Center for Human Services

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

Executive Summary 2022

Annual Report to Stakeholders

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CENTER FOR HUMAN SERVICES
ANNUAL EXECUTIVE SUMMARY
2022

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

Model Diversity, Equity, and Inclusion
We respect and embrace the diversity of our community and are committed to being an inclusive organization that values social equity and where all people can feel safe, respected, and valued.

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.
- has a solid set of core values and we model these values.
- values diversity, equity, inclusion, and belonging and has made significant investments toward our commitment to DEIB efforts.
- has a strong and active board.
- is financially stable.
- has an experienced and respected leadership team (with significant longevity) that values the organization's employees and clients and exhibits collective mental flexibility.
- has employees, with vast knowledge and skills, 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 committed to Continuous Quality Improvement (using a CQI team that meets twice a month).
- 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 regional 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 (includes reflection for sustainability).
- integrates our services and programs, serving as a one-stop-shop for many.
- has a respected reputation with local and regional contractors/funders and other community organizations.

Challenges and Opportunities

CHS is challenged to:

- maintain CARF accreditation and State licensures.
- maintain up-to-date credentialing with the five Managed Care Organizations (MCOs).
- manage multiple contracts and grants, with complex reporting requirements, and deal with subsequent increased administrative burdens.
- ingrain diversity, equity, inclusion, and belonging into all we do and focus on anti-racism and social justice.
- have adequate space for offices and services (particularly Edmonds Mental Health).
- earn incentives from King County Integrated Care Network (KCICN) for identified milestones.
- recruit and retain qualified staff during a staffing crisis in behavioral health in an increasingly competitive market.
- operate within a state that has a significant workforce shortage of CDPs and Mental Health therapists.
- recruit and retain board members who represent the people we serve.
- face the increased cost of doing business.
- compete with other organizations for resources and funding (Local, State, Federal).
- effectively use technology to help 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.
- respond to our steady growth as an agency.
- prevent staff burn-out.

Highlights of Agency-Wide Accomplishments (in addition to department highlights noted later in this report)

CHS:

- had a successful CARF review and obtained another 3-year accreditation.
- expanded leadership team to include our HR Manager, DEIB Manager, and Finance Director.
- actively participated in Affordable Communities of Health efforts in Snohomish and King Counties
- had staff serve on all five of the NSACH cohorts, with one director taking a leadership role.
- received substantial ARPA funding from various sources.
- continued to develop pathways and workflows to standardize clinical and administrative processes.

- held a successful open-house at new Bothell site.
- held a successful in-person auction as a board fundraiser.
- held all-staff meetings, a staff picnic, and a Winterfest celebration.
- received extensive DEIB consultation and coaching for Leadership Team.

CHS Locations

CHS owns three buildings where we provided services in 2022:

- **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:

- **CHS - Edmonds**

21727 76th Ave. W, STE J Edmonds, WA 98026 (Snohomish County Mental Health counseling)

- **CHS – Lynnwood**

3924 204th St SW Lynnwood, WA 98036 (Community-Based Intensive Services Department)

- **CHS – Bothell** - **New in 2022**

12900 NE 180th St, Suite 140 Bothell, WA 98011 (Mental Health & Family Support)

CHS also provides services on a regular basis at schools in the Edmonds, Mukilteo, and Seattle School Districts, Shoreline Recreation Center, and 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. All of these locations had in-person services and virtual services available in 2022.

BOARD OF DIRECTORS

Overview

At the end of 2022, CHS had 12 board members (21 is maximum size of board). Two left the board at the end of the year at the expiration of their terms, leaving us with 10 board members for 2023. Board Officers in 2022 were Laurie Chapman, President; Wesley Madsen, Vice-President; Ed Sterner, Secretary; and Michael Karmil, Treasurer. Our Board of Directors, at the end of 2022, 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.

Attendance was very good at board meetings, whether they were held remotely or in person. The board held a successful virtual auction in the fall of 2022, raising unrestricted funds for CHS.

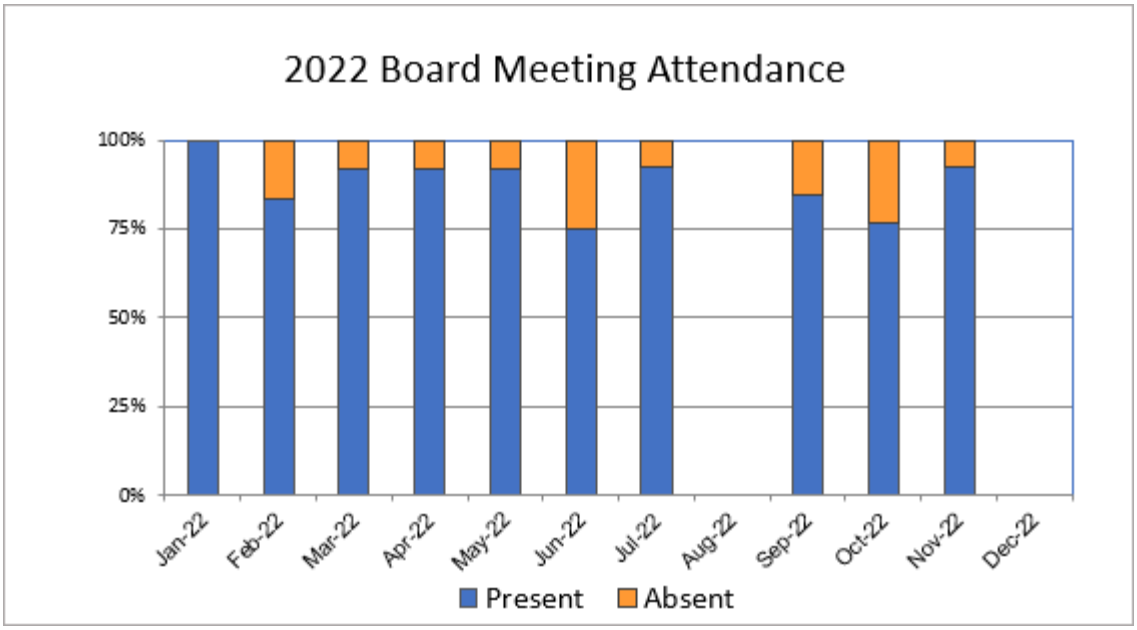
2022 Board Members were:

Karen Fernandez
Kim Karmil
Dave Calhoun
Rick Henshaw
Susan Ramstead
Addriane DeVito
Adam Ortega
Katerina Plushko
Laurie Chapman
Ed Sterner
Michael Karmil
Wesley Madsen
Shawn Karmil
Ryan Madsen
Marisa Pierce

Those in italics completed their service to CHS.

We added 3 new board members in 2022 (Adam Ortega, Marisa Pierce, and Katerina Plushko)

Board attendance in 2022 was excellent. See graph below. No meeting was held in August and December.



The active board committees in 2022 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 Review

The 2020-2023 Strategic Plan and progress toward the goals in 2022 are below:

2020-2023 Strategies and Goals
2022 Review

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.
   2021 – TIA assessment was tied to our DEI work. Our status as a Trauma-Informed Organization was renewed.
   2022 –We maintained our status as a TIA organization. HR was

responsible for assessment.

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.
   2021 - 3 staff are trained as trainers
   2022 – HR Manager has active trainer status. Two other staff have been trained as trainers but are not active.
3. Support active TIA staff committee
   2020 – TIA Committee has six active members and meets regularly.
   2021 – The TIA Committee did not meet actively in 2021 due to COVID-19 hardships. We rolled much of our TIA activity in with our DEI work.
   2022 - TIA committee was dissolved and the work was absorbed by our HR team. This objective was closed.
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.
   2021 – CHS worked on having a safe and supportive environment through a DEI lens.
   2022 – Our HR team and our DEIB Manager worked to offer a safe and supportive environment. Numerous activities were completed.

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
   2021 – 40% of our staff identified as non-white.
   2022 – 41% of our employees identified as non-white; 22% identified as 1st or 2nd generation immigrants
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.
   2021 – Massive amount of work done toward DEI. Used outside DEIB

consultants, provided trainings, leadership received individual coaching, etc.
2022 – Emphasis remained on our DEIB work. Worked diligently with DEIB consultants as a leadership team. See DEIB report later in this document for additional information.

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
   2021 – We had a staff vacancy at one clinic that lasted most of the year. Other BHI staff filled in to provide minimal services.
   2022 - BHI staff worked in 5 medical clinics. Keeping the clinical positions staffed with masters level therapists has proven difficult.
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.
   2021 – Implemented procedures to use Collective Medical alerts to track when our clients were seen in an emergency department or admitted to a hospital. Staff will make direct contact with said clients on the same or next day after notified of their medical circumstances.
   2022 – Consistently used Collective Medical effectively.
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 Facebook page.

2021- Continued with our efforts from 2020. Increased the number of Narcan kits that we received and dispensed. Provided training on how to recognize overdose and how to administer Narcan.

2022 – Our SUD Director worked as lead on the Practice Transformation Cohort for North Sound ACH. We distributed approximately 150 Narcan kits.

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.

   2021 – Continued with 2020 efforts. Process has become institutionalized and built into our clinical assessments in the electronic health record.

   2022 – Routinely promoted child health. This objective is closed.

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.

   2021 – Tracked relevant data and measured to evaluate our progress toward regional goals.

   2022 - Tracked relevant data and measured to evaluate our progress toward regional goals. Our work is supporting regional goals.

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.

   2021 – Using evidence-based practices throughout our programs. Began tracking which EBP was used during encounters in the electronic health record.

   2022 – Continued to record EBPs during encounters, but the information is not consistently tracking correctly and the information is not being transmitted to MCOs by billing team.

2. Continually improve performance for client and community benefit

   2020 - Even through the pandemic our performance outcomes remain very good.

2021 – Performance outcomes remained good.
2022 – Performance outcomes continued to be good.

3. Maintain CARF International accreditation for substance use disorder services and mental health services
   2020 – Maintained CARF accreditation; next CARF accreditation review will be in 2021.
   2021 – CARF accreditation was extended to 2022 due to CARF's backlog as a result of COVID-19.
   2022 – CARF surveyors spent 3 days working with us, resulting in a very complementary report and a 3 year accreditation.
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.
   2021 – Clinical programs are using SDOH questionnaires routinely, particularly with new clients.
   2022 – Clinical programs and case managers are routinely using SDOH questionnaires and working with clients to improve situations when possible.

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
   2021 – Web page working well; agency brochures were created and printed.
   2022 – New brochures were created and printed for the agency and several programs. Numerous printed materials were made available. Web page remained active although we were sometimes slow in making changes to it.
2. Utilize social media to promote our services
   2020 – Actively posted on our Facebook page
   2021 – Increased frequency of posting on our Facebook page.
   2022 – Increased posting frequency from previous year and gave posting authority to additional staff.

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.

   2021 – Continued to work with partners in ways that work during the pandemic.

   2022 – As organizations began working with less pandemic restraints, partnerships were revived and new connections were made.

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.

   2021 – Shoreline, Lake Forest Park, and Bothell were all very supportive of us during another year of the pandemic. Had conversations with political leaders through Zoom.

   2022 – Worked closely with government entities regarding behavioral health needs in the community we served. Worked extensively with the City of Bothell; their City Council approved our request to some of the city's COVID-19 ARPA federal funds to establish a CHS presence in Bothell. Open new offices for mental health services and family support. Began providing services in local schools. Family Support staff distributed ARPA funds directly to Bothell residents and Shoreline residents in need of financial assistance as a result of the pandemic – ARPA funds provided by the respective cities. City of Shoreline also provided additional ARPA funding to help with family support capacity. The pandemic definitely magnified all of the government entities' awareness of behavioral health service needs and gaps.

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.
   2021 – Advocacy work focused on COVID-19 relief, improving Medicaid rates, and the workforce shortage.
   2022 – Advocacy work continued to focus on COVID-19 recovery and workforce shortage.
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.
   2021 – Executive Director participated in advocacy efforts individually and as a part of several community groups.
   2022 – Several leadership team members, including the Executive Director, participated in various advocacy efforts. Various staff made presentations to North Urban Human Services Alliance (NUHSA). Executive Director made a presentation to the North Sound ACH advocating for our work. Staff presented information to three different city councils.

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.
2021 – Revised salary scale for clinical staff to make it more competitive.
2022 – Gave everyone a $4.00 an hour raise, making our wages very competitive.

