socioeconomic status, and language.

### Cultural Competency & Diversity Plan 2019 Review

**GOAL:** CHS seeks to improve the quality of life of all staff members, clients, and other stakeholders by providing a dynamic and diverse environment. Through cultural competency initiatives, employees will enhance their understanding and sensitivity to cultural differences associated with race, age, gender, gender identity, gender expression, sexual orientation, religious preference/spiritual beliefs, socio-economic status, language, ethnicity, and other cultural factors. CHS will strive to model cultural competency with all stakeholders.

Action Steps	2019 Status
1. Identify, recruit, select and retain employees, board members, and volunteers that are reflective of the diverse population we serve	At the end of 2019, 34% of our employees identify as non-white (up 9%); one employee uses ASL.
2. Conduct a cultural competency self-assessment	It is time to do a new assessment.
3. Review existing policies to ensure that they support the development and implementation of a culturally and linguistically competent system of care	All policies and procedures were reviewed. Minor revisions were made.
4. Assess for cultural consultation needs	Cultural consultation was received when needed on a case-by-case level.
Action Steps	2019 Status
5. Identify cultural needs of clients and train clinicians to incorporate them into treatment/service planning.	Equity Trainings in MH included "Working with IEPs and 504s and Mental Health Accommodations"; "Transactional versus Transformative Conversations"; "Nutrition &

	<p>Mental Health"; "Stigmas and Biases with Cluster B Diagnoses"; "Minority Clients experiences with therapy"; "Race, Therapy, &amp; Equity"; "Diversity-Informed Tenets for Work with Infants, Children, &amp; Families"; "Health at Every Size"; Nutrition for Pregnancy &amp; Early Childhood"; "Compassion Fatigue"; and "Traumatic Brain Injuries".</p> <p>A series of 3 Trauma-related trainings were offered to all staff, and 5 staff became trauma-informed trainers. This is relevant because of the disproportionate number of people in ethnic or minority groups that experience trauma.</p>
6. Assess and modify the physical facility and tools to reflect the population we serve, to be welcoming, clean and attractive by providing cultural art, magazines, culturally relevant toys, etc.	When furnishing our newly leased buildings we carefully chose appropriate culturally inclusive or neutral art and toys.
7. Include at least one cultural competency or diversity training in all staff members' annual training plans	Accomplished.
8. Offer at least one in-house cultural competency or diversity training for staff	Accomplished. A training on "Working with People who Identify as Transgender" was provided to all staff.
9. Provide an equity training in the Mental Health Department quarterly.	Accomplished.
10. Assess the linguistic capabilities of our staff and establish a clear protocol for using interpreters	26% of our staff members speak a language other than English. Used both telephone and face-to-face interpreters and continued to address protocol due to funder changes.
11. Review and update the Cultural Competency and Diversity Plan	Accomplished.

Additional 2019 efforts related to Cultural Competency and Diversity are listed below:

- Staff were encouraged to attend trainings on Cultural Competency/Diversity and given time off to do so.
- All job descriptions had elements regarding our expectations regarding cultural sensitivity.
- CHS used certified interpreters during sessions as needed.
- CHS maintained its relationships with agencies that provide cultural-specific services (i.e., Consejo, Asian Counseling & Referral Services, Seattle Counseling for Sexual Minorities, SeaMar, International Community Health Services, etc.) and referred to these agencies when appropriate.

- Play and Learn groups, Out-of-School Time tutoring, parenting classes, information and referral services, and mental health sessions were provided in Spanish.
- We serve as host for a Women and Infant Children (WIC) site where staff speak Spanish, Korean, and Vietnamese at our 170th Shoreline location.
- An Arabic Language School used our 170th Shoreline location on weekends for their classes.
- Family Support Department has provided volunteer opportunities for, several people with disabilities.
- Consultation was provided to Positive Discipline facilitators in preparation for the expansion of classes.

For information regarding the diversity of our clients and participants, please refer to “Persons Served” section of this report. See information under “Human Resources” for diversity and cultural information about our employees. See information under “Board of Directors” for diversity and cultural information about our board of directors.

# CORPORATE COMPLIANCE

## Critical Incidents

### 2019 Critical Incidents Review & Analysis

The Corporate Compliance Committee reviewed all the Critical incidents from 2019.

In total, 60 Critical Incidents were reported. The incident reports documented the following:

• Death of client	1
• Suicidal youth client	12
• Suicidal adult client	7
• Acts by client reported to police	10
• Unauthorized possession of substances	1
• Domestic violence (child not involved)	3
• CPS report made	54
• Verbal abuse of child	7
• Emotional abuse of a child	5
• Neglect of child	13
• Physical abuse of child	16
• Sexual abuse of child	4
• Erratic or agitated behavior by client	1
• Medical emergency with client	1
• Medics called	2
• Non-emergent injuries with client	1
• Non-emergent injuries with employee	1
• Damage to CHS building	2

Note that some incidents fit in more than one category. Debriefing occurred on the program level in each incident. Debriefing occurred on the agency level in 2 incidents, both regarding damage to a CHS's building: truck hit our building and broke a window; attempted break-in and door shattered.

The Corporate Compliance committee reviewed and analyzed the 2019 critical incidents and found the following:

- Cause of each incidents – None of the causes of the incidents were out of the ordinary. The incidents were categorized in the according to the event as listed above.
- Debriefing – Staff improved their debriefing skills.
- Action plans for improvement – None noted; our responses to each incident were all appropriate.
- Results of performance improvement plans – N/A

- Education and/or training of personnel needed – We agreed that we need to provide staff with a training to update them on Critical Incident reporting for 2019.
- Prevention of recurrence – None of the incidents were within our control.
- Internal reporting requirements – All internal reporting requirements were met, and incidents were reported in a timely manner.
- External reporting requirements – Occasions when staff were required to report the incident to the MCO were done so properly.



## SERVICE DELIVERY (JAN.1, 2019 – DEC. 31, 2019)

### Persons Served

#### Mental Health Clients

1,683 people received Mental Health services.

Adults - 536

Children/Youth – 1,147

Children between six and eighteen - 996

Children younger than six – 151

Received CHS Clinic-Based services – 1,422

Received School-Based services – 713 youth

Received Home-Based services – 135 families

#### Substance Use Disorders Clients

1,197 people received Substance Use Disorders services

Received treatment services - 363

Adults - 778

Youth - 419

Received School-Based Treatment services - 36 youth

Received Wraparound services – 205 families

#### Behavioral Health Integration Clients

877 people received BHI services

Received BHI services in Medical Clinics – 761

Received School-Based Prevention/Intervention services in schools – 116

#### Family Support Participants

1,397 people participated in family support programs or classes.

Received Out-of-School-Time program services – 68 youth

Participated in Kaleidoscope Play & Learn – 485 parents & 614 children

Participated in Positive Discipline Parenting Class – 69 adults & 80 children in childcare

Participated in Kinship Support Group – 15 adults & 12 children in childcare

Received child care for SUD clients – 8 children

Participated in Community Education Workshops (one-time workshops on various content topics - 20 adults

Participated in Youth Mental Health First Aide Class – 26 adults

#### Total Unique Individuals Served in Programs – 5,154

(Total does not include telephone screenings who did not begin services, universal prevention, & outreach)

### Characteristics of Persons Served

N = 3,431 - (only individuals who completed demographic forms)

City of Residence	
Shoreline	767
Everett	478
Lynnwood	437
Seattle	424
Bothell	326
Edmonds	220
Lake Forest Park	124
Kenmore	119
Mountlake Terrace	115
Woodinville	57
Kirkland	56
Mill Creek	47
Snohomish	44
Marysville	40
Lake Stevens	33
Other	25
Brier	24
Mukilteo	14
Arlington	13
Unknown	10
Bellevue	9
Monroe	6
Granite Falls	5
Stanwood	4
Federal Way	4
Redmond	4
Tulalip	2
Olympia	2
Camano Island	2
Duvall	2
Sultan	2
Mercer Island	2
Anacortes	1
Westport	1
Vancouver	1
Sequim	1
Woodway	1
Auburn	1
Carnation	1
Kent	1

Vashon	1
North Bend	1
Renton	1
Kingston	1
Ephrata	1
Tacoma	1
<b>Total</b>	<b>3431</b>

### Race/Ethnicities

American Indian or Alaskan Native	73
Asian or Pacific Islander	351
Black	374
Hispanic	763
Other Race	120
White	1750
<b>Total</b>	<b>3431</b>

### Gender

Female	1962
Male	1414
Trans	49
Intersex	4
Other	2
<b>Total</b>	<b>3431</b>

### Ages

0-5	720
06-12	463
13-17	755
18-24	316
25-34	402
35-54	626
55-74	140
75+	9
<b>Total</b>	<b>3431</b>

## Service Hours

A total of 76,979 service hours were provided in 2019. This is an increase of 14,622 hours from 2018. Below is a breakdown of the individual department hours.

Mental Health Clients – 17,103  
Substance Use Disorders Clients – 25,830  
WISe – 5,983  
Behavioral Health Integration Clients – 4,415  
Family Support Participants – 23,649  
Total – 76,979 hours

The above service hours do not include telephone screening, information & referral, and many outreach activities.

# STAKEHOLDER INPUT

## Methods and Trends

Stakeholder input is crucial to our planning, program development, outcome evaluation, and overall sustainability. Stakeholders are clients/participants, family members, employees, funders, community members, etc. In addition to a procedure being in place for client and/or employee grievances, we solicited feedback from stakeholders using a variety of methods:

- Client/participant feedback was solicited using focus groups.
- Client/family feedback was solicited using an anonymous survey.
- Environmental scan was conducted using a survey to stakeholders to inform the development of our Strategic Plan.
- Managers/Directors talked with random clients/participants individually about the services they were receiving.
- Substance Use Disorders treatment program conducted M-90 follow-up assessments on all clients in treatment.
- Comment/suggestion boxes were placed at each site.
- Feedback was encouraged on our web page and social media.
- Staff attended various community meetings and sought comments and suggestions about our services from attendees.
- A Staff Satisfaction Survey was administered to agency employees.
- Employee exit interviews were conducted by Human Resources if the departing employee consented.

Trends included:

- Without a specific effort (such as a focus group or survey) to obtain input, very little documented feedback is received from clients, employees, or other stakeholders.
- Clients and participants are for the most part very pleased with the services they are provided.
- Staff satisfaction results improved from 2018 results.

## Client/Participant Feedback per Department

### Mental Health Services Feedback

#### Satisfaction Survey:

A satisfaction survey was administered randomly to mental health clients and/or their families in May of 2019. 140 people participated in the survey. The results are as follows:

Q.1. How satisfied are you with CHS services?

1 (very unsatisfied)-5 Scale (very satisfied) – Average score 4.8

Q.2. In your opinion, does CHS treat all clients with dignity and respect?

Yes 140

No 0

Q.3. Have you experienced any barriers to receiving CHS services?

Yes 9

No 131

Barriers identified: (one person identified 2 barriers)

Transportation problem 6

Could not get an appointment quickly enough 2

Childcare 1

Other 1

Additionally, numerous clients made comments on the satisfaction survey. Almost all comments were positive. The only ones that could be considered “negative” were such things as:

- *I want my therapist to be a goth.*
- *We should get bean bag chairs.*
- *I think my therapist should do different hair styles every day.*

Below is a sampling of the positive feedback received:

- I have felt more cared for and understood going to therapy with CHS than I have my whole life. CHS has helped me overcome various obstacles and roadblocks.
- XX is the best and has helped me incredibly well... I am doing 100% better than when we first met.
- I love coming when it's been a hard week. It's nice how my therapist listens and I like how she understands and shows she cares and it's nice having someone who cares.
- I'm thankful for your services and they have helped me a lot. This has been a very helpful experience for me during the worst and traumatic year of my life.

- CHS is very warm and welcoming place. I love getting help from them.
- XX has really been able to connect with my daughter which is remarkable. She's easy going and has great insight. All the staff have been helpful and we appreciate the help. YY (support staff) is so professional and effective in his job and pleasant to all.
- I am proud to say how comfortable I am around here. XX has helped me out in many ways and I can't thank her enough.
- My therapist is very kind and attentive. I always feel like I can talk to her about anything, no matter how small or big the problem. It is really nice to have someone help me through my life.
- I am a new parent to CHS. I am satisfied with the help my child and myself are receiving. XX is very friendly. Makes me feel welcomed. Thank you.
- Very nice. Helpful on skills I can work on.
- I have so far had amazing experiences here and love how sweet and respectful my therapist is. I have been able to deal with some heavy weight on my shoulders because of her help.
- I love my therapist and think CHS is a spectacular establishment.
- These services are so appreciated. I wouldn't have afforded counseling if were not for the school program. My therapist is an amazing spirit and listener.
- XX is a great person to talk to. She is understanding and shows care. I would love to have her as my therapist throughout the rest of high school. She is someone I can trust.
- The staff at CHS is very polite and I enjoyed talking to my therapist because she made the space we were in feel safe and comfortable.
- Estee helps a lot especially with serious issues. She gives good strategies to help improve things with people. She's a very kind, loving, funny person. She's very trustworthy and caring and she does find ways to help you improve in life. If anyone is looking for a more serious therapist I would definitely recommend Estee. I hope to continue working with her as well.
- Your staff are awesome. Everyone has treated me with respect and kindness. My therapist has been super kind and respectful and shows that she cares a lot about her clients. She's super understanding and listens to every word you have to say. She is the best therapist every and I would stick with CHS rather than any other therapy place.

