



Center for Human Services

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

Executive Summary 2020

Celebrating 50 Years of Service

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CENTER FOR HUMAN SERVICES ANNUAL EXECUTIVE SUMMARY

2020

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 our 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 strengths-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 they 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 strive 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 resists 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.
- 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 (with significant longevity) 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.
- 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 (25+ years of experience at the Center for Human Services & over 40 years in non-profit behavioral health).
- has a respected reputation with local and regional contractors/funders.

Challenges and Opportunities

CHS is challenged to:

- adapt to a new style of providing services (remotely) to clients/participants during the pandemic.

- support staff who are struggling due to the pandemic, Zoom fatigue, and national social justice issues.
- engage clients (particularly youth) through telehealth and/or find ways to work with clients who do not have access to telehealth or the resources to do so.
- operate efficiently within King County's new Stratification Level payment system.
- 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.
- have adequate space for offices and services.
- earn incentives from King County Integrated Care Network (KCICN) for identified milestones.
- recruit and retain qualified staff in an increasingly competitive market.
- operate within a state that has a significant 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 that is not adequate because of the added expenses of home visiting.

Highlights of 2020 Accomplishments

CHS:

- secured a significant amount of COVID-19 relief funding to help us through the financial struggles caused by the pandemic.
- adapted to the pandemic by providing telehealth services, significantly reducing barriers to services.
- found creative ways to interact with children through telehealth such as incorporating body movement, dancing, short check-ins, games, and art projects into therapy sessions.
- was very successful implementing Family Support programs such as Remote Story-Time, Remote Parenting Classes, providing learning opportunities and support to children who were attending school remotely, providing one-on-one coaching remotely, and providing childcare for employees so they could work.
- had a clean financial audit.
- began contracting with a local organization for prescriber time for our clients, allowing us to provide medication management more effectively and efficiently.
- received the highest designation awarded as for Health Care Integration.
- provided an all-staff training about trauma.

- secured additional Best Start for Kids grant funding.
- was a NUHSA Outstanding Human Service Program Nominee for our Family Support Program.
- actively participated in Affordable Communities of Health efforts in Snohomish and King Counties.
- maintained a health insurance plan with no out-of-pocket expenses for full time employees.
- continued to develop pathways and workflows to standardize clinical and administrative processes.
- established an Equity Team.
- secured funding for and scheduled Diversity, Equity, and Inclusion training and consultation for leadership and Equity Team members.

CHS Locations

CHS owns three buildings where we provide services:

- **CHS – 170th**
17018 15th Ave NE Shoreline, WA 98155 (King County Substance Use Treatment Services, Infant & Early Childhood Mental Health, Integrated Behavioral Health, and Family Support)
- **CHS – 148th**
14803 15th Ave. NE Shoreline, WA 98155 (King County Mental Health Counseling & Administration)
- **CHS – Silverlake**
10315 19th 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)
This site was closed in October 1,2020 due to the pandemic. We do not plan to reopen it.
- CHS - 147th Shoreline
14708 15th Ave. NE Shoreline, WA 98155 (WISe King County programming)
This site was closed at the end of 2020 due to the pandemic. We will find a bigger space when the pandemic allows us to have more staff in the offices.
- 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)

When not restricted to providing remote services because of the pandemic, 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. Of course, most of these services were provided remotely in 2020 after the pandemic struck.

BOARD OF DIRECTORS

Overview

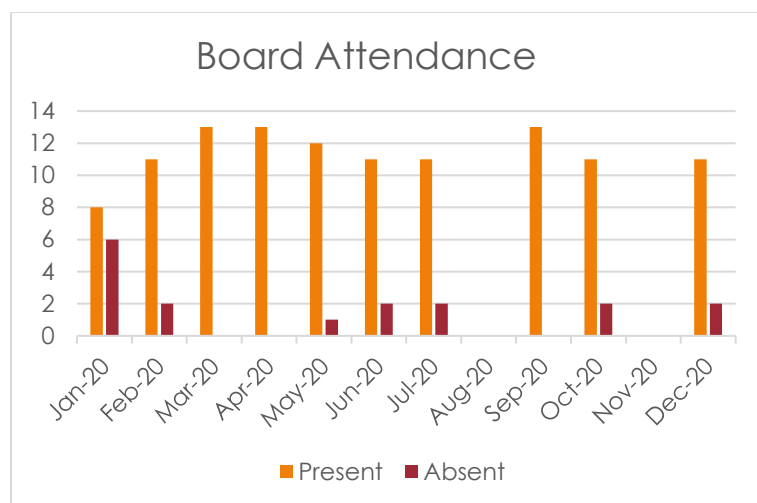
At the end of 2020, CHS had 12 board members (21 is maximum size of board). Board Officers were Karen Fernandez, President; Rick Henshaw, Vice-President; Kim Karmil, Secretary, and Dave Calhoun, Treasurer. Our Board of Directors, at the end of 2020, represented a diverse representation of age range, males and females, and sexual minorities. We are actively recruiting more people to join the board, particularly people of color.

Board meetings and committee meetings were conducted using Zoom beginning in March. Attendance was very good as some found it easier to participate remotely rather than in person. The board cancelled the annual dinner/auction fundraiser due to COVID-19. This was a big disappointment since it would have been our 50th year celebration. We did, however, have a letter campaign and a 50-for-50 postcard ask in 2020.

2020 Board Members were:

Karen Fernandez	Laurie Chapman
Kim Karmil	Ed Sterner
Dave Calhoun	Michael Karmil
Rick Henshaw	Wesley Madsen
Susan Ramstead	Shawn Karmil
Addriane DeVito	Ryan Madsen

Board attendance in 2020 was excellent. See graph below.



The active board committees in 2020 were the Executive Committee, Finance Committee, Audit Committee, Auction Fundraising Committee, and the Board Development Committee.

STRATEGIC PLANNING

Overview

The 2020 – 2023 Strategic Planning was developed by a Strategic Planning Committee, consisting of five staff and two board members, and approved by the board. To inform the development of the 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.

Strategic Plan

The 2020-2023 Strategic Plan and progress toward the goals in 2020 are below:

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
2020 – TIA Committee met several times in 2020 and continued to assess our TIA approaches and suggest improvements.
2. Assure that all staff are trained in TIA and maintain staff who are trained as trainers
2020 – All staff participated in at least one training regarding TIA in 2020. 4 staff are trainers.
3. Support active TIA staff committee

- 2020 – TIA Committee has six active members and meets regularly.**
4. Assure that CHS is a safe and supportive environment for staff and clients
2020 – CHS took several steps to provide a safe and supportive environment in 2020. The TIA Committee continues to assure that our physical spaces are comfortable and welcoming to everyone. The committee trains our staff about trauma-informed approaches so our environment feels safe to all.

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
2020 – 9 people of color were hired; 6 first- or second-generation immigrants were hired
2. Evolve staff's cultural competency to work with special populations (including people of color, immigrants/refugees, LGBTQIA+, etc.)
2020 – Staff attended a variety of workshops around race & equity (Family Support Director attended an Equity and Social Justice Training provided by Verdant; several staff across departments attended The Ripple Effect training hosted by Best Starts for Kids; SUD staff attended the Saying it Out Loud Conference; etc.); created an Equity Lending Library; modeled responsiveness to social justice issues by posting “Black Lives Matter” on our Reader Board (even after it was vandalized) and advocating for equity by publishing articles in the Shoreline News, talking with legislators, etc.; and purchased a training curriculum for staff specific to equity.

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
2020 – BHI staff are working in 5 medical clinics
2. Develop & implement procedures to address acute care transitions (from emergency departments, jail, etc.) for our clients
2020 - Worked with Snohomish County Drug court to improve procedures for referral, treatment, and reporting regarding Drug Court clients; implemented the use of administering Social Determinants of Health (SDoH) surveys to specific inmates while in jail and assist them to address these issues; obtained video capabilities to provide remote assessments and transitional work to inmates; all mental health staff

- attended an on-boarding academy at King County regarding Care Transitions prompting numerous improvements in service delivery by individual clinicians.
3. Work toward prevention, intervention & treatment of opioid use and misuse
2020 - Narcan kits at each location and trained new staff on how to use them; dispensed Narcan kits to clients and employees who wanted them; provided trainings at Ballinger Homes Public Housing and one for King County Housing Authority employees on how to use Narcan; provided treatment and relapse prevention to opioid users; posted related messages on our Face Book page.
 4. Promote child health (including well-child visits, immunizations, etc.)
2020 - Resource/information sharing occurred in our Kaleidoscope Play & Learn groups prior to and during COVID; all clinical assessments with children and parents include questions about last well-child visit and immunizations, along with prompts to provide resources if needed.
 5. Develop & use methods to access, track, measure, and evaluate data that shows progress toward regional goals
2020 - Continued to develop reports in Credible that allows us to track, measure, and show progress toward goals. Provided a training to leadership about how to access and evaluate these reports.

GOAL 2: Provide quality services that result in positive outcomes for our clients

Objectives:

1. Apply evidence-based and promising practices throughout our programming to achieve desired outcomes
2020 - All staff trained in EBPs; workflows implemented on treating depression and anxiety using EBPs.
2. Continually improve performance for client and community benefit
2020 - Even through the pandemic our performance outcomes remain very good.
3. Maintain CARF International accreditation for substance use disorders services and mental health services
2020 – Maintained CARF accreditation; next CARF accreditation review will be in 2021.
4. Provide whole-person care that addresses social determinants of health
2020 – Implemented process to screen all new clients for SDoH issues and develop case management goals to address these needs.

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
2020 - Web page was redesigned and updated; began creating new brochures
2. Utilize social media to promote our services
2020 – Actively posted on our Facebook page

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
2020 – We adapted our work with partners were to continue our work through the pandemic.
2. Keep local, regional, and state governments informed regarding human services needs and gaps
2020 – Participated in several local and regional coalitions that advocate for human services; met personally on two occasions with our King County Council Member to discuss specific needs of CHS; worked with NUSHA to educate city governments on human services needs/gaps; provided testimony twice to Bothell City Council and participated in group conversations with Bothell council members and the City Manager individually; worked with the Cities of Shoreline, Kenmore, and Lake Forest Park about human services needs specific to COVID-19.

