



# GREAT RIVERS

BEHAVIORAL HEALTH



*Annual Report 2017*

Prepared by  
Great Rivers  
Behavioral Health Organization

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## Letter from the CEO



Just when I thought it couldn't get any better, our providers and community stakeholders, in partnership with Great Rives BHO stepped up and proved me wrong. I continue to be amazed at the passion and creativity in our region. Great Rivers asked folks to think outside the box and our communities responded with chucking the whole box out the window...

2017 was a year of growth and expansion for our region. Great Rivers BHO continued to build on the foundation of work done in 2016 when the Behavioral Health Organizations took on responsibility for all of Washington State's mental health and substance use disorder treatment for Medicaid lives. One of our highest priorities was increasing access to services in our Network of Care. This included addressing the multiple needs simultaneously in all areas of our region. We greatly expanded the number of providers, increased the number of dually licensed providers, and the number of provider sites in our region. These achievements would not have been possible without our provider partners and the support of our community stakeholders.

I would like to highlight a significant improvement in our Crisis System. Great Rivers, in partnership with our regional crisis providers, redesigned our system to achieve better access and outcomes. The first change is a single regional Crisis Hotline. Now, our region has a single local provider answering these calls. The team is better able to respond to the callers' needs as they have comprehensive knowledge of the resources in our region. The second enhancement is the creation of Mobile Crisis Teams. These teams are now better able to respond to crisis in the community- our hope being that the crisis can be better resolved in the person's natural setting without a potentially escalating and traumatic visit to the local emergency rooms. The final change is the separation of the Designated Mental Health Professionals (DMHPs soon to be called Designated Crisis Responders when The Substance Use Disorder Involuntary Treatment Act takes effect April 2018). We have seen positive impacts as a result of these changes throughout our region.

As we look at 2018, we will be filling several gaps and concentrating on creating a system of care that will be complete and sustainable beyond 2020. While the State is focused on creating a single payers system, our region is focusing on integrated care. We will continue to work towards integrating finance, but we believe integrated care will have the biggest impact on those living in our communities.

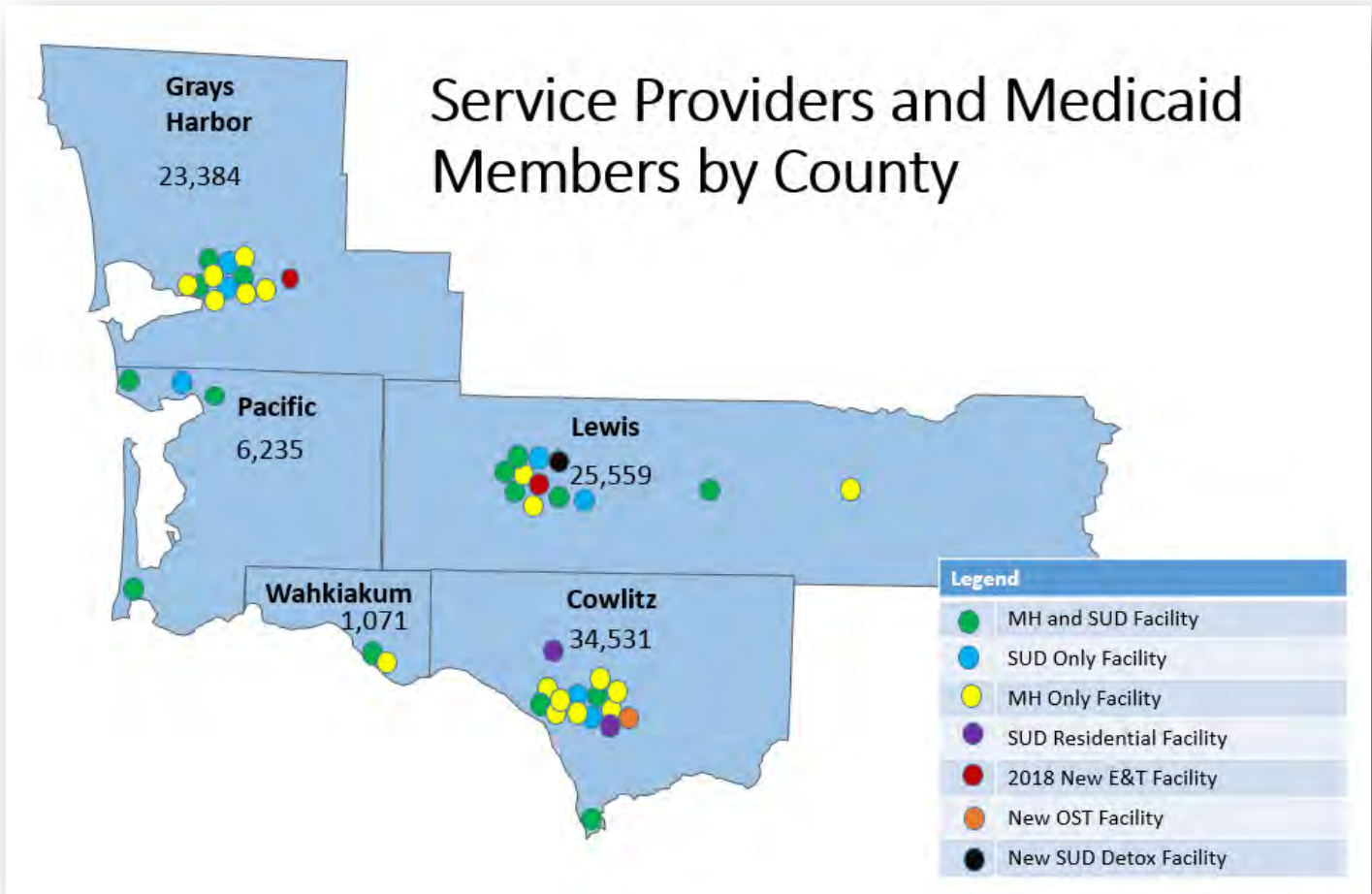
Our priorities include further increasing access, leveraging community partnerships, improving quality of services, increasing services for individuals with complex needs, shifting to value based contracting models and, most importantly, staying ahead of state changes. We will continue to build a truly complete, whole-person system of integrated care that will able to achieve the best health care possible for our communities while operating as efficiently and effectively as possible.