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.
2021 - Continued to offer health insurance at no cost for the employee with no deductible, no co-pay, & no co-insurance; match for retirement investment; gave 35 days of paid time off (vacation, sick, and agency observed holidays), plus an additional 3 days the week of Christmas due to COVID fatigue.
2022 - Continued to offer health insurance at no cost for the employee with no deductible, no co-pay, & no co-insurance; provided a match for employees' retirement investments; gave 35 days of paid time off (vacation, sick, and agency observed holidays), plus an additional day the week of Christmas.
3. Maximize internship opportunities
2020 – Even through COVID-19, we had six clinical interns from four different school programs as therapists.
2021 - Although COVID-19 still impacted our ability to recruit interns, we had 8 interns in 2021.
2022 – We had 8 interns.
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.
2021 – We continued to provide the level of supervision as noted in 2020. At one point, we lacked enough approved supervisors to provide "approved supervision" for licensure, so we paid staff a stipend to receive outside supervision. All departments implemented training plans.
2022 – We now have numerous approved supervisors on staff. 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.

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.
   2021 – Since we worked both remotely and at offices, most of our trainings were offered virtually. We were able to continue with our training schedule without interruption.
   2022 – All staff have the electronics (desktops, laptops, phones) they need to do their jobs; they are kept in working order and replaced when outdated. Various staff attended trainings on how to provide evidence-based practices. While we could always use additional therapeutic curricula, toys, games, etc., we believe all staff have the tools needed to do their jobs without compromise.

TREND ANALYSIS

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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 (DEIB) Plan, and our Quality Improvement Plan. The CQI Team usually met twice a month and addressed other quality improvement issues or initiatives.

Accessibility Planning

Overview

A 2020 – 2023 Accessibility Plan was developed by the CQI team and reviewed regularly in 2022. 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 2022.

2022 Accessibility Plan Review & Analysis

Accessibility Plan - 2022 Review

Attitudinal

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Stigma towards individuals with behavioral health issues and ability to recover Stigma toward minority cultures & different socio-economic groups.	• Educate staff • Educate public • Promote a culture of recovery & resiliency • Educate staff • Educate public • Promote a welcoming and inclusive environment.	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 2022 to improve accessibility that could be inhibited by attitude. • 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, AA, NA, kinship caregivers, and Arabic Language School • We held equity trainings for our staff

Physical & Architectural

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Stairs at 170th (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. **COMPLETED – GOAL MET**

Policies, Practice & Procedures

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
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 to clarify intent.
Language barriers	Hire more staff; educate staff on use of interpreters and translators.	24% of our staff are bilingual. In 2022 we used both telephone interpreters and in person interpreters. Staff were provided details on how to request an interpreter.
	Improve response time	Time between assessment and

Too much time between assessment and to first on-going appointment.	for assessment to first on-going appointment	first appointment has improved but is still not within the range we desire.

Communication

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Some agency cell phones need replacement	Purchase new cell phones on a regular basis.	At the end of 2022 all staff who needed cell phones had them and many were upgraded.
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 HIPAA compliant.
Agency & program brochures are not all up-to-date	Update and print marketing material.	Agency brochures have been updated and printed. Several program brochures were also updated and printed in 2022.

TECHNOLOGY

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Some computers need replacing.	• Replace computers according to replacement rotation schedule • Create a more reliable tracking system for computers	Everyone has a computer that is good. We resumed our replacement rotation schedule. Accurately tracking computer assignments
Cost of computer replacement for staff	Implement a Replacement Plan to replace all	Due to ARPA funding received, we did not incur significant costs for replacing

	computers on a rotating basis.	computers.
Not utilizing Credible as effectively as we could.	Build reports & explore use of unused tabs	Several reports have been built. We have improved, but still not using it as effectively as we could.
Need to serve clients remotely due to pandemic	Buy additional laptops, buy cameras, speakers, headsets if needed, train staff on how to use telehealth	Additional technology equipment was obtained in 2022 using ARPA funds. The need for remote sessions has lessened. This barrier does not exist, so **this action goal is closed.**
Some clients do not have access to technology for telehealth sessions	Assist clients in obtaining technology; open telehealth at our sites.	We were able to help some clients obtain technology. The need is not urgent any longer, so **this action goal is closed**.

Financial

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Need to increase billing	Increase number of clients & service encounters. Assure that all encounters are billed, and payments received.	Service encounters in 2022 were higher than projected. We continued implementing procedures to reconcile billing. We outsourced our MCO Medicaid billing to Qualifacts.
Rates do not cover all costs for services	Negotiate rates with MCOs and other contractors	Advocated for higher rates for Medicaid services. Received 2% increase and will have 7% increase in 2023.
Some clients are not insured or have insurance deductibles so high that they discourage use of coverage	Obtain more unrestricted funds to subsidize services; Educate legislators	We obtained significant funding from Snohomish County for behavioral health services for low-income individuals without adequate insurance. However, this action goal continues to be of concern. We lost some

		funding but added funding from other sources. We worked to educate legislators about funding issues.

Transportation

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Agency van is aging.	Regular van maintenance	Decision was made to retire the van. **Action goal is closed**

Community Integration

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
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.	Pro-social activities are being used in treatment plan again as needed.
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. Staff attended equity trainings. We regularly posted messages on our Facebook page related to equity. DEIB Manager was active in exploring how we can improve our work around racial equity and educating staff.

Lack of affordable housing	Utilize case managers and other staff to assist clients find housing	Used case managers to assist clients with housing issues. A grave shortage of affordable housing remains the case. Used ARPA funds in Bothell and Shoreline to help residents with housing issues.
Issue of racial justice and equity nationally	• Model inclusion and equity • Anti-racism work within our agency • Develop and implement an Equity Team	Contracted with consultants to work with us on anti-racism. DEI Manager (new position) began the first week of January 2022.

Employment

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2022
Some clients have a difficult time finding and keeping a job.	Include employment goals in ISPs when appropriate; develop partnerships with employment programs.	We continue to work with employment goals in clients' individual service plans.
Workforce shortage for clinicians affects quantity & quality of services	• 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. Medicaid rates were raised by 2%. Further increases are anticipated.

Other Barriers

Increased costs of living for both clients and staff were barriers in multiple ways.

Risk Management

Overview

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 2022.

Additional risk management activities in 2022 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.
- All new employees signed our Substance Use Policy and our Ethical Codes at orientation.
- Accounting policies and procedures were reviewed and updated.
- Board members signed an attestation regarding no conflict of interest by serving on our board.

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.

The 2020 - 2023 Risk Management Plan identifies our loss exposure or risks. The CQI Team reviewed 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.

The 2022 results of our risk mediation efforts are below. “Actions” in red font indicates additions after the original plan was created.

2022 Risk Management Plan Review & Analysis

CHS Risk Management Plan for 2020-2023
2022 Review

Loss Exposure/ Risk	Analysis of Loss Exposure						Actions to Reduce Risks	Projected Results	Actual Results
	Likelihood of Occurrence			Seriousness of Risk					2022
	Low	*Med*	*High*	*Low*	*Med*	*High*			Baseline 2020
FISCAL									
Loss of funding			X			X	Increase marketing and grant requests. Replace lost funding with new funding **Apply for federal Payroll Protection Program (PPP) funding and other local or regional COVID-19 relief funding.**	Funding base will be increased by 5%.	Funding remained stable primarily due to COVID-19 Relief Funds and workforce enhancement funds. We also made concerted efforts to increase WISe enrollment. **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 expenses were less than budgeted, primarily because of staffing vacancies. Did not focus on private insurance billing and tried to maximize our Medicaid funding instead.
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.	All identified strategies to mitigate this risk occurred. Executive Director participated in Clinical Operations Committee of KCICN and other coalitions to strategize how to deal with the impact of the funding method in King County. She has worked with our County Council on this issue as well. We have maintained reserves that

									will cover a minimum of 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	No key positions were vacated in 2022. Implemented all strategies in our mitigation plan.
Increase in training require-ments		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.	We continued to offer trainings in 2022 and met our training goals. All identified strategies to mitigate this risk occurred.

High staff turnover			X			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 of burn-out and higher paying jobs. We utilized all of the identified methods we identified to mitigate this risk.
SERVICE DELIVERY									
Improper service documen-tation			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.	Excellent clinical documentation	Proper documentation is an issue for several clinicians. The identified mitigation methods were not always successful. We began looking for ways to streamline and simplify our documentation

							Maintain professional liability insurance.		requirements and processes.
Poor outcomes or outputs		X			X		Proactive clinical supervision. Use evidence-based practices. Staff training.	Excellent outputs and outcomes.	Continued to provide weekly clinical supervision. Use of EBP recorded in clients' records. Outcomes and outputs were very good in 2022. All identified strategies to mitigate this risk occurred.
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.	No on-site accidents by staff were reported. All identified strategies to mitigate this risk occurred.
Traffic accident		X			X		Properly orient staff members who are drivers. Staff training. Minimize travel. Ask City for flags at cross walk at 148th. Maintain vehicle insurance or consider de-commissioning the agency van.	Reduce number of annual traffic accidents.	Staff had no traffic accidents. We retired the agency van at the end of 2020. **Risk Closed**

Fire incident	X					X	Safety trainings for all staff members. Train staff members about safety plan. Maintain adequate property insurance.	No fires.	No fires occurred. All identified strategies to mitigate this risk occurred.
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. All identified strategies to mitigate this risk occurred.
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. All identified strategies to mitigate this risk occurred.

LEGAL									
Sexual harassment charges	X					X	Training during orientation and annually thereafter. Maintain proper insurance.	No sexual harassment incidents.	No sexual harassment was reported. Both identified strategies to mitigate this risk occurred.
HIPAA or 42 CFR violation		X				X	Training in confidentiality. Maintain insurance (including cyber insurance). Training about HIPAA security. HIPAA security audit.	0 reportable incidents	Only minor violations were reported, and none had any consequence to the agency. Cyber ins. was maintained. All identified strategies to mitigate this risk occurred. Conducted our standard HIPAA Security audits with no major concerns found. All identified strategies to mitigate this risk occurred.
Malpractice lawsuit		X				X	Educate staff on documentation techniques. Effective client grievance process. Regular supervision, performance coaching, &	0 lawsuits	No lawsuits were filed against us. Insurance was maintained. No client grievances were reported. All identified

							training. Maintain insurance.		strategies to mitigate this risk occurred.
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. All identified strategies to mitigate this risk occurred.
Employ-ment practice lawsuit		X			X		Effective employee grievance process. Regular supervision, performance coaching, & training. Mgt training. Maintain insurance.	0 lawsuits	No lawsuits were filed against us. HR Manager participated in various trainings about employment practices. All identified strategies to mitigate this risk occurred.
TECH-NOLOGY									
Data breach or data loss (affecting confiden-tiality, 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. All identified strategies to mitigate this risk occurred.

Diversity, Equity, Inclusion, & Belonging

Overview

2022 was the first year of having a program specifically dedicated to Diversity, Equity, Inclusion, and Belonging (DEIB). We hired a full-time DEIB Manager who reports directly to the Executive Director and is a member of the Leadership Team. This first year was used to create and begin the implementation of a DEIB program… to build a foundation. We also used consultants (Crux Consultants) who met with us extensively regarding our DEIB work.

Our DEIB Manager began working at CHS in January 2022. It is the DEIB Manager's responsibility to assure that our DEIB Plan is relevant, implemented, tracked, and analyzed on an annual basis. Input was considered from employees, clients, and other stakeholders in the development and 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. The DEIB Plan and our analysis of the review of the plan are shared through minutes, all staff meetings, board reports, other presentations by the DEIB Manager, this report, etc.

2022 DEIB Plan Review & Analysis

2022 Diversity, Equity, Inclusion, & Belonging Plan
AKA Cultural Competency & Diversity Plan
Review

GOAL: CHS seeks to improve the quality of life of all staff members, clients, and other stakeholders by providing a dynamic and well-rounded Diversity, Equity, Inclusion, & Belonging Program. Through the DEIB Program, employees will gain relevant cultural competency skills that will enable them to work more cohesively with persons served, staff, and other stakeholders from historically excluded communities, where this exclusion has been based on factors such as race, age, culture, gender/gender expression, sexual orientation, spiritual beliefs, limited English proficiency, ability/disability, and various other factors. CHS will strive to model the importance of empowerment through the celebration of diversity with all stakeholders.	
Action Steps	**2022 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 2022, 41% of our employees identify as non-white. Board set agenda for 2023 retreat to be DEIB and recruitment of BIPOC board members and hired a DEIB consultant to lead the conversation.