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

Objectives:

1. Develop an Advocacy Plan that is specific, measurable, and relevant
2020 – Most advocacy work in 2020 was devoted to finding financial support for COVID-19 relief. Our Executive Director worked with our County Council Member Rod Dembowski and was successful at getting CHS written into the King County budget as a special line item for \$50,000 for 2021.
2. Dedicate time and energy to implement the Advocacy Plan
2020 – Most significant activity and advocacy came when the City of Bothell decided to discontinue funding human services. Partnering with

North Urban Human Services Alliance (NUSHA), our Executive Director and one board member participated in numerous conversations with the City Manager and City Council members and testified at a council meeting urging them to reconsider. We were successful in getting funding extended for 2021. Also had meetings with our King County Council Member and one of our State Senators.

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
2020 – The 2020 staff satisfaction survey showed that 17% of the staff feel like their salaries are not competitive. We were able to give an agency-wide raise in 2020.
2. Offer exceptional benefits to employees
2020 – Continued to offer health insurance at no cost for the employee with no deductible, no co-pay, & no co-insurance; match for retirement investment; more than typical amount of paid time off, plus an additional 3 days the week of Christmas due to COVID fatigue.
3. Maximize internship opportunities
2020 – Even through COVID-19, we had six clinical interns from four different school programs as therapists.
4. Provide exceptional supervision and training to employees/volunteers
2020 – Full time staff received 1 hour of supervision weekly (may have been prorated for some part-time employees); offered group supervision for one hour twice a month for MSW staff needing supervised hours for licensure (using a contracted MSW supervisor); provided additional supervision (by adding another part-time clinical supervisor) by LMHC for clinicians needing LMHC supervision hours for licenses; standardized annual employee training was conducted and each program implemented a training plan specific for their staff.
5. Provide employees/volunteers the tools they need to do their jobs
2020 – Because of the pandemic, we replaced numerous laptops so they were faster and had a camera for telehealth as well as webcams, microphones, earphones, and headsets. We provided extensive onboarding experiences for new staff and on-going trainings to all staff to give them the skills they need to do their job.

**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

A 2020 – 2023 Accessibility Plan was developed by the CQI team and reviewed regularly in 2020. The plan was updated in March of 2020 to include the impact of the pandemic. The Accessibility plan and our analysis of the review of the plan are shared through minutes, all staff meetings, this report, etc.

The following is a review of the barriers and action items and their status at the end of 2020.

Accessibility Plan - 2020 Review

Attitudinal

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Stigma toward individuals with behavioral health issues and ability to recover	<ul style="list-style-type: none">• Educate staff• Educate public• Promote a culture of recovery & resiliency	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 2020 to improve accessibility that could be inhibited by attitude. <ul style="list-style-type: none">• CHS continued certification as a Trauma-Informed Agency by CARE• CHS allowed traditionally under-represented groups to hold support meetings or other activities at our locations. These included battered women, kinship caregivers, and Arabic Language School
Stigma toward minority cultures & different socio-economic groups.	<ul style="list-style-type: none">• Educate staff• Educate public• Promote a welcoming and inclusive environment.	

		<ul style="list-style-type: none"> The mental health department held regular equity trainings for their staff.
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Physical & Architectural

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Stairs at 170 th (fire escape) need to be more secure.	Assess situation and restrict use if necessary. Secure funding to fix stairs.	COVID-19 delayed the work on the fire escape at 170th, but it was finished by the end of 2020. CDBG Funding was used. Playground was also improved.

Policies, Practice & Procedures

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
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	Additional revisions were made, and some new policies were established to comply with MCO and KCICN requirements.
Language barriers	Hire more staff; educate staff on use of interpreters and translators.	31% of our staff are bilingual. In 2020 we used both telephone interpreters and in person interpreters. Staff were provided details on how to request an interpreter.
Too much time between assessment and to first on-going appointment.	Improve response time for assessment to first on-going appointment	The pandemic totally disrupted our progress toward this goal. We also lost several staff during the pandemic which affected our capacity. We suspended our efforts toward this goal until after staff return back to our offices after working from home due to the pandemic.

Communication

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Some agency cell phones need replacement	Purchase new cell phones on a regular basis.	All staff in need of cell phones have them. Many were upgraded due to needing to use them in new capacities during the pandemic.
Difficulty communicating by cell phones with clients due to HIPAA compliance concerns	Find solutions to communicating with clients in a HIPAA compliant manner.	All phones and platforms are now HIPAA compliant.
Agency & program brochures are not all up-to-date	Update and print marketing material.	MH brochure has been updated and printed. Other brochures to be updated have been identified and we have begun work updating the content.

TECHNOLOGY

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Some computers need replacing.	<ul style="list-style-type: none"> • Replace computers according to replacement rotation schedule • Create a more reliable tracking system for computers 	Numerous new laptops were purchased when we converted to telehealth services. Receiv
Cost of computer replacement for staff	Implement a Replacement Plan to replace all computers on a rotating basis.	Replacement Plan was implemented. However, due to the pandemic the need for computer replacement was accelerated. Obtained grants to purchase the computers needed.
Not utilizing Credible as effectively as we could.	Build reports & explore use of unused tabs	Training was provided to leadership (through

Need to serve clients remotely due to pandemic	Buy additional laptops, buy cameras, speakers, headsets if needed, train staff on how to use telehealth	Leadership Team meetings and CQI meetings) about Credible workflows and how to build/access reports.
Some clients do not have access to technology for telehealth sessions	Assist clients in obtaining technology; open telehealth at our sites.	Numerous new laptops and other needed technology were purchased when we converted to telehealth services. Obtained grants to make these unplanned purchases.
		Obtained over 50 new notebook computers and distributed them to clients who needed them. Set up Telehealth room at each site.

Financial

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Need to increase billing	Increase number of clients & service encounters. Assure that all encounters are billed, and payments received.	King County Behavioral Health adopted a Service Delivery Adherence component to determine the amount we will receive on case rates. We worked extensively to adapt to the new system and address any service delivery or encounter issues.
Rates do not cover all costs for services	Negotiate rates with MCOs and other contractors	Negotiated new rates with Molina for Snohomish County WISE services. Current rates will cover cost.
Some clients are not insured or have insurance deductibles so	Obtain more unrestricted funds to subsidize services; Educate legislators	This action goal continues to be of concern. We lost some funding but added funding from other sources. We worked to

high that they discourage use of coverage		education legislators about funding issues.
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Transportation

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Agency van is aging.	Regular van maintenance	Decision was made to retire the van.

Community Integration

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
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.	The pandemic did not allow for much pro-social activity. In most client situations, we had to shift our focus on other healthy ways to spend their time.
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. Formed an equity committee to explore how we can improve our work around racial equity. We gave

Lack of affordable housing	Utilize case managers and other staff to assist clients find housing	employees a day off to advocate for Racial Equity and Justice after the racially motivated murders by police officers.
Issue of racial justice and equity nationally	<ul style="list-style-type: none"> • Model inclusion and equity • Anti-racism work within our agency • Develop and implement an Equity Team 	Hired 3 case managers and educated them on available housing and shelters. Initiated a Racial Equity campaign. Changed our values to reflect equity and inclusion. Contracted with a consultant group to work with us on anti-racism in 2021. Equity team formed using staff volunteers and is meeting twice a month.

Employment

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2020
Some clients have a difficult time finding and keeping a job.	Include employment goals in ISPs when appropriate; develop partnerships with employment programs.	This barrier was increased significantly in 2020 due to COVID-19. Our work on this barrier will continue.
Workforce shortage for clinicians affects quantity & quality of services	<ul style="list-style-type: none"> • Use Workforce Shortage special funds wisely • Educate legislators about improving Medicaid rates so a reasonable wage can be paid 	Gave agency-wide raises and extra days off. Ex. Dir. working with 3 coalitions/networks to educate legislators. No progress as of yet in having the rate raised.

Other Barriers

Other barriers were identified by persons served, personnel, or other stakeholders.

The primary barriers identified or experienced were due to the obstacles caused by the COVID-19 pandemic. To address these barriers, we provided services remotely and at flexible times. We altered treatment goals to reflect the new issues being presented by the pandemic. The workforce shortage of Substance Use Disorders Professionals and Mental Health Therapists has also 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.

We continued to monitor and address cyber security in 2020.

Additional risk management activities in 2020 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 signed and received our Substance Use Policy and our Ethical Codes at orientation.
- Accounting policies and procedures were reviewed.

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.

Early in 2020, a new Risk Management plan for 2020 - 2023 was developed and implemented by the Continuous Quality Improvement (CQI) Team. The plan identifies our loss exposure or risks. The CQI Team reviewed each of the potential loss categories regularly and 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. However, in March of 2020 the risks due to the pandemic became our priority. We modified our existing Emergency Operations Plan for Pandemics to better reflect our COVID-19 situation and used this plan to guide us in the beginning months of the pandemic. We openly communicated our Emergency Operations Plans to staff throughout the year. We modified the Risk Management Plan (as indicated in red font below) and established additional actions related specifically to the risk expectations due to the pandemic.

Our fiscal risk became higher due to the pandemic. Loss of revenue was expected because some contracts were lost or reduced because schools were closed, revenue was decreased due to having to obtain the ability to provide remote services, as well as some staff had difficulty doing their jobs because of child care issues, illnesses, caring for sick family, etc. While our costs for personal protective equipment were not budgeted, we were able to save money by reducing travel, utilities, and other expenses that were decreased or eliminated because staff were primarily working remotely.

The 2020 results of our risk mediation efforts are below. The goals/actions in **red** font were added to the 2020 Risk Management Plan after its original approval.

CHS Risk Management Plan for 2020-2023 2020 Review

Loss Exposure / Risk	Analysis of Loss Exposure						Actions to Reduce Risks	Projected Results	Actual Results
	Likelihood of Occurrence			Seriousness of Risk					2020
	Low	Med	High	Low	Med	High			Baseline 2020
FISCAL									
Loss of funding			X			X	Increase marketing and grant requests. Replace lost	Funding base will be increased by 5%.	Funding increased due to COVID-19 Relief Funds.

							funding with new funding Apply for federal Payroll Protection Program (PPP) funding and other local or regional COVID-19 relief funding.		Goal met.
Expenses 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 decreased with the pandemic. We found grants that paid for additional COVID-19 expenses. Our internship program remained active even though it was remote.
Delay in payment			X		X		Participate in conversations with decision makers regarding impact of new funding structures. Increase communication with funders. Build reserves.	Reserves will be ample to cover all expense for 3 months.	Executive Director participated in Clinical Operations Committee of KCICN and other coalitions to strategize how to deal with the impact of the new funding method

									in King County. She has work with our County Council on this issue as well. Knowing the struggles we faced due to the pandemic, our funders were hypervigilant to pay in a timely manner. We have maintained reserves that will cover 3 months of expenses.
HUMAN RESOURCES									
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 SUD Director left the agency and moved out of our region. We promoted from within for this position.