Stay tuned for more outstanding system enhancement coming from Great Rivers and our partners.

Marc Bollinger  
Chief Executive Officer  
Great Rivers Behavioral Health Organization

# Increasing Access to Care: 2017 In a Nutshell

While 2016 was a year of establishing the network, forging relationships and identifying gaps, Great Rivers spent much of 2017 focused on continuing to grow the network and increasing access to care. An increase in the number & types of programs and services were priority. Request For Applications (RFAs), grants and other selected contracts were the method by which the BHO pushed out dollars into the community for direct services.



## Network Expansion of BHAs

Agency Type	2016*	2017*
Mental Health	11	<b>21</b>
SUD	13	<b>18</b>

\*Agency presence counted once per county

**120%**  
Increase of dually-licensed Behavioral Health Providers

*(Able to treat both mental health & substance use disorder)*

**More programs & services means**

**Total # of Medicaid Lives (Monthly Average): 91,917**

**Penetration Rate**  
(Percentage of eligible people who utilized services)

**12.6%**

(2016 Penetration Rate: 11.6%)

**Clients Served:**

	2016	2017
Children	5,022	5,667
Adults	10,698	11,577
Geriatrics	1,101	1,203
<b>TOTAL</b>	<b>16,821</b>	<b>18,447</b>

**Brand New Programs Initiated: 12**

Examples:

- FACT:** Treating the highest needs population region wide
- New Journeys:** Treating First Episode Psychosis early on with Best Practices
- Sober Transport:** Helping people get to their appointments to get the help they need

**\$40.9M**

Funds spent towards Direct Services & Programs

**↑ 21%** From 2016

**5 Mobile Crisis Teams Serving The Region**

**Increased crisis staff by 150% with a focus on serving clients out in the community**

**more people get the help they need.**

## Mission:

*“To develop and provide a system of high quality, whole person care”*

*We, Great Rivers Behavioral Health Organization, operate with honesty, integrity, mutual respect and trust, believe that all people deserve superior quality health care.*

*We drive our organization based on a common vision to expand top quality, whole-person, health-focused services in our communities.*

*With a focus on superior quality, we endeavor to build a system that meets and exceeds the needs of our population in unique, innovative ways. We maximize expertise across the organization through delegation and cross functional support. We achieve our goals while valuing and supporting our relationships both internally and externally, and will continue striving to be ‘the best in class’ – as a provider, employer and community partner.*

## Background

Great Rivers Behavioral Health Organization (Great Rivers) is a publicly funded agency formed in April 2016 in response to Senate Bill 6312 from the Washington State legislation. It is one of 11 Behavioral Health Organizations (BHOs) across the state, made up of multi-county regions, each tasked with becoming the fiscal agent for publicly-funded behavioral health services—Mental Health (MH) and Substance Use Disorders (SUD) - at the local level. The BHO does this by providing funding and oversight for direct services delivered through contracted providers known as behavioral health agencies (BHAs).

Great Rivers is comprised of five counties in Western Washington: Cowlitz, Lewis, Grays Harbor, Pacific & Wahkiakum. It is considered a rural/frontier region, with a high amount of land mass, and a relatively small amount of covered lives.