2. Review existing policies to ensure that they support the development and implementation of a culturally and linguistically competent system of care	Focused on updating policy language to be more inclusive. Changed sick leave and bereavement leave policy to include 'chosen family'. Updated dress code policy to eliminate gender-specific assumptions.
3. Advance the organization's equity and social justice work in a sustainable manner that meets the capacity of current staff.	DEIB Manager held monthly DEIB meetings with MH, SUD, BHI, and CBIS departments to promote DEIB work specific to each department. Viewed "Atlas of the Heart" series with teams. Began moving away from a sense of urgency, modeling authenticity and vulnerability, adding 'belonging' to DEI, provided frequent communications to all staff from DEIB Manager.
4. Identify cultural needs of clients and train clinicians to incorporate them into treatment/service planning	12 newsletters were created by DEIB Manager and shared with all staff. They covered important dates, heritage month, and one original idea on how to handle situations when unintentional harm is caused ('The Four A's). Numerous communications were sent to staff detailing external training opportunities, DEIB resources, avenues of supporting local communities, and media providing diverse perspectives.
5. Assess and modify the physical facility and tools to reflect the population we serve, to be welcoming, clean and attractive by providing cultural art, magazines, culturally relevant toys, etc.	In general, all sites reflect the populations we serve. We'll revisit this goal more thoroughly in 2023.
6. Provide relevant DEIB related trainings that contribute to the creation of psychologically safe spaces for staff and other stakeholders.	Refer to # 3 and 4. Held a multi-departmental DEIB training on 'Gender Affirming Care in School' presented by a therapist in our School-Based MH program.
7. Provide perspectives and stories from historically excluded communities to CHS staff.	Several screenings of diverse media were held throughout the year such as 'Since I Been Down' and 'Crip Camp'. Hosted conversation with Director of 'Since I Been Down' and staff. DEIB newsletters and other program communications highlighted heritage months and other DEIB events. DEIB Manager

	provided real time practice in sitting with and holding space with each other.
8. Ensure that staff from historically excluded communities are positively empowered and their voices are heard within the organization.	Increased capacity for staff to contribute to DEIB program. Clinicians of Color affinity group started in MH Dept. DEIB Manager held one-on-one conversations with staff from historically excluded communities, providing moments of empowering and positive story stewardship.
9. Review and update the Cultural Competency and Diversity Plan	New Plan for 2023 was developed by new DEIB Manager. Reviewed progress at end of 2022. A new plan is being developed for 2023 - 2024.

Additional 2022 efforts related to Cultural Competency and Diversity are listed below:

- DEIB Manager began working at CHS in January 2022. DEIB Program established and resourced.
- Staff were encouraged to attend trainings on DEIB and given paid time off to do so.
- All job descriptions had elements regarding our expectations regarding cultural humility.
- 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, 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, and information and referral services 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.
- Leadership Team worked with consultants intensively to improve our agency from a DEIB perspective.
- We gave all of Leadership Team the opportunity for regular individual DEIB coaching.

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.

2021 – 2023 Technology Plan
2022 Review

Information Systems (IS) Team = HR Manager; IT Vendor; Executive Director

HARDWARE

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• Bothell Site infostructure planning and deployment	High	See Bothell funds	IS Team	03/01/2022	**Completed 04/22**
• Purchase and set up 50 new laptops	Medium	$100,000 (LFP ARPA funds)	IT Vendor/HR Manager	12/31/2022	**Completed 02/22**
• Purchase and deploy 21 new monitors	Medium	$6300 (LFP ARPA funds)	IT Vendor; HR Manager	06/30/2022	**Completed 02/22**
• Lease and deploy a printer/ copy machine in Bothell location	High	See Bothell funds	IS Team	03/01/2022	**Completed 06/22**
• Replace printer/copy machines in 3 locations	Medium	TBD	IT Vendor/ HR Manager	07/31/2022	**Completed 03/22**

SOFTWARE

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• Maintain current software	High	None	IS Team	On-going	**On schedule**
• Migrate MIP software to Cloud	High	$ TBD	Finance Director/ Vendor	12/31/2022	**Completed 04/22**
• Purchase new donor database	High	$10k cost annually	Vendor/ ED/ HR Manager	**04/15/2023 Updated**	**Pending**
• Renegotiate the learning software contract	High	$23k	ED/ HR Manager	**04/15/2023 Updated**	**Pending**

SECURITY & CONFIDENTIALITY

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• Media (drives) & software disposal	Critical	$2k cost	IT Vendor	On-going	**On schedule**
• Review back-up policies & revise as necessary (ongoing)	High	Time	IS Team	Annually	**Completed 12/22**
• Review Disaster Recovery Plan & revise as necessary (ongoing)	High	Time	IS Team	Annually	**Completed 12/22**

• Deploy Multi-factor Authentication to all staff (Includes alternate MFA / physical tokens if needed.)	High	$4000	IS Team	10/01/2022	**Completed 01/01/2023**
• Perform quarterly scans for PCI Compliance	High	TBD	IS Team	Ongoing	**Completed each quarter**

FIREWALL

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• Continue use of Integra firewall	Critical	Continued funding	IT Vendor; HR Manager	07/31/2022	**In process**
• Replace current MPLS firewall with VPNs	High	Continued funding	IT Vendor	07/31/2022	**Pending**
• Firewall Hardware for 6 sites	High	$9000	IT Vendor	07/31/2022	**Pending**
• Purchase and deploy new VPN for Bothell location	High	Bothell ARPA Funding	IST Team	03/01/2022	**Completed 06/22**
• Test & upgrade virus protection as necessary (ongoing)	Low	Continued funding	IT Vendor	Ongoing	**On schedule**

ENDPOINT DETECTION/SOC/AUDIT LOGGING

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• Endpoint Detection and Response	Medium	$2800 / month	IT Vendor; HR Manager	**On-going Updated**	**On schedule**
• Managed SOC	Medium	Funding TBD $	IT Vendor; HR Manager	On-going	**On schedule**
• Microsoft 365 Monitoring	High	Funding TBD $	IT Vendor; HR Manager	On-going	**On schedule**
• SIEM	Medium	$8000 TBD $	IT Vendor; HR Manager	**12/2023 Updated**	**Pending**
• Security upgrades implementation including new Microsoft 365 features.	Medium	Funding TBD $	IT Vendor; HR Manager	06/30/2023	**Pending**

ASSISTIVE TECHNOLOGY

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	STATUS
• None needed					**N/A**

MISCELLANEOUS

ACTION STEPS	PRIORITY	RESOURCES NEEDED	RESPONSIBLE PARTY/PARTIES	TARGET DATE	TARGET DATE
• Meet with IT Vendor at least twice a year (ongoing)	Critical	Planning time	HR Manager	Annually	**Completed**
• Purchase and deploy access points in new Bothell site	High	Bothell ARPA Funds	IS Team	03/01/2022	**Completed 04/22**
• Purchase and replace malfunctioning access points at all locations	Low	$1600 (LFP ARPA funds)	IS Team	05/31/2022	**Completed 01/23**
• Purchase and deploy laptop bags for 50 new laptops	Low	$1250 (LFP ARPA funds)	HR Manager	06/01/2022	**Completed 09/22**
• Purchase and deploy 26 HDMI Connection Cords	Low	$260 cost (LFP ARPA funds)	HR Manager	06/30/2022	**Completed 09/22**
• Purchase and deploy 50 UBS pens	Medium	$2500 (LFP ARPA funds)	HR Manager	06/30/2022	**Goal Deleted**
• Purchase and deploy 26 DP Connection Cords	Low	$170 (LFP ARPA funds)	HR Manager	12/31/2022	**Completed**

• Train staff on basic usage of Microsoft Teams	Low	$6000	IT Vendor/HR Manager	**6/30/2023 Updated**	**Pending**
• SQL Cloud Migration	Medium	$12,000	IT Vendor / Data Team	**12/31/2023 Updated**	**Pending**
• End of life server deprovisioning and cloud migration	High	$12,000	IT Vendor	06/30/2023	**Pending**
• End of life servers / cloud hosting	High	$1,000/month	IT Vendor	6/30/2023	**Pending**

CORPORATE COMPLIANCE

Critical Incidents

2022 Critical Incidents Review & Analysis

Staff managed **276** Critical Incidents in 2022 which is an increase of 108 from 2021. The incidents fell in the following categories:

Type of Incident	
• CPS report	185
• APS report	1
• Abuse, neglect, or exploitation of a client (including financial exploitation)	13
• Suicide/attempted suicide/suicidal ideation	17
• Credible threat to client's safety	6
• Aggression or violence (on site)	5
• Major injury or major trauma to client reported (including sexual assault)	4
• Violent acts allegedly committed by client	4
• Homicide or attempted homicide	1
• Other Incidents involving injury	2
• Violent acts allegedly committed by client	3
• Other	38
TOTAL	**276**

The Corporate Compliance committee reviewed and analyzed the 2022 critical incidents and found the following:

- Cause of each incident – 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.
- Debriefing – No debriefing was necessary in 2022.
- Action plans for improvement – Our responses to each incident were all appropriate, although there is a need for further training about what constitutes a critical incident.
- Results of performance improvement plans – Ongoing training scheduled.
- Education and/or training of personnel needed – Education and/or training was assigned to staff as necessary. We suspect that additional training is needed for the WISe team regarding the identification of incidents.
- 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. There is some concern that staff are over-reporting using the 'other' category for incidents that are not truly critical incidents.
- External reporting requirements – Occasions when staff were required to report the incident to the MCO were done so properly. CPS and APS reports were made as required.

SERVICE DELIVERY (JAN.1, 2022 – DEC. 31, 2022)

Services Provided & Department Highlights

Mental Health Services

The Mental Health Department provided the clinical services outlined in its 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, in community settings such as the Shoreline Rec Center, and remotely through telehealth. Throughout the year, we worked with both adults and children/youth (age 6 and older).

2022 was another year of transition and changes in the MH Department. School Based Team was mainly onsite at their schools; Office Based Team transitioned more and more to our offices. Highlights of 2022 include:

- Expanded our Mental Health services to Bothell (through a City of Bothell ARPA grant) providing therapy at a new office and two schools. In collaboration with Family Support & HR, we established a new office in Bothell which included looking for site, furnishing it, and hiring 5 MH staff for that particular ARPA grant.
- Added 15 new positions. At the end of the year, Mental Health Department had 57 staff and 6 interns. The school-based team has 29 therapists, 3 interns, 1 manager, and .5 admin support specialist. One therapist works primarily at the Shoreline Rec Center (through a Shoreline BSK grant). The remaining staff are office-based.
- Worked in 48 schools across 5 districts. In the Edmonds School District, we had therapists at 48 schools (all high schools and middle schools, and 10 out of 21 elementary schools. In the Mukilteo School District, we had therapists placed at every school, including Sno-Isle Tech which has students from multiple counties). In the Northshore School District, we had therapists placed at two schools. We also had therapists in 4 Shoreline Schools. We managed 5 grants across these schools,
- Celebrated the graduation of 6 interns with an outdoor gathering and welcomed 6 new interns for the fall. We changed our internship process to rolling admissions.
- Expanded our Leadership Team from 3 to 5 leaders.
- Implemented a formal Work-From-Home policy that allows 25% of their hours working from home.
- Mental Health Director actively participated in the City of Lynnwood Human Services Commission advocating for MH Services; and at the Council of Trinity Lutheran to collaborate around many items including the Lynnwood Community Center. This community center is planned to be built and running by 2024 and we are hoping that our mental health team will have offices on that site.

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.). CBIS staff worked both in the community (following CDC guidelines) and remotely, depending on the individual case, in 2022.

2022 highlights for the CBIS Department included:

- Worked through waitlist of 100 youth waiting for WISe services.
- Developed comprehensive tracking system to standardize admission into WISe and more closely monitor fidelity measures for the program.
- Reached full staffing for WISe for the first time in years.
- Began a new cohort of IEC therapists for Child Parent Psychotherapy Training, which is an 18-month process, to be certified in this evidence based early childhood trauma treatment model.
- Completed final year of Best Starts for Kids grant funding successfully.
- Collaborated between staff and leadership to identify how to support a hybrid work model that best supports WISe and IEC clients, while also reducing the amount of travel that staff log.
- Expanded WISe team to increase representation of BIPOC and LGBTQIA+ staff
- Became known regionally as a leader in providing intensive services to LGBTQIA+ youth, particularly trans and gender nonconforming youth.

Substance Use Disorders Treatment

We provided 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), Outpatient Services (2 - 4 hours of group therapy per week; 1 - 2 hours of individual/family/conjoint therapy as needed/requested; and Case Management services as needed); and Monthly monitoring group. Additionally, we offered specialized groups for some such as Drug Court clients and trauma survivors. SUD services were provided both face-to-face and remotely through telehealth (primarily using the Zoom platform). Most groups were conducted remotely.

2022 SUD Department highlights include:

- Began moving back to in person sessions and have seen an increase in participation, particularly for our Youth program, due to this.
- Conducted in-person walk-in assessments 4 days per week for Open Access and added a Friday scheduled appointment time for Pregnant and Parenting Women (identifying) clients' assessments.
- Increased service to the Snohomish County Outreach Team (SCOUT) with dedicated assessment times at our Silverlake office.
- Increased our availability to conduct in-person and in-custody for Adult Recovery Court (formerly known as Adult Drug Treatment Court) helping to increase our census for ARC.
- Increased our presence at local community courts, Shoreline and Edmonds.