Increase in training requirements		X	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 use a monthly training schedule for all required trainings. We continued to offer trainings although they were done remotely.
High staff turnover						X	Utilize staff incentive programs. Utilize satisfaction surveys. Utilize exit interviews. If possible, increase salaries. 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 there is an abundance of competition. We lost several staff because the stress was too much during COVID-19.
SERVICE DELIVERY									

Improper service documentation			X			X	Increase staff training & improve professionalism. Standard utilization of collaborative documentation. Supervisors monitor case notes. Proactive clinical supervision. Keep training manuals up to date. Maintain professional liability insurance.	Excellent clinical documentation	We have excelled in this area. Staff are using collaborative documentation. Outside audits of our documentation have been good. We trained staff to properly document when using telehealth.
Poor outcomes or outputs		X			X		Proactive clinical supervision. Use evidence-based practices. Staff training.	Excellent outputs and outcomes.	The pandemic resulted in much lower outputs than would have occurred otherwise. We worked on accessibility and engagement strategies, but much of the impact was unavoidable, so we lowered our direct service expectations. Continued to provide weekly clinical supervision.

									Use of EBP recorded in clients' records.
HEALTH & SAFETY									
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.	Very few staff worked in our offices after the COVID-19 outbreak. No on-site accidents by staff were reported. A delivery truck ran into the lobby window at 148 th and broke it. No one was hurt, but the window had to be replaced.
Traffic accident		X			X		Properly orient staff members who are drivers. Staff training. Minimize travel. Ask City for flags at cross walk at 148 th . Maintain vehicle insurance or consider de-commissioning the agency van.	Reduce number of annual traffic accidents.	Staff had no traffic accidents. We decided to retire the agency van at the end of 2020.
Fire incident	X					X	Safety trainings for all staff members. Train staff members about safety plan.	No fires.	No fires occurred.

							Maintain adequate property insurance.		
Disaster			X			X	Educate staff regarding our Emergency Operations Plan. Contingency planning. Maintain adequate insurance.	As small an impact on our operations and continuation as possible.	With the COVID-19 outbreak, we implemented our Emergency Operations Plan. We trained staff regularly as we updated the plan. We maintained the 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.
LEGAL									
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).	0 reportable incidents	Only minor violations were reported, and none had any consequence to the agency.

							Training about HIPAA security. HIPAA security audit.		Cyber ins. 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. There was one incident where a check we wrote to a vendor was stolen from the Vendor's mailbox and fraudulently cashed. We worked with our bank to resolve this issue.
Employment		X			X		Effective employee grievance process.	0 lawsuits	No lawsuits were filed

practice lawsuit.							Regular supervision, performance coaching, & training. Mgt training. Maintain insurance.		against us. HR Manager participated in various trainings about employment practices.
TECH-NOLOGY									
Data breach or data loss (affecting confidentiality, integrity, or availability of EPHI)		X			X		Maintain strong back-up policies & procedures. Review back-up P&Ps annually. Regular testing by IT vendor. Maintain cyber insurance.	0 data breaches	No reportable data was breached. Testing occurred on schedule.

Cultural Competency & Diversity

In 2020 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. However, after the murders of several people of color by police officers that were revealed in early 2020, we realized that we need to expand our Cultural Competency & Diversity Plan to reflect the value of “equity”. We are considering changing our core value of Diversity to “Diversity, Equity and Inclusion”. CHS made a commitment to explore our internal policies, procedures, and actions from a lens of equity and adopt necessary reform. We also agreed to model equity to the best of our ability and take a public stance on supporting the Black Lives Matter movement.

Cultural Competency & Diversity Plan 2020 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	2020 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 2020, 31% of our employees identify as non-white (one employee uses ASL). The board committed to board recruitment in 2021, particularly recruitment of people of color.
2. Conduct a cultural competency self-assessment	Our Equity Team deprioritized this goal to focus on other goals.
3. Review existing policies to ensure that they support the development and implementation of a culturally and linguistically competent system of care	Our Equity Team placed this step on hold until other equity work can be addressed.
4. Assess for cultural consultation needs	Cultural consultation was received when needed on a case-by-case level. We retained a consultant for 2021 to help us address equity.
5. Identify cultural needs of clients and train clinicians to incorporate them into treatment/service planning	Equity Trainings in MH included "Police, Clients and Mental Health, HAES/nutrition, Crip Camp documentary (Disabled population), 13th documentary (BIPOC), Disclosure documentary (Trans population), Eating Disorders, Transactional versus Transformational Conversations (how to talk about equity). We provided one training to all staff about trauma-informed care. This is relevant because of the disproportionate number of people in ethnic or minority groups that experience trauma.
6. Assess and modify the physical facility and tools to reflect the population we serve, to be welcoming, clean and attractive by providing	When remodeling our MH 148 th space, we carefully chose appropriate culturally inclusive or neutral art and toys.

cultural art, magazines, culturally relevant toys, etc.	
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.
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	31% of our staff members speak a language other than English. Used both telephone and face-to-face interpreters. We improved our process for requesting interpreters.
11. Review and update the Cultural Competency and Diversity Plan	Accomplished.
12. Added 2020 – Establish an Equity Team to help us address issues of social justice and equity.	Accomplished.
13. Added 2020 – Show public support of the Black Lives Matter movement	Adopted a position statement on Black Lives Matter; had article published in local paper; made statement on reader board; encouraged staff advocacy.

Additional 2020 efforts related to Cultural Competency and Diversity are listed below:

- Staff were encouraged to attend trainings on Cultural Competency/Diversity and given paid 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, story-time, 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 until the Pandemic occurred.

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.

CORPORATE COMPLIANCE

Critical Incidents

2020 Critical Incidents Review & Analysis

Staff managed **155** Critical Incidents in 2020 falling in the following categories:

• Abuse neglect and exploitation of a client including financial exploitation (does not include child abuse/neglect)	9
• Abuse or neglect (of children) that is a required report to CPS	101
• Aggression or Violence (on site)	1
• Credible threat to client's safety	6
• Major injury or major trauma to client	2
• Property damaged by a client (on site)	1
• Suicide/attempted suicide	2
• Violent acts allegedly committed by client; (attempted or completed) homicide, vehicular homicide, rape, sexual assault, or indecent liberties	3
• Other	30

The Corporate Compliance committee reviewed and analyzed the 2020 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 as listed above.
- Trends – The only trend noted is that CPS reports were the highest category. The number of reports doubled from the year before, and we suspect it was because of the pandemic. Even so, because we were providing services remotely much of the time, we suspect that our numbers are lower than they would have been.
- Debriefing – No debriefing was necessary in 2020.
- 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 intended to provide an agency-wide training on Critical Incident reporting in 2020, but this was postponed due to the pandemic. Instead, individual departments provided their own trainings.
- 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, 2020 – DEC. 31, 2020)

Services Provided (Including Pandemic Adjustments)

Mental Health Services

2020 began with our Mental Health Department providing the clinical services outlined in our Program Descriptions, including Intake/Assessment, Individual Therapy, Family Therapy, Group Therapy, Conjoint Therapy, Case Management, and Medication Management. These services were provided face-to-face in our offices, in schools, and in community settings such as the Shoreline Rec Center. In March, due to the pandemic, our staff began providing services remotely from their homes using telehealth (primarily using the Zoom platform). At the end of 2020 a very small number of clients were being seen face-to-face (following CDC guidelines), while most continued receiving services remotely. Throughout the year, we worked with both adults and children/youth. However, we found it much more difficult to engage youth remotely.

Community-Based Intensive Services

Our Community-Based Intensive Services (CBIS) Department consists of Infant and Early Childhood (IEC) Mental Health and Wraparound/WISe programming. Both of these programs serve families with intensive needs and work primarily in the community (client's home or other convenient location for the client). IEC serves families with a child(ren) under age 6 and Wraparound/WISe serves families with children under age 19 who are involved in other systems (i.e., DSHS, judicial, school IEPs, etc.). When COVID-19 restrictions were implemented, CBIS staff began working from their homes and all of these "community-based" programs became virtual. In some situations, it worked well, but in others, it created even greater challenges. By the end of 2020, CBIS staff were working both in the community (following CDC guidelines) and providing some services remotely, depending on the individual case.

Substance Use Disorders Treatment

We began 2020 providing our Substance Use Disorders (SUD) treatment as described in our Program Descriptions, including Intake/Assessment, Intensive Outpatient services (9 hours of group therapy per week; 1 hour of individual/family/conjoint therapy per month; and Case Management Services when indicated. Additionally, we offered specialized groups for some such as Drug Court clients and trauma survivors. SUD services were provided face-to-face until mid-March due to the pandemic, and staff then began working from their homes, providing all of these services remotely through telehealth (primarily using the Zoom platform). Initially groups were suspended, but after a few months we began offering group therapy using telehealth as well. At the end of 2020 a small number of clients were being seen face-to-face (following CDC guidelines), while most continued receiving services remotely.

Behavioral Health Integration

The Behavioral Health Integration Department consists of three types of programming: Medical Clinic-Based Behavioral Health services, School-Based SBIRT, and Centralized Screening for CHS. As with the other departments, services were provided through telehealth after the COVID-19 restrictions were enforced. Mid-year one screener began offering screening services from the office and the other screener offered screening services part-time in the office and part-time from home. The School-Based SBIRT work was provided under contracts with school districts. Unfortunately, both districts cancelled our contracts before the end of the year as the students were not attending school. The Medical Clinic-Based services, like all other clinical services, were provided remotely after the COVID-19 outbreak. By the end of the year, the BHI Therapists were providing a mixture of services face-to-face and remotely.

Family Support

The primary programming offered by family support is Kaleidoscope Play & Learn groups, Positive Discipline Parenting Classes, Out-of-School Time Programs, and the Kinship Caregiver Support Group. All of these services were designed to decrease the isolation of families (particularly immigrants) and increase peer support, so the pandemic resulted in rethinking and redesigning all of our services and purposes.

After the pandemic outbreak, we discontinued our face-to-face services and provided the following service instead:

Kaleidoscope Play & Learn:

A KPL Facebook Group:

- for participants to stay connected and a platform to share early learning activity ideas, parent/caregiver education information and community resources (i.e., food and financial resources and lots of COVID related information through Healthier Here King County partnership).
- 2020 had 138 members of this virtual group/forum

Grab and Go Activity Bags:

- Provided 6 distributions of activity bags for young children to engage in early learning materials from home. An estimated 300 bags were distributed throughout 2020.