The goal of Great Rivers is to improve the overall well-being in these counties by addressing the behavioral health needs of their communities and ensuring adequate resources available.

When Great Rivers formed, the first objectives involved assessing and developing the network of care – provider agencies and services. Staff performed a Needs Assessment in early 2016 and made a plan for addressing gaps in services, expanding choice within the region and creating structure for quality services with a multi-pronged approach.

Great Rivers BHO made substantial progress in 2016 towards securing and developing the regional network of care – planting the seeds for further expansion in 2017.

## Our Network of Care

*The major priority of 2017 was to increase access to treatment and services across the region and expand the overall network of care, ultimately giving more people the ability to seek out and receive the help they need, at the local level.*

### Increasing the behavioral health footprint

There were 91,917 Medicaid eligible covered lives in the region at the start of 2017. This number rose slightly throughout the year. Great Rivers penetration rate increased to 12.6% (compared to 11.6% in 2016). This means that nearly 13% of Medicaid eligible persons sought out and received Behavioral Health services within the system (the national benchmark is 10%). Great Rivers grew in this area by way of partnering with our providers and community stakeholders region wide.

By the end of 2017 Great Rivers had increased the number of Behavioral Health providers from 14 to 18. Some agencies also expanded facility sites and service programs.

Many of these programs were initiated through the Request for Application (RFA) process. Besides targeted RFAs that were released for very specific services and locations, Great Rivers also released an open-ended RFA for any provider, new or existing, to apply for funding to help solve an identified gap in their community.

## 2017 Expansion by County — Highlights

**Cowlitz County** continues to be the community with the most comprehensive and diverse set of services in the Great Rivers Region. Choice of provider and Integration of Services continues to increase. Youth services have increased at Columbia Wellness, CORE Health and A First Place. OST Services (Kelso Treatment Solutions) are set to come to the community in February of 2018 through partnership with Acadia. Crisis Services continue to evolve – the Mobile Crisis Team was brought online in 2017; the role of the DMHP continues to be separated from the crisis team; the 16 bed Detox/CSU will be online in Summer 2018. Also, the FACT Team and the Trueblood Diversion team began service to some of the highest need individuals in Cowlitz County. With our new Youth Systems of Care position we will add more focus to youth services, further addressing the need for expansion within our community in 2018. Housing remains a major issue – both transitional and longer term permanent supported housing.

**Cowlitz County:**

Total number of Behavioral Health Agencies (BHA's) increased from 8 to 9 with the addition of Great Rivers BHA – Community Integrated Health Services (CIHS). Of these agencies, seven (7) offer mental health and six (6) offer substance use disorder services. The number of dually licensed BHA's (both Mental Health (MH) and Substance Use Disorder (SUD)) doubled from Two (2) to Four (4) (CORE Health added SUD; Awakenings added MH). CIHS is pursuing dual licensure currently.

**Grays Harbor County:**

Total number of BHA's increased from five (5) to nine (9) with the addition of A First Place, Lifeline and Great Rivers BHA – Community Integrated Health Services (CIHS). Of these agencies, seven (7) offer MH and five (5) offer SUD services. Four (4) BHA's are now dually licensed (ESD 113 recently added MH). CIHS is pursuing dual licensure currently. That was increased from only One (1) dually licensed BHA in 2016.

**Grays Harbor** experienced the most significant growth in service providers across the Great Rivers region, nearly doubling from 5 to a total of 9 BHA's. The number of dually licensed providers also doubled. Choice of provider and Integration of Services continues to increase. Youth services have increased at BHR and ESD 113. OST Services continues to be an essential service in this county. A significant amount of work was done to enhance Crisis and High Intensity Services within the county. The Mobile Crisis Team began services in September, doubling the number of staff able to respond to mental health crises in the community. Additionally, the FACT Team (Flexible Assertive Community Treatment) and the Trueblood Jail Diversion team have come on line through CIHS to serve some of the most vulnerable in the community. Partnership with Aberdeen Municipal Court and local CAP resulted in an innovative new Community Court in February (one of only 3 in the State). Continued expansion of Youth services is needed. Detox services are needed. Housing is a major issue – both transitional and longer term permanent supported housing.

Inpatient psychiatric beds are needed, as patients continue to have extended stays in ill-equipped local Emergency Departments. Development of the Mark Reed Facility in McCleary, WA will be an essential piece of the continuum, with 16 new beds due to come online in Summer 2018).