There were no changes made based on the above survey, however, staff were reminded of our expectations.

## **Family Support Services Feedback**

The programs in the Family Support Department received feedback from stakeholders (including participants) using various methods such as surveys or focus groups. A sampling is below:

### **Stakeholder Comments from Surveys**

- The following quote was from someone from Kitsap Educational Service District who visited one of our play and learn groups to observe and determine how they could implement the program in their region. "This is thrilling! So glad I came to see this! The rich way parents were speaking with their children, the supportive space, the community built here and the classroom experience for littles with their people is delightful! Your facilitator is wise, intentional and supportive."
- Written comments on Positive Discipline Evaluation reflecting on what parents learned or are doing differently since taking the class:
  - It helped my family to focus on positive things, understanding, and helping my kids grow happy and develop great life skills.
  - I keep my voice down, more respect for each other, taking turns sharing ideas at family meetings.
  - Think about my child's feelings first. I understand better the motivation behind my child's behavior.
  - Recognizing my child is a child and I owe my ability to identify his emotions better. Make a routine and get involved in it and let my son get the solution.
  - Positive time out. Connect before correction. Kindness and firmness.
  - I think more about long term. I plan more. I try to connect more with my granddaughter. I practice more self-care.
  - More harmony at home.
  - Positive discipline influenced me to change many negative things that I was doing
  - I started talking about parenting more often by showing things I learned from this class with my husband. It hasn't had immediate impact on the family yet, but I'd like to keep talking and revisit about positive discipline class.
  - I will continue to connect with my child before correcting his misbehavior. I will give us time to calm down and discuss issues and solutions. I will ask my son more curiosity questions than telling him what to do.
  - It has helped tremendously with connection. My child and I have an even stronger relationship.
- Written comments on Kaleidoscope Play & Learn Evaluation reflecting on what families are doing differently and/or what skills their child has gained through participation:
  - I learned how to talk to my child. Communicate with him. Read more books.
  - It's easy for me to teach my little one new things. I learn all the stages my children go through
  - My child has gained in leaps and bounds motor skills fine, talking skills and basic numbers and letters even some early reading!



- They know how to relate much more to other children, and something very important, they are more tolerant and understand that there are children of different cultures, colors and language.
- I try to find a moment in my busy day to connect with my kids - I plan my day thinking in what I'd like to teach my kids today.
- I ask/consult with other parents about the children's needs, growth, and development
- Written comments on Kinship Support Group Evaluation reflecting on how participating has impacted their family.
  - Knowing I am not alone. Aware of new resources.
  - Kinship caregiver support program help me a lot in ways of very helpful information. help me release some stress and love and care from the group. I am happy got to involve with the group.
  - To realize that I'm not the only one raising my grandchild.
  - My grandson has met other kids in the same boat.
  - It's just so nice to listen to other grandma's and what they are going through. It was a very supportive and loving group.
  - I feel like I'm not so alone and therefore I'm more mellow at home.
  - To know that we are not alone! The support for areas that have troubled us has been so valuable. So grateful to the group. Always look forward to any gathering!
  - I feel respect for the difficult job of aging and raising little children. The special events/gifts lift my spirit.
- Written comments from Youth Surveys about what they learned or experienced through participating in OST programs:
  - "How you should not give up" – 5<sup>th</sup> grader
  - "About different cultures" – 5<sup>th</sup> grader
  - "Having fun with everyone and doing homework" – 5<sup>th</sup> grader
  - "It's fun and all the people are loving" – 3<sup>rd</sup> grader

### **Focus Group**

On November 26<sup>th</sup>, Family Support hosted a Focus Group facilitated in Spanish to solicit input and feedback in the design of how we would conduct 2020 Census Outreach and Education after receiving funding from the state. The goal of the funding is to educate and encourage the Hispanic/Latinx community to complete the 2020 Census Questionnaire. Therefore, to start that effort, we wanted to engage our current participants in a conversation to address the following, based on their experience as Hispanic/Latinx families living in the United States.

- 1) How can CHS support reducing or limiting barriers to completing the 2020 Census?
- 2) What did they think, feel or decide about the Census after reviewing some of the available outreach materials provided by other organizations?
- 3) What did they think were the priority topic areas that we need to provide education on to support the Hispanic/Latinx community in participating in the 2020 Census?

Notes were taken for us to reflect on as we prepared our own approach to educating the Hispanic/Latinx community. The 11 Hispanic/Latinx women who participated all showed interested in volunteering as Community Outreach Specialists in early 2020 to support our effort.

## **Substance Abuse Treatment Services Feedback**

### **Focus Group**

Our Substance Abuse Treatment Director conducted a focus group on 10/10/19 with eight clients who attend the Silverlake OP Group. The Group was asked three structured questions:

- 1) What is working?
- 2) What is not working?
- 3) What are the gaps or improvements you would like to suggest?

Overall, all eight participants expressed satisfaction with their services. They particularly noted that they were pleased with their counseling, the materials we use, and our support staff. The things that were mentioned as not working well included the rooms are too small; need more groups; need more accessibility to staff; and need more mental health services. The group made the suggestion that they be allowed to eat and drink in the group rooms. They also stated that the turn-over of staff has improved, but this needs to remain consistent.

CHS staff used the input received from the focus group to help inform planning for 2020. We plan to the number of groups we provide and hire additional staff needed, freeing the manager to be more accessible and provide more oversight. We hoping to find dually credentialed staff to fill our positions so more mental health needs are addressed. Additionally, we will begin offering telepsychiatry med management services again in 2020 which will also address mental health needs.

## **Employee Input**

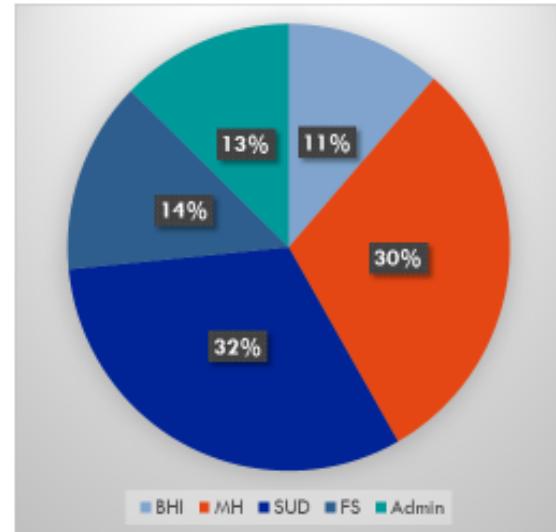
An employee satisfaction survey was administered to staff in November 2019, using Paylocity. We were very pleased with the response rate, in that 73 employees completed the survey. 9 are from Administration; 24 are from the Mental Health Department; 25 are from the Substance Use Disorders Department; 11 are from the Family Support Department; and 9 were from the Behavioral Health Integration Department. This participation was a slight increase compared to 2018 in all departments. The survey included 33 statements that were to be ranked on a scale of 1 -5 with "1" meaning "not true at all" and "5" meaning "extremely true". The specific statements and scores are seen on the following graphs:

## Staff Satisfaction Survey 2019

### What department do you work in?

**Question response rate: 73 out of 131 participants (55.73%)**

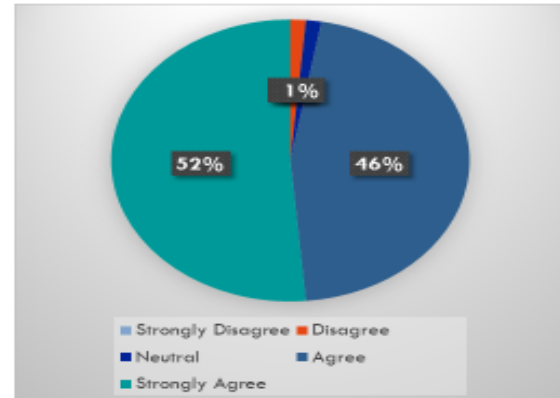
Answer	Count
Behavioral Health Integration	9
Substance Use	25
Family Support	11
Mental Health	24
Administration	10



I have a good understanding of the mission of CHS.

**Question response rate: 72 out of 131 participants (54.96%)**

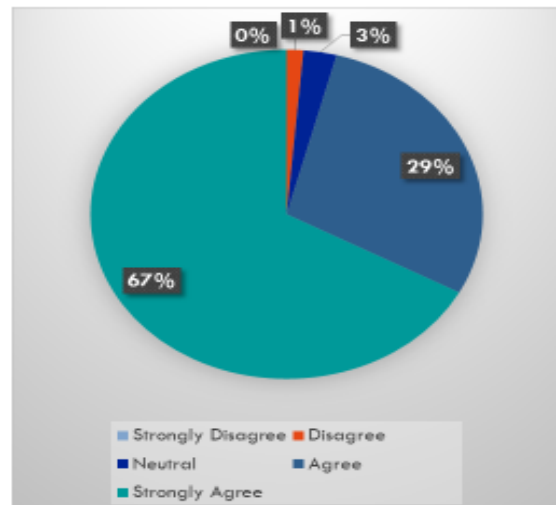
Answer	Count
Strongly Disagree	0
Disagree	1
Neutral	1
Agree	33
Strongly Agree	37



I understand how my work directly contributes to the overall success of CHS.

**Question response rate: 73 out of 131 participants (55.73%)**

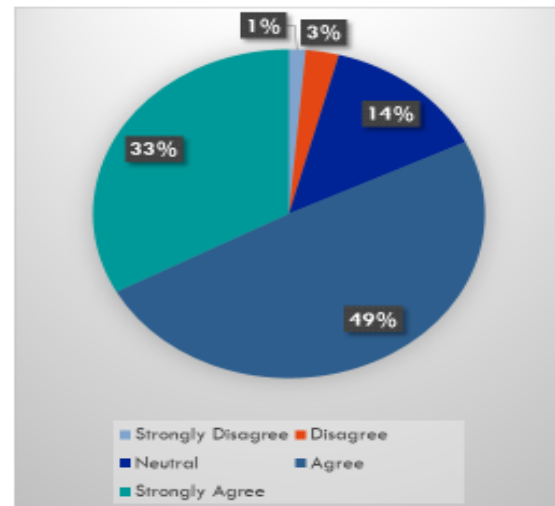
Answer	Count
Strongly Disagree	0
Disagree	1
Neutral	2
Agree	21
Strongly Agree	49



## I am satisfied with my job

Question response rate: 73 out of 131 participants (55.73%)

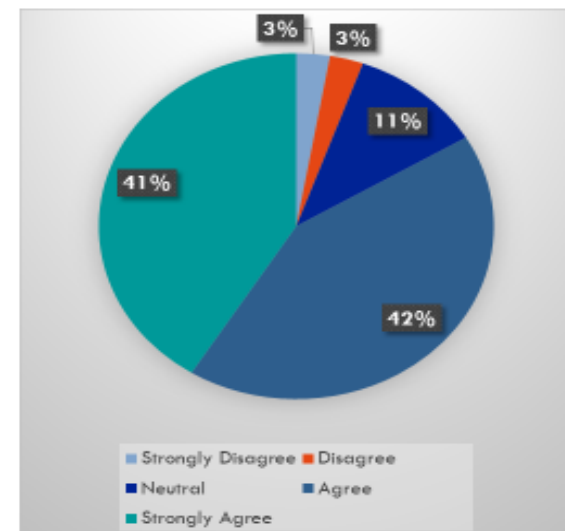
Answer	Count
Strongly Disagree	1
Disagree	2
Neutral	10
Agree	36
Strongly Agree	24



## I am highly committed to this organization

Question response rate: 73 out of 131 participants (55.73%)

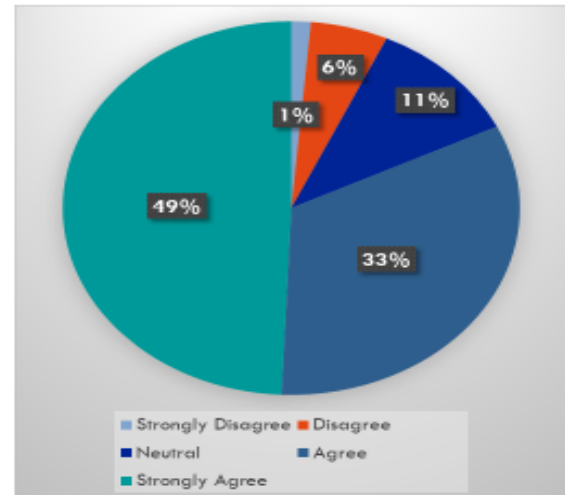
Answer	Count
Strongly Disagree	2
Disagree	2
Neutral	8
Agree	31
Strongly Agree	30



I feel personally driven to help this organization succeed and will go beyond what's expected of me to ensure that it does.

