



GREAT
RIVERS
BEHAVIORAL HEALTH

Annual Report 2018

Prepared by Great Rivers Behavioral Health Organization

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Letter from the CEO

The Health Care System

“All great changes are preceded by chaos.” - Deepak Chopra

Great Rivers Behavioral Health Organization (and our communities)

“Be the change that you wish to see in the world.”

- Mahatma Gandhi



That about sums up our last year and a half... organized chaos and change. I am happy to say that our region has embraced the upcoming changes and worked to create a better health care system for everyone.

The work is far from done, but I often reflect on where our journey started and how far our region has come. Great Rivers Behavioral Health Organization (Great Rivers BHO or Great Rivers), the network providers, and local communities have joined to create a system of care we can be proud of. This partnership is necessary for the health of our region.

This annual report is the latest 'report card' for the Great Rivers region. It is quite impressive (in my opinion). We continue to increase access to services, improve quality, and develop creative partnership to meet unmet community needs. When the three annual reports are read in order, the changes are astonishing.

That being said, the biggest change (Integrated Managed Care) is looming large. In a little over six months, our region will be transitioning into the Health Care Authority's Integrated Managed Care model. I feel a little like we are experiencing Y2K again. Lots of anxiety about the future, but after the change... we hope that it turned out to be no big deal and the health care system will continue to evolve to meet the needs of our region.

Great Rivers has been working with our provider network and communities to prepare for these changes. Great Rivers' Governing Board has supported these efforts and we believe that our region will be ready to make the transition in January of 2020. The work will continue until 12:59 pm on December 31, 2019.

What's next? How are we going to be spending our time in the next six months? We will continue working diligently and preparing for the upcoming 2020 change. In addition, we will be doing more work with a heaping helping of more work on the side. Thankfully, once we reach 2020, we will only have more work to do. Work is fun! Hard work helps us achieve our mission 'To develop and provide access to high quality, whole person care!'

“There is no shortcut for hard work that leads to effectiveness. You must stay disciplined because most of the work is behind the scenes.” — Germany Kent

Marc Bollinger
Chief Executive Officer
Great Rivers Behavioral Health Organization

2018 In a Nutshell: Continuing to Increase Quality & Access to Care



Number of Behavioral Health Agency (BHA) licensed sites in 2018 **increased by 24%** since 2017.

Region Wide Expansion of BHAs

| # of Sites Licensed to provide services | # of Sites Licensed to provide services | | Service Hours By Modality | Service Hours By Modality | |
|---|---|-----------|---------------------------|---------------------------|----------------|
| | 2017 | 2018 | | 2017 | 2018 |
| Mental Health | 41 | 48 | Mental Health | 198,811 | 221,181 |
| Substance Use Disorder (SUD) | 30 | 40 | SUD | 135,036 | 182,539 |

Services Provided

Mental Health Services Provided

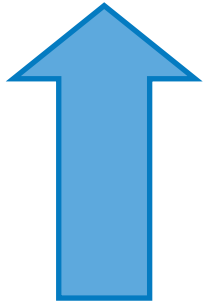
| | |
|-------------------------------|-------------------------------------|
| Brief Intervention Tx | Housing & Recovery (HARPS) |
| Care Coordination Services | Individual Tx Services |
| Child & Family Team Meetings | Intake Evaluation |
| Co-Occuring Tx Services | Intepreter Services |
| Crisis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