**Lewis County** was also assessed in regard to needing expansion of the service continuum. Lewis County doubled the number of BHA's in 2017 – from 3 to a total of 6 BHA's. Choice of provider and Integration of Services continues to increase. Youth services have increased at Cascade (2 new WISE teams) and ESD 113. Detox Services have been added with ABHS. Crisis Services were expanded and refined with the addition of the new Mobile Crisis Team staff, and the continued separation of the DMHP role. The Trueblood Jail Diversion team was established in collaboration with local jails. The need for increased services in East Lewis County continues to be an issue (although inroads were made in 2017 with Eugenia and Cascade). Inpatient psychiatric beds are needed, although Cascade progress on their E&T was significant in 2017. Housing remains a major issue – both transitional and longer term permanent supported housing.

**Lewis County:**

Total number of BHA's doubled from three (3) to six (6) with the addition of CORE Health, Great Rivers' CIHS and American Behavioral Health Services (ABHS). Of these agencies, six (6) offer mental health and five (5) offer substance use disorder services. All except CIHS – currently anticipating dual licensure in Spring 2018 – are dual licensed.

**Pacific County:**

Total number of BHA's increased to four (4) with the addition of Lifeline in North County and Great Rivers CIHS Trueblood. Of these agencies, four (4) offer mental health and three (3) offer substance use disorder services. Three (3) are dually licensed.

**Pacific County** added a new provider and increased services at the other two providers. They were a target for early implementation of Telepsychiatry, with Lifeline and Ocean Beach Hospital completing assessments of readiness for implementation in 2017. The work with Great Rivers' County Liaison in Pacific has been strong and greatly improved the functioning of therapeutic/community courts. Crisis Services took a leap forward with the development of Mobile Crisis Team capacity in both North and South Pacific County. Additionally, Pacific County was an active participant in the Trueblood Jail Diversion program as it came on line in 2017. A WISE (Wraparound Intensive Services) team for youth was added for the first time in Pacific County in 2017. Detox services are needed. Housing is a major issue – both transitional and longer term permanent supported housing.

**Wahkiakum County** added a new provider with Great Rivers' CIHS Trueblood program. The development of the Mobile Crisis Team was the biggest addition to the Wahkiakum service continuum. Telepsychiatry was prioritized to start up Wahkiakum first in the Great Rivers region. The Assessment was completed in 2017 and services are set to begin in February 2018. This will augment current efforts to increase Crisis and Jail services. It will also assist with major provider recruitment issues Wahkiakum has been having. Wahkiakum County actively partnered with CIHS to bring WISE services for youth to the Wahkiakum community. Wahkiakum was a frequent user of Latino Consultation services provided by Great Rivers in 2017, as well as Clinical Supervision for licensure as they try to address workforce issues by investing in their own local clinicians.

**Wahkiakum County:**

A total of two (2) behavioral health agencies serve the residents of Wahkiakum County. Wahkiakum County Mental Health and Chemical Dependency Services is the BHA responsible for the all services (mental health, substance use disorders, and crisis services) in the county. The exceptions are WISE and Trueblood services offered by CIHS.



## 2017 Services Provided Region Wide

### Substance Use Disorder Services Provided

Assessment  
 Brief Intervention  
 Case Management  
 Outpatient Treatment (Tx)  
 Intensive Inpatient Residential Services  
 Long-Term Care Residential Services  
 Opiate Substitution Treatment (OST)  
 Withdrawal Management

### Service Hours By Behavioral Health System

Mental Health	198,811
Substance Use Disorder	135,036
<b>TOTAL</b>	<b>335,999</b>

### Mental Health Services Provided

Brief Intervention Tx  
 Care Coordination Services  
 Child & Family Team Meetings  
 Co-Occuring Tx Services  
 Crisis Services  
 Day Support  
 Engagement & Outreach  
 Family Therapy  
 Group Tx Services  
 High Intensity Tx  
 Request for Service  
 Special Population Evaluation  
 Stabilization Services  
 Therapeutic Psychoeducation  
 Housing & Recovery (HARPS)  
 Individual Tx Services  
 Intake Evaluation  
 Interpreter Services  
 Jail Services / Community Transit  
 Medication Management  
 Medication Monitoring  
 Peer Support  
 Psychological Assessment  
 Rehabilitation Case Management  
 Supported Employment  
 Testimony for Involuntary Treatment  
 WISE

## Clinical Focus & Improving Quality

**Care Coordination** Great Rivers has brought in experts in the MH and SUD fields, including Child Mental Health Specialists and Chemical Dependency Professionals, to work with providers on ensuring that services are being coordinated internally within agencies, as well as externally with community partners including hospitals, jails, primary care clinics, in order to promote continuity of care and a shared treatment plan for the individual. This helps to ensure that all partners contributing to the client's care are up to date on the latest progress, areas of concern, and ongoing treatment goals, and can more effectively serve the client as a system. Great Rivers care managers and utilization managers' involvement allows us to monitor the care of our highest utilizers and ensure they are receiving the level and quality of services that are medically necessary.