- Began in-person services at Ingraham High School, providing assessments and individual sessions on site.
- Expanded our PPW program with priority same-day assessments, walk-in case management, a PPW specific group, and a dedicated PPW counselor. With this expansion we have provided PPW specific curriculum and training to our clinicians so that we can best respond to the needs of this priority population.
- Provided over 100 doses of naloxone to individuals who are at risk of witnessing or experiencing an Opioid overdose. Staff provided education, training, and resources along with each naloxone kit on how to prevent, intervene, and reverse an Opioid overdose. We provided community outreach to local schools, medical offices, courts, churches, and the Boys and Girls Club.
- Offered SUD staff a multitude of opportunities for professional development with trainings on Trauma-Informed care, Motivational Interviewing, DBT, Ethics and Boundaries, Opioid Epidemic, as well as population specific trainings to increase understanding while working with PPW, LGBTQ+, Youth, Criminal Justice Involved, and BIPOC clients and community. Staff shared what they learned with the team by providing in service trainings during weekly staff meetings.
- Substance Use Department Director conducted trainings for the Region 10 Opioid Convening and Northsound ACH on GBTQ+ and Opioid Use. She also presented at several National and State Conferences on working with LGBTQ+ Population and on Moral Reconation Therapy and was part of a team from Northsound ACH that presented on 'Advancing a Just and Inclusive Culture' at the Washington State Public Health Association Conference.
- One of our SUD counselors was chosen by the Health Care Authority to participate in an advertising campaign encourage people to join Human Services. She participated in an interview with photo session where she was able to share her story of becoming an SUD Professional and what it means to her to be a clinician.

Behavioral Health Integration

The Behavioral Health Integration Department consists of three types of programming: Medical Clinic-Based Behavioral Health services, ATOD Education, and Centralized Screening for CHS. Services were provided through telehealth and in-person. Screening services were provided by telephone at the office. We had clinicians placed in five medical clinics: Virginia Mason Edmonds Family Medicine; Community Health Center of Snohomish County in Edmonds, Lynnwood, and Everett, and Providence Medical Clinic in Mill Creek. Services at three of the medical clinics are funded by Verdant.

2022 BHI Department highlights include:

- Provided over 1,100 screening services.
- Provided ATOD Educational Class twice a month.
- Trained a clinician in providing 'Breaking the Chains of Trauma' groups and began offering this new service.
- Temporarily provided assessments for the SUD Department and the WISe program.
- Provided co-occurring counseling to Family Court referrals for the SUD Department.
- Hired two interns.

- Learned a new medical records software in 3 medical clinics, allowing us to improve telehealth services.

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 and strengthen protective factors. In 2022, the department implemented two new programs as a result of new funding. We created a Community Outreach Program for Shoreline and Bothell residents through their ARPA funds, as well as a 1:1 parent coaching program called "Promoting First Relationships" through a capacity building grant with Department of Children Youth and Families. Programming is happening both in person at our Shoreline, Ballinger Homes, and Bothell locations, and virtually serving families across King and Snohomish County.

Family Support highlights of 2022 include:

- Developed and implemented a Community Outreach Program to address Social Determinants of Health and distribute COVID Financial Relief for the City of Bothell and Shoreline.
- Filled all open positions during 2022 with Hispanic/Latinx women providing services in Spanish and English.
- Hired two past participants in our programming as part time employees and by the end of 2022 both were increased to over .5FTE.
- Resumed in-person Kaleidoscope Play & Learn groups and discontinued the virtual story times that were primary program option during the height of COVID.
- Were able to serve Spanish speaking residents of South King County cities through our virtual parenting classes. This resulted in successfully adding the City of Federal Way to our funding portfolio.
- Made significant progress in transferring department data into Credible from ETO which we have used for decades. This project should be completed by Spring 2023.
- Identified a gap in foundational knowledge for parents regarding bonding and attachment. This resulted in securing additional funds to support two Spanish speaking staff members to be certified in Circle of Security which was piloted with other Spanish speaking staff members in the Fall of 2022. Our first cohort of participants will be served in January 2023.
- Expanded our after-school programming called "Homework Factory" to include a new program called "ICan Academy" in our Out of School Time program at Ballinger Homes. 0The purpose of the ICAN Academy is to support teenage youth residents with a successful high school graduation with a plan and path toward college or career. Through this offering, we also served two parents of young children in the program with enrolling in ESL courses at Shoreline Community College and an ESL GED program.
- Engaged several families (from our Kinship Support Program) in the WISe/Wraparound program offered by CHS's CBIS Department. The facilitator has become a member of those family's Wrap teams supporting the caregiver in their role as parent to their relative's children.

- Trained and coached two additional staff in Promoting First Relationships 1:1 parent coaching model (using our internal certified PFR trainer). We now have 3 certified providers of PFR.

Persons Served (Calendar Year 2022)

Service Hours

Mental Health Clients
1,733 people received Mental Health services.
Adults – 427
Children/Youth – 1,306
Children between six and eighteen – 1,296
Children younger than six – 10

Received School-Based services – 893 youth

Community-Based Intensive Services
368 people received CBIS services.
Received Wraparound services – 203 clients
Received IEC services – 254

Substance Use Disorders Clients
496 people received Substance Use Disorders treatment services.
Adults – 396
Youth – 100

Behavioral Health Integration Clients
681 people received BHI services.

Family Support Participants **(**Note: Some people participated in more than one program.)
493 unduplicated people participated in family support programs or classes. Many people participated in more than one program.
Parenting Classes (adults) – 172
Promoting First Relationships (adults & children) – 6
Kaleidoscope Play & Learn – 187
Community Outreach/COVID Financial Relief (adults only) – 58
Out of School Time Program (children only) – 56
Kinship Support Program (adults and children) – 33
NOTE: The total number of unduplicated served does not include the people connected to our social media pages where program content is shared virtually to the wider community. Currently we have two active Facebook pages that are promoting the Parenting Classes and Kaleidoscope Play & Learn program and sharing content

with its followers through activity ideas, tips, and strategies for parenting and early learning, etc. We have 699 followers of our Positive Discipline for Families page and 238 members in our Kaleidoscope Play & Learn Facebook group.

Total Unique Individuals Served in Programs – 3,672

This is 499 more people served in 2022 than in 2021. (Total does not include people who only received screening, information & referral, outreach & engagement, or prevention services).

Characteristics of Persons Served

N = 3,672 (includes only individuals who completed demographic forms)

Residence	
County:	
King	1,206
Snohomish	2,252
Other County in Washington State	11
Other Count Outside Washington State	46
Unknown	157
Total	**3,672**
City:	
Bellevue	10
Bothell	141
Edmonds	236
Everett	742
Kenmore	65
Kirkland	47
Lake Forest Park	76
Lake Stevens	57
Lynnwood	557
Mountlake Terrace	119
Redmond	19
Seattle	368
Shoreline	396
Woodinville	24
Other King County City	71
Other Snohomish County City	250
Other Washington City	48
Outside Washington State City	9
Unknown	346
Homeless	91
Total	**3,672**

Race/Ethnicity	
American Indian/Alaskan Native	52
Asian and Pacific Islander	247
Black/African American/Indigenous African	274
Hispanic/Latinx	573
White/Caucasian	1,444
Other	17
Multi Racial	223
Not Revealed	842
Total	**3,672**

Gender	
A-gender	7
Female	1,906
Gender Fluid	32
Gender Queer	7
Intersex	1
Male	1,392
Non-Binary	99
Transgender	26
Two Spirit	1
Not Available	201
Total	**3,672**

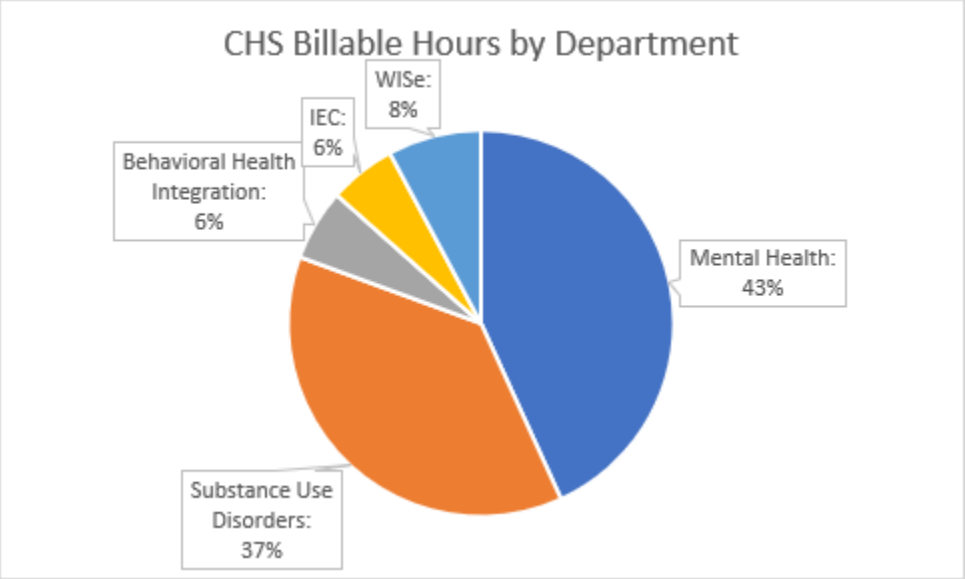
Ages	
0-5 years	207
6-12 years	888
13-17 years	1,078
18-24 years	368
25-34 years	386
35-54 years	560
55-74 years	157
75+	28
Total	**3,672**

Service Hours

A total of 49,789 service hours were provided in 2022. This number does not include telephone screening, information/referral services, and most outreach activities.

Department	Service Hours
Mental Health	18,171
Substance Use Disorders	15,735
Behavioral Health Integration	2,517
Family Support	7,711
Community Based Intensive Programs (WISe & IEC)	5,655
IEC 2,358	
WISe 3,297	

Clinical Hours Billed



STAKEHOLDER INPUT

Methods and Trends

Stakeholder input is crucial to our planning, program development, outcome evaluation, and overall sustainability. Due to the pandemic, we have been limited in our ability to receive input since face-to-face methods have not been 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:

- Focus groups
- Anonymous survey to clients/families
- Conversations or interviews between random clients/participants and manager/director
- Comment/suggestion boxes
- Solicitation of feedback through our web page and social media.
- Solicitation of feedback at various community meetings management staff attend (mostly through Zoom)
- Employee exit interviews
- Employee satisfaction surveys
- Audits by funders/contractors

Trends included:

- Clients and participants are overall very pleased with the services they are provided.
- Lots of frustration was expressed about the continued stressors of the pandemic.
- Clients and participants were very grateful of services provided during the pandemic.

We analyze and use 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

Mental Health Feedback

Satisfaction Survey:

A satisfaction survey was administered randomly to families who were receiving Mental Health services in December 2022. A sampling of 32 responded to the survey. 25 were clients and 7 were a parent/caregiver of a client. The results are as follows:

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

1(very unsatisfied) - 5 Scale (very satisfied) – Average score 4.90

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	7
No	25

Barriers identified were transportation problems, location not convenient, physical health problems, and length of time to get an appointment.

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

- XXX is just incredible. Everyone deserves a therapist like her. She is so passionate about her work; she's incredibly attentive to detail and can always see the bigger picture. XXX never fails to make me feel heard and understood, she never forces anything but consistently and gently pushes me to grow and stay on the right track. She is so easy to talk to, I've never felt afraid to open up to her, nor has she ever made me feel embarrassed, even about some of the most difficult things for me to face. XXX is genuinely one of the most kind-hearted and open-minded people I've ever met- and I truly, truly admire her.
- XXX is warm, understanding and makes me feel safe in our sessions. I appreciate her very much.
- XXX is one of the best therapists I've ever had. I have a hard time connecting but with her it's been great and she's taught me a lot over the past year.
- XXX has helped me a lot with sorting out my mental health issues. I feel so much less isolated because of her. She's made me feel welcome and supported as a trans woman.

There were no changes made to the program based on the above survey.