Substance Use Disorder Services Provided

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

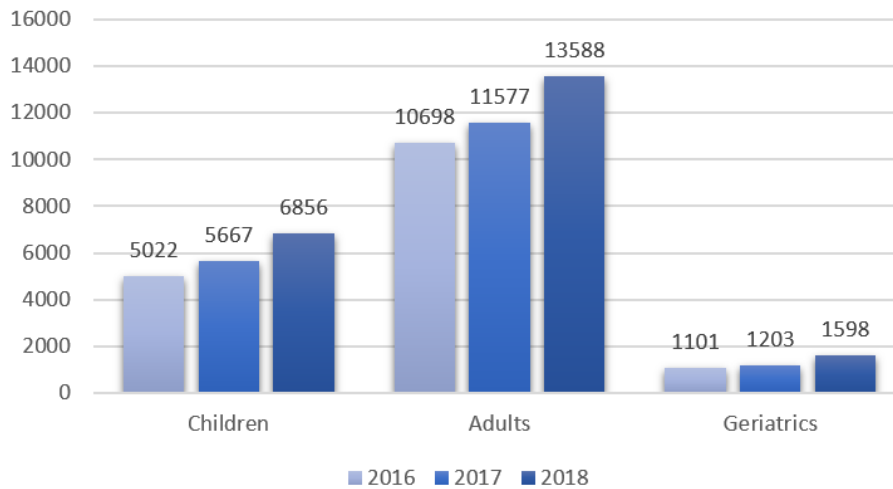
\$64,909,409 spent on Direct Services

Includes OP and Inpatient expenses



Number of Clients served in 2018 increased by **19.5%** since 2017, and **31%** since 2016.

Clients Served By Age Group



Penetration Rate:

(Percentage of eligible people who utilized services)

13.96%

(2017 Penetration Rate: 12.58%)

(WA state average: ~9.5%)

**Total # of Medicaid Lives
(Monthly Average): 87,578**



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 3 remaining 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).

The goal of Great Rivers is to improve the overall well-being in Lewis, Cowlitz, Grays Harbor, Pacific and Wahkiakum Counties by addressing the behavioral health needs of their communities and ensuring adequate resources available.

As the State moves closer to integrated managed care in 2020, much of 2018 was dedicated to helping prepare our BHAs for the 2020 transition from the local BHO structure to the Managed Care Organization (MCO) structure.

Our Network of Care

Great Rivers focused on sustaining the quality gains related to increased access and services beyond 2020. Therefore, while we continued to selectively expand in some areas, our attention turned to preparing our providers for a smooth transition into the MCO structure come 2020.

2020 Planning/Transition Efforts

Great Rivers convened a provider summit in June of 2018 to assist in identifying priorities for Great Rivers and all of our providers to transition smoothly to work within the MCO world come 2020. The summit included strategic planning, milestone creation, incentives (Information Technology & Information Systems -IT/IS- infrastructure and billing/claims processes), enhanced Fee for Service (FFS) rates, and various trainings to be offered (LEAN Thinking - a strategy for business-minded thinking aimed at streamlining business processes, and IT super users - Experts at utilizing the Electronic Health Records program called AVATAR) to move our providers toward the 2020 transition.

To expand 2020 sustainability efforts Great Rivers gave each county \$150,000 to identify needs and create inventive ways to meet those needs. For example, some of our counties have allocated this funding to assist their jails in providing mental health and medication services within the jail. Other counties have focused their efforts on expanding school-based services.

2018 Regional Highlights

Great Rivers has made several changes to the service continuum in 2018 in an effort to streamline services.

- ◆ A Youth Systems of Care Coordinator was hired. Great Rivers was better able to assess need and expand services for youth in 2018.
- ◆ Crisis Services continued to evolve. The role of the Designated Crisis Responder was separated from the county specific crisis team by contracting with Olympic Health and Recovery Services to provide this body of work to the entire Great Rivers' region.
- ◆ In 2018, Great Rivers announced to our providers they could operate Wrap-around Intensive Service (WISe) teams within the Great Rivers region without county borders in an effort to meet the need for this type of specific service.

2018 Highlights by County

Cowlitz County focused on youth services, thus making significant gains in youth systems of care this last year.

- ◆ There was a concerted effort amongst Great Rivers, our providers, and the school districts to enhance access to youth by creating a systematic plan to provide school-based services. This effort resulted in 35 of 40 public schools offering school-based mental health services.
- ◆ An additional WISe provider started which increased choice and expanded teams from five to six in 2018.
- ◆ Great Rivers direct services arm (Community Integrated Health Services) partnered with Cowlitz County's largest pediatric primary care provider to launch an advanced integrated care project. Together, imbedded mental health clinicians work alongside pediatricians at Child and Adolescent Clinic to better assess and engage youth and families in behavioral health care.
- ◆ Other improvements in the service continuum include Kelso Treatment Solutions opening in February to provide Opiate Substitution Treatment (Methadone) Services. These services were previously not offered within Cowlitz County and will result in a cost savings of nearly \$1 Million in transportation costs annually.