In addition to expanding and improving care coordination efforts, and close monitoring of our highest utilizers, Great Rivers is also monitoring all authorizations for care as of 12/30/16.

Service Hours By Provider Type	MH	SUD
Chemical Dependency Professional/Trainee	209	110089
Master Level / PhD	75063	4841
ARNP/Psychiatrist/MD/PA	7194	
Bachelor Level	76448	16059
Certified Medical Assistant	13	1304
RN/LPN	29821	
DBHR Credentialed Certified Peer Counselor	3898	2
PharmD		14
Other/NA (Services provided by an intern or does not meet any other provider types / Collected for reporting the High Intensity Services and Request for Services)	6166	111

**Authorizations** As of 12/30/16, Great Rivers BHO took all behavioral health authorizations for our region in house. This means that local BHO clinicians are processing the authorization requests for local clients. This includes inpatient and outpatient, mental health and substance use disorder services. All authorization requests are processed by the Utilization Management and Care Management Team, under oversight of the UM/CM Manager, Chief Clinical Officer, and Medical Directors. With managing the entire authorization process in house, we are able to ensure that individuals in the Great Rivers region are able to access the medically necessary services they need and in a timely manner. For example, all outpatient authorizations are

processed and decision made within 3 business days. Also, Great Rivers is able to monitor the quality of documentation regarding authorization requests to ensure that our individuals are receiving quality services. A total of 28,493 authorizations were processed during 2017.

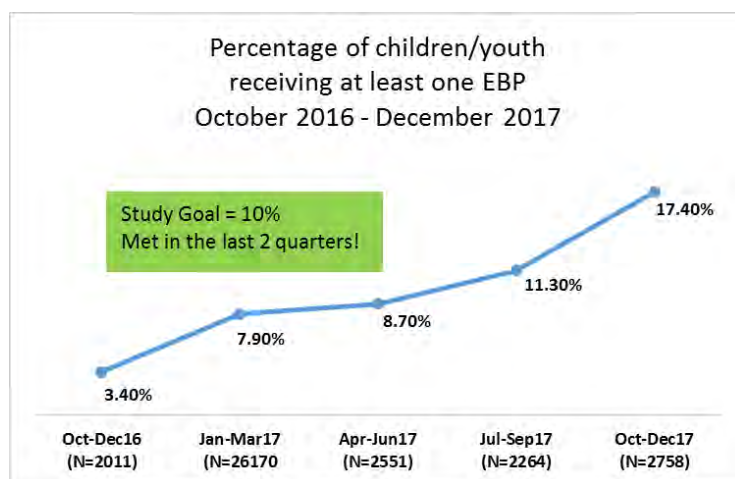
Great Rivers' monitoring of documentation quality is directly related to ensuring that documentation meets state and federal requirements.

## External Quality Review (EQR)

As the State's external quality review organization (EQRO), Qualis Health is contracted to conduct a yearly assessment of the accessibility, timeliness, and quality of managed mental health and SUD treatment services provided by BHOs to Medicaid enrollees.

This included assessing compliance with standards related, but not limited to, availability of services and quality assessment and performance improvement; validating encounter data submitted to the State; validating the BHO's performance improvement projects (PIPs); and performing an Information Systems Capabilities Assessment (ISCA). In 2017 Qualis completed a full review of Great Rivers and gave the BHO high marks. Areas of improvement included ensuring that required clinical documentation meets state requirements and matches individual assessments and treatment plans.

Great Rivers focused heavily on improving quality of services in 2017. This means that people receive the right services, in the right amount, at the right time to best meet their or their family member's behavioral health needs. We've conducted clinical and administrative audits of agencies across the region to assess strengths and areas for improvement in relation to state and federal requirements around service provision, and have required agencies to take action to address any requirements that are not met. We've offered trainings on what's known as "the Golden Thread," the link between an accurate assessment, an appropriate treatment plan, and the progress notes that record how treatment is provided and how well individuals' goals are being met. And we've established and monitored "quality indicators," like timeliness of access to services, to tell us what's going well and when focused improvement efforts are needed. These efforts translate to an improved experience for those individuals seeking or receiving services from Great Rivers-contracted behavioral health agencies.



## Evidence Based Practices

Provision of evidence-based practices (EBP) is both a priority and a part of appropriate, quality behavioral health care for all. In 2017 Great Rivers Behavioral Health conducted a performance improvement project aimed at increasing the percentage of Medicaid-enrolled children and youth reported to have received at least one EBP. Great Rivers is happy to report that the goal of statistical and clinical improvement was met, meaning more kids received more evidence-based practices.