Family Support Services Feedback

Participant Surveys

Based on participant satisfaction surveys:

- 96% of participants in our Parenting Class program were satisfied or very satisfied with their experience (N=83)
- 100% of participants in our Community Outreach Program were satisfied or very satisfied with their experience (N=27)

Participant Comments

A sampling of the feedback received from surveys and other methods included:

Parenting Class Participant Comments:

- Positive parenting has given me more confidence in my parenting and has provided me with tools to promote a positive, calm, and loving home environment.
- I am developing a more positive relationship with my 5-year-old and repairing my past parenting mistakes.
- I feel that as a whole we are more respectful and kind to each other and we work more as a team.
- I have learned self-realization about my direct & authoritarian style of parenting & how my emotions affect my children. I have learned to discipline more positively & to treat my children with horizontal respect. There are many tools that can help me be more effective.
- It has helped me to be a better parent, with a more loving approach.
- It is helping me see through my children's points of views instead of only my own. Unfortunately, my husband was not interested in taking the class with me, so I see that as challenging to put everything in practice. But hopefully he will join in the family meetings.
- I learned new ways to communicate, and I now understand my child better.
- Because of Positive Discipline, whenever we interact with our daughter, we try to focus on giving her a sense of belonging and significance. We allow all feelings even when setting boundaries around behaviors, and keep in mind “kind and firm” for our parenting decisions and reactions, as well as “connection before correction”. One of the biggest shifts for me that was solidified with this class, was solutions vs. rewards/punishments. It seems like such a huge shift from how discipline has been handled in our society in the past but makes so much sense to me. I’ m glad to have the language and tools for this approach. Positive Discipline has helped us to empower our current and future children to become competent and amazing adults!

Play & Learn Participant Comments:

- We participate in hands-on activities that help child learn to share and help child learn to make friends.
- I let them play and do things their way. Encourage them to keep on trying.
- My child has become more confident and independent.

Community Outreach Participant Comments:

- I was very much affected by the generosity. I suffered a stroke and was in the hospital over a month. I recently got released and am still recovering.
- It made us very happy and blessed that we found the center we had been struggling ever since the pandemic and I had applied for assistance many times in different programs and were always denied or didn’t meet the requirements etc.! And had to wait for long periods of time to just be denied. I was really losing hope that there was ever going to be help for us but just as I was about to give up applying for resources from anywhere, I decided to give it one last try and found the center for human services and nothing had been more easy, helpful, clear, and comforting than to let my frustrations out by sharing my situation and

being understood as a person not just as another application was one of the best things that has happened to me for a very long time. Thank you.

- I was blown away by her for being so patient, understanding & have compassion on my situation. As seniors (husband & I) that only relies on social security, anything & everything counts. Thank you, XX, thank you Center for Human Services for helping us. We deeply appreciate you for having a big heart.
- This organization is a really huge help to me and my son, especially in this time of medical, financial crisis.
- This support has help take off a load off of our shoulders and allowed us some breathing room to get caught up with our financial debts. We appreciate the help and are very blessed to have the support from the program.

Substance Abuse Treatment Services Feedback

Focus Group

A focus group was conducted on 6/15/22 with an IOP group. The Group was asked two structured questions:

1) What is working?
2) What is not working or could be better?

Feedback received from the participants was:

1) What's working?
    - "Group has helped me a lot."
    - "My counselor is an inspiration to my sobriety."
    - "I enjoy being part of a group."
    - "I'm comfortable at CHS, in group, and with my IOP counselor.
    - "I like it when the counselor asks us personally 'what do you think?'"
    - "My counselor actually cares, he has a big heart and a personal approach."
    - "Support staff has been cool – very helpful."
    - "Interactions over ZOOM make me feel more comfortable."
    - "My counselor answers his email in a timely manner and is easy to get ahold of."

2) What's not working or could be better?
    - "More clear communication during assessment process, specifically when coordinating with referral sources."
    - "Understanding of the process to contact DOL about license."
    - "Hybrid/in person groups."

There were no changes made based on the above survey, although we are continuing to analyze the use of telehealth.

Behavioral Health Integration Services Feedback

ATOD Class Survey

A Participants of the ATOD (Alcohol, Tobacco, Other Drug education) classes provided feedback using a CHS survey. Some of the responses received included:

Remarks about the instructor:

- She was patient and nice. She explained everything really well and talked about all the drugs. I learned a lot.
- Amazing! Knowledgeable, inclusive, practical, friendly, approachable, engaging
- Very good and accommodating. Gave good information and answered our questions.
- Knowledgeable and patient
- Very good at explaining and very professional
- She did an excellent job at presenting the information and was clearly knowledgeable.
- She presented the information, so it was interesting
- She made me feel comfortable and not judged even though I was there because I got in trouble

Remarks about the class:

- It was so engaging I wish they would come to the high school.
- I liked that there were things we could practice when we are in a dangerous situation
- If I see someone doing drugs, I'm going to advise them to come and learn about drugs
- The videos and explanation of everything was really nice
- I loved learning a bunch of new helpful things
- I really liked the refusal skills activity
- Good videos in a generally friendly environment
- I liked learning about how to avoid using

Integrated Behavioral Health in Medical Clinics Surveys

	Clients	Parent / guardian	Medical clinic	
21 surveys	17	3	1	----------
Question	**Somewhat Satisfied**	**Very satisfied**	**Somewhat Dissatisfied**	**Neither satisfied nor dissatisfied**
1. How satisfied are you with your services at CHS?	7	11	2	1

	YES	NO		
2. In your opinion does CHS treat all clients with dignity and respect, no matter their race, ethnicity, gender, gender expression, sexual orientation, age, disability, or religious preference?	**21**	**0**		
	YES	**NO**		
3.Have you experienced any barriers to receiving CHS services?	3	18	Childcare; Appt wanted more quickly; Scheduling	
Question	**Somewhat Satisfied**	**Very satisfied**	**Somewhat Dissatisfied**	**Neither satisfied nor dissatisfied**
4. How would you describe CHS's response to meeting your needs during the Pandemic?	4	14	0	3

No changes were made regarding BHI services based on the results of the above surveys.

Employee Input

Employee Satisfaction Survey Results

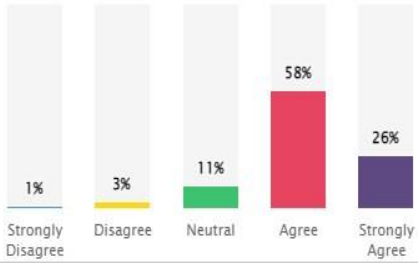
An Employee Satisfaction Survey was launched on 10/17/22 and closed on 11/17/22. 139 participants were invited to participate in the survey and 88 responded. This is a 63% survey response rate which is considered high.

The survey contained 37 questions. The questions were on a one to five scale with 1 being ‘strongly disagree’ and 5 being ‘strongly agree’.

CHS leadership analyzed the results of the survey and was overall very satisfied with the scores. To highlight just a few of the questions, below are a few that we were particularly proud of.

6. I am satisfied with my job.

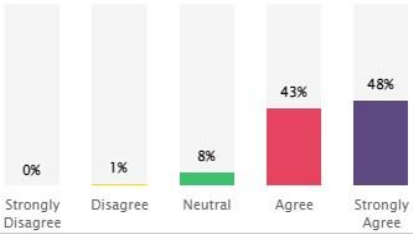
88 responses out of 139 participants (63%)



Average
4.0

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

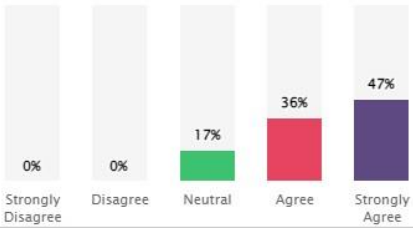
88 responses out of 139 participants (63%)



Average
4.4

24. CHS is very focused on clients' needs.

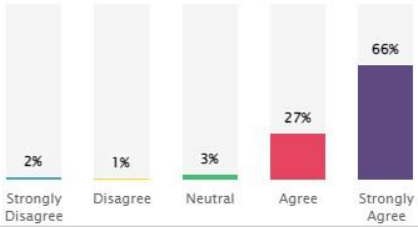
86 responses out of 139 participants (62%)



Average
4.3

34. My supervisor treats me with respect.

86 responses out of 139 participants (62%)

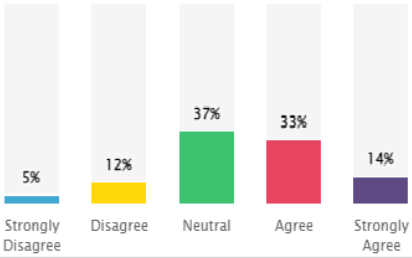


Average 4.5

There were some scores that showed us opportunity for further growth. The two lowest scoring questions are below. It should be noted, however, that this survey was launched before a 6% raise for staff was announced.

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

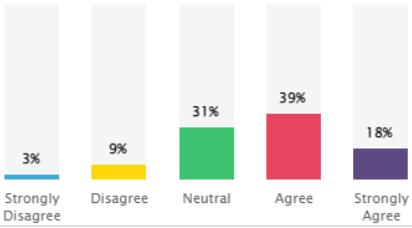
86 responses out of 139 participants (62%)



Average 3.4

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

88 responses out of 139 participants (63%)



Average 3.6

Employee Grievances

There were no employee grievances in 2022.

Other Stakeholder Input

Community Feedback – Leadership received positive feedback when participating in community meetings. Overall, feedback was very favorable. We were asked to provide school-based services by other school districts.

CARF Survey – Two CARF Surveyors conducted a re-accreditation review of CHS February 16th – 18th, resulting in a 3-year accreditation. Per the accreditation report, "At the start of the COVID-19 pandemic, Center for Human Services had to quickly pivot to providing services via telehealth. CHS went from an organization with minimal to no telehealth services to 100 percent telehealth in a very short time period. CHS was able to do this because of its flexible and action-oriented leadership and staff….Staff members are passionate about this work and are committed to this cause. CHS's consistent use of evidence-based practices in service delivery and the continued focus on outcomes will position the organization well for future contracts and varied payment/reimbursement models."

Audits

- ARPA Contract Review
  Family Support had a contract review in November by the Shoreline ARPA contract monitor. We reviewed the scope of work and our process for distributing funds. The reviewer was most impressed by our process of looking beyond the immediate needs, accessing external resources to support clients, our staff reflecting the population we wanted to reach, and our documentation fiscally and service wise.

- School-Based Mental Health Services Compliance Review
  Our mental health school-based program was audited on March 31, 2022, by the Snohomish County contract monitor. Its purpose was to ensure compliance with the contract requirements, so both a client file clinician review and a fiscal review took place.

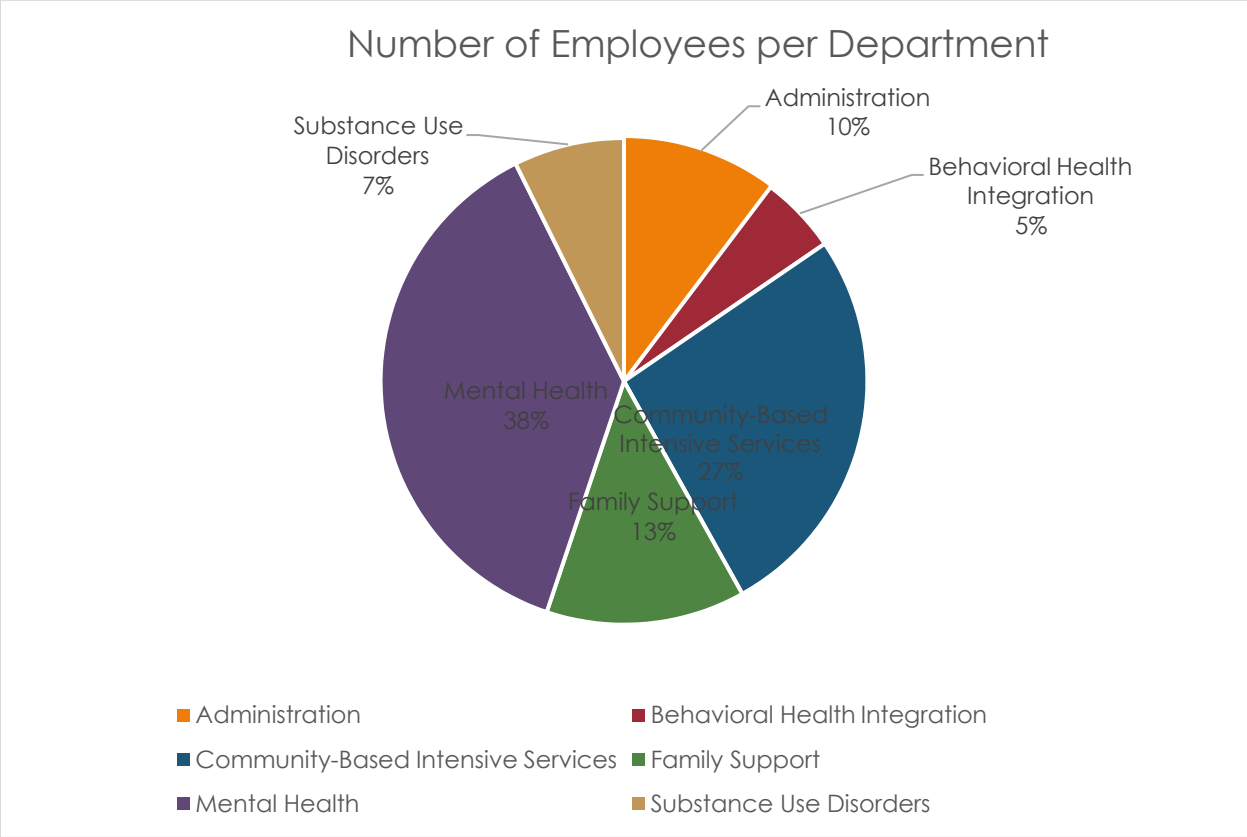
- MRT Fidelity Check
  On September 28, 2022, a MRT group in the Substance Use Treatment Program was observed for a fidelity check. It was noted that the counselor was successful in using the MRT steps as a foundation. 'Revisits' were being conducted appropriately and with fidelity. It was noted that the counselor did well keeping the group focused and on task. Overall, the counselor did a great job staying with fidelity and knows where her group members are in their step work. Strengths noted in the summary letter include eligibility screening documentation, referral information, notes regarding sessions (individualized and thorough), treatment plans, and good collaboration with Student Support Advocates.