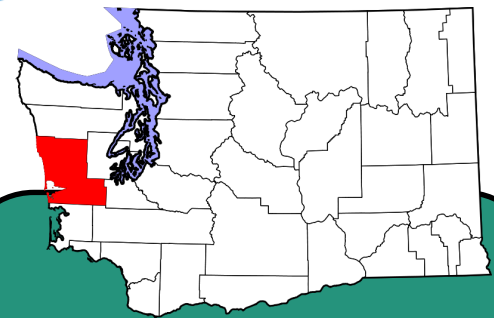


Cowlitz County:

Great Rivers partnered with Cowlitz District Court and Cowlitz County Health and Human Services to implement an inspiring, new Community Court, which is a type of therapeutic court option for individuals with lower level criminal charges. The court diverts eligible individuals from the justice system and into care, while continuing to help access identified needs. The court also oversees a weekly services event that is open to all community members. The services event is a place where community members can access a variety of basic and behavioral health services in one central location each week.

Grays Harbor has the most BHAs across the Great Rivers region, with nine. Choice of provider and integration of services continues to increase within this county.

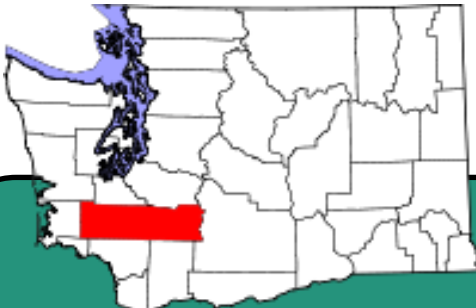
- ◆ Youth services increased at Behavioral Health Resources (BHR) and Employment Security Department 113 (ESD 113), who provide school based services. Of the 39 schools in Grays Harbor County 29 schools had a school based BHA offer MH and/or SUD services in this setting in 2018.
- ◆ Additional WISe teams were formed and implemented to serve increased numbers of youth and their families.
- ◆ Telemedicine services were started to increase access in this rural setting, with Lifeline and Catholic Community Services as the front runners with the three correctional facilities planning to implement in 2019.



Grays Harbor County

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 2019). At this time, construction is nearing completion. It is estimated that the new facility will be open in Summer 2019. This will help relieve a significant burden on the Emergency Departments of critical access hospitals in Grays Harbor and across the Great Rivers region.

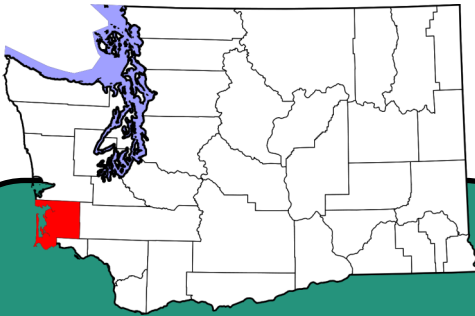
Lewis County focused on increasing choice and access of behavioral health services to positively affect the behavioral health service continuum.



Lewis County

Great Rivers partnered with Providence Centralia hospital to embed a social worker in the Emergency Department setting 7 days a week to meet the needs of behavioral health patients. The social worker teams with a community based case manager to assess/link/coordinate services. The goal is to reduce repeat E.D. visits, identify patients at risk of future hospitalization, and provide accurate assessment for planning/engagement into need behavioral health community services. (This model of program is planned to be expanded to Morton Hospital in 2019)

- ◆ Youth school-based services increased with the addition of Core Health to the existing BHAs in Lewis. Of the 40 public schools in Lewis County, 24 schools are being offered mental health and/or substance use disorder service school based services, with plans to grow this number in 2019.
- ◆ Lewis County is one of two locations in the State that added Secure Detox Services. American Behavioral Health Services (ABHS) opened 24 beds to provide a secure setting that meets the requirements of the changes to the Substance Use Disorder, Involuntary Treatment Act laws in April of 2018.
- ◆ Through partnership with the Department of Commerce and Great Rivers, Cascade Mental Health began operation of a 16 bed Evaluation and Treatment facility (freestanding inpatient psychiatric unit) in May. This is a much needed addition to the service continuum in Lewis County and the Great Rivers region.
- ◆ Eugenia's Social Support Center opened in 2018: This is a center where community members can access information, community resources, and engage in a continuum of behavioral health services.