Virtual Storytime Sessions:

- Virtual Storytime was implemented in mid-2020 in English and Spanish twice a week. Through this effort we have served: 102 individuals (58 children and 44 adults)

Positive Discipline for Families Program:

Winter 2020 we hosted 2 in person class series in English and Spanish serving 27 adults with free onsite childcare for 19 children.

During the pandemic, we transitioned to a variety of virtual opportunities for families:

Positive Discipline Support Group in Spanish

- For Spanish speakers who had already graduated from an in-person class series provided by CHS to stay engaged and connected during this challenging time. Was meeting weekly until the Fall 2020 when it moved to once a month. Through this effort we have served 62 adults.

Introduction to Positive Discipline Workshops:

- While the team explored how to adapt our in-person class series into a virtual option, they offered a few one-time introduction workshops in the hope of engaging new potential participants who would then take the full class series when they were implemented. Through this effort we served 47 adults.

Virtual Positive Discipline Parenting Class Series:

- During the Fall of 2020 we officially launched our class series virtually offering a Spanish and English course series that served 52 adults.

-

Out of School Time Program:

Due to COVID this programming was significantly impacted as it is usually a large group in-person service. When not in person, staff focused on providing virtual communication opportunities with youth and providing online tutoring, however, the goal was to provide in person connection as it is most successful approach to meeting the needs of this community.

Camp Ballinger (Summer 2020)

- During the summer months we proceeded with providing a version of our Camp Ballinger summer learning loss program with small group in-person activities. Through this effort we served 17 youth.
- We also partnered with YMCA and FareStart to provide a daily meal distribution to children in the community under 18 years old. We served an estimated 600 meals.
- Remote Learning Support Program (Fall 2020) at Ballinger Homes.
- When schools remained closed in Fall 2020, our program readjusted and increased service hours to support youth during the school day hours with internet access and support engaging in their online meetings and assignments. Through this effort we served 30 youth.
- Through this program we also offered breakfast and lunch serving over 300 meals.

Kinship Caregiver Support Program:

Due to COVID-19, program services transitioned from group meetings to more one-on-one case management as caregivers were not as responsive to the idea of virtual gatherings. In the Fall of 2020, families had become more familiar with using Zoom after experiencing it with their school age children, so we implemented weekly Zoom meetings for participants to drop in to decrease isolation and receive group support for family challenges. This program is currently serving 11 families representing 17 children ranging in age from birth to 18 years old. Another adaption we made to this program in response to COVID-19 was providing mentorship to teenage youth being raised by caregivers as their mental health and social isolation has impacted their relationships with their caregivers. Our facilitator has engaged in mentorship conversations with these youth to provide an outlet for their stress and has supported referrals to clinical services.

Employee Child Care and Remote Learning Program:

Some staff members did not have the capacity to home school their children or supervise the smaller children and work during the pandemic. As a pandemic response, CHS provided a remote learning school and childcare for the children of employees. Three children ages 1-4 and 3 school age children (2 in first grade; 1 in second grade) participated for a total of 6 children. The program operated Monday – Friday from 8:30 a.m. to 4:30 p.m. The program hired 6 six temporary employees as childcare providers (all women of color).

Persons Served

Mental Health Clients

1,066 people received Mental Health services.

Adults – 466

Children/Youth – 600

Children between six and eighteen – 596

Children younger than six – 4

Received CHS Office-Based services – 709

Received School-Based services – 323 youth

Received Home-Based services – 23 families

Community-Based Intensive Services

Received CBIS Services - 416

Received Wraparound services – 190 clients

Received IEC services – 279

Substance Use Disorders Clients

387 people received Substance Use Disorders Treatment services

Adults – 340

Youth – 47

Behavioral Health Integration Clients

621 people received BHI services

Received BHI services in Medical Clinics – 615

Received School-Based Prevention/Intervention services in schools – 6

Family Support Participants (Note: Some people participated in more than one program.)

688 unduplicated people participated in family support programs or classes.

Adult Programming:

Kinship – 27

Positive Discipline Parenting - 194

Youth Development:

OST Program – 54

Early Learning:

Play & Learn – 477

Child Care – 24

Remote learning & childcare for employees – 6 children

Total Unique Individuals Served in Programs – 3,178

(Total does not include telephone screenings if they did not begin services, universal prevention, or outreach.)

Comment on Number of People Served

We served 1,976 less people in 2020 than in 2019. This is attributed to COVID-19.

Characteristics of Persons Served

N = 3057 (only individuals who completed demographic forms)

Residence	
<u>City</u>	
Shoreline	477
Seattle	322
Bothell	120
Lake Forest Park	80
Kirkland	73
Kenmore	67
Redmond	23
Woodinville	26
Bellevue	15
Other King County	37
Lynnwood	446
Everett	549
Edmonds	210
Mountlake Terrace	105
Lake Stevens	58
Other Snohomish County	359
Other Washington State & Out of State	72
Not revealed	18
Total	3,057
<u>County</u>	
King County	1,240
Snohomish County	1,727
Other County	90
Total	3,057
<u>Homeless</u>	84

Race/Ethnicity	
American Indian or Alaskan Native	51
Asian or Pacific Islander	224
Black	261
Hispanic	622
White	1,355
Other Race	503

Multi-Racial	41
Total	3,057

Gender

A-gender	1
Female	1,642
Gender Fluid	6
Intersex	1
Male	1,168
Non-Binary	17
Not available	208
Transgender	13
Two Spirt	1
Total	3,057

Ages

0-5	270
6-12	556
13-17	727
18-24	306
25-34	357
35-54	583
55-74	164
75 +	15
Not Revealed	79
Total	3,057

Service Hours

A total of 74,339 service hours were provided in 2020. This is a decrease of 2,650 hours compared to 2019, all of which we attribute to COVID-19 and client/staff Zoom fatigue. Below is a breakdown of the individual department hours.

Mental Health – 12,504

Substance Use Disorders – 20,061

Behavioral Health Integration – 3,043

Family Support Participants - 28,602

Community Based Intensive Programs (WISe & IEC) – 10,129

Total – 74,339 hours (not including telephone screening, I/R, & most outreach activities).

STAKEHOLDER INPUT

Methods and Trends

Stakeholder input is crucial to our planning, program development, outcome evaluation, and overall sustainability. Since we began communicating almost entirely using Zoom in March due to the pandemic, we felt limited in our ability to receive input since face-to-face methods were no longer an option. 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.
- Managers/Directors talked with random clients/participants individually about the services they were receiving. This primarily occurred prior to the pandemic.
- 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 (either in-person or through Zoom) 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.
- Audits were conducted by funders/contractors.

Trends included:

- Everybody is sick of COVID-19!
- Clients and participants are overall very pleased with the services they are provided.
- Staff satisfaction results were the most positive we have ever recorded.

We analyzed and used the input we received, from all sources combined, in program planning, program development, strategic planning, advocacy, financial planning, resource planning, and workforce planning.

Client/Participant Feedback per Department

CBIS Family Feedback

Satisfaction Survey:

A satisfaction survey was administered randomly to families who were receiving Community – Based Intensive Services (IEC or WRAP). It was conducted in November/December, during the Pandemic. A small sampling of 5 families responded to the survey. A fourth question was added this year about our response to the pandemic. The results are as follows:

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

1(very unsatisfied)-5 Scale (very satisfied) – Average score 4.6

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

Yes 100%

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

Yes 2

No 3

Barriers identified included lack of childcare while in session and problems with private insurance.

Q.4. How would you describe CHS's response to meeting your needs during the pandemic?

1(very unsatisfied)-5 Scale (very satisfied) – Average score 4.9

Additionally, clients made comments on the satisfaction survey. Excerpts from comments are listed below.

- "We are beyond grateful for the services we have received and continue to receive."
- "Clinical staff are wonderful!"
- "I've received lots of great resources. I've even had good conversations about very uncomfortable subjects. I have also found that the therapy my child is receiving has helped him respond differently to challenges."
- "I prefer face-to-face services."

There were no changes made based on the above survey.

Family Support Services Feedback

The programs in the Family Support Department received feedback from participants. Below are some anecdotes that show the impact these services still have on the community:

- “I want to thank CHS Kaleidoscope Play & Learn for all their dedication and vocation of service to families during these pandemic times. Thank you for the materials children receive. My baby enjoys every day in her school activities at home. Thank you, Miss XXX, for offering through this Face Book page thousands of ideas and lots of useful information!!! And for Storytime (two thumbs-up); Grateful (Smiley face). Take care of yourselves and cheers.”
- “Play and music time has helped the littlest one be motivated and moving along. As mom, it has helped me be more involved with my kids’ daily learning experience and applying it even though we can’t meet as we used to. Also, it’s a way of interaction with other moms as well as self-motivation - being able to see other moms there (remotely) as well. You guys are doing a good job. Thanks much. My kids LOVE it.”
- “Thank you very much for the beautiful work that you made for the community, my daughter is so happy to do her projects with the material that you provide us.”
- “Thank you for these tips (sharing Positive Discipline on KPL page). Please continue sending these in both languages. It’s a reminder for me.” (translated from Spanish comment)
- “The idea of balls is great. My baby loved it. With this game we reinforce colors, numbers and it seems amazing how this activity achieves focus for children” (translated from Spanish comment on gross motor activity idea posted on KPL page).
- “Before were online, it was nice to also as parents connect with other parents. It is great to hear what other parents do and how they teach their kids, etc. Now we look forward to the online meetings. My kid has fun a d learns while I am listening and also preparing lunch. In general, you have provided me with lots of ways to teach my kids, as well as becoming involved with more parents that are dealing with the same things and creating a group of friends too. Thanks.”
- “The program is excellent, not only for children but also for parents. Parents see the children’s skills and behaviors. Plus, XXX and XXX are always innovating and looking for the best way to help everyone. Thank you.”
- “The classes have done us all very good and especially my daughter and me. They help me realize what my wounds were and heal them, so as not to hurt my daughter.”
- “The classes have positively influenced the way I interact with my children, validating their feelings. There is less yelling and more hugs trying to understand them.”

Substance Abuse Treatment Services Feedback

Satisfaction Survey:

A satisfaction survey was administered randomly to families who were receiving SUD Treatment. It was conducted in November/December, during the Pandemic. A sampling of 19 individuals responded to the survey. A fourth question was added this year about our response to the pandemic. The results are as follows:

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

1(very unsatisfied) - 5 Scale (very satisfied) – Average score 4.3

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

Yes 90%

No 10%

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

Yes 3

No 16

Barriers identified included transportation and inability to get an appointment as quickly as wanted (due to pandemic).