HUMAN RESOURCES

Overview

On December 31st, 2022, CHS had 136 active employees, a growth rate is 2.3%. Of the 136 employees, 105 were full-time employees, 26 were part-time employees, and 5 were on-call/temporary employees. We also had 10 vacant positions at the end of 2022. The total number of CHS staff positions, excluding on-call and temporary staff, was 141.

Department	Number of Employees Per Department
Family Support	13 (plus 5 on-call/temporary staff)
Mental Health	51
Substance Use Disorders	10
Community-based Intensive Services	36
Behavioral Health Integration.	7
Administration	14
Total	136



Diversity of Staff

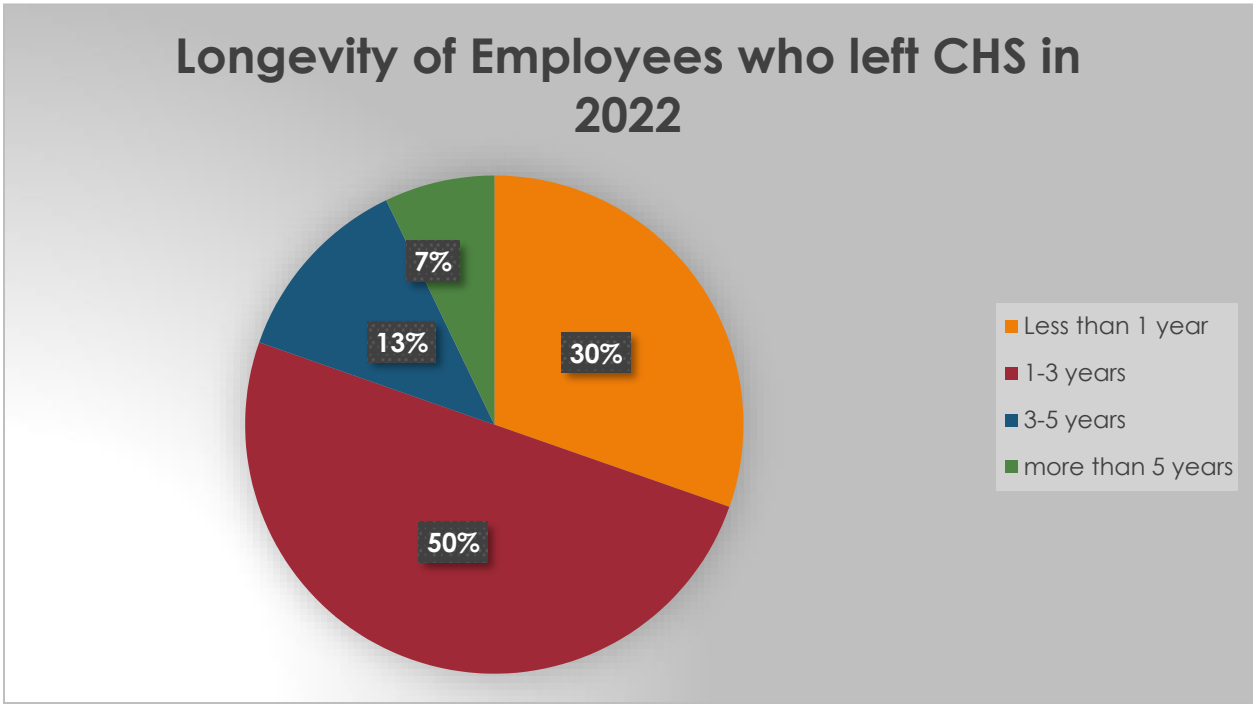
At the end of 2022, the diversity of our staff included:

1. Generations – Baby Boomers- 10; Generation X- 30; Millennials- 63; Generation Z- 28
2. Race – 41% of our staff identify as non-white.
3. Gender – 19 males; 113 females (this includes 5 on-call employees); 4 transgender
4. Sexual Orientation – 21% of our staff identify as LGBTQ
5. Languages – In addition to English, the following languages are spoken by our staff: Spanish, French, Vietnamese, German, Bosnian, Serbian, Croatian, Cantonese, Korean, Mandarin, Arabic, and Dari Persian. 24% of our staff are bilingual, speaking English and one of 12 other languages, with several of them speaking up to four languages.
   Of the on-call employees, 5 are people of color, and 5 speak a language other than English.
6. Immigrant status- 22% of staff identifies as 1st generation and 2nd generation immigrants

2022 Human Resources Department Highlights

- Added two new positions to HR team: HR Administrative Assistant and Compliance Coordinator. The HR Administrative Assistant assists with many of the HR day-to-day tasks and the Compliance Coordinator is responsible for responding to clinical records requests and conducting client record audits.
- Were able to offer another year of superb employee medical benefits through NonStop. No out-of-pocket expenses for employees (nor co-pay, co-insurance, nor deductibles) for health insurance. Negotiated a 4% decrease in premiums and received a profit share for not incurring the maximum payouts.
- On-boarded 49 employees.
- Had a 3% agency growth rate in 2022.
- Gave all staff a $4.00 an hour pay increase.
- Gave all staff a $1,500 holiday bonus (per FTE).
- Gave all staff an additional day off at Christmas.
- Updated the firewall at all our locations.
- Began process of enforcing the MFA throughout the organization.
- Successfully responded to requests for client records in a timely manner. Developed a checklist and process for responding to requests.
- Began auditing all new MH client charts within 30 days of admission. Developed mechanisms to communicate with clinical staff and correct errors.

Employee Retention



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

We continue to see our biggest challenge with retention is with employees who have been with the agency for less than 3 years. The current average tenure is 3.4 years

2022 Retention Efforts included:

- Two all-staff meetings were held, one in person and one virtually
- All staff had training plans that were used for staff growth.
- CHS continued to pay 100% of a full-time employee's health insurance costs with no out-of-pocket expenses for the employee.
- Employee awards were given based on agency values.
- U-Rock was given at each CQI Meeting.
- 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.

- Gave employees 11 days of paid leave for holidays each year. (10 traditional holidays, one discretionary day identified by the Director). Plus, an additional day of holiday was given to the staff by the board for the Christmas holiday.
- 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.”
- A new training process was implemented.
- Pay adjustments were made.
- Conducted 18 exit interviews.
- Improved technology.
- Targeted professional development and support for staff regarding Secondary Trauma.
- Increased use of consultation to build staff skills and capacity.

Terminations

In 2022, 56 people were either voluntarily or involuntarily terminated from CHS (a slight increase from 2021 due to the elimination of inactive on-call positions). Nine people were involuntarily terminated due to agency policy violations, or job abandonment. The reason for the other 47 employees resigning included:

- Accepted new job or private practice: 19
- Personal reasons not related to the job: 5
- Moved outside of reasonable commute/state: 4
- Went back to school: 3
- Retired: 3
- Job Ended (inactive on-call staff): 13

In total, 18 exit interviews were completed in 2022. The most common responses indicated that staff enjoyed working with their co-workers. The culture at CHS is very open, flexible, and very accommodating. Everyone appreciated CHS benefits, supportive work culture, care, and concern for employees’ wellbeing. Comments regarding what they would suggest for our improvement included: more diversity in all departments and more diverse leadership; more collaborative opportunities between departments; better structure for internship programs; more department leaders who are transparent and organized, better technology (newer computers); more opportunities to learn between departments (better knowledge of what other departments do); more focus on professional development plans, and more updates on what’s happening in the field.

ADA Requests

We received 9 ADA requests in 2022, and 7 were fully granted, while 2 were denied. Two of the requests were for a sit/stand desk, ergonomic keyboard, external monitors, and camera. One request was for permission to park temporarily at the 148th parking lot

due to mobility issues. We granted 4 requests to work from home part-time on a temporary basis (all these requests had expired by the end of the year). One declined request was an employee's request to work from home full-time due to their stress and anxiety. This request was denied due to the nature of her work being an office-based therapist and the need for us to offer in-person services. Another request to work from home was denied because the healthcare provider's note provided to us did not identify a disability to support the limitation of working 50% of their work week from home.

2021 Employee Award Winners (announced in 2022)

- Accountability Award: Angela Thomas, SUD Department
- Accessibility Award: Rochelle Smith, SUD Department
- Integrity Award: Jenny Brown, CBIS Department
- Diversity, Equity & Inclusion Award: Marissa Dibella, MH Department
- Collaboration Award: Alexandra Leptich, SUD Department
- Fun Award: Josh Winship, SUD Department

CHS Leadership

Beratta Gomillion	Executive Director
Cathy Assata	Substance Use Disorders Department Director
Vanessa Villavicencio	Mental Health Department Director
Katrina Hanawalt	Community-Based Intensive Services Dept. Dir.
Paula Thomas	Behavioral Health Integration Department Director
Tanya Laskelle	Family Support Department Director
Max Sanchez	Finance Director
Arra Rael	Diversity, Equity, Inclusion, & Belonging Manager
Mirsada Kulovac	Human Resources Manager

We did not lose any of our members of Leadership Team in 2022. However, we did expand the team to include the Finance Director, DEIB Manager, and HR Manager. We felt that adding these administrative staff to the leadership team, which represented all direct service departments and the Executive Director already, would allow us to approach our work from a wider perspective.

Volunteerism

Based on volunteer hours for WA L&I reports, in 2022 CHS had 103 volunteers (down 11 from 2021) who performed 4,767.25 hours of service (an increase of 633.25 hours compared to 2021) volunteerism valued at $142,779 (based on volunteer value of $29.95 per hour).

2022	1st Q	2nd Q	3rd Q	4th Q	Total
Hours	1,077	1,112	601	1,978	4,767
Volunteers	26	23	26	28	103

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 12/31/2022, our quick ratio is 11.26 which is the proportion of liquid assets and receivables to claims tied to them. At the end of the 2021-2022 fiscal year the rate was 10.12. Our liquidity ratio increased substantially with the decision by management to payoff of the remaining mortgage balance for the 148th location in December 2021 which reduced the short-term obligation portion considerably.

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, 2022, our debt service coverage ratio was 1.74, meaning that the net income generated was enough to cover our current debt obligations. A DSCR of 1.25 and above 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. CHS provided 49,789 hours of service which generated approximately $9.15M in contract revenue.

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. Additionally, all active board members are required to review and sign off on this policy annually.

Finance Department Highlights for 2022

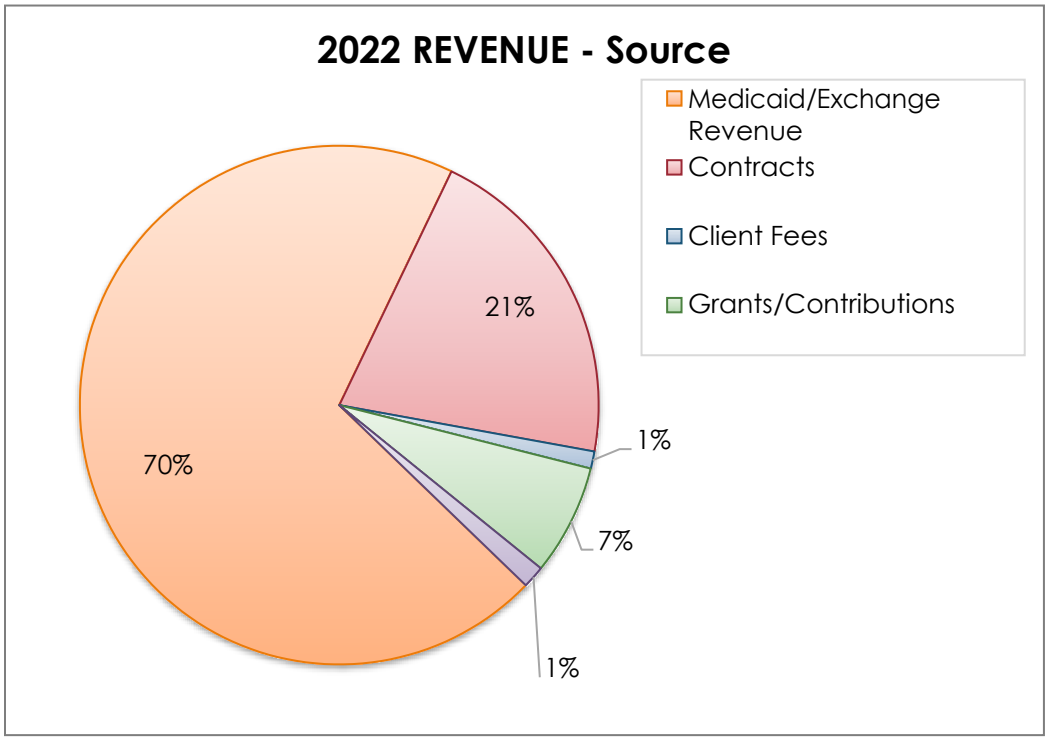
- Received a clean audit from Jacobson Jarvis & Co, PLLC, with no management letter.
- Improved annual budget development process through increased communication and cross-collaboration between program leadership and finance/ED.