**Question response rate: 73 out of 131 participants (55.73%)**

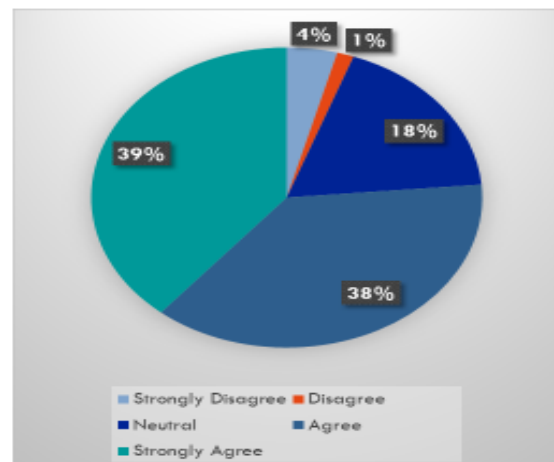
Answer	Count
Strongly Disagree	1
Disagree	4
Neutral	8
Agree	24
Strongly Agree	36



Team work is encouraged at CHS.

**Question response rate: 72 out of 131 participants (54.96%)**

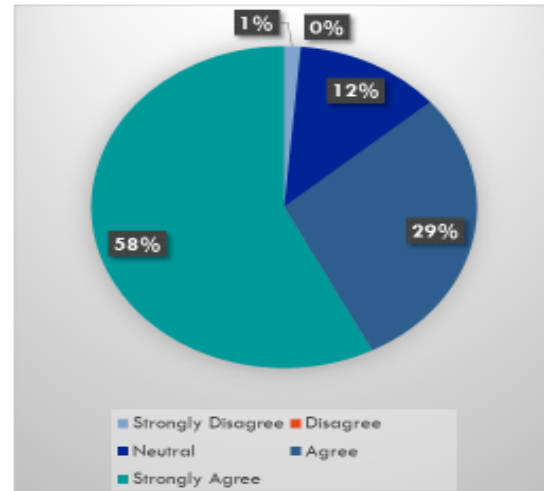
Answer	Count
Strongly Disagree	3
Disagree	1
Neutral	13
Agree	27
Strongly Agree	28



I am proud to tell that I work for this organization.

Question response rate: 73 out of 131 participants (55.73%)

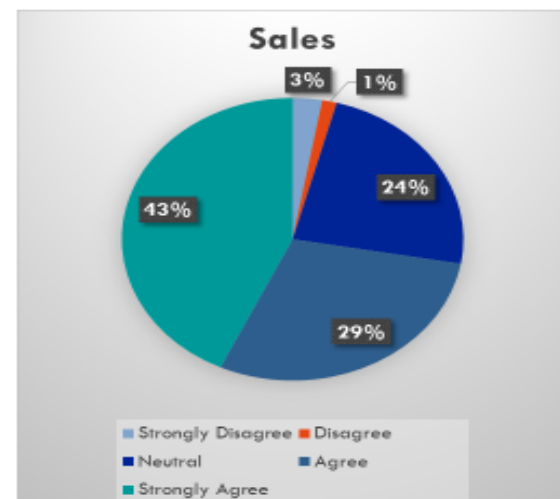
Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	9
Agree	21
Strongly Agree	42



I receive useful and constructive feedback from my supervisor.

Question response rate: 72 out of 131 participants (54.96%)

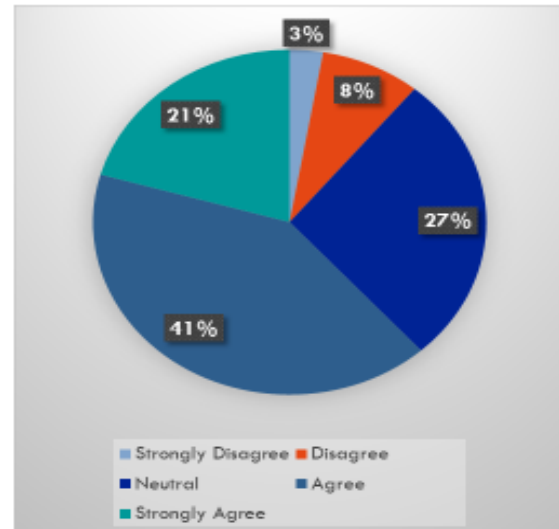
Answer	Count
Strongly Disagree	2
Disagree	1
Neutral	17
Agree	21
Strongly Agree	31



I receive the training I need to do my job well.

Question response rate: 73 out of 131 participants (55.73%)

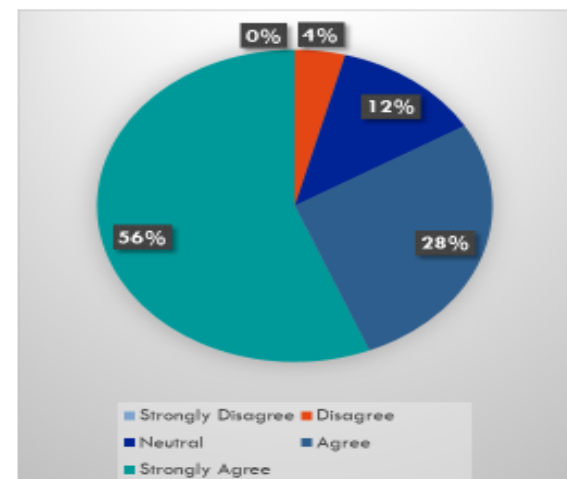
Answer	Count
Strongly Disagree	2
Disagree	6
Neutral	29
Agree	30
Strongly Agree	15



My Supervisor encourages and supports my development.

Question response rate: 73 out of 131 participants (55.73%)

Answer	Count
Strongly Disagree	0
Disagree	3
Neutral	9
Agree	20
Strongly Agree	41

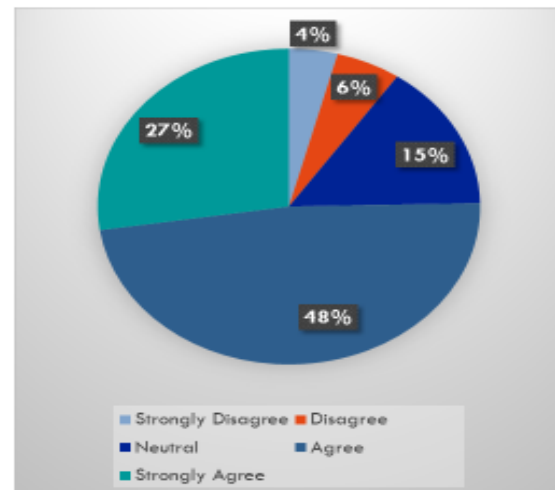




## We maintain very high standards of quality at CHS

**Question response rate: 73 out of 131 participants (55.73%)**

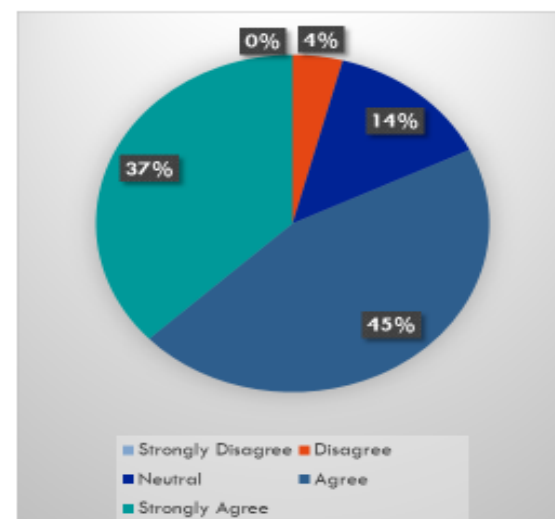
Answer	Count
Strongly Disagree	3
Disagree	4
Neutral	11
Agree	35
Strongly Agree	20



## CHS is very focused on clients needs.

**Question response rate: 73 out of 131 participants (55.73%)**

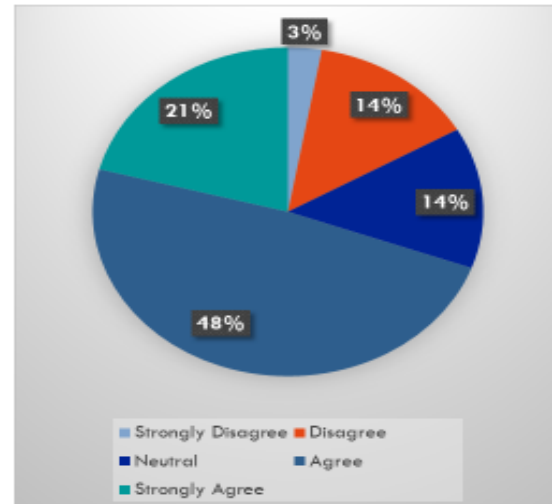
Answer	Count
Strongly Disagree	0
Disagree	3
Neutral	10
Agree	33
Strongly Agree	27



The amount of work I am asked to do is reasonable.

Question response rate: 72 out of 131 participants (54.96%)

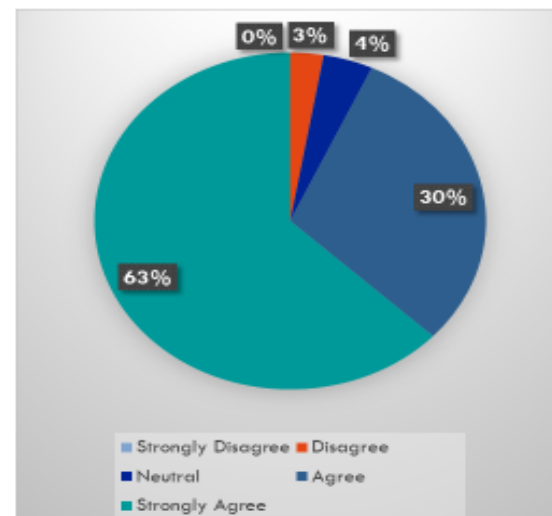
Answer	Count
Strongly Disagree	2
Disagree	10
Neutral	10
Agree	35
Strongly Agree	15



I am treated fairly by my supervisor.

Question response rate: 73 out of 131 participants (55.73%)

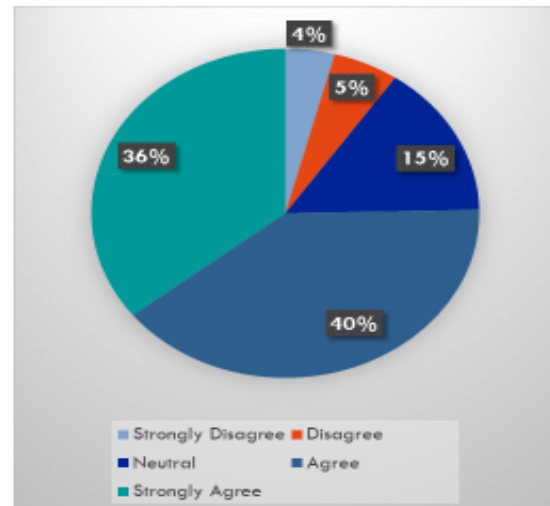
Answer	Count
Strongly Disagree	0
Disagree	2
Neutral	3
Agree	22
Strongly Agree	46



To the best of my knowledge,  
everybody is treated fairly at CHS.

Question response rate: 73 out of 131 participants (55.73%)

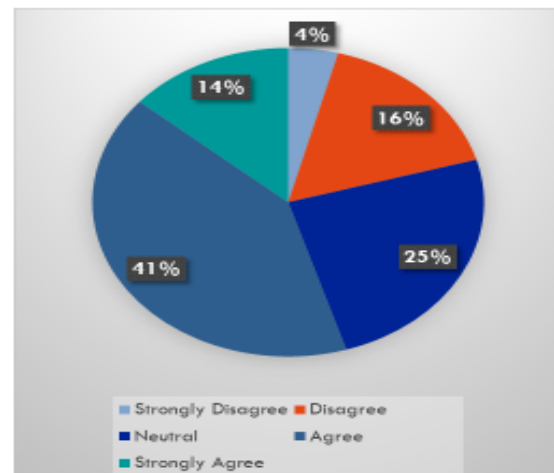
Answer	Count
Strongly Disagree	3
Disagree	4
Neutral	11
Agree	29
Strongly Agree	26



My job does not cause unreasonable  
amounts of stress in my life.