Q.4. How would you describe CHS's response to meeting your needs during the pandemic?

1(very unsatisfied) - 5 Scale (very satisfied) – Average score 4.2

Additionally, clients made comments on the satisfaction survey. Excerpts from comments are listed below.

- "Great place & counselors are excellent! Counselors have helped me through my recovery."
- "I'm very thankful for what you do to help addicts."
- "My counselor is genuine, knowledgeable, and helping. My counselor has made a massive impression on me."

Focus Group

Our Substance Abuse Treatment conducted a focus group on 2/14/20 (pre-pandemic) with five clients who attend the Silverlake OP Group. The Group was asked three structured questions:

- 1) What is working?
- 2) What can we improve upon?
- 3) What are the gaps or improvements you would like to suggest?

Overall, all five participants expressed satisfaction with their services. Positive feedback included:

- "I feel listened to (such as when I write feedback about what I want to learn.)"
- "I like that I can express my opinions without judgments."
- "...like doing vision boards and anything artistic that is related to recovery and my goals."
- "I appreciate the bus passes."
- "I like journaling at the beginning of group."
- "I like the free-flow processing."
- "In IOP I liked it when we did client presentations."

Comments regarding what can be improved upon included wanting:

- More client presentations.

- Occasionally having a deeper check-in.
- More discussions on sabotaging recovery and relapse prevention.
- To use individual time for process and discussion rather than documenting about their progress toward their goals. Maybe more individual sessions.
- More discussions led by clients on life after drug court.

Staff used the input received from this focus group to help inform planning for group and individual sessions. The pandemic outbreak, however, changed our priorities and the clients' expressed needs, but when services are provided in-person again and the program is closer to normal again, we will re-examine these requests.

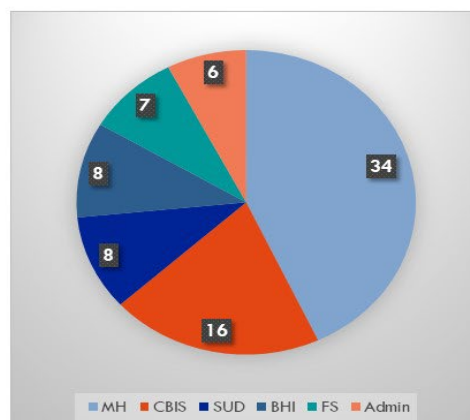
Employee Input

Employee Satisfaction Survey

The response rate of employees to the 2020 Employee Satisfaction Survey was 55%; we are pleased with this level of participation which was slightly more than 2019. The survey results were better (more positive) than any previous year administered. We added a new question for 2020 that asks about our response to the pandemic. Zero questions received an average score of less than 3. All questions averaged scores between 4 and 5. One employee gave the lowest score possible to all but one question, which lowered the average of each score. The breakdown of the departments of those who participated and 7 questions that we considered most important are below with their scores listed and graphed.

What department do you work in?

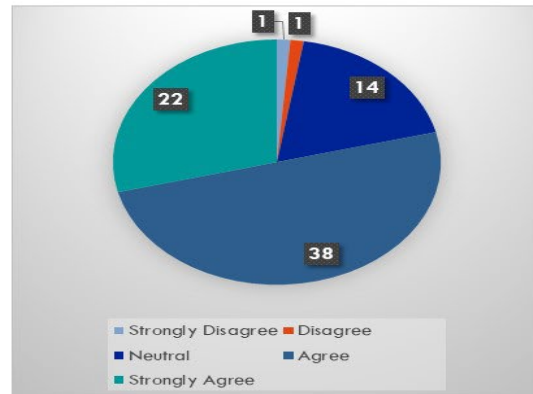
Question response rate: 76 out of 138 participants (55%)	
Answer	Count
Mental Health	34
Community Based Intensive Services	16
Substance Use	8
Behavioral Health Integration	8
Family Support	7
Administration	6



I am satisfied with my job

Question response rate: 76 out of 138 participants (55%)

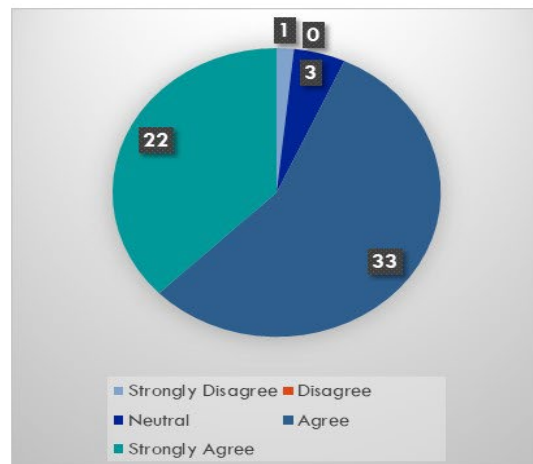
Answer	Count
Strongly Disagree	1
Disagree	1
Neutral	14
Agree	38
Strongly Agree	22



My supervisor encourages and supports my development

Question response rate: 76 out of 138 participants (55%)

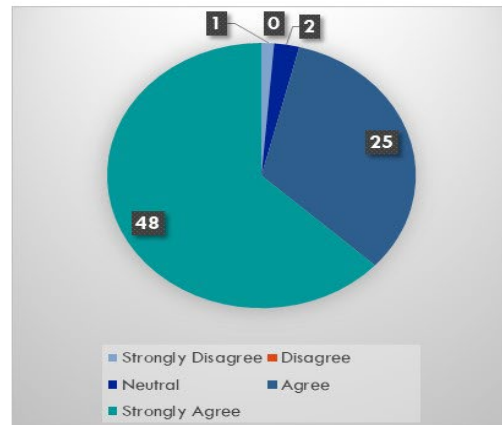
Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	3
Agree	33
Strongly Agree	29



I am treated fairly by my supervisor

Question response rate: 76 out of 138 participants (55%)

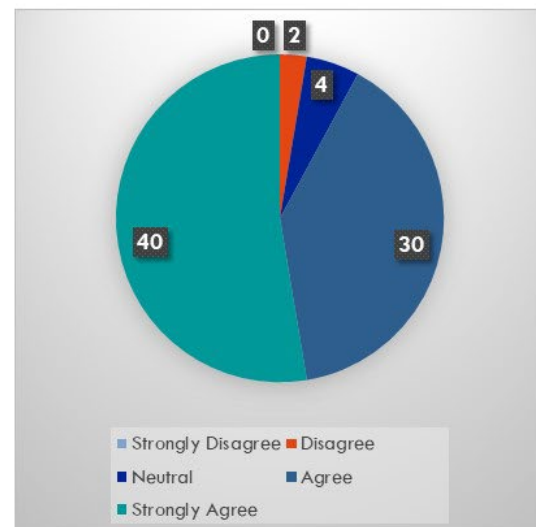
Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	2
Agree	25
Strongly Agree	48



I am satisfied with my employee benefit package

Question response rate: 76 out of 138 participants (55%)

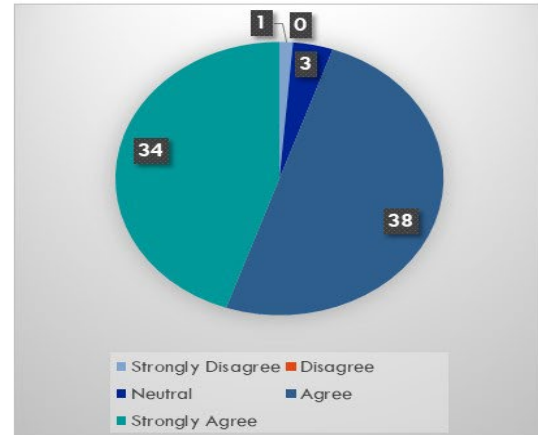
Answer	Count
Strongly Disagree	0
Disagree	2
Neutral	4
Agree	30
Strongly Agree	40



I respect the managers and directors at CHS

Question response rate: 76 out of 138 participants (55%)

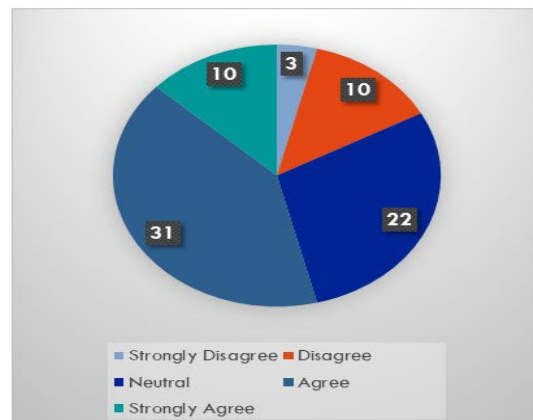
Answer	Count
Strongly Disagree	1
Disagree	0
Neutral	3
Agree	38
Strongly Agree	34



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

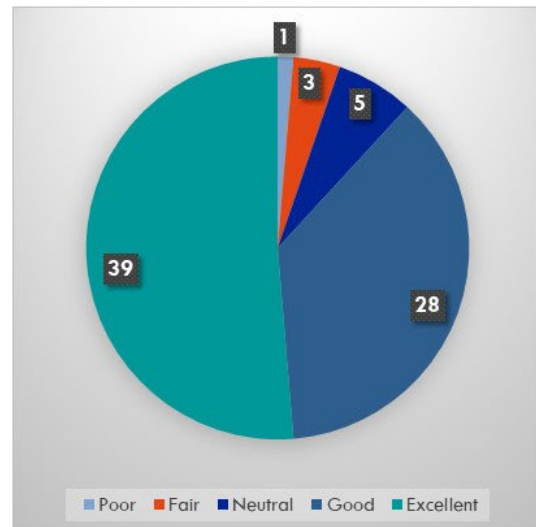
Question response rate: 76 out of 138 participants (55%)

Answer	Count
Strongly Disagree	3
Disagree	10
Neutral	22
Agree	31
Strongly Agree	10



How would you rate CHS's response to pandemic?

Question response rate: 76 out of 138 participants (55%)	
Answer	Count
Poor	1
Fair	3
Neutral	5
Good	28
Excellent	39



Employee Grievances

There were no employee grievances in 2020.

Other Stakeholder Input

Community Feedback - Input was received in writing from one of the health clinics where BHI is embedded. It said, "We are very pleased with the way CHS has helped our clients. Any time I needed something, the management has been there."