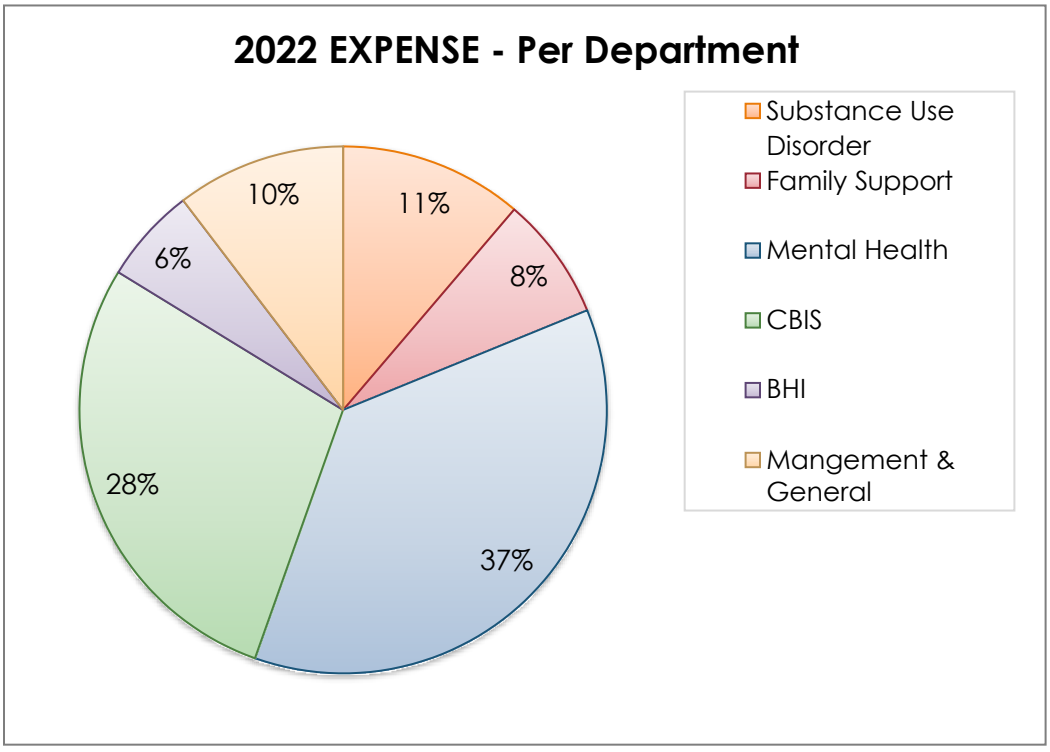
- Migrated accounting system to cloud-hosted secure environment to increase accessibility that is fully maintained with vendor's IT instead of ours. As a result, we were able to roll out the DrillPoint financial reporting solution to all directors so they have direct visibility to their program financial performance in real time.
- Revamped credit card reconciliation process with managers/directors by utilizing Microsoft Teams to improve our controls on spend while streamlining the process on both ends for tracking, approvals, and importing into our accounting system.
- Began transition for all employee reimbursements to eventually be handled through Paylocity with approximately 15 employees opting in early to ensure a smooth rollout in early 2023.
- As of July, all fee for service Medicaid billing now handled through Credible/Qualifacts to improve cash flow and free up significant internal resources to direct to other billing department needs.
- Worked with banking partners to establish higher yielding investment options resulting in an increase of approximately $110k of additional annual revenue.
- Focused on the need to provide competitive wages to staff and made significant investments to keep up with market demand and inflation.
- Received significant funding through the American Rescue Plan Act that allowed expansion of services through King and Snohomish counties.
- Reviewed and updated Financial Policies and Procedures.

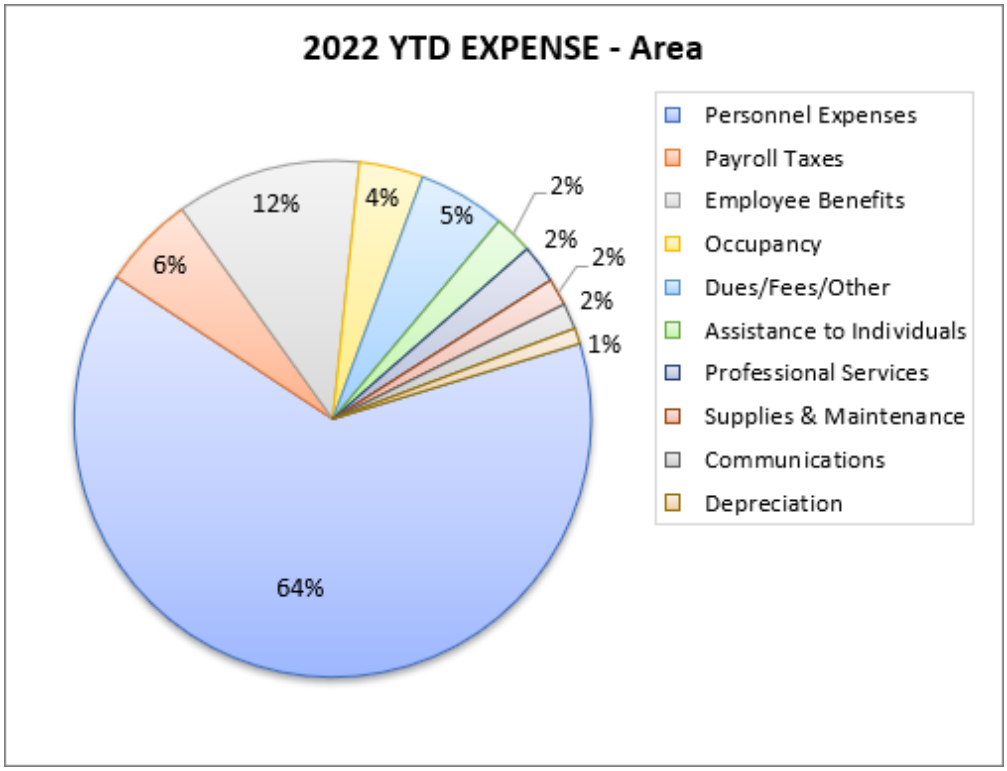
Financial Statement Ratios

Indicator	12/31/2022	Calculation
Net Asset Position	$ 9,789,380	Total assets minus total liabilities
Working Capital	$ 7,547,238	Current assets minus current liabilities
Current Ratio	11.51	Current assets divided by current liabilities
Quick Ratio	11.26	Cash + A/R divided by current liabilities
Cash on Hand to Current Liabilities Ratio	9.12	Cash divided by current liabilities
Unrestricted Surplus/(Deficit)	$ 750,542	Income less expenses
Debt/Net Assets Ratio	1%	Loans + notes payable divided by net assets
Contributions to Total Revenue Ratio	8%	Contributed income divided by total revenue
Program Expenses to Total Expense Ratio	90%	Program expenses divided by total operating expenses

Revenue and Expenses (Actual)






2022 YTD EXPENSE - Area
Personnel Expenses
Payroll Taxes
Employee Benefits
Occupancy
Dues/Fees/Other
Assistance to Individuals
Professional Services
Supplies & Maintenance
Communications
Depreciation
64%
6%
12%
4%
5%
2%
2%
2%
2%
1%

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 2022 Analysis

Service Delivery Functions

Effectiveness of Services

The use of evidence based/informed and promising practices

- Applied to all programs
- Data Source – EBP tracking in electronic health record (Credible)
- Person(s) Responsible for Data Collection - Managers and/or Directors
- Process – Clinicians have a place on each progress note to indicate what EBP was used. Credible Helpdesk will run a report periodically for Managers/Directors that show how many encounters indicate that an EBP was used, as well as which EBP was used for that particular session.
- Achievement Goal – 90% of our programming includes evidence-based/informed practices or promising practices.
- Actual Results – While we believe that we are meeting this goal, we did not properly track it in 2022. The State has released acceptable evidence-based practices for children along with specific elements that must be documented in the session for each EBP. We are in process of modifying our collection methods and developing mechanisms to report these to MCOs. Evidence-based practices were used in the SUD Treatment programs for groups, individual/family sessions, case management, and assessments including GAIN SS, GAIN Assessment, Moral Reconation, MR for trauma survivors, Motivational Interviewing, Cognitive Behavioral Therapy, 7 Challenges, Matrix Model, and ACRA. EBPs used in mental health programs, including the BHI program & the Community-Based Intensive Services Department, were CBT, TF-CBT, Dialectic Behavioral Therapy, MI, Play Therapy, Parent-Child Therapy, Promoting First Relationships, Child-Parent Psychotherapy, EMDR, and Rational Emotive Therapy. These were used in individual sessions, family sessions, and/or case management. The Family Support Department used Promoting First Relationships, Kaleidoscope Play & Learn Groups {promising practice}, and Positive Discipline Parenting Classes EBPs.

Case record reviews

- Applied to clinical programs
- Data Source – Electronic Health Records
- Person(s) Responsible for Data Collection – Clinicians & Supervisors
- Process – The Compliance Coordinator reviews all new admissions 30 days after admission. 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 – Every new client record is reviewed at or around 30 days from admission. At least one record from each clinician is reviewed monthly, and every

closed record is reviewed as part of the closure process.

- Actual Results – The new client portion of this goal is being met. We hired a new position who does this. However, the on-going process is not consistently occurring. Volume and capacity are a barrier in the mental health programs. Plan is to re-evaluate the best way to conduct on-going reviews.

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 – 100% of our outside audits and reviews, as well as our internal chart reviews, showed that we were consistently meeting this goal. Our forms and templates are designed to encourage documentation of client voice.

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, 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 for Families Program Outcomes

The outcomes below are based on a pre/post retrospective survey participants complete during the last session of the class series. The results do not include those that maintained, below are those that showed statistically significant improvement in the following positive parenting strategies and techniques.

- 79% decreased parenting techniques that threaten or criticizing their child (n-86)
- 67% improved in warmly and consistently responding to their child's needs (n=85)
- 79% improved in trying to understand the motivation behind their child's behavior (n=85)
- 80% decreased yelling or getting upset in response to their child's behavior (n=85)

- 75% improved in self-awareness and identifying ways to take care of themselves (n=85)
- 76% increased saying positive encouraging statements to their child (n=85)
- 85% increased the use of family meetings to improve communication among their family members (n=84)
- 76% increased talking and sharing ideas about parenting with other adults (n=86)
- 79% improved in helping their child identify and express their feelings (n=85)
- 79% improved in setting clear expectations and consistent with their child (n=86)
- 86% improved self-awareness and ability to identify when their own emotions interfere with parenting (n=85)
- 77% improved in taking time to listen and ask for the opinions and feelings of their child (n=86)

Kaleidoscope Play & Learn Outcomes

The number of participants measured during 2022 was lower due to focusing on surveying those that attend in person sessions which didn't happen until the second half of the year due to COVID.