Question response rate: 73 out of 131 participants (55.73%)

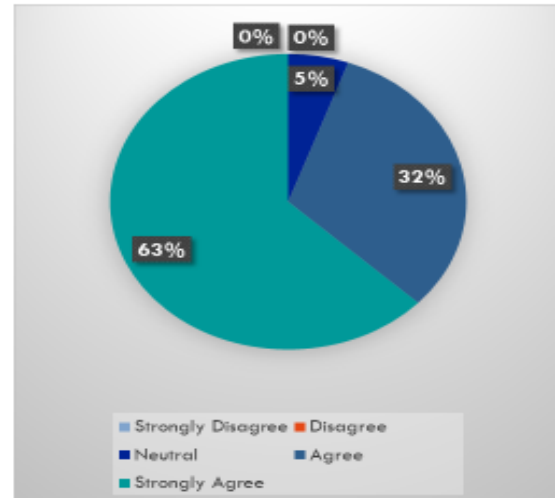
Answer	Count
Strongly Disagree	3
Disagree	12
Neutral	18
Agree	30
Strongly Agree	10



## My supervisor treats me with respect.

Question response rate: 73 out of 131 participants (55.73%)

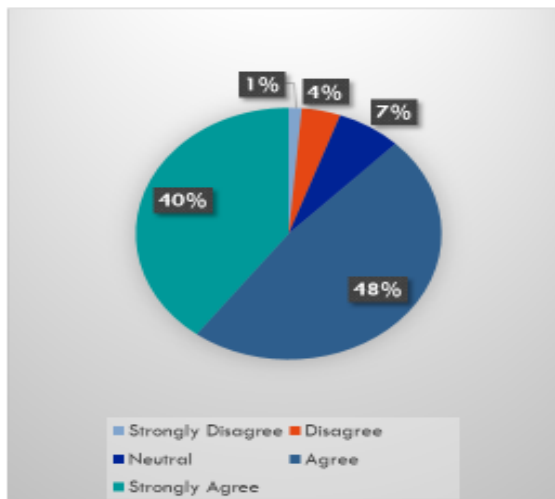
Answer	Count
Strongly Disagree	0
Disagree	0
Neutral	4
Agree	23
Strongly Agree	46



## CHS respects its employees.

Question response rate: 73 out of 131 participants (55.73%)

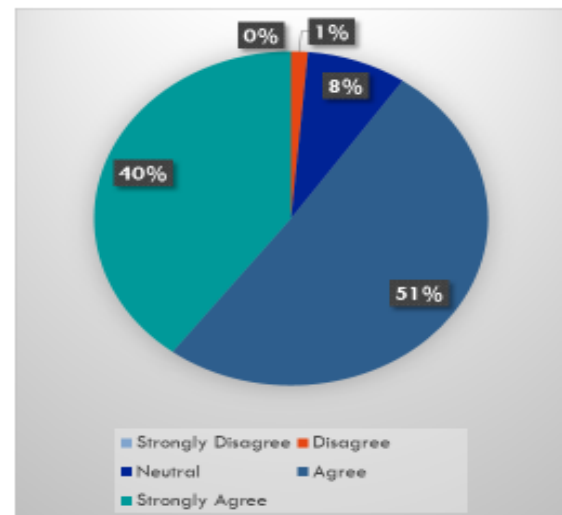
Answer	Count
Strongly Disagree	1
Disagree	3
Neutral	5
Agree	35
Strongly Agree	29



My co-workers care about me as a person.

Question response rate: 73 out of 131 participants (55.73%)

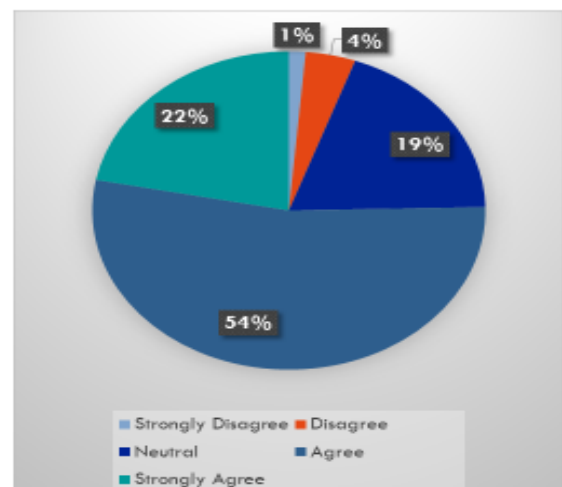
Answer	Count
Strongly Disagree	0
Disagree	1
Neutral	6
Agree	37
Strongly Agree	29



I have the tools and resources I need to do my job well.

Question response rate: 73 out of 131 participants (55.73%)

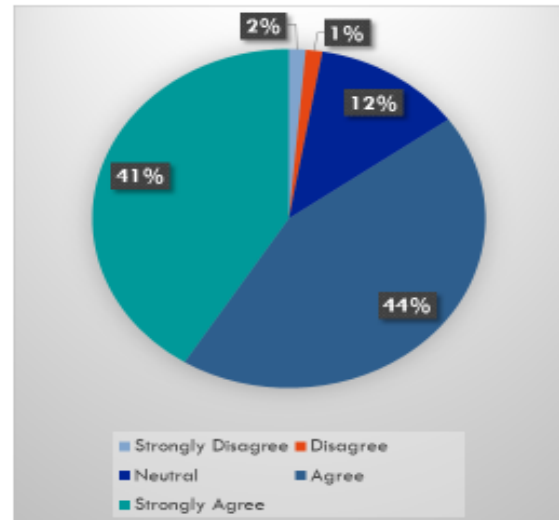
Answer	Count
Strongly Disagree	1
Disagree	3
Neutral	14
Agree	39
Strongly Agree	16



## My workplace feels safe.

Question response rate: 73 out of 131 participants (55.73%)

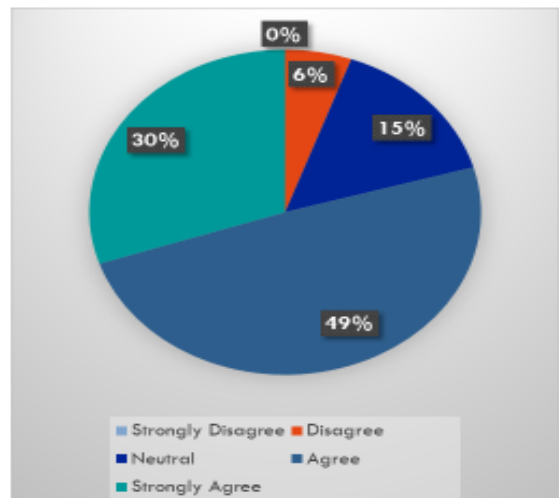
Answer	Count
Strongly Disagree	1
Disagree	1
Neutral	9
Agree	32
Strongly Agree	30



## CHS tries to address accessibility issues for our clients and the community.

Question response rate: 73 out of 131 participants (55.73%)

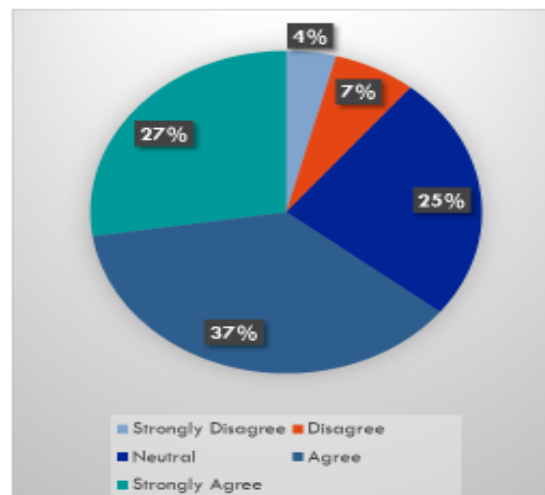
Answer	Count
Strongly Disagree	0
Disagree	4
Neutral	11
Agree	36
Strongly Agree	22



## Information and knowledge are shared openly at CHS.

**Question response rate: 73 out of 131 participants (55.73%)**

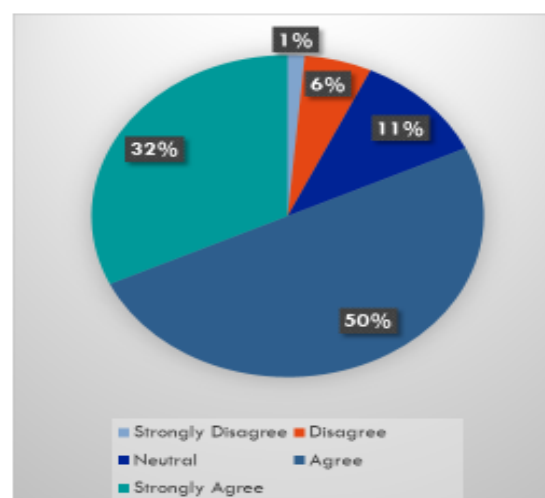
Answers	Count
Strongly Disagree	3
Disagree	5
Neutral	18
Agree	27
Strongly Agree	20



## Communication is encouraged at CHS.

**Question response rate: 72 out of 131 participants (54.96%)**

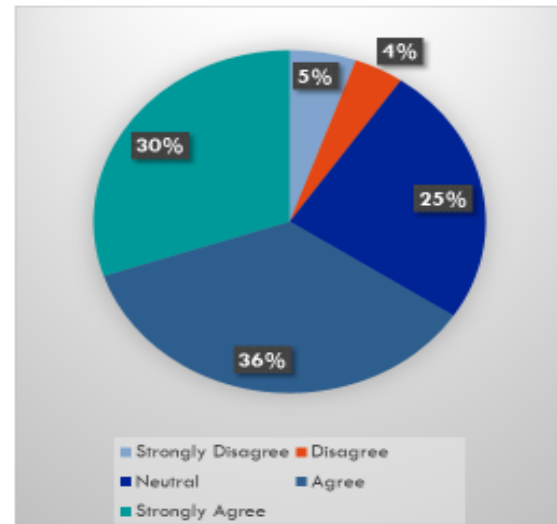
Answer	Count
Strongly Disagree	1
Disagree	4
Neutral	8
Agree	36
Strongly Agree	23



CHS leadership is genuinely interested in employee opinions and ideas.

Question response rate: 73 out of 131 participants (55.73%)

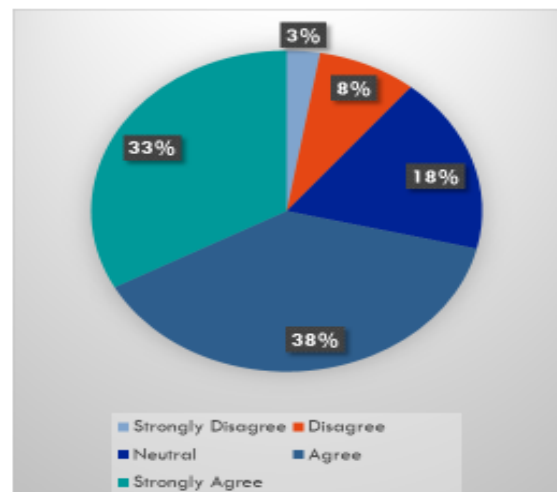
Answers	Count
Strongly Disagree	4
Disagree	3
Neutral	18
Agree	26
Strongly Agree	22



CHS works to attract, develop and retain people with diverse backgrounds

Question response rate: 73 out of 131 participants (55.73%)

Answers	Count
Strongly Disagree	2
Disagree	6
Neutral	13
Agree	28
Strongly Agree	24

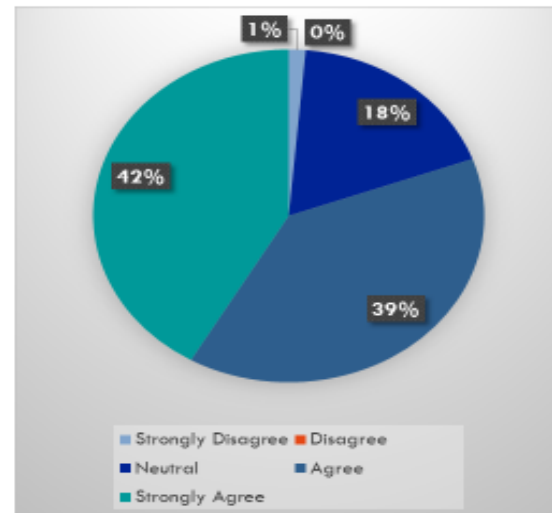




People with diverse backgrounds and experience are given respect and valued in CHS work environment.

**Question response rate: 72 out of 131 participants (54.96%)**

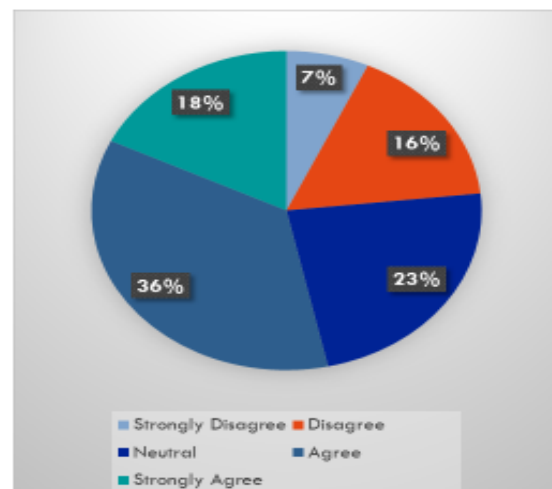
Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	13
Agree	28
Strongly Agree	30



My salary is competitive with similar jobs I might find at similar organizations.