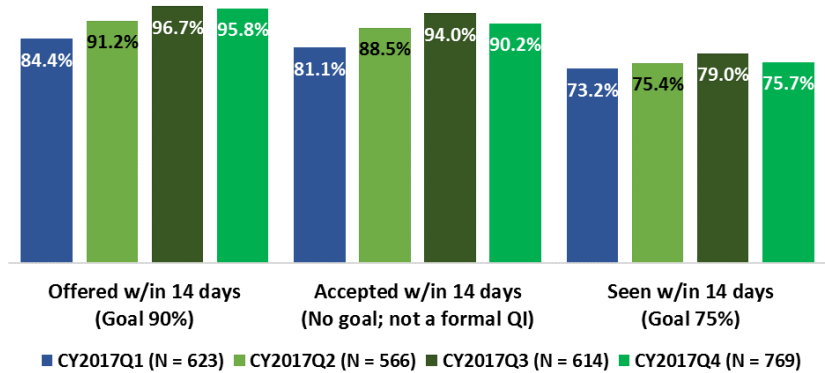
## Quality Indicators

### Timeliness of Access of Substance Use Disorder Services 2017

An important part of providing quality behavioral health services, is being able to provide timely access to services. That is why Great Rivers monitors this on a quarterly basis. The charts below demonstrate our regions' SUD behavioral health agencies ability to offer and provide timely assessments to enrollees.

Great Rivers conducted its first region-wide satisfaction survey in October using the Client Satisfaction Questionnaire (CSQ-8). Throughout the region, the overall response rate was 26.8%. Ninety-four percent of the respondents were satisfied with the behavioral health services they had received from their behavioral health agency. Below are the individual satisfaction question results, which demonstrate those largely positive ratings. The second figure shows overall satisfaction by ethnicity of the respondent.

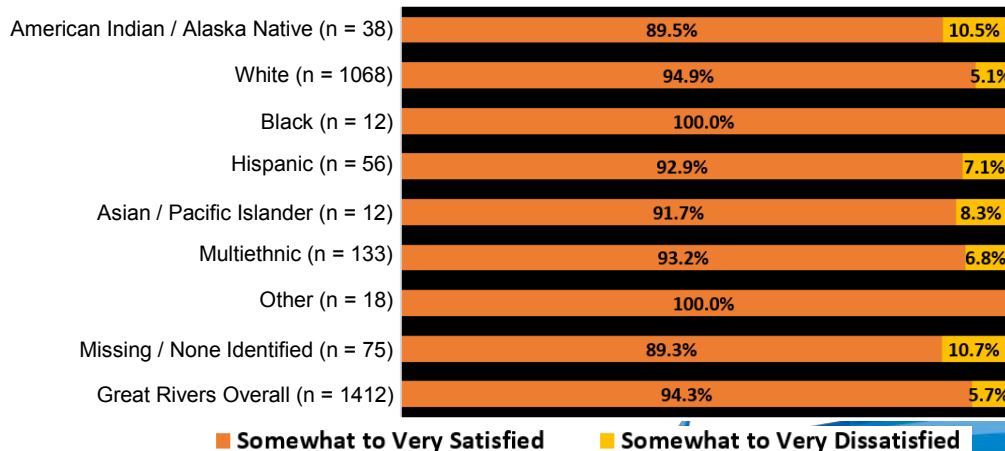
### Timeliness of Access to Outpatient SUD Tx Services, Jan.2017-Dec.2017



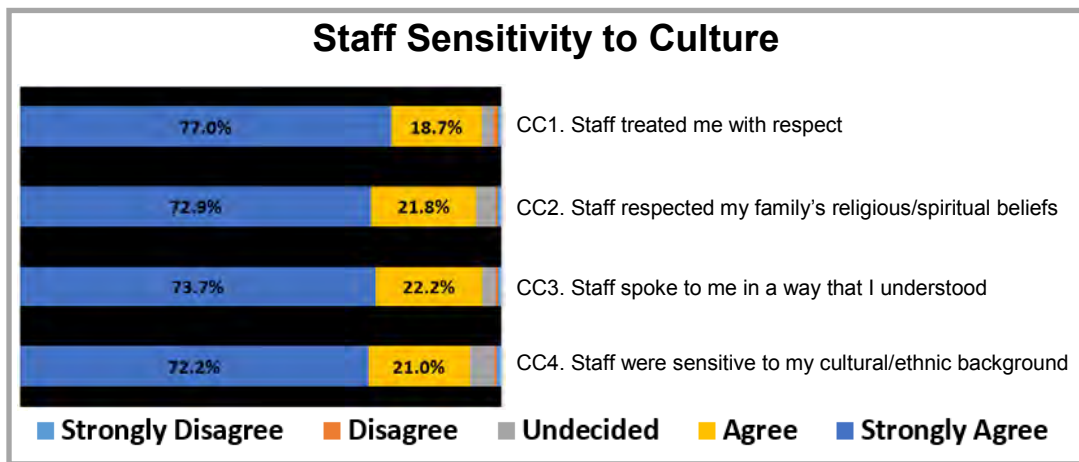
### Region-wide Results for Individual Satisfaction Questions, October 2017



### Overall Satisfaction by Ethnicity



A second measurement tool, Mental Health Statistics Improvement Project (MHSIP), was used to explore perceptions of cultural sensitivity, appropriateness of communication, and respect shown by BHA staff. The majority of respondents reported they agreed or strongly agreed with the subscale's four items.