- 94% increased their understanding that children develop school readiness skills through play (n=16)
- 100% increased their understanding of their role in helping the child in their care prepare for kindergarten (n=16)
- 100% increased their understanding of what to expect from children at different ages and stages of development (n=16)
- 100% increased in understanding the importance of having a nurturing relationship with the child in their care (n=15)
- 100% increased the frequency in which they describe things they see and do, talk about numbers shapes, sizes and read or tell stories with their child.
- 94% increased their use of community activities or services to help the child in their care learn and be healthy
- 94% increased talking or sharing ideas about caring for children with other adults
- 100% reported during the COVID19 Pandemic they felt more connected and supported

Community Outreach Program Outcomes

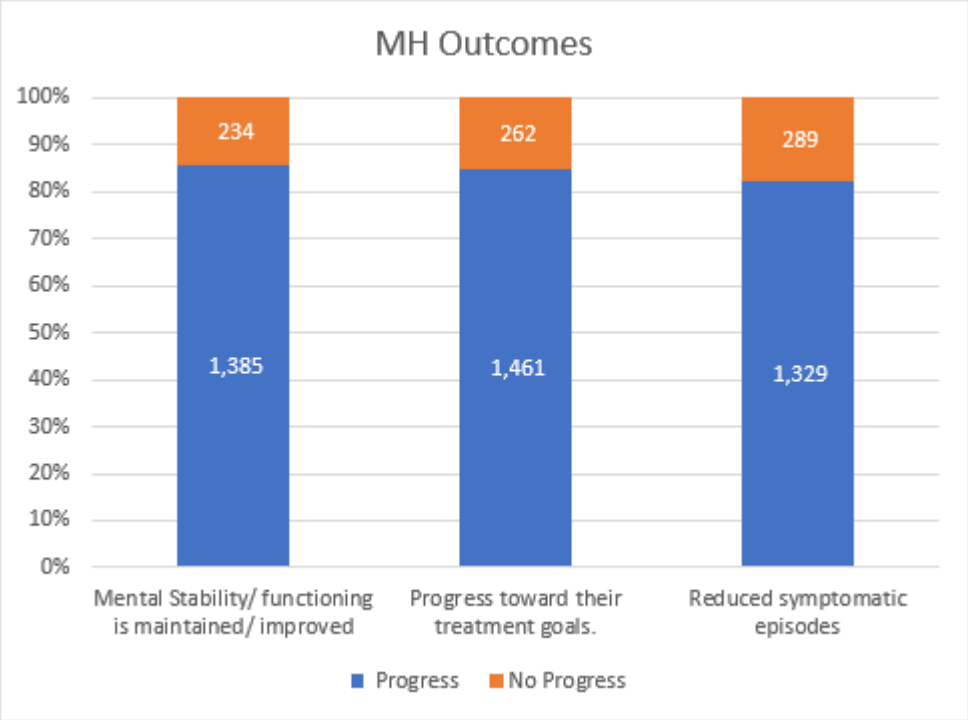
With this being a new program in 2022, we continue to develop our outcome evaluation methods to accurately reflect the improvement for participants regarding areas of Social Determinants of Health and Well-Being. 2022 collected data indicated the following outcomes (n=58).

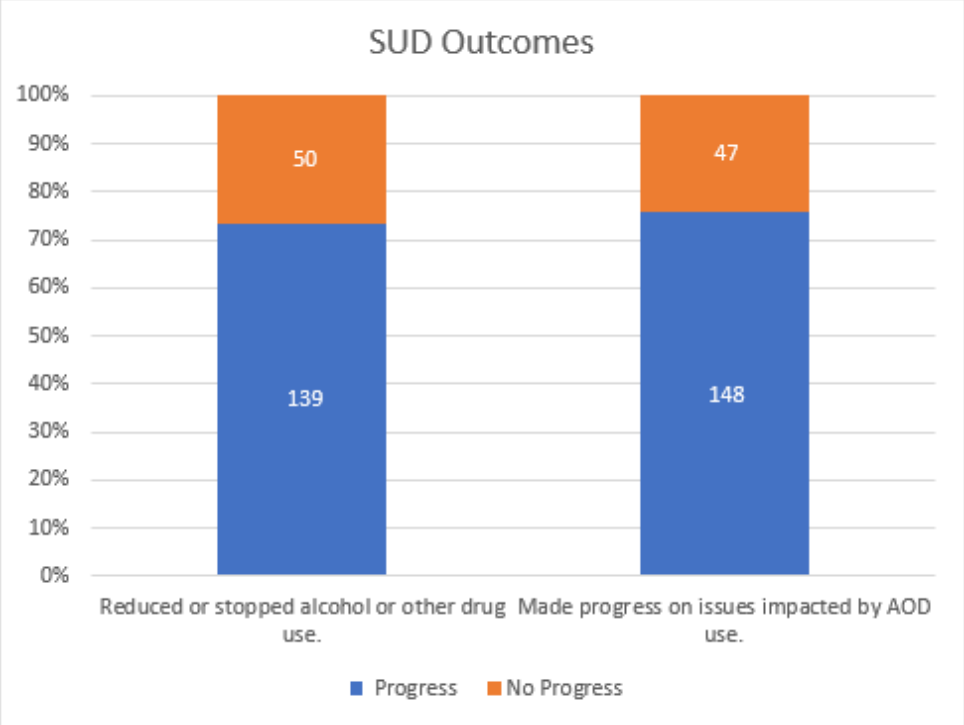
- 94% of participants improved or strengthened access to Basic Needs for their family
- 76% of participants improved or strengthened their housing situation
- 34% of participants improved or strengthened their access to reliable transportation

Clinical Programs Outcomes:

- 86% of the clients who received mental health services improved their mental stability/functioning.
- 85% of the clients who received mental health services made progress toward their treatment goals.

- 82% of the clients who received mental health services reduced symptomatic episodes.
- 74% of the clients who received SUD treatment decreased or abstained from their alcohol or other drug use.
- 76% of the clients who received SUD treatment made progress on issues impacted by their AOD use.





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 – The Corporate Compliance Committee reviewed all Critical Incidents from 2022. See Critical Incidents summary and analysis in this 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 2022.

Efficiency of Services

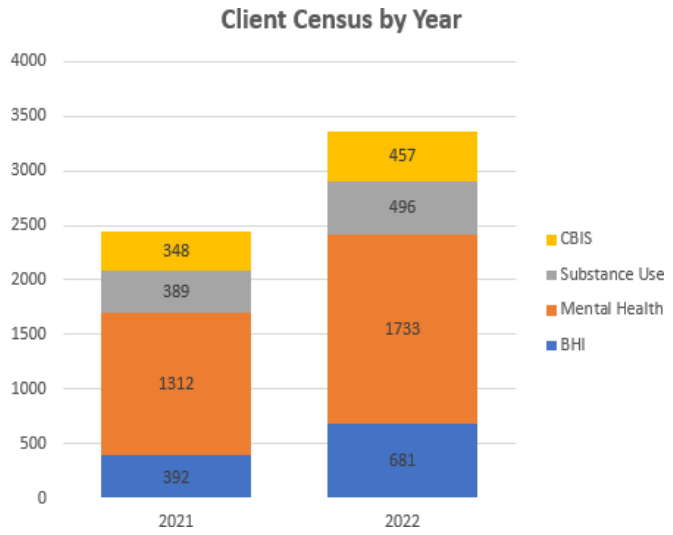
Utilization management (appropriateness of admissions and services provided)

- Applied to clinical programs
- Data Source – Client records & 30-day review form
- Person(s) Responsible for Data Collection – Managers & Directors
- Process – Charts are reviewed 30 days after admission. The reviewer determines if the client was appropriate for admission and was assigned to the appropriate level of care. Reviewer uses ASAM (SUD) and Locus/CALocus (MH) scores as reference points.
- Achievement Goal – 100% of clients admitted for services meet medical necessity and are placed in the appropriate level of care.
- Actual Results - Goal met. All clients admitted for services were appropriate admissions.

Utilization management (number of clients being served)

- Applied to clinical programs
- Data Source – Credible Report

- Person(s) Responsible for Data Collection – Clinicians
- Process – Charts are reviewed 30 days after admission. The reviewer determines if the client was appropriate for admission and was assigned to the appropriate level of care. Reviewer uses ASAM (SUD) and Locus/CALocus (MH) scores as reference points.
- Achievement Goal – 15% (or more) increase in admissions over previous year.
- Actual Results – Over 31% more clients were admitted in 2022 than 2021.



Encounter data validation

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection –Billing Specialists
- Process – Billing Specialists compare services to coding and billing. The Billing Specialist provides individual results to the clinician of record and their supervisor, clearly outlining change expectations and timeline for completion. The Billing 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. Encounters submitted for billing should show an accuracy of 95% or higher.
- Actual results – Due to staffing difficulty, billing specialists were unable to routinely check coding/billing. We had a 2022 Encounter Data Validation (EDV) review by King County and it showed an accuracy rate of 82.5%. Steps were put in place to improve the problem areas causing errors.

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 – 60% of clients engaged in SUD treatment (had 3 sessions or more) remain in treatment for at least 90 days.
- Actual Results – For the SUD clients seen in 2022 who received at least 3 sessions of any kind, 80% of them remained in treatment for at least 90 days. We met this goal and improved by 3% from the previous year.

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 45% each month.
- Actual Results – Most clinicians are meeting or coming close to this goal

Show & No-Show-rates

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data Collection – Supervisors, Department Director, Program Managers
- Process – A Credible report is ran after the end of the year, to show how many no-shows we had compared to all appointments scheduled per department. Additionally, 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 – Each program and the agency as a whole will have a no-show rate of less than 30% for the year.
- Actual Results – The only programs with a no-show rate greater than 30% in 2022 was Youth SUD (both IOP & OP). It is noted, however, that the SUD- IOP-Y number was based on one client with two services scheduled. Overall, the agency as a whole had a no-show rate of 18%. See No-Show Report Below.

No-Show Report	
Year:	2022

Program	COMPLETED	CNCLD >24hr	CNCLD	CNCLD BY PROV	NO SHOW	TOTAL	% SHOW	% NO SHOW
BHI	2184	142	208	172	251	2957	74%	16%
IEC	2327	46	281	39	106	2799	83%	14%
MH-KC	4962	291	700	556	419	6928	72%	16%
MH-SC	12328	112	1491	483	1502	15916	77%	19%
SUD-IOP-A	797	1	11	5	293	1107	72%	27%
SUD-IOP-Y	1	0	0	0	1	2	50%	50%
SUD-OP-A	1201	2	29	11	234	1477	81%	18%
SUD-OP-Y	173	1	5	0	74	253	68%	31%
WISe-KC	579	12	100	37	32	760	76%	17%
WISe-SC	835	21	103	55	55	1069	78%	15%
WRAP-MIDD	0	0	0	0	0	0	n/a	n/a
ALL CHS	25387	628	2928	1358	2967	33268	76%	18%

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 – 1313 of 1706 assessments occurred within 7 days of request. This is 77%, so we did not meet our goal. We attribute this to the fact that most assessments were occurring via scheduled appointment rather than open access, a residual effect of the pandemic. Because assessments were not conducted within our goal's time frame, on-going first appointments also did not meet our benchmark.

Penetration of services

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data – 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 2022 we completed 1,234 assessments. This is slightly more than 2021.

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, focus groups, interviews, employee satisfaction surveys, suggestion boxes, audits, web page comments, etc. See Stakeholder Input section of this report.

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
- 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. All drills and inspections occurred according to schedule and CARF standards for health and safety were met. Risk Management Plan reviewed – see Plan review 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 2022.

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. HR staff developed a mechanism to track credentials more efficiently. 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, with at least 75% of the training plans being achieved weekly, either in person or 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 and compliance is monitored closely with the particular employee. Managers/Directors monitor deliverables per contract. At the end of the contract, managers/directors see if we met our goals regarding deliverables.
- Achievement Goal – Any compliance issues or problems with deliverables are corrected. All audits and site visits are deemed as satisfactory by the auditing body. Year-end reports show we met all deliverables.

- Actual Results – All audits and site visits had positive results. Deliverables for some contracts were re-negotiated.

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. We earned another 3-year accreditation. We continue to follow all relevant CARF standards. Our next review will be in 2025.

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 with no management letter.

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 occurred.
- Actual Results – We dealt with two incidents that were of concern because of HIPAA or confidentiality laws. One was EPHI being accidently sent to the wrong provider and the other was an email sent to the wrong parent. The affected client/caregiver was informed of the mistake. Fortunately, no damage incurred due to these policy violations. In both situations, the 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 – Our turn-over rate was 38% in 2022, slightly falling short of our goal. 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 2022:

- 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.
- Implemented DEIB Program, impacting all areas of service delivery.
- 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 2022

Workforce shortage, school shootings, increased behavioral health needs, burnout, defining and agreeing on what sustainability looks like… all of those things affected our work. It affects how many clients we see, when we see them, how we see them, as well as our therapist's capacity (staying in the field, staying in community mental health, needing extra days off, how many people they *can* see). Plus, the closing of mental health agencies and other supports, i.e. hospitals that closed their pediatric units or didn't have staffing to run more intensive programs, affected our services. When we don't have anywhere to send clients who need a higher level of care, clinicians burn out.

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- Snohomish County
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- King County MIDD Initiative
- King County Best Start for Kids Initiative
- HealthierHere
- Foundry10
- Hundreds of individual donors
- And many more.

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

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