**Question response rate: 73 out of 131 participants (55.73%)**

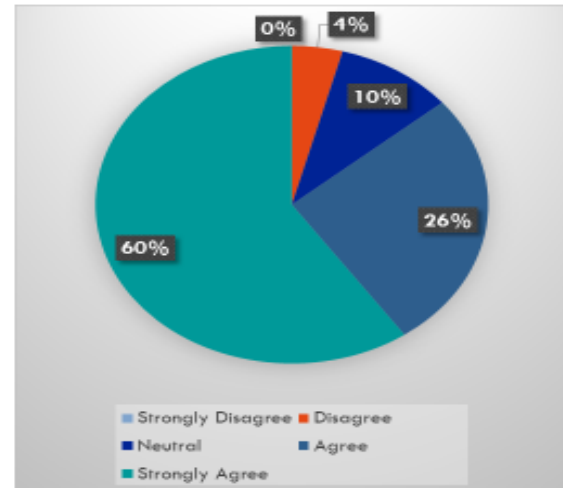
Answer	Count
Strongly Disagree	5
Disagree	12
Neutral	17
Agree	26
Strongly Agree	13



## I am satisfied with my employee benefit package

Question response rate: 72 out of 131 participants (54.96%)

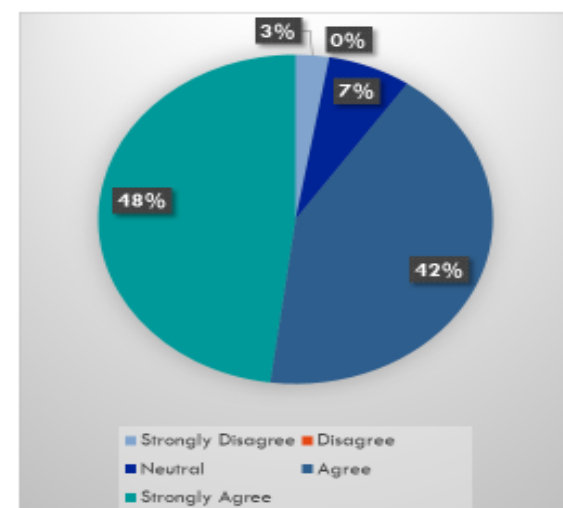
Answer	Count
Strongly Disagree	0
Disagree	3
Neutral	7
Agree	19
Strongly Agree	43



## I respect the managers and directors at CHS.

Question response rate: 73 out of 131 participants (55.73%)

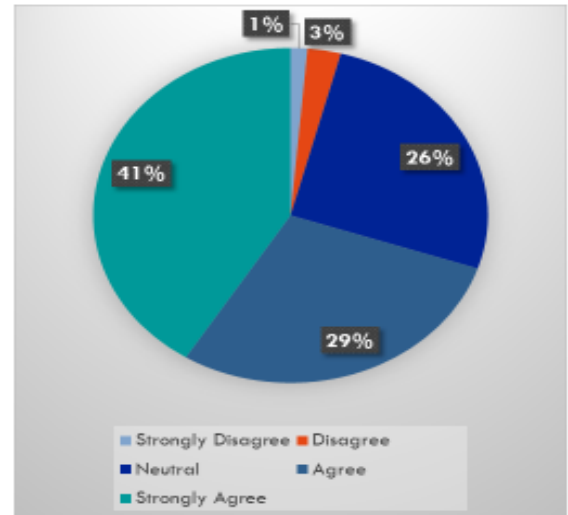
Answer	Count
Strongly Disagree	2
Disagree	0
Neutral	5
Agree	31
Strongly Agree	35



## CHS directors know what they are doing.

**Question response rate: 73 out of 131 participants (55.73%)**

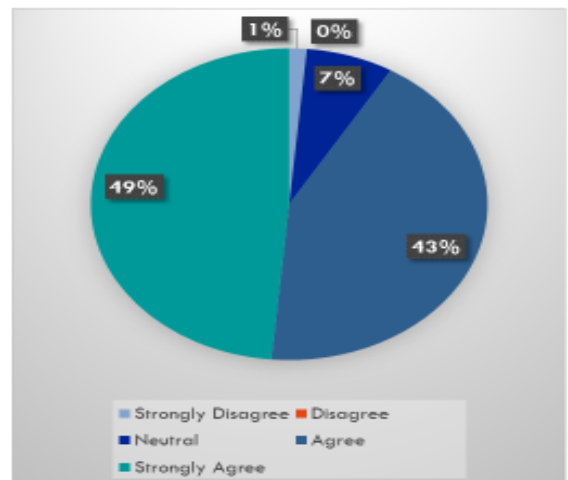
Answer	Count
Strongly Disagree	1
Disagree	2
Neutral	19
Agree	21
Strongly Agree	30



## Executive Director demonstrates leadership skills

**Question response rate: 70 out of 131 participants (53.44%)**

Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	5
Agree	30
Strongly Agree	34



The results of the survey improved from the previous year. Zero questions received an average score of less than 3. We considered scores of 3 or above to be acceptable,

although not always implying that it was an area that does not need addressing. The vast majority of the questions' average scores were between 4 and 5.

## **Employee Grievances**

There was one employee complaint in 2019, regarding a supervisor allegedly committing micro-aggressions (regarding the employee's accent). The employee was removed from under the supervisors' supervision and transferred to another program. The supervisor was required to do relevant training.

## **Other Stakeholder Input**

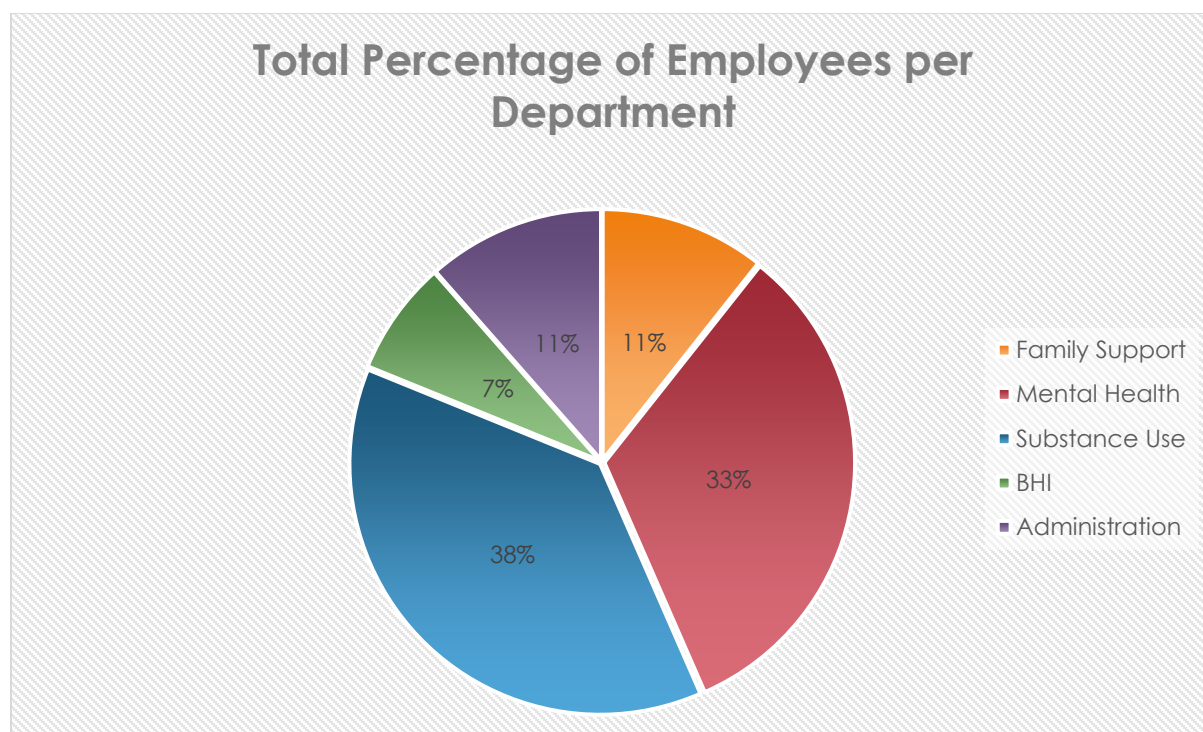
No other input from community members through the web page or other means available was analyzed.

# HUMAN RESOURCES

## Overview

On December 31<sup>st</sup>, 2019, CHS had a total of 137 employees, an increase of 20 compared to the previous year. Of the 137 employees, 91 were full time employees; 31 were part-time employees, and 15 were on-call/temporary employees. We also had 14 vacant positions at the end of 2019. This makes the total number of CHS staff positions, not including on-call or temporary staff, 136,

Department	Number of Employees Per Department
Family Support	13 (plus 15 on-call/temporary staff)
Mental Health	40
Substance Use Disorders	46
Behavioral Health Integration.	9
Administration	14



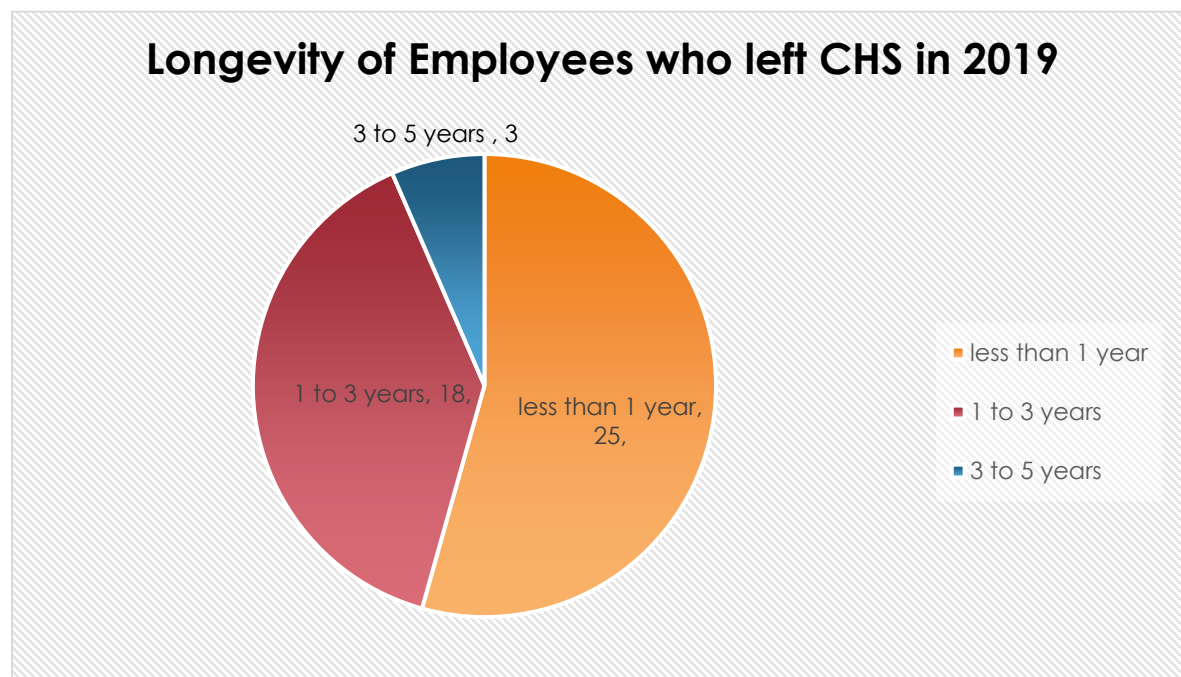
At the end of 2019, the diversity of our staff included:

(The numbers below do not include on-call or temporary employees.)

1. Age – 12 are over the age of 60; 12 are 51-60 years old; 22 are between 41-50 years old; 49 are between 30-40 years old; 30 are under 30 years old

2. Race – 34% of our staff identify as non-white
3. Gender – 26 males; 109 females (+ 15 temporary or on-call); 2 transgender/gueer
4. Sexual Orientation – 17% of our staff identify as LGBT
5. Languages – In addition to English, the following languages are spoken by our staff: Amharic, Oromo, Spanish, German, Tagalog, Bosnian, Serbian, Croatian, Chewa, Hebrew, Japanese, Conversational A&L, Chinese, Cantonese, Mandarin, Portuguese, and Persian. 26% of our staff are bilingual speaking English and one of 15 other languages, with several of them speaking up to four languages. Additionally, we had interns at the end of 2018 that are bilingual.

## Employee Retention



25 employees left before their 1-year anniversary,  
 18 employees left between 1 to 3 years of their employment with CHS,  
 3 left between 3 to 5 years of their employment and  
 0 left with 5 or more years of their employment with CHS.

We continue to see our biggest challenge with retention is with employees who have been with the agency for less than 3 years.

### Terminations for 2019

In 2019, 44 people were either voluntary or involuntary terminated from CHS (slight decrease from 2018). Seven people were involuntary terminated due to agency policy violations. The reason for other 37 employees resigning included:

- Accepted new job: 16
- Personal reasons, not related to job: 11
- Moved outside of reasonable commute/state: 8
- Went back to school: 2

2 left for more than one of these reasons.

In total 27 exit interviews were completed in 2019. The most common responses received indicated that staff enjoyed working with their co-workers, the culture at CHS is very open and everyone is very friendly, staff appreciate the benefits provided at CHS, values how much management realizes how social and political aspects can influence the job and appreciate the open-door policy. Have better clinical trainings, establish boundaries for the clinicians, processes and procedures for the new programs, more engagements between staff from different departments, making sure that satellite programs are more connected to other programs and offices.

44 people were either voluntary or involuntary terminated from CHS. Seven people were involuntary terminated due to agency policy violations. The reason for other 37 resigning included:

- New job: 16
- Personal reasons not related to job: 11
- Moved out of reasonable commute/state: 8
- Went back to school: 2

### **2019 retention efforts included:**

- 4 all-staff meetings were held including a summer picnic.
- All staff had training plans that were used for staff growth.
- CHS continued to pay 100% of a full-time employee's health insurance costs with no out-of-pocket expenses for the employee.
- Employee awards were given based on agency values.
- U-Rock was given at each Manager's Meeting.
- Employee evaluations were conducted regularly.
- Provided ongoing supervision (1 hour weekly per FTE).
- Provided specified supervision toward licensure.
- Vacation time for employees was one day per month plus an additional day for each year employed, up to 20 days per year. We allowed employees to carry over 1.5 times their annual allotment at the end of each year up to 20 days.
- CHS gave employees 10 days of paid leave for holidays each year. (9 traditional holidays, one discretionary day identified by the Executive Director).