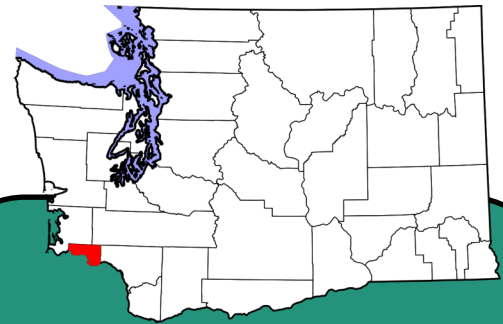
Pacific County:

The county and Great Rivers were creative in braiding funding to offer mental health and substance use disorder services in the county jail. The program created two FTE's to provide behavioral health assessments, individual and group sessions, care coordination, and engagement services. The goal is to engage, offer services, and provide a coordinated hand-off to an outpatient behavioral health agency once the individual is released from jail, thus reducing recidivism and filling an identified

Pacific County's liaison and Great Rivers' partnership has been strong and greatly improved the functioning of youth and jail services this year.

- ◆ Expanded ESD 113's school-based services, which now provide SUD services for 6 of the 13 public schools.
- ◆ WISE services for youth continue to expand and there is a plan to add an additional team early 2019.
- ◆ Implementation of Telemedicine was successful, with Life-line now utilizing this service.

Wahkiakum County's telemedicine services were prioritized and implemented here first in the Great Rivers region, which was accomplished this year. This service was able to augment efforts to increase Crisis and Jail services. It will also assist with major provider recruitment issues Wahkiakum has been experiencing. Wahkiakum County actively partnered with CIHS to bring WISE services for youth to the community. Wahkiakum was a frequent user of Clinical Supervision services provided by Great Rivers as they try to address workforce issues by investing in their own local clinicians.



Wahkiakum County:

Wahkiakum County Health and Human Services partnered with Community Integrated Health Services (CIHS) to provide much needed Wrap Around Intensive Services (WISE) services in 2018. WISE teams provide intensive services in a community setting, while care coordinating with community resources to ensure youth are getting all of their needs addressed. This partnership has led to the CIHS WISE team serving a full caseload of youth, thus meeting an identified service need in Wahkiakum County.

Workforce Development

Senate Bill 6032 was passed, which provided \$4 million plus dollars to spend within Great Rivers region for identified areas of need. We facilitated a provider lead effort to determine how best to apply these dollars within our region to promote strength within our BHAs. The region as a whole determined that recruitment and retention of qualified, available talent was one of the top priorities to focus on. Attracting good talent to rural communities is a struggle, so it was decided to focus these dollars toward this effort. The \$4 million was applied across the 18 BHAs for a variety of innovated projects to meet this need. Some examples of this include retention incentives, recruitment incentives and wage enhancement.

To assist BHAs in filling workforce shortages, Great Rivers developed a Behavioral Health Apprenticeship Program, which allows BHAs in our network to sponsor staff members to become a Mental Health Professional (MHP), Behavioral Health Coordinator II (CDP), Behavioral Health Coordinator I (Case Manager), Medical Assistant, or Peer Counselor. The L&I Registered Apprenticeship model combines on-the-job training with job-related educational instruction while progressively increasing skill level and wages of the apprentices as they advance through the program. Providers will assign a qualified staff mentor to fulfill the on-the-job training requirements. Educational instruction will be provided by Purdue University Global for the MHP and CDP programs and Lower Columbia College for the Medical Assistant and Behavioral Health Coordinator I programs.

