Center for Human Services

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

Executive Summary 2024

TABLE OF CONTENTS

CENTER FOR HUMAN SERVICES
ANNUAL EXECUTIVE SUMMARY
2024

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 an effective 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 strengthened and supported.
- Children and their families are able to increase emotional strength and resolve personal and interpersonal issues.
- Community members have a sense of belonging and have access to resources that promote a healthy life free from harmful use of alcohol and other drugs.

Our Values

Model Diversity, Equity, Inclusion, and Belonging
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

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.

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.
- supports the professional development of our staff and promotes from within when possible.
- 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 investment in professional development, 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.
- is committed to Continuous Quality Improvement (using a CQI Leadership Team, a CQI Systems Team, and a CQI Manager Team that all meet at least once a month).
- is using an industry-leading electronic health record called "Credible", which is an EHR platform by Qualifacts.
- 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 (6 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 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 with a focus on anti-racism and social justice.
- find health insurance for employees that is affordable.
- have adequate space for offices and services.
- earn incentives from King County Integrated Care Network (KCICN) for identified

milestones.

- recruit and retain qualified staff during a behavioral health workforce crisis in an increasingly competitive market.
- sustain operations during a time with a significant workforce shortage of SUDPs and Mental Health therapists.
- recruit and retain board members who represent the people we serve.
- face the increased cost of doing business.
- respond to the opioid crisis by providing preventive services as well as treatment.
- compete with other organizations for resources and funding (Local, State, Federal).
- effectively use technology to help us meet our goals.
- respond to our steady growth as an agency.
- prevent staff burn-out.

Highlights / Major Accomplishments of 2024

(in addition to department highlights noted later in this report)

CHS:

- rolled out a software program called "Janet" designed by Mission Driven Data that replicates our data in the Credible Electronic Health Record system and gives us meaningful access to the data.
- had 4 staff participate in the first semester of Cohort 1 with the Y & Heritage University mental health masters counseling program and two more staff enrolled in the second cohort.
- had a successful and fun auction.
- managers and directors participate in a 3-day training, designed specifically for CHS, on Restorative Practices.
- purchased two buildings/sites. One is in Everett and will be where we relocate our Silver Lake SUD program and include offices for some mental health therapists. The other is the little house and lot beside our 148th building, with the intention of making it into parking.
- was awarded a grant from King County to remodel our buildings in Shoreline – new floors, new paint, new furniture, repairs made, and new HVAC at one site.
- accepted a proclamation for National Recovery Month from the City of Kenmore.
- had two staff members present a TEDx Talk (sponsored by the Edmonds Community College) on Rethinking Resiliency.
- had our SUD Director interviewed on TV Channel Q13 'Good Day Seattle' program. The interview was about CHS's programming and, in particular, our response to the Opioid crisis.
- saw the picture of one of our clinicians on the back of a King County Metro bus as part of the Health Care Authority's campaign to bring awareness to careers in Behavioral Health.
- was awarded harm reduction supply grant as part of a new distribution pilot project from Seattle and King County Public Health.
- were awarded a grant through Snohomish County Emergency Funds to increase education, prevention, intervention, and harm reduction services for Hispanic and Latin/x community members (a collaboration between our Use Department and Family Support Department).
- had three therapists complete EMDR training.

- had two staff members made a presentation at the Building Community Resiliency Conference where they talked about Building Hope in the Community and how to adjust evidence-based practices for marginalized communities.
- was proud for our SUD Director to speak at the Washington Drug Court Conference about 'Chasing Hope, an Intentional Response to the Opioid Crisis'.
- developed and introduced our CAREs Initiative addressing trauma informed care; diversity, equity, inclusion, and belonging; and restorative practices.
- sponsored an Overdose Awareness Day Event in Lynnwood.
- hired our first SUD Peer Counselor.
- merged IEC and WISe, giving families with birth to six-year-olds intensive wrap-around services.
- experienced growth in our Snohomish County Low Income School-Based Mental Health grant to over $1 million.
- held a staff picnic and a Winterfest celebration.
- increased the number of staff who received licensed clinical supervision.
- honored our staff by giving them a full week off (paid) for the Christmas holiday.