- Sick time was accrued at the rate of one day per month. Accrual is carried over each year up to a maximum of 60 days per year.
- Employees received one extra day of leave per year as a “personal day”.
- New training process was implemented.
- Pay adjustments were made.
- Conducted 27 exit interviews.
- Improved technology.
- Gave bonuses using Workforce Development funding from the State (through NSBHO).
- Targeted professional development and support for staff regarding Secondary Trauma.
- Increased use of consultation to build staff skills and capacity

## ADA Requests

We received 3 ADA requests in 2019, and all were granted. One request was for a headset for their desk phone due to neck pain; the second one was assisting a hearing-impaired staff member so we added a feature where they get their calls as text messages instead of hearing them; and the third 3<sup>rd</sup> one was for a sit/stand desk, special mouse, and ergonomic keyboard due to mobility issues. All three ADA requests were accommodated in a timely manner for the employee.

## 2019 Employee Awards Winners

Employee awards are based on the agency’s values. Nominations come from staff and the winners are selected by the Board of Directors. Awards were presented at our Winterfest celebration with board and staff in 2020. The staff awards went to:

- **Accountability**  
Mirsada Kulovac, Human Resources Manager
- **Accessibility**  
Amanda Odell, Mental Health Manager
- **Diversity**  
Amber Mormann-Peraza, Wraparound Facilitator
- **Integrity**  
Spencer Ramsey, Substance Use Disorders Treatment Manager
- **Collaboration**  
Megan Fantozzi, Mental Health Therapist
- **Fun**  
Collen Hinkle, Screener/Scheduler

## CHS Leadership



Beratta Gomillion	Executive Director
Ramona Graham	Substance Use Disorders Department Director
Katrina Hanawalt	Mental Health Department Director
Paula Thomas	Behavioral Health Integration Department Director
Tanya Laskelle	Family Support Department Director

Note: Our Director of Finance & Administration (Tekle Bushen) left agency in December.

## Volunteerism

In 2019 CHS had 240 volunteers who performed 5,428 hours (a decrease of 2,706 hours compared to 2018) of volunteerism valued at \$138,034 (based on volunteer value of \$25.43 per hour). Many CHS staff also volunteer for other causes.

# FINANCIAL OPERATIONS

**Summary** Financial operations consist of policies and procedures that insure the continued financial success of Center for Human Services through prudent financial management. Financial management is the process of controlling and utilizing resources to best achieve agency goals. This type of management consists of the following principles and was analyzed as indicated:

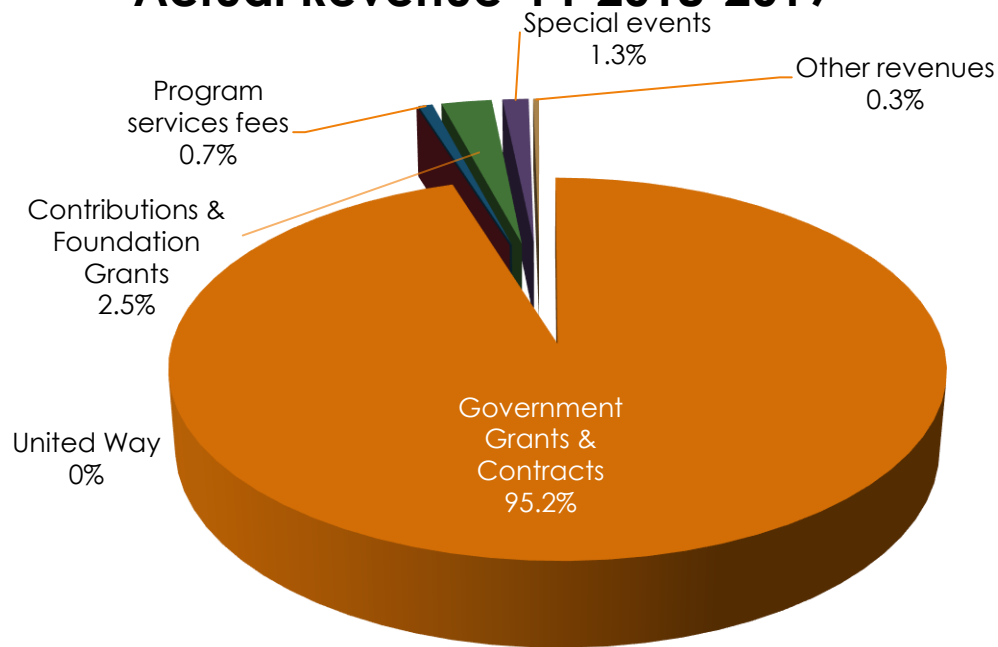
1. Liquidity  
(ability to meet short-term financial obligations such as monthly agency expenses) - As of 12/31/2019, our quick ratio (also known as acid test) is 9.01 – meaning that we have 9.1 times the amount of cash and receivables needed to meet our current obligations. However, it does not take into account some large outstanding obligations. At the end of the 2018-2019 fiscal year the rate was 6.15, which is more indicative of our true picture. We have maintained our liquidity ratio, in spite of the major investments in infrastructure and some expansions made.
2. Debt service coverage ratio  
(the ratio of cash available for debt servicing to interest, principal and lease payments) – As of our fiscal year-end June 30, 2019, our debt service coverage ratio was 4.71, meaning that our current income was enough to cover our debt payments. The ratio improved meaning, when compared to last year, the coverage ratio is lower by .22.
3. Efficiency  
(ability to obtain the maximum output possible from our limited resources) – Our outputs (numbers of people served; number of hours served) compared to our revenue shows efficiency.
4. Fidelity  
(any appearance of conflict of interest will be identified and reported immediately to the Executive Director). CHS has a clear conflict of interest policy that addresses this.

In 2019:

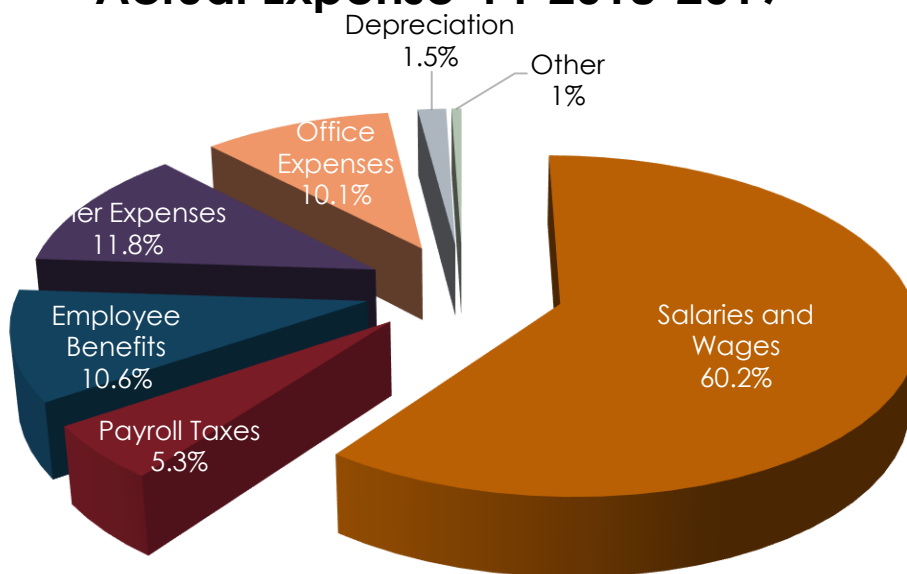
- a. CHS received a clean audit with no findings from Jacobson Jarvis & Co., PLLC.
- b. The Credit Line was reduced from \$200,000 to \$100,000 since we have not used it for several years.
- c. Financial policies and procedures were reviewed and updated.

## Revenue and Expenses per Category (Actual)

### Actual Revenue FY 2018-2019

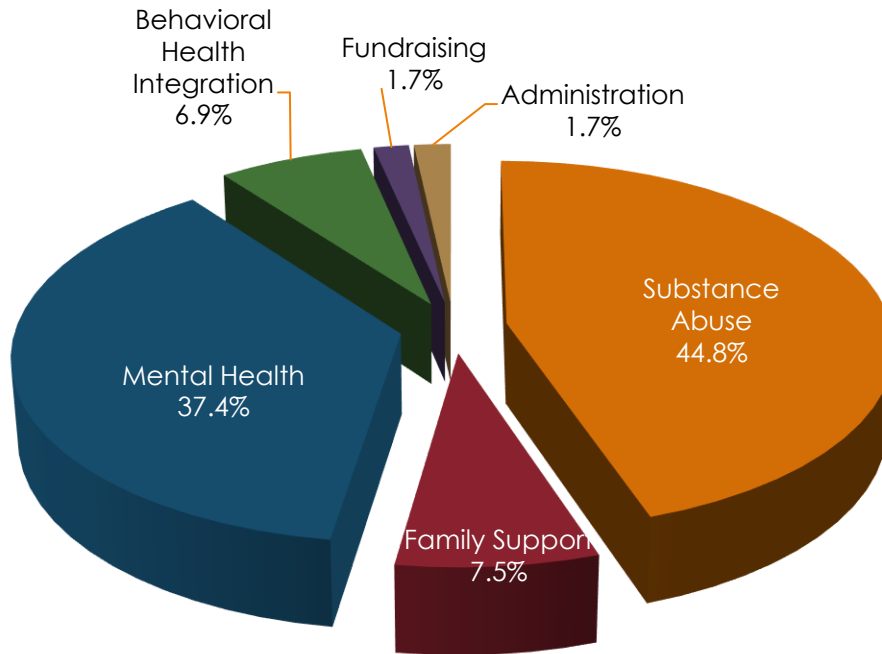


### Actual Expense FY 2018-2019

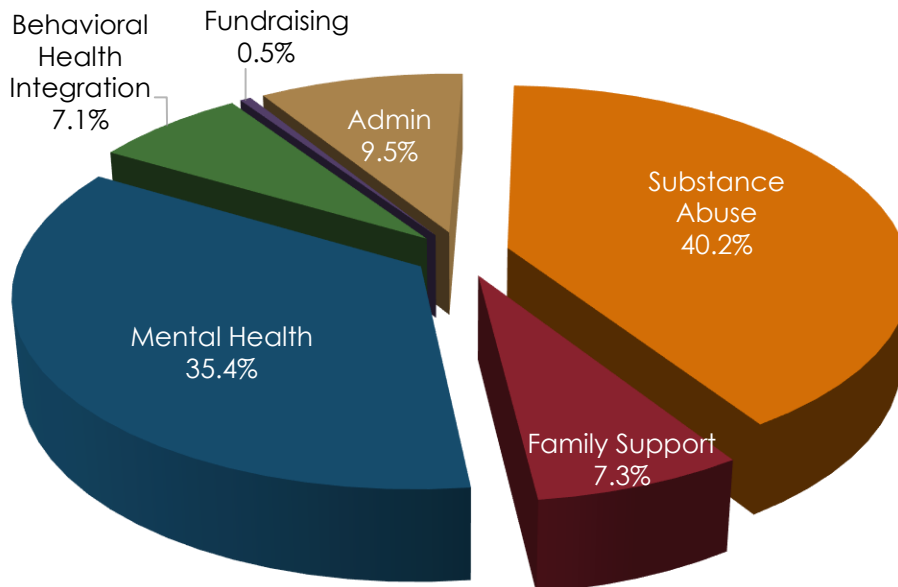


## Revenue and Expenses per Department (Budgeted)

### Budgeted Revenue FY 2019-2020



### Budgeted Expense FY 2019-2020



# QUALITY IMPROVEMENT & MANAGEMENT

Center for Human Services is committed to continually improving our organization and service delivery to the clients served. We analyze and manage the data we collect in Credible reports, from focus groups, from satisfaction surveys, from client and stakeholder feedback, etc., to determine opportunities for improvement and opportunities for celebration. We expect our performance management processes to set us apart from other organizations when reviewed or surveyed by licensing bodies, contract monitors, and CARF.

## Service Delivery

CHS is committed to the ongoing improvement of the quality of care our clients receive, as evidenced by the outcomes of that care. CHS continuously strives to ensure that:

- The treatment provided incorporates evidence-based practices;
- The treatment and services are appropriate to each client's needs and available when needed (see Accessibility Plan);
- Risk to clients, staff, and others are minimized, and risk prevention is implemented (See Risk Management Plan; Refer to Health & Safety Plan));
- Client's individual needs and expectations are respected, and they have the opportunity to participate in decisions regarding their treatment and services provided (Refer to Client Feedback Policy);
- Clients are treated with respect in a culturally informed and responsive manner (See Cultural Competency Plan).
- Services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.
- The agency remains trauma-informed and provide all services accordingly.

CHS tracks effectiveness, efficiency, accessibility, and satisfaction in a systematic manner that can be distinct for each program and/or counselor, as well as aggregate.

The overarching outcome for all CHS behavioral health programs is for people with behavioral health issues to have access to integrated care and maintain optimum health including recovery.

## QI & Management Plan with 2019 Analysis

### Service Delivery Functions

#### Effectiveness of Services

##### **The use of evidence based/informed and promising practices**

- Applied to all programs
- Data Source – Inventory of EBPs and promising practices used
- Responsible for Data Collection - Managers and/or Directors
- Process – Managers/Directors keep inventory up to date and provides the inventory to the Executive Director who analyzes our progress toward offering more programming using evidence-based/informed practices and/or promising practices.
- Achievement Goal – 90% of our programming includes evidence-based/informed practices or promising practices.
- Actual Results – This goal was met.