In 2018, Great Rivers continued to contract with Carlos Carreon to provide clinical supervision for licensure to all eligible individuals at all of our contracted BHA's. This effort was to promote career growth and retention amongst our BHA's. By providing this service a total of 510.5 hours of clinical supervision were completed, thus growing skills sets and the ability for individuals to become licensed in the Great Rivers region.

Many new jobs were posted in conjunction with the awarding of various Requests For Applications (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 reducing the cost in job advertisements. The initiative will increase provider visibility to attract qualified candidates, reduce applicant abandonment rate due to inefficient application processes, and allows Great Rivers to begin collecting hard coded data of what efforts are successful, tailoring efforts to our unique, rural needs. This will be more developed in 2019, in partnership with interested BHAs.

In April 2018, Great Rivers sponsored a regional Certified Peer Counselor (CPC) training where 28 individuals were trained. This training increased the regions workforce for CPCs who could provide Medicaid billable services to individuals. CPCs are individuals licensed through the Department of Health who use their lived experience to build rapport with people who are in-services. This service can provide hope, empowerment, assistance with system navigation, meeting personal goals, and building community supports while on the path to recovery.

Great Rivers also brought an Operationalizing Peer Support training to the region to train providers in effective peer supervision strategies, RCWs and WACs, and case load management.

Agency Trainings

Great Rivers continued to make a concerted effort to provide or sponsor various trainings throughout the region for providers and community partners alike. 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 has been actively working with provider agencies collaboratively as a region, further addressing training and development needs and other workforce demands. This was a major topic at an HR Summit of the BHO and providers that originally met in early 2018, and has met twice since to continue these efforts.

Community and Individual Experience

Our Consumer Partnerships Coordinator led the charge in having Great Rivers sponsor and participate in various events throughout the year to help promote awareness and outreach for behavioral health (BH) wellness, especially in May and September during Mental Health Awareness & Recovery Month. Our Consumer Partnerships Coordinator represented Great Rivers at 24 events reaching approximately 3,100 individuals in 2018. These events included health fairs, Lewis County Community Connect events (bi-annual census for those experiencing homelessness), and Suicide Awareness events throughout the year. These events provide community members with more information and skills to help those who may want to access BH services.

One of the highlights our Consumer Partnership Coordinator provided was Mental Health First Aid (MHFA) trainings throughout the region. This began second quarter, with 11 trainings, and reached over 150 individuals for the year. Our Consumer Partnership Coordinator was certified to train Adult MHFA and Youth Mental Health First Aid (YMHFA), with the ability to offer designations in Public Safety, Older Adults, and Higher Education. MHFA is a course available to provider agencies and community members alike. Adult MHFA is appropriate for anyone who wants to learn how to assist a person experiencing or developing a behavioral health concern. YMHFA is intended to train adults who want to learn how to offer MHFA to youth ages 12-18. MHFA participants learn to identify risk factors, warning signs, and the 5-Step Action Plan. MHFA has the ability to minimize and help stop social stigma that is often associated with mental health and substance abuse disorders, one of the reasons why many people do not seek treatment.

Clinical Highlights - See Tables

Table 1: Cultural Responsibility and Awareness: To ensure all individuals within the Great Rivers service region receive quality care that is appropriate to each individual's needs, Great Rivers clinical team has ensured cultural responsibility and awareness trainings are occurring at each clinical meeting supported by Great Rivers. Each clinical meeting agenda contains a cultural training, with material that can be used by BHAs to supplement their own cultural trainings. Great Rivers utilized four "staff cultural sensitivity and respect" questions, taken from another standardized survey used by the state of Washington, to obtain feedback on cultural aspects of services. The scores reflect the percentage of "agree" and "strongly agree" answers. Small, non-statistically significant increases were noted in the already very positive results for two items and for the overall composite score.

Table 2: Great Rivers Behavioral Health Audits in 2017/18 audit cycle showed improvements in the documentation of service from 2016/2017 audit to 2017/2018 audit. Through trainings and technical assistance, Great Rivers' audit in 2017/2018 demonstrated improvement in clinical documentation requirements that provides quality of care to individuals and supports the services being billed. The largest improvement areas were observed in the areas listed in Table 2.