Audits – Some audits were cancelled due to the pandemic, but we did have a few outside audits, mostly conducted remotely. Below is input received from these two specific audits.

SUD 7 Challenges (EBP) audit – The auditor commented in their report that our Leader and counselors are strongly committed to the program philosophy and program fidelity. They also acknowledged that we have a strong commitment to continual professional development.

WISe audit conducted by Comanage – Reviewers noted the SNCD Tool was completed with the full WISe Team over the first two CFT meetings. This had potential to increase youth and family engagement, as well as inform client centered services;

the CANS screening was completed in a timely fashion in 100% of charts reviewed; and the Crisis planning was timely in 80% of charts reviewed. The reviewers saw these factors as strengths. Suggested areas for improvement included to provide clear documentation of therapeutic interventions and to institute practices that increase collaboration with community partners and educators to enhance service delivery.

Annual financial auditor – The auditor sent us a note that said: “It has been a pleasure to work with CHS over the years and while this year was quite challenging, I really do want to express that you have quite the talented team over there and it means a lot to us.”

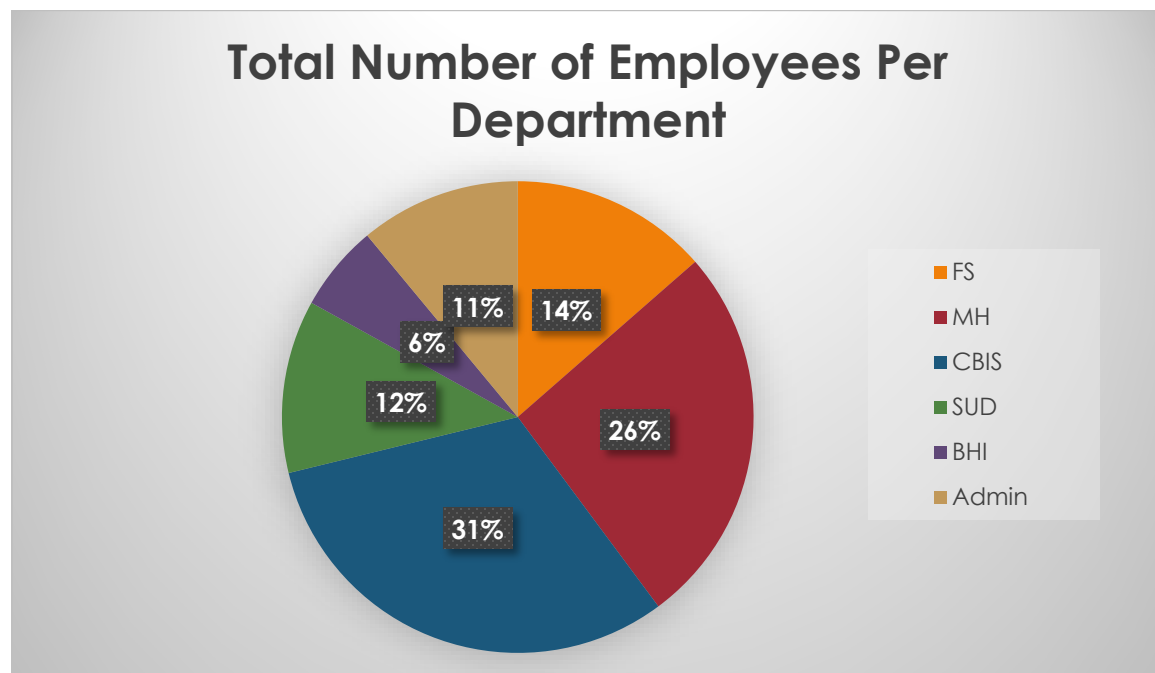
Additionally, King County conducted a remote administrative audit of our King County Youth and Family Services contract and our Pregnant & Parenting Women SUD contract, as well as an overall compliance review. King County also audited our four Best Start for Kids contracts. All of the reviews and audits were very complimentary and resulted in no major findings.

HUMAN RESOURCES

Overview

On December 31st, 2020, CHS had a total of 135 employees, a decrease of 2 employees compared to the previous year. Of the 135 employees, 86 were full time employees; 32 were part-time employees, and 17 were on-call/temporary employees. We also had 8 vacant positions at the end of 2020. This makes the total number of CHS staff positions, not including on-call or temporary staff, 118

Department	Number of Employees Per Department
Family Support	16 (plus 17 on-call/temporary staff)
Community-based Intensive Svc	37
Mental Health	31
Substance Use Disorders	14
Behavioral Health Integration.	7
Administration	13

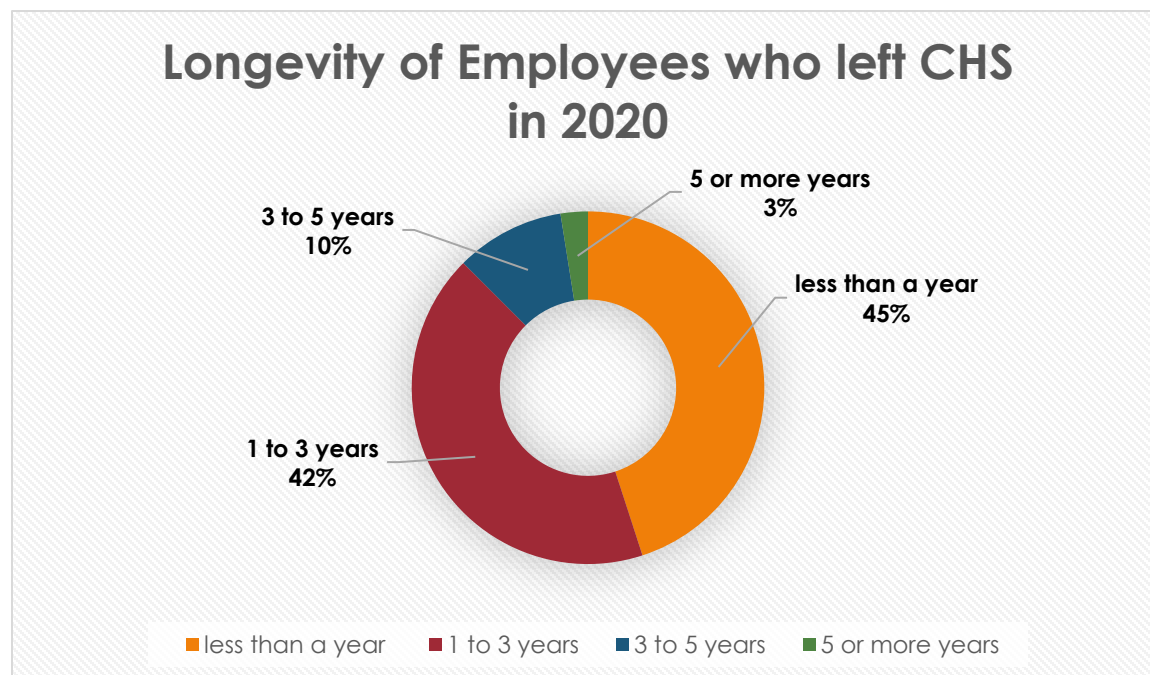


At the end of 2020, the diversity of our staff included:
(The numbers below do not include on-call or temporary employees.)

1. Age – 10 are over the age of 60; 13 are 51-60 years old; 24 are between 41-50 years old; 41 are between 30-40 years old; 32 are under 30 years old
2. Race – 31% of our staff identify as non-white
3. Gender – 21 males; 95 females (+ 17 temporary or on-call); 2 transgender/queer
4. Sexual Orientation – 17% of our staff identify as LGBT
5. Languages – In addition to English, the following languages are spoken by our staff: Spanish, German, Bosnian, Serbian, Croatian, Chewa, Hebrew, Japanese, Conversational A&L, Chinese, Cantonese, Mandarin, and Portuguese. 31% of our staff are bilingual speaking English and one of 12 other languages, with several of them speaking up to four languages. Additionally, we had interns at the end of 2020 that are bilingual.

Employee Retention

In 2020, 40 people were either voluntarily or involuntarily terminated from CHS (a decrease of 6 from 2019).



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

We continue to see that our biggest challenge with retention is with employees who have been with the agency for less than 3 years. However, this age-range improved by 19%

compared to 2019. Unfortunately, the stress of the pandemic has caused many staff to re-evaluate if they want to do human services work.

Terminations for 2020

In 2020, 40 people were either voluntarily or involuntarily terminated from CHS (slight decrease from 2019). Eight people were involuntarily terminated due to agency policy violations (6) or the elimination of their position (2). The reason the employees who left us voluntarily included:

- Accepted new job: 18
- Personal reasons, not related to job: 7
- Moved outside of reasonable commute/state: 6
- Went back to school: 1

In total 23 exit interviews were completed in 2020. The most common themes included the need for continued advocacy for community mental health, more collaboration between departments, and more clinical trainings. They all stated that they loved our benefits and enjoyed their co-workers and department. Some clearly said that they wished they were not leaving but had no choice.

2020 retention efforts included:

- One all-staff gathering was held early 2020 and others were held virtually after the pandemic outbreak.
- 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.
- Provided frequent and clear written guidance around the pandemic and our mitigations. Obtained numerous masks, shields, sanitization materials, and other personal protective equipment for staff; implemented a cleaning regiment; bought air purifiers; remodeled workspace for social distancing; etc.
- Contributed financially to employees for their licensure or certification expenses.
- 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 all employees 11 days of paid leave for holidays each year. (9 traditional holidays, one discretionary day identified by the Executive Director, and one personal day chosen by the employee).

Extra days were added the week of Christmas (as Administrative leave) so staff could have the entire week off to help with their COVID-19 fatigue.

- 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”.
- In addition to the 3 extra administrative leave days given to employees at Christmas, CHS also gave employees one paid day to participate in the protests in Seattle or reflect upon the acts of racial injustice through police brutality.
- New training process was implemented.
- Pay adjustments were made for all employees.
- Conducted 23 exit interviews.
- Improved technology.
- Some departments hosted virtual retreats for their staff focusing on self-care, resiliency, and belonging.
- Targeted professional development and support for staff regarding Secondary Trauma.
- Increased use of consultation to build staff skills and capacity.
- Promoted three employees from within the Mental Health Department.

ADA Requests

We received 2 ADA requests in 2020, and all were granted. Both requests were to relieve pain while working, and the accommodations include 2 ergonomic chairs and one sit/stand desk. Both ADA requests were accommodated in a timely manner for the employee.