##### **Case record reviews**

- Applied to clinical programs
- Data Source – Electronic Health Records
- Responsible for Data Collection – Supervisors
- Process – Supervisors conduct clinical audits of records assigned to each clinical supervisee. They provide individual results to the clinician of record clearly outlining change expectations and timeline for completion. The supervisor monitors the data to assure it is corrected. The supervisor addresses any coaching opportunities with the clinicians. The Department Director and Program Manager utilizes trends of aggregate audit results to optimize clinical performance, through remediation or sharing of clinician best practices.
- Achievement Goal – At least one record from each clinician is reviewed monthly, and every closed record is reviewed as part of the closure process.
- Actual Results - This goal was met.

##### **Services and treatment planning maximize child and family access, voice and ownership**

- Applied to all programs
- Data Source – Results from clinical records reviews Person(s)
- Responsible for Data Collection – Supervisors
- Process – Supervisor looks for evidence of client/family access, voice, and ownership and documents findings on review form. Results are shared with Program Manager or Department Director as appropriate. When a clinician consistently omits this information, a corrective action plan may be implemented and/or it may be noted in the clinician's annual performance review.
- Achievement Goal – 85% of our clinical records reviewed consistently documents

client/family access, voice, and ownership.

- Actual Results - All our outside audits and reviews showed that we were consistently meeting this goal.

### **Client Outcomes**

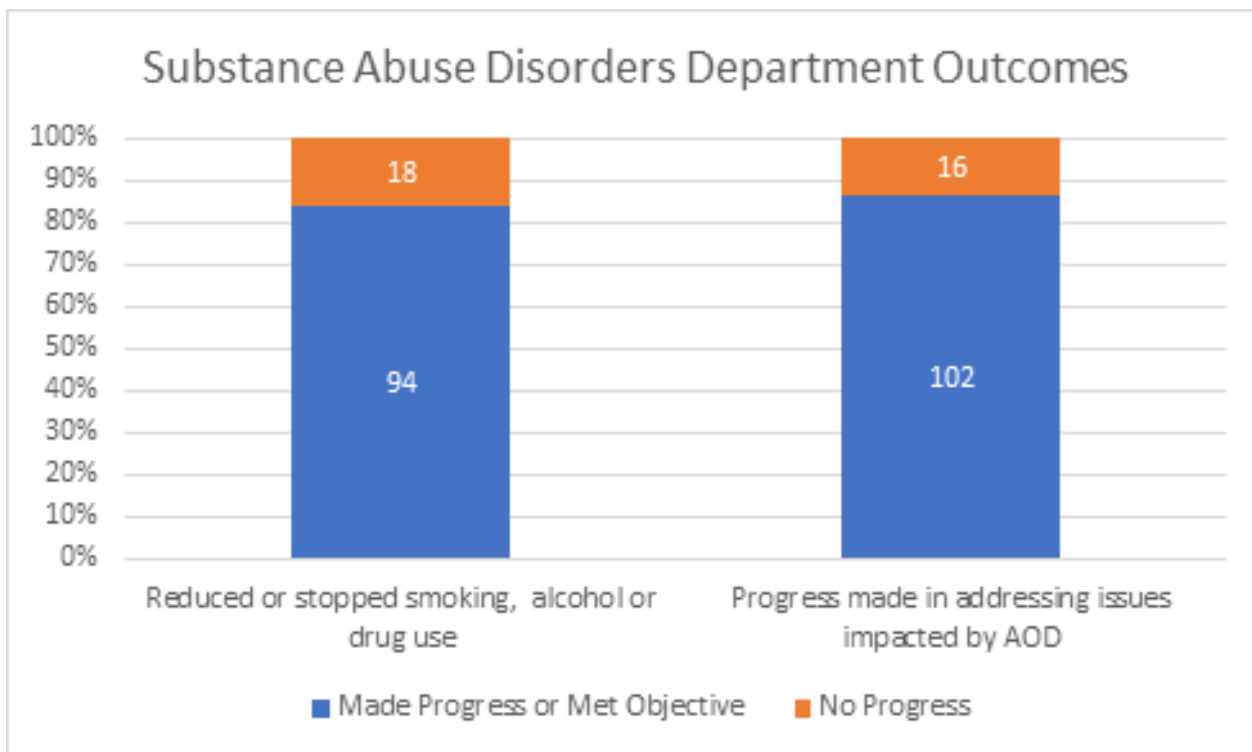
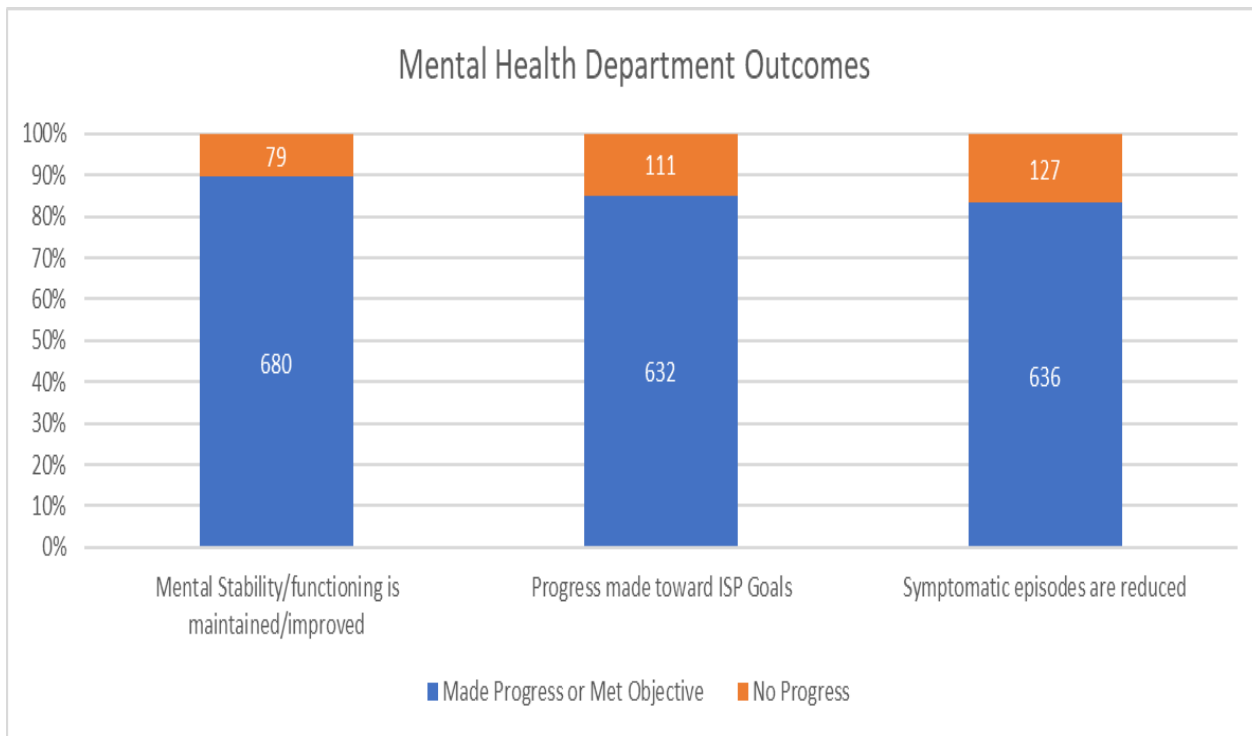
- Applied to all programs
- Data Source – Outcomes surveys
- Responsible for Data Collection – Supervisors, Clinicians, Family Support Specialists
- Process – Outcome information is collected in clinical programs in June, in December, and when a case is discharged or transferred. Family Support collects outcome data at the end of the programming or quarter.
- Achievement Goal – Depends on program.
- Actual Results – We are very pleased with our results in each of our programs. See below.

### **Family Support Outcomes:**

- 90% of Kaleidoscope Play & Learn participants increased their understanding of children development and what to expect from children at different ages.
- 92% of youth in OST programming reported positive academic self-efficacy.
- 91% of Positive Discipline participants reported an increased in their positive parent/child interactions and social connections.
- 83% of Kinship Caregivers gained “A Lot More” tools to support them in reducing their stress level, 17% “A Little More” through support group offerings.
- 454 free lunches were provided to youth 5-18 years old during the summer.

### **Clinical Programs:**

- 90% of the clients who received mental health services improved their mental stability/functioning.
- 85% of the clients who received mental health services made progress toward their treatment goals.
- 83% of the clients who received mental health services reduced symptomatic episodes
- 84% of the clients who received SUD treatment decreased or abstained from their alcohol or other drug use.
- 86% of the clients who received SUD treatment made progress on issues impacted by their AOD use.
- See graphs on next page.



#### Critical incidents

- Applied to entire agency
- Data Source – Critical incident reports
- Person(s) Responsible for Data Collection – All staff involved in any incident (as defined in policy)
- Process – When an incident has occurred, staff involved complete an incident report.



Incident reports regarding clients are completed in the electronic health record. Other incident reports are completed using a "Critical Incident Form" and given to the Executive Director within the time frame identified in policy.

- Achievement Goal – 100% of the critical incidents reported are analyzed for quality improvement opportunities.
- Actual Results – Goal met. See Critical Incidents summary and analysis in the report.

### **Client complaints and grievances**

- Applied to clinical departments
- Data Source – Grievance reports
- Person(s) Responsible for Data Collection – Executive Director
- Process – Complaints are attempted to be resolved in an informal matter. When a client files a grievance, they complete a grievance form (staff or others may assist clients in completing the form). Each step of the grievance process is conducted per policy and recorded along with any resolution that is agreed upon. The Executive Director keeps all grievances in a secure area.
- Achievement Goal – 80% of the grievances submitted are resolved to the client's satisfaction. 100% of all filed grievances are analyzed for quality improvement opportunities.
- Actual Results - See results in "Client Complaints and Grievances" in this report.

## **Efficiency of Services**

### **Utilization management (appropriateness of admissions, continued service and service closure)**

- Applied to clinical programs
- Data Source – Utilization Reports
- Person(s) Responsible for Data Collection – QA Specialists
- Process – Utilization Reports are generated on a regular basis. Results are reviewed by supervisors, managers, and directors and corrective action is taken as appropriate.
- Currently this process is not refined.
- Achievement Goal – A process is developed to measure utilization management.
- Actual Results - Goal met. A process has been developed and is being used.

### **Encounter data validation**

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – QA Specialists
- Process – QA Specialists compare services to coding and billing. The QA Specialist provides individual results to the clinician of record and their supervisor, clearly outlining change expectations and timeline for completion. The QA Specialist monitors the data to assure it is corrected. The supervisor addresses any coaching opportunities with the clinicians. The Department Director utilizes trends of aggregate audit results to optimize clinical performance, through remediation or sharing of clinician best practices.
- Achievement Goal – 90% data accuracy
- Actual results – Goal met. However, this goal will be measured differently next year to include our encounter submissions to funders.

## **Client retention rates**

- Applied to Substance Use Disorders
- Program Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Supervisors, Department Director, Program Managers
- Process – Supervisors and staff in management position run a report in the electronic health record that indicates retention rates (by program and/or by clinician). Trends are analyzed by the supervisors and coaching opportunities are identified.
- Achievement Goal – 70% of clients engaged in SUD treatment remain in treatment for at least 90 days. This goal was lowered by 10% for 2019.
- Actual Results – For the SUD clients seen in 2019 who received at least 3 sessions of any kind, 59% of them remained in treatment for at least 90 days. Although the results were slightly better than last year, we still were unable to meet this goal.

## **Direct service hours of clinical staff**

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Supervisors, Department Director, Program Managers
- Process – Supervisors and/or staff in management positions run a report in the electronic health record that indicates direct service hours per clinician. If a clinician's direct service hours do not meet expectations one or more of these actions may apply: (1) systems are analyzed and process improvement steps taken (i.e., clinician is given more clients, clinician's hours are reduced, or no-show rates are examined), (2) employee is coached as to how to improve direct service hours, (3) a corrective action plan for the employee may be developed, (4) discipline, up to termination, may occur.
- Achievement Goal – 80% of all clinicians have a direct service rate of at least 50% each month.
- Actual Results – Majority of clinicians are not meeting this goal. Exploring corrective possibilities.