Table 3: CSQ8 Survey Tool provides feedback from individuals in services on quality of work that is being provided by the Great Rivers service network. Great Rivers provides this information in service region and BHA specific findings to ensure services providers are hearing the voice of the consumers and making improvements where needed.

Table 1:

Ratings of Cultural Sensitivity and Respect from Staff

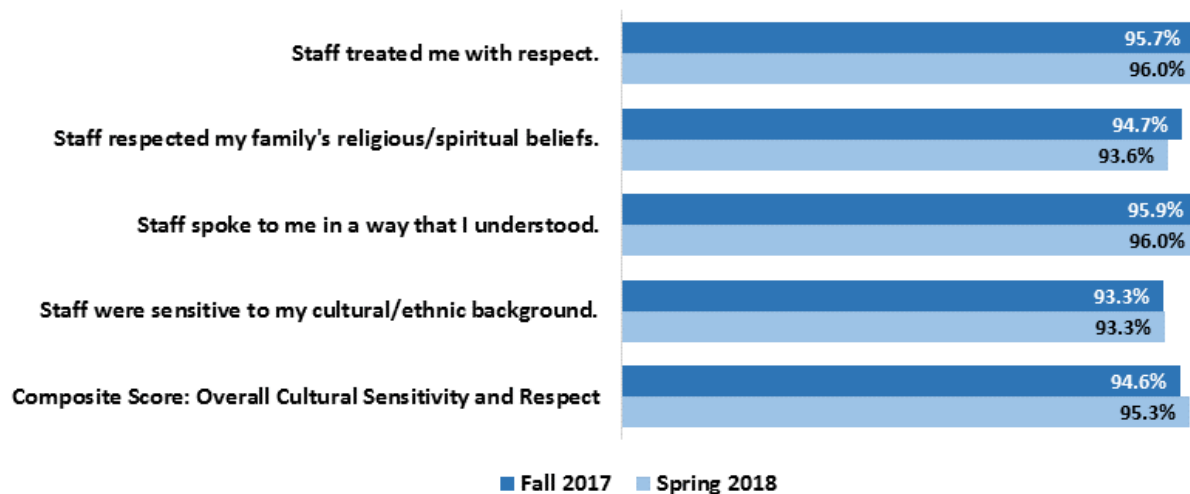


Table 2:

| Item | Description | 2016 | 2017 | % Change for item | % Change for BHAs |
|-------------------------|-------------------|-------|-------|-------------------|-------------------|
| Assessment | Medical Concerns | 94% | 95% | 1.0% | 14.4% |
| Individual Service Plan | ISP Updates | 47.5% | 70.6% | 23.1% | 15% |
| Progress Notes | Timely completion | 59.9% | 77.8% | 17.9% | 49.6% |

Table 3:

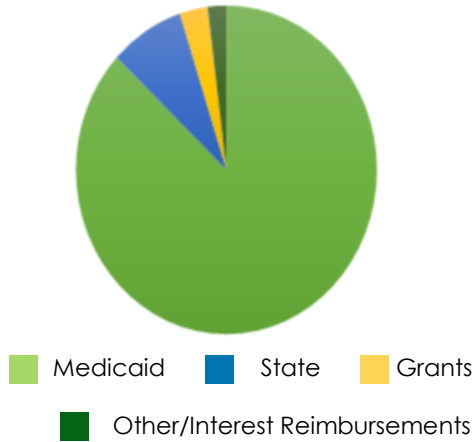
Individual CSQ-8 Questions: % "Mostly" or "Very" Satisfied