CHS Leadership

Beratta Gomillion	Executive Director
Ramona Graham	Substance Use Disorders Department Director*
Cathy Assata	Substance Use Disorders Department Director*
Vanessa Villavicencio	Mental Health Department Director
Katrina Hanawalt	Community-Based Intensive Services Department Director
Paula Thomas	Behavioral Health Integration Department Director
Tanya Laskelle	Family Support Department Director

* The Substance Use Director (Ramona Graham) left our agency in May of 2020 after over 18 years of service. Her commitment and numerous contributions were appreciated. Cathy Assata was promoted from a SUD Manager to the SUD Director position.

Volunteerism

In 2020 CHS had 76 volunteers (down 164 from 2019) who performed 5,325 hours (a decrease of 128 hours compared to 2019) of volunteerism valued at \$144,840 (based on volunteer value of \$27.20 per hour). This difference in the number of volunteers is understandable and can be contributed to the pandemic. The overall value of the volunteerism was higher than 2019 because the Washington State value of a volunteer increased significantly.

Many CHS staff also volunteer for other causes.

FINANCIAL OPERATIONS

Summary

Financial operations consist of policies and procedures that ensure 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 12/31/2020, our quick ratio (also known as acid test) is 3.47– meaning that we have over three 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 2019-2020 fiscal year the rate was 3.39. 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, 2020, our debt service coverage ratio was 1.79 as of 6/30/2020, meaning that our current income was enough to cover our debt payments. A DSCR of 1.25 is considered strong.
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.

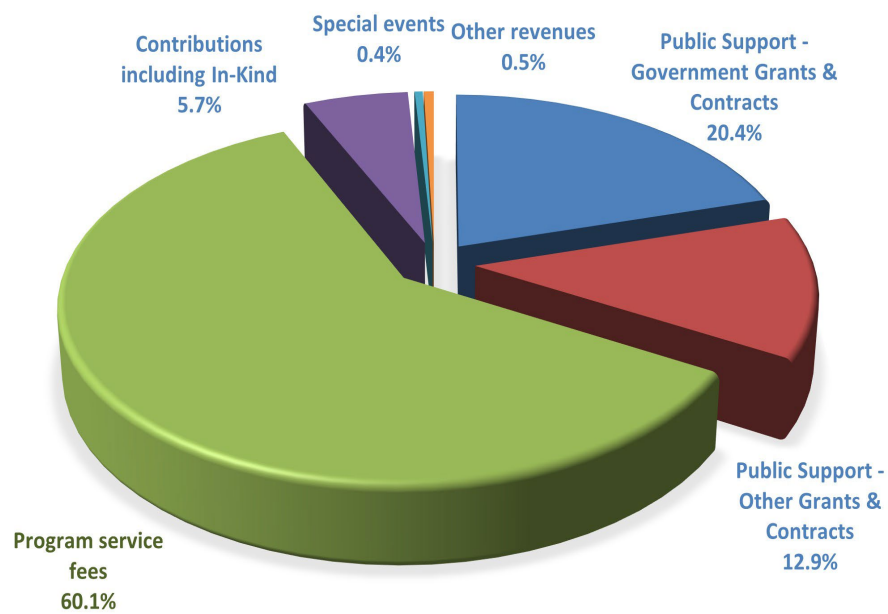
Notation: 2020 included \$1,225,267 in COVID-19 Relief funds.

In 2020:

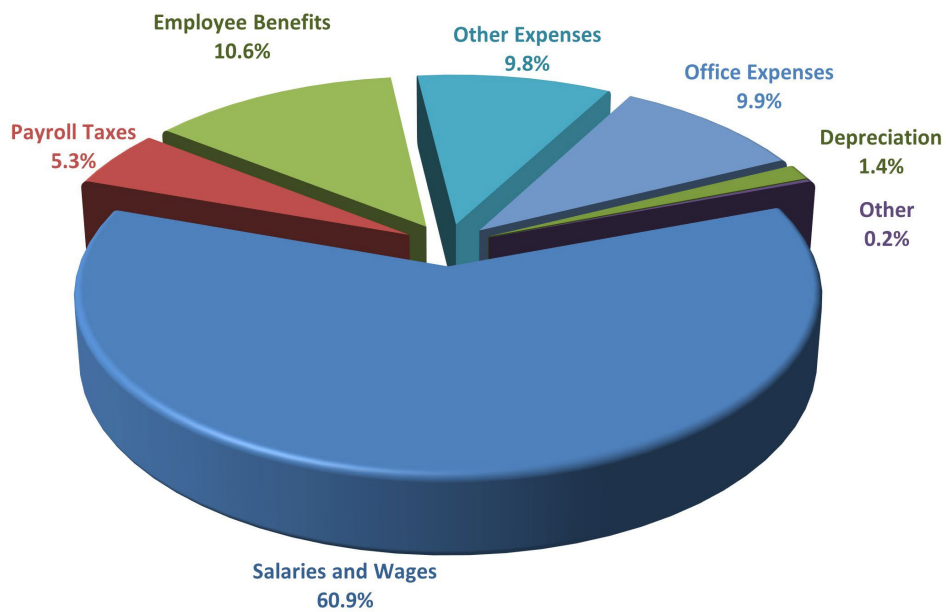
- a. Tracy Little (our Finance Director who retired several years ago) came back to the agency in a part-time capacity as Controller.
- b. CHS received a clean audit from Jacobson Jarvis & Co., PLLC.
- c. CHS did not use any of its \$100,000 credit line.
- d. Financial policies and procedures were reviewed and updated.
- e. CHS received substantial funds from various COVID-19 Relief Funds.

Revenue and Expenses per Category (Actual) 19-20

Actual Revenue FY 2019-2020

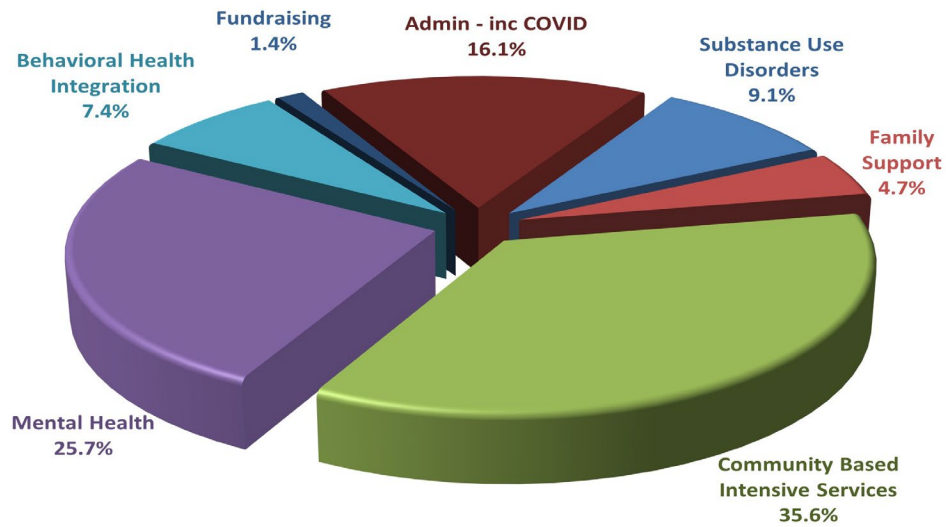


Actual Expense FY 2019-2020

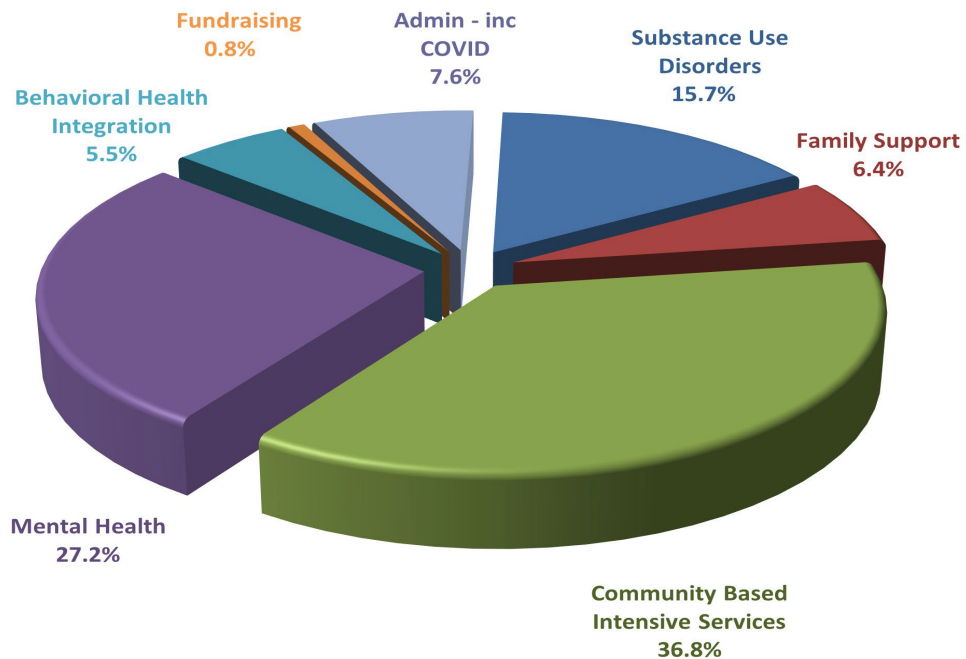


Revenue and Expenses per Department (Budgeted) 2020-2021

Budgeted Revenue FY 2020-2021



Budgeted Expense FY 2020-2021



QUALITY IMPROVEMENT & MANAGEMENT

Overview

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 as well as 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.

Commitment to Quality

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 in the 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. The overall outcome for the Family Support Program is for families to strengthen their protective factors and build resilience.

QI & Management Plan with 2020 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
- Person(s) 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
- Person(s) 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 utilize 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 not met. The pandemic interfered with the managers and directors having enough time to complete this task in its entirety.

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 document client/family access, voice, and ownership.
- Actual Results - All our outside audits and reviews, as well as our internal chart

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:

Positive Discipline Classes

During the Winter of 2020 prior to COVID, we hosted two in-person Positive Discipline class series. Below are the results of those class evaluations (combined). Out of the 27 adults served during this time period, 15 completed the class series and completed the evaluation.

- 100% of participants were very satisfied/satisfied with the service they received.
- 80% of participants increased protective factor: social and emotional competence of children.
- 100% of participants increased protective factor: knowledge of parenting and child development.
- 53% of participants increased protective factor: parental resilience.
- 87% of participants increased protective factor: social connections.
- 67% of participants increased protective factor: concrete supports in times of need (lower percentage for this protective factor could have to do with the isolation people felt due to the pandemic).