## **Show-rates**

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Supervisors, Department Director, Program Managers
- Process – Supervisors and/or staff in management positions run a report in the electronic health record that indicates show rates per clinician. If a clinician's show rates do not meet expectations one or more of these actions may apply: (1) systems are analyzed and process improvement steps taken (i.e., reminder calls are used, clinician's hours are changed, etc.), (2) employee is coached as to how to retain clients and/or improve attendance of clients, (3) a corrective action plan for the employee may be developed, (4) discipline, up to termination, may occur.
- Achievement Goal – 80% of all clinicians have a show rate of at least 65% each month.
- Actual Results – Our show-rates are illustrated in the table below, and we met this goal. Vast improvement is noted. We are following our "Client Engagement Policy" with strategies to decrease our no-show (i.e., reminder calls, promptly closing cases when needed, modifying client treatment plans to reflect a goal of showing up for appointments, follow-up calls to clients who miss appointments, ensuring clients understand our expectations, etc.) In 2019, the show rates for clinical services were:

VISIT TYPE	SHOW	NO-SHOW
Conjoint	92%	8%
Family	96%	4%
Assessment	97%	3%
Individual	82%	18%
<b>GRAND TOTAL</b>	<b>89%</b>	<b>11%</b>

## Service Access

### Accessibility and timeliness of access

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Screeners, Department Directors, Program Managers
- Process – Screeners indicate on the screening form in the EHR the date of the original screening call. They also record the assessment date that is offered to the prospective client. After assessment occurs, the date of the first on-going appointment is noted. The electronic health record is able to track and compare each of these dates. Directors and Managers can pull a report from the electronic health record that shows each of these dates and timeliness of service. Accessibility is analyzed annually.
- Achievement Goal – 90% of assessment appointments and first on-going appointments are within the time frames allowed by state law and/or MCO/ICN contracts (i.e. assessment is conducted within 7 days of request for services). Services are accessible to people needing our services.
- Actual Results – The amount of time before the first ongoing appointment occurs is still a problem according to King County reports. We are exploring the causes and will be implementing a quality improvement plan for this objective. At this point, we know that IEC assessments must be conducted by someone trained to work with the birth to six population and are often scheduled as home visits. The IEC Program is in high demand, and we did not have enough clinicians to always meet our time frame goals. However, most programs have successfully implemented “Open Access” which assures timely assessment. Centralized scheduling appears to be working as expected. Additionally, to assure accessibility, the Mental Health and Substance Use Disorders Departments both offer after work-hours appointments to help improve accessibility for our clients. We also provide a variety of services in the community (such as in schools, health clinics, homes, etc.) to improve accessibility. All of our sites are either on or near a bus stop.

### Penetration of services

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Supervisors, Department Director, Program Managers
- Process – QA Specialists and or Directors run a report from the electronic health record that shows the number of assessments each year and admissions each year.
- Achievement Goal – 5% increase in assessments each year; 3% increase in admissions each year
- Actual Results – In 2019 we completed 639 assessments. This is a decrease from the number of assessments completed in 2018, so this goal was not met.

### **Agency's accessibility planning**

- Applied to entire agency
- Data Source – Accessibility Plan Review
- Person(s) Responsible for Data Collection – Executive Director and CQI Team
- Process – With input from clients, staff, and other stakeholders, the CQI develops an Accessibility Plan and/or reviews/updates it annually.
- Achievement Goal – Accessibility Plan is current and reviewed at least once a year.
- Actual Results - Goal met. See review of Accessibility Plan in this report.

## **Service Satisfaction**

### **Client satisfaction**

- Applied to all programs
- Data Source – Satisfaction summaries from satisfaction surveys, focus groups, suggestion boxes, grievances, incident reports, and outcome data at discharge.
- Person(s) Responsible for Data Collection – Department Director and Program Managers
- Process – Client input is solicited regularly. Clinicians may ask current or closed clients to complete a satisfaction survey; clients may participate in a state-wide satisfaction survey; a focus group may be conducted with clients; suggestion boxes are available at every site with input being collected regularly; client grievances are analyzed annually by the Executive Director; incident reports are analyzed by the Executive Director; and outcome data is collected in the EHR and analyzed by Department Directors and the Executive Director.
- Achievement Goal – Overall client satisfaction is at least 80%.
- Actual Results - This goal was met. See Client Input section of this report

### **Stakeholder input**

- Applied to entire agency
- Data Source – Summaries of stakeholder input collected from a variety of sources including funder audits or site visits.
- Person(s) Responsible for Data Collection – Department Director and Executive Director
- Process – Stakeholder input, in addition to client input and employee input, is solicited regularly. Surveys through Survey Monkey, formal interviews, and informal conversations are used to collect stakeholder input. Audit and site visit reports are used as well.
- Achievement Goal – Stakeholder input is received from clients, employees, and other stakeholders.
- Actual Results – This goal was accomplished through client/family satisfaction surveys, employee satisfaction surveys, focus groups, interviews, suggestion boxes, web page comments, etc.

## **Business Functions**

## **Risk prevention/safety of clients/participants and staff (includes Risk Management Plan)**

- Applied to entire agency
- Data Source – Risk Management Plan Review; Internal Safety Inspections; External Safety Inspections; Safety Drill Reports; CARF surveys
- Person(s) Responsible for Data Collection – Safety Coordinator; Site Coordinators, Safety Drill Results; and CQI Team
- Process – Site Coordinators conduct safety inspections on each facility twice a year; external safety inspections are conducted by outside professionals on each facility at least once a year (arranged by site coordinators); Safety Drills for fire, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations are conducted annually at all sites. Safety Team analyzes the results of all inspections and drills, identifies areas for improvement, and improvements are made as needed. The CQI Team develops and/or reviews/updates our Risk Management Plan annually.
- Achievement Goal – Risk Management Plan is developed and/or reviewed annually by the CQI team; Drills and inspections occur as required by CARF standards; CARF Health & Safety standards are met
- Actual results – Goal met. See review of Risk Management Plan in this report.

## **Employee grievances**

- Applied to entire agency
- Data Source – Grievance reports
- Person(s) Responsible for Data Collection – Executive Director
- Process – Complaints are attempted to be resolved in an informal matter. When an employee files a grievance, they complete a grievance form. Each step of the grievance process is conducted per policy and recorded along with any resolution that is agreed upon. The Executive Director keeps all grievances in a secure area. Annually, the Executive Director compiles a summary report of all grievances received and the results of the grievances.
- Achievement Goal – 80% of the grievances submitted are resolved to the employee's satisfaction. 100% of all filed grievances are analyzed for quality improvement opportunities.
- Actual Results – There was one grievance filed in 2019 and it was resolved to our satisfaction.

## **Staff credentialing and development**

- Applied to entire agency
- Data Source – Personnel Files and HR records; Supervision Logs
- Person(s) Responsible for Data Collection – Human Resources Specialist; Supervisors
- Process – Staff submit copies of evidence of required credentials upon hire and as each credential is renewed. HR Specialist keeps a record of when credentials expire and conducts verifications of credentials as necessary. Supervisors identify areas for development with supervisees and develops a plan with the employee to attain what is needed. Work toward staff development are recorded in Supervision Logs & in performance reviews. A performance review is conducted with each employee on a regular basis. Performance reviews are kept in personnel files and the HR Specialist assures that the reviews are current.
- Achievement Goal – 95% of staff are current with their credentials with evidence being in their personnel file. 95% of staff will have development goals established by the employee and supervisor.
- Actual Results – Goal met. All staff are current with their credentials with proof being in

their personnel files. All staff had development goals.

### **Staff supervision and training**

- Applied to entire agency
- Data Source – Supervisor logs; training plans; personnel files
- Person(s) Responsible for Data Collection – Supervisors; HR Specialist
- Process – Supervisors provide weekly 1:1 clinical supervision per FTE (prorated for some part time employees) and keep a supervision log on each employee; a training plan is developed by supervisors and clinical staff annually; progress toward completing the training plan is recorded in the employee's personnel file.
- Achievement Goal – 100% of all clinical staff receive weekly supervision over 40 weeks per year; 100% of all clinical staff have training plans; 90% of staff achieve at least 75% of their training plan goals.
- Actual Results – Goal met.

### **Contract and WAC compliance/deliverables**

- Applied to all programs
- Data Source – Audits and Site Visits; Clinical Reviews
- Person(s) Responsible for Data Collection – Department Directors
- Process – All staff are expected to comply with contracts and WACs as well as negotiated deliverables. Supervisors regularly review the clinical files of each supervisee to assure compliance. If found not in compliance, training is provided; if the issues are not corrected a corrective action plan may be developed and/or discipline, up to termination, is considered. Additionally, audits from the BHOs and the state DBHR indicate our compliance or lack of compliance with state laws and relevant contracts. If necessary, a corrective action plan will be instituted to resolve any issues.
- Achievement Goal – No more than 20% of staff are put on a corrective action plan due to lack of WAC or contract compliance (including not meeting deliverables) each year. All audits and site visits are deemed as satisfactory by the auditing body.
- Actual Results – Goal met.

### **CARF Standards compliance/deliverables**

- Applied to clinical programs administration
- Data Source – CARF Survey Report
- Person(s) Responsible for Data Collection – Department Directors, Executive Director
- Process – All staff are responsible for CARF standards compliance. Supervisors monitor this at every opportunity and initiate change when needed.
- Achievement Goal – 3-year CARF accreditation. CARF standards are institutionalized at CHS.
- Actual Results – Goal met. Received another 3-year accreditation in 2018. We continue to follow all relevant CARF standards.

### **Fiscal controls and efficiency**

- Applied to administration
- Data Source – Annual Fiscal Audit; Results of LEAN management implementation
- Person(s) Responsible for Data Collection – All managers and directors.
- Achievement Goal – Fiscal audit requires no management letter; cost and time savings occur as a result of Lean management.
- Actual Results – We had a clean audit (no management letter). Numerous LEAN



projects were implemented in 2019, creating new workflows.

### **HIPAA & confidentiality compliance**

- Applied Agency Wide
- Data Source – Corporate Compliance Minutes
- Person(s) Responsible for Data Collection – Executive Director
- Process – If a HIPAA or confidentiality violation is suspected or confirmed, the department director discusses it during a Corporate Compliance Team meeting. Opportunities for improvement are suggested by the Team as well as any disciplinary action if needed.
- Achievement Goal – Zero HIPAA or confidentiality violations occur
- Actual Results – No reportable HIPAA violations were noted.

### **Employee retention**

- Applied to entire agency
- Data Source – Retention reports; Employee Satisfaction Summary Report
- Person(s) Responsible for Data Collection – Department Directors, Executive Director, Executive Assistant; HR Specialist
- Process – Retention rates and data from employee satisfaction surveys are used to develop a retention plan each year if needed. Retention rates are calculated by the HR Assistant. We administer an anonymous Monkey Survey to staff periodically (every 2 to 3 years). The data is compiled by the Executive Assistant and summarized by the Executive Director. The Executive Director and Department Directors analyze the data to determine opportunities for quality improvement and then implement plans that will help us achieve quality improvement.
- Achievement Goal – Retention of staff in community behavioral health are an issue across the state due to a number of factors such as low pay, high caseloads, paperwork requirements, etc. Therefore, we analyze our retention of employees each year by documenting how many employees left CHS and the reasons why. However, our employee satisfaction survey often gives us better data regarding our employee's feelings and thoughts about the agency.
- Actual Results – See the "Employee Input" section of this report and the specific results of the employee satisfaction in this report and the "Employee Retention" section to see retention results and strategies. Our biggest retention strategy is for staff who are with us less than 3 years.

### **Extenuating or influencing factors** that affected our work last year included:

- The State's shift to Integrated Managed Care in January 2019, and King County's plans to change the billing model and use a risk stratification scale to assign case rates. A tremendous amount of energy, time, and work was put into developing new protocols, practices, and procedures.
- We experience a major snow event in February 2019 which closed our business for several days, impacting billing, service numbers, and various other aspects of our business. Unfortunately, we cannot control the weather.
- The Behavioral Health workforce shortage had a huge impact on our work. Throughout the year, we had clinician vacancies, and hiring sometimes took months. We participated in the Health Care Authorities Workforce Shortage incentive program, but it seemed to have no real impact on recruitment or retention.

## Other Quality Improvement Efforts

CHS recognizes that service performance is also influenced by several other factors such as quality supervision, clinical training, cultural sensitivity and competency, use of evidence-based and promising practices, compliance with applicable state and federal rules and laws, compliance with requirements from entities that govern licensure and certification, as well as compliance with CARF standards. Therefore, the following quality assurance activities occurred in 2019:

- Each clinician was provided one hour of weekly individual supervision by a qualified supervisor (based on FTE). This time was utilized to coach, train, support, and model quality improvement. Supervisors maintained supervision logs for each supervisee. Clinical staff received group supervision (typically on a weekly basis) for the purpose of staffing cases and receiving consultation from peers and supervisors.
- CHS received recognition as a Trauma-Informed Agency. We have 5 staff members who are trained as trainers on trauma-informed approaches, and we are working toward having these approaches inform everything we do.
- Clinical supervision supported and enhanced services and assured adherence to clinical policies and procedures.
- Staff members received and participated in a performance evaluation.
- Each clinician developed an annual training/enhancement plan in consultation with his/her supervisor.
- Clinical staff had unlimited access to Relias, a web-based learning system developed for our field.
- Each staff member is expected to participate in at least one cultural competency/equity/diversity training during the year.
- CHS offered support to staff in obtaining training based on current trends in treatment and/or to meet training requirements for licenses or certification.
- CHS maintained our CARF accreditation as a way to assure our commitment to quality and performance improvement by adhering to an international set of standards.
- Managers and/or directors were responsible for monitoring compliance with WACs, state and federal rules and laws, CARF standards, and contract requirements as applicable.
- Evidence-based practices (EBPs) or promising practices were implemented in the provision of services. In as many circumstances, CHS has trainers of evidence-based practices so we had convenient, in-house training available. Documentation of certification to use EBPs are kept in personnel files if applicable.
- Supervisors assure that EBPs were implemented with fidelity as appropriate. This occurred through observation, supervision, and chart review.
- The Corporate Compliance Committee analyzed any critical incidents, extraordinary occurrences, complaints, or grievances that occurred, and made recommendations for quality improvement as applicable.

*Comments or questions about this report can be sent to [BGomillion@chs-nw.org](mailto:BGomillion@chs-nw.org).*