CHS Locations

CHS owns three buildings where we provided services in 2024:

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

- **Center for Human Services – Everett**
  111 Everett Mall Way, Suite E101 Everett, WA 98208
  (Community-Based Intensive Services)

CHS also provided services on a regular basis at schools in the Edmonds, Mukilteo, Shoreline, Northshore, Everett, and Seattle School Districts; Shoreline Recreation Center; and Ballinger Homes King County Housing Authority community. We also had therapists on-site at the Virginia Mason Medical Clinic in Edmonds (formerly Edmonds Family Medicine); at the Community Health Center of Snohomish County in Lynnwood, Edmonds, and two in Everett; and at the Providence Pediatric Clinic in Mill Creek. We also provided SUD assessments at Carnegie Resource Center and Snohomish County Jail. Additionally, clients often received services at other community locations of their choosing including their homes. All of our locations had in-person services and virtual services available in 2024.

CHS purchased a building in Everett at the end of December 2024 that will replace the Silver Lake site some time in 2025.

CHS 170th

CHS 148th

CHS Silver Lake

CHS Edmonds

CHS Lynnwood

BOARD OF DIRECTORS

Overview

At the end of 2024, CHS had 13 board members (21 is the maximum size of board). Board Officers in 2024 were Wesley Madsen, President; Shawn Karmil, Vice-President; Katerina Plushko, Secretary; Ed Sterner, Treasurer. Our Board of Directors, at the end of 2023, 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 auction in the Spring of 2024, raising unrestricted funds for CHS.

Board Members

2024 Board Members (and their affiliations) were:

- Diana Cadena- Sanner, Mountain Pacific Bank
- Dave Calhoun, Northshore School District
- Laure Chapman, Copier Northwest
- Heidi Ihde, Coldwell Banker
- Shawn Karmil, Premera Blue Cross
- Ryan Madsen, Business Owner
- Wesley Madsen, Alliant Insurance Services
- Adam Ormonde, Virginia Mason Medical Center
- Marisa Pierce, Skagit Valley College
- Katerina Plushko, Kaiser Permanente
- Ed Sterner, Ed Sterner Law Office
- Lily DiPietro, Alliant Insurance Services
- Douglas Yormick, City of Issaquah

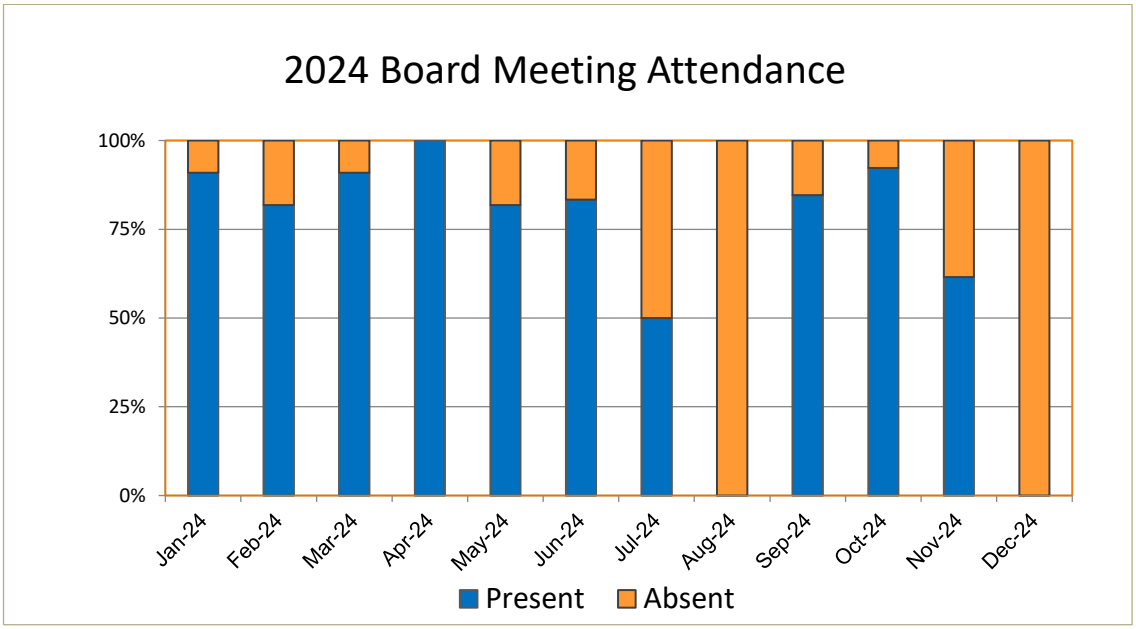
We added 2 new board members, Doug Yormick and Lilly Dipietro, in 2024.

Board Committees

The active board committees in 2024 were the Executive Committee, Finance Committee, Audit Committee, Auction Fundraising Committee, and the Board Development Committee.

Board Attendance