In the Fall of 2020, we conducted two Positive Discipline course series virtually (one in Spanish and one in English) that served 52 adults. Of these 52 adults, 37 completed the course and an evaluation. Below are some outcome results of that effort:

- 100% of participants were very satisfied/satisfied with the service they received.
- 97% of participants increased protective factor: social and emotional competence of children.
- 95% of participants increased protective factor: knowledge of parenting and child development.
- 86% of participants increased protective factor: parental resilience.
- 84% of participants increased protective factor: social connections.
- 72% of participants increased protective factor: concrete supports in times of need (lower percentage for this protective factor could have to do with the isolation people felt due to the pandemic).

Interestingly, the remote classes received slightly better results than the in-person classes. We believe that is primarily due to the fact that the participants were so grateful to have this opportunity during COVID-19.

Kaleidoscope Play & Learn

Evaluation methods for this program were postponed due to the significant change in the model of the program due to COVID-19. We worked with this population using substitute programming such as Grab & Go bags, Dedicated KPL Face Book page, Virtual Story-Time, etc.

Through a poll on our KPL Face Book page (in which 7 participants participated):

- 71% indicated that KPL program increased their social connections with members of their community.
- 57% indicated the program increased their knowledge and awareness of their role as their child's first teacher.

Out-of-School Time & Kinship Support Groups

No outcome data was compiled in 2020 due to COVID-19 and the shift in programming.

Clinical Programs Outcomes:

87% of the clients who received mental health services improved their mental stability/functioning. (633/727)

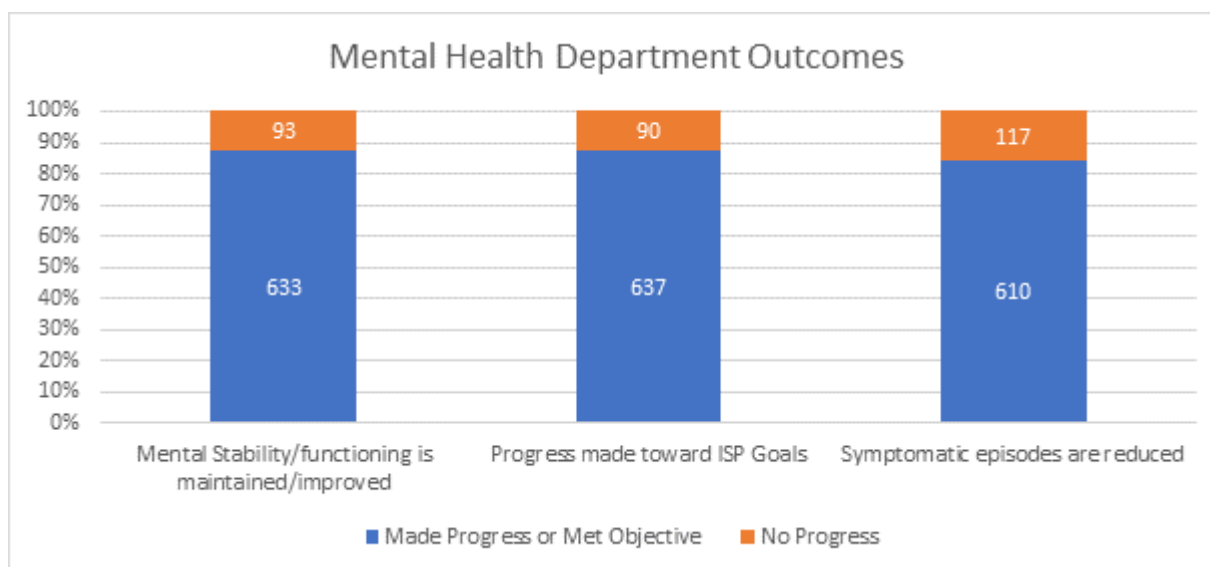
88% of the clients who received mental health services made progress toward their treatment goals. (637/727)

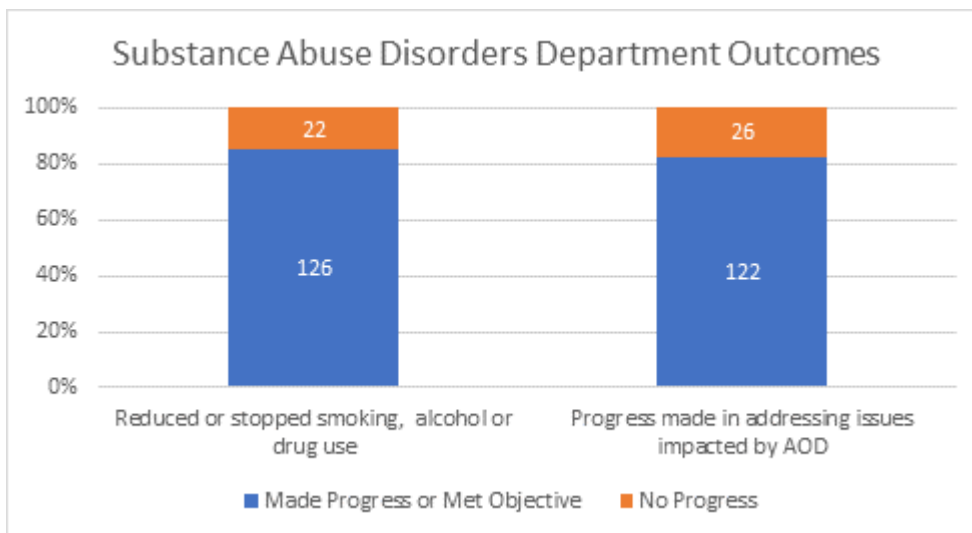
84% of the clients who received mental health services reduced symptomatic episodes. (610/727)

85% of the clients who received SUD treatment decreased or abstained from their alcohol or other drug use. (126/148)

82% of the clients who received SUD treatment made progress on issues impacted by their AOD use. (122/148)

See graphs on below.





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 – There were no client grievances filed in 2020.

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 – 100% data reviewed & corrected when need be.
- 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 positions 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 2020 who received at least 3 sessions of any kind, 57% of them remained in treatment for at least 90 days. We did not meet this goal (by 3%), some of which was probably due to lack of engagement due to the pandemic.

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 – Due to the pandemic, we lowered our expectations to 40% for direct billable services. Most clinicians are meeting or coming close to this goal

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 records for no-shows were incomplete in 2020. This is because clinicians did not know to or forgot to check their clients in when meeting with them remotely. Therefore, we are unable to assess our progress in this area.

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 – We suspended the time specifications portion of this goal for 2020 due to the pandemic. They simply weren't realistic. Accessibility was improved, however, due to using telehealth. In less than 3 weeks, CHS went from providing no remote services to providing 100% remote services.

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 2020 we completed 1,158 assessments. This is 519 more than 2020. We see this change as part of the behavioral health crisis create by the pandemic.

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, audits, 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.
- Actual Results – N/A. There were no employee grievances filed in 2020.

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 develop a plan with the employee to attain what is needed. Work toward staff development is 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 for at least 40 weeks per year; 100% of all clinical staff have training plans although some changed due to the pandemic; 90% of staff achieve at least 75% of their training plan goals.
- Actual Results – Goal met. All clinical staff have training plans, although some changed due to the pandemic. Supervision was mostly conducted remotely.

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. There were changes to the WACs in 2020 that were all accounted for.

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. Our next review will be in 2021.

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.

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 – We dealt with two separate incidents that were of concern because of HIPAA or confidentiality laws. The first one was a minor violation in that a counselor was using a space at one of our sites that was not designated as a confidential therapy space. This resulted in no actual violation but was against policy as it could have resulted in a 42 CFR Part 2 violation. The second incident was more serious in that a new therapist sent an unencrypted email (with no release of information) to a school that contained confidential information about a client. Fortunately, no damage was incurred due to this policy violation. This employee was reprimanded and given a warning.

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 Survey Monkey to staff periodically (every 2 to 3 years). The data is compiled by the HR Manager 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 – Less than a 35% turn-over rate. Retention of staff in community behavioral health is 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 prioritized effort toward staff retention is for staff who are with us less than 3 years.

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 2020:

- Each clinician was provided one hour of weekly individual supervision by a qualified supervisor (some part-time staff's supervision time was reduced). 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 is certified as a Trauma-Informed Agency. We have 4 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 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 many circumstances CHS staff are 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.

Extenuating or influencing factors that affected our work in 2020

A lot of our plans and intentions at CHS were derailed in 2020. While we did our work in ways that we had never done before, our mission and objectives never wavered. Some of our goals were revised, some were postponed, but most found a way to go forward. The work we do is too important to let anything pull us away from our mission. 2020 left us with many scars and an acute awareness of the pervasive and long-lasting impact of stress and trauma on people and communities. However, we found new ways to support our employees, improve accessibility for clients, address social injustice, and promote resilience in everything we do. Through all the trauma, our greatest vulnerabilities were exposed, but so were our greatest strengths.

Three particular events or occurrences that impacted our employees and our work were:

- The COVID-19 pandemic changed how we provide all of our services.
- The blatant racism and brutal murders of people of color by police officers that occurred in early 2020 had a profound effect on our staff. Through serious introspection, we recommitted ourselves to social justice and equity.
- The political climate and spread of hate during and after the presidential election also left everyone with a heavy uneasiness.

In addition to these three events above, there were other extenuating circumstances and influencing factors that would be considered more “normal”, such as:

- We experienced a snow event in January 2020 which disrupted our services. We still can’t 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.

- The new payment model for King County Medicaid clients left us struggling to learn how to maximize billing.
- The wildfires in 2020, probably a result of global warming, also had an impact on staff and clients. For several days, it was not safe to breathe the air outside.

ACKNOWLEDGEMENTS

We sincerely express our gratitude to our funders and partners, some of which include:

- 5 Managed Care Organizations
- Cities of Shoreline, Lake Forest Park, Kenmore, and Bothell
- Edmonds & Mukilteo School Districts
- Verdant Health Commission (Public Hospital District # 2)
- King County Public Health
- Snohomish County Superior Court
- King County Councilmember Rod Demboski
- King County MIDD Initiative
- King County Best Start for Kids Initiative
- Seattle Foundation
- Northwest Children's Fund
- HealthierHere
- Hundreds of individual donors
- And many more.

Comments or questions about this report can be sent to BGomillion@chs-nw.org.