■ Fall 2017
 ■ Spring 2018

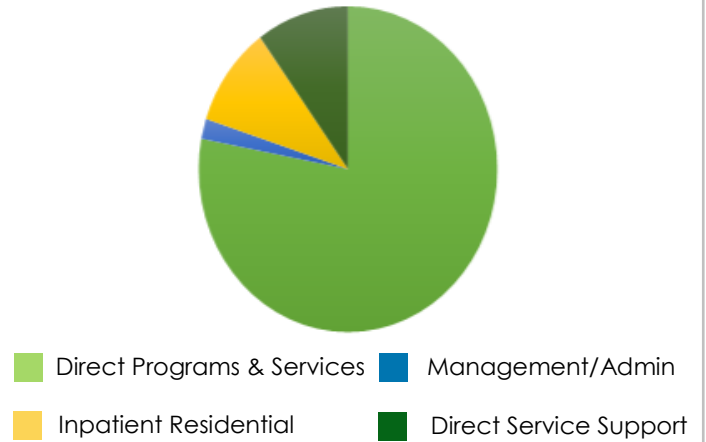


Financial Snapshot

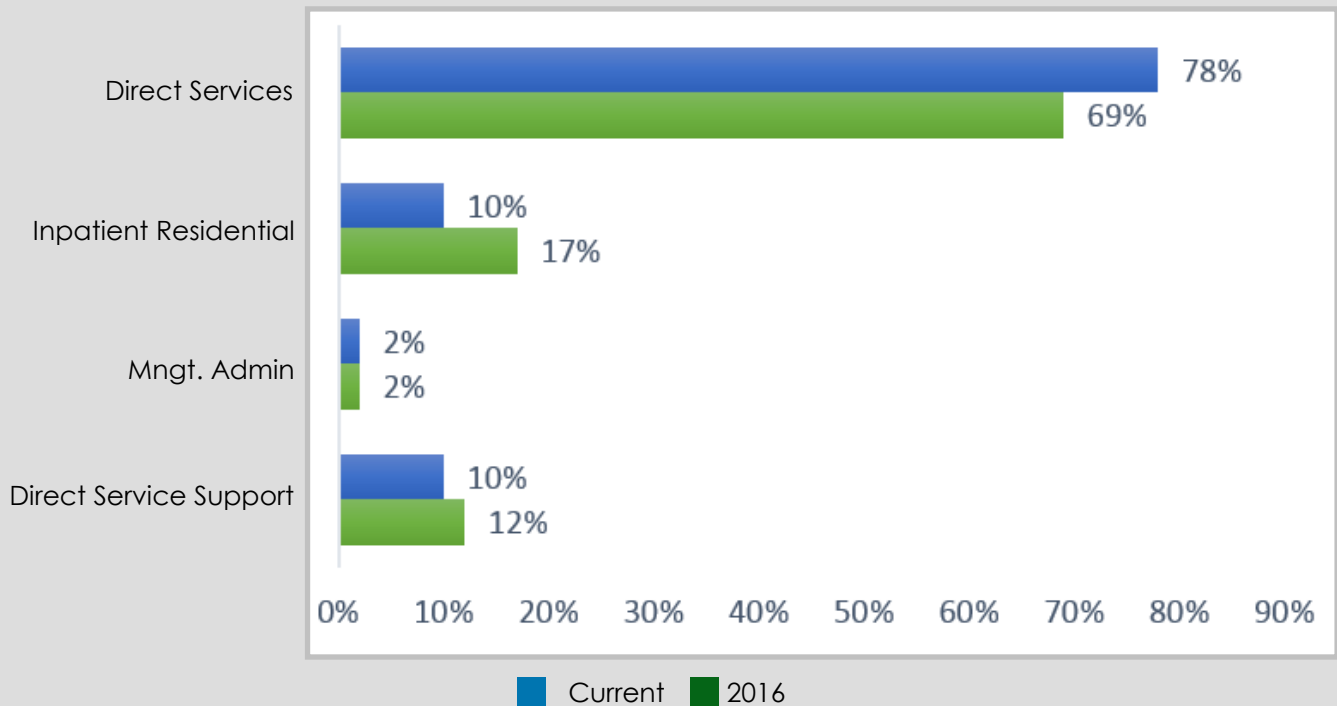
Current Revenue Sources



Current Functional Expenses



Percentage of Total Cost



Note the increase in dollars spent on direct programs and services from 2016 to current have resulted in a decrease in residential and inpatient costs. This reflects the successful efforts to increase the access and utilization of service options. Added service contracts and locations throughout the region has resulted in higher quality and quantity of behavioral health services for our communities.