Great Rivers-contracted Ombudsmen saw or assisted a total of 272 individuals in 2017. These Ombudsmen are independent of the BHO, and their sole purpose is to be a client advocate for those seeking or receiving BH treatment. They assist with grievance submissions, community education and general outreach.

## Agency Trainings

Great Rivers made a concerted effort to provide or sponsor various trainings throughout the region for providers and community partners alike in 2017. Clinical trainings focused on quality of care, specific techniques and coordinating data entry to match clinical findings. Information & Technology System (IT/IS) trainings focused on utilizing the Electronic Health Record system and streamlining data submission to the State. Great Rivers also held trainings for Certified Peer Counselors who are licensed by the state and are an integral part of helping people in recovery transition back into society after a stay at an inpatient facility.

Great Rivers Human Resources department will be working with provider agencies collaboratively as a region, further addressing training and development needs and other workforce demands as part of an HR Summit that will meet in early 2018.

## Community & Individual Experience

Our Consumer Partnerships Coordinator led the charge in having Great Rivers sponsor and participate in various events throughout the year to help with awareness and outreach for behavioral health issues, especially in September and May during Mental Health Awareness & Recovery Month. Great Rivers had a presence at Run The Path, Discover Recovery (Cowlitz) and various other recovery focused events, including

### Trainings Provided

Total # of Trainings performed or sponsored by Great Rivers

**54**

**Clinical Trainings:** Golden Thread Documentation Training, LOCUS / CALOCUS, Crisis Prevention Intervention (CPI)

**IT/IS trainings:** Electronic Health Record (EHR) system trainings including courses on Data Entry & Transmission, Security Systems and DataBase Maintenance, Advanced Widgets and SQL View, &

**Consumer Partnership Trainings:** Mental Health First Aid, Certified Peer Counselor Training,

those that the local NAMI chapter put on. This gives more community members information and skills to help those who may need BH treatment.

One of the highlights that our Consumer Partnership Coordinator provided was Mental Health First Aid (MHFA) trainings throughout the region. This began mid-year, and with 8 trainings, reached over 150 people within the first 6 months. MHFA is a course available to provider agencies and community members alike, aimed at giving more people the knowledge and basic skills to understand and help those around them who may be experiencing a behavioral health issue. One of the best outcomes of the course is its ability to minimize and help stop social stigma that is often associated with mental health and substance abuse disorders and is one of the reasons why many people do not seek treatment in the first place.

## Workforce Development

The region as a whole determined that recruitment of qualified, available talent was one of the top priorities to focus on in 2017. Attracting good talent to rural communities is a struggle, so we decided to focus on ways we could help.

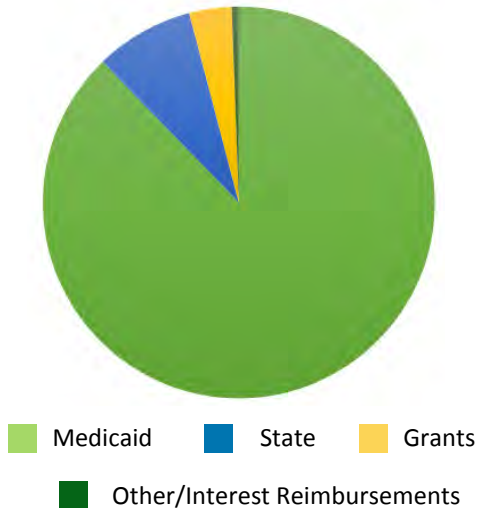
Many new jobs were posted in conjunction with the awarding of various RFAs. Between RFAs and other areas of program growth, approximately 63 positions were introduced into our communities, including 7 new jobs within the BHO itself. In late 2017, Great Rivers received Board approval to invest into a Regional Recruitment Initiative that will help providers streamline their recruitment efforts and create a more efficient process. This will lead to savings on administrative oversight by giving providers big company pricing while reduces the cost in job advertisements. The initiative will increase provider visibility to attract qualified candidates, reduce applicant abandonment rate due to inefficient apply processes, and allows Great Rivers to begin collecting hard coded data of what efforts work/don't work, tailoring efforts to our unique, rural needs. This will be more developed in 2018, in partnership with interested BHAs.

## Financial Snapshot

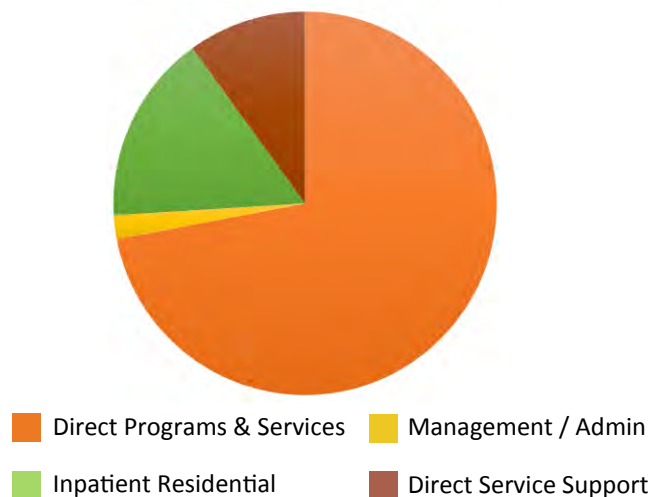
**2017 Revenue: \$67,033,155**

**2017 Expenditures: \$56,753,245**

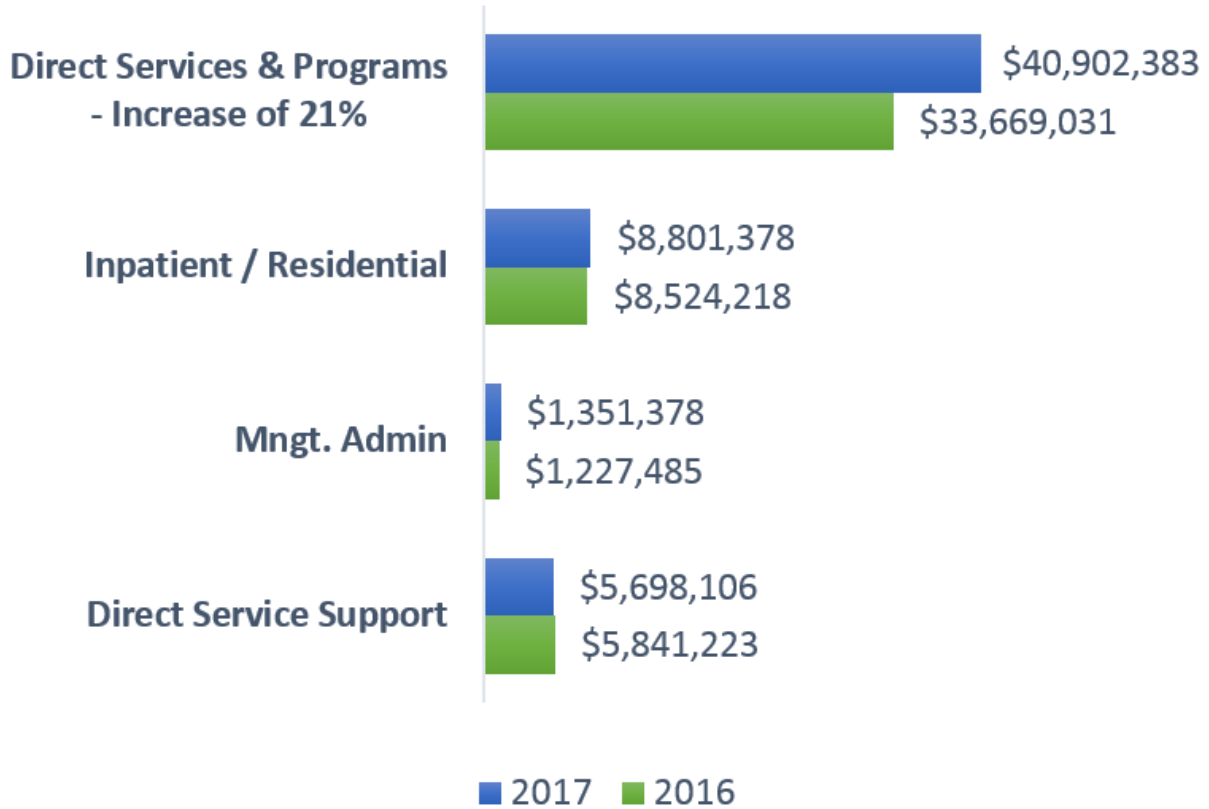
**2017 Revenue Sources**



**2017 Functional Expenses**



## Annual Comparison of Total Cost



Note the 21% increase in dollars spent on programs and services from 2016 to 2017. This is reflected in the work done to increase the quantity and quality of service options and locations throughout the region. Also to note, total Management / Admin expenses was 2% of the total, well below the 10% suggested guideline from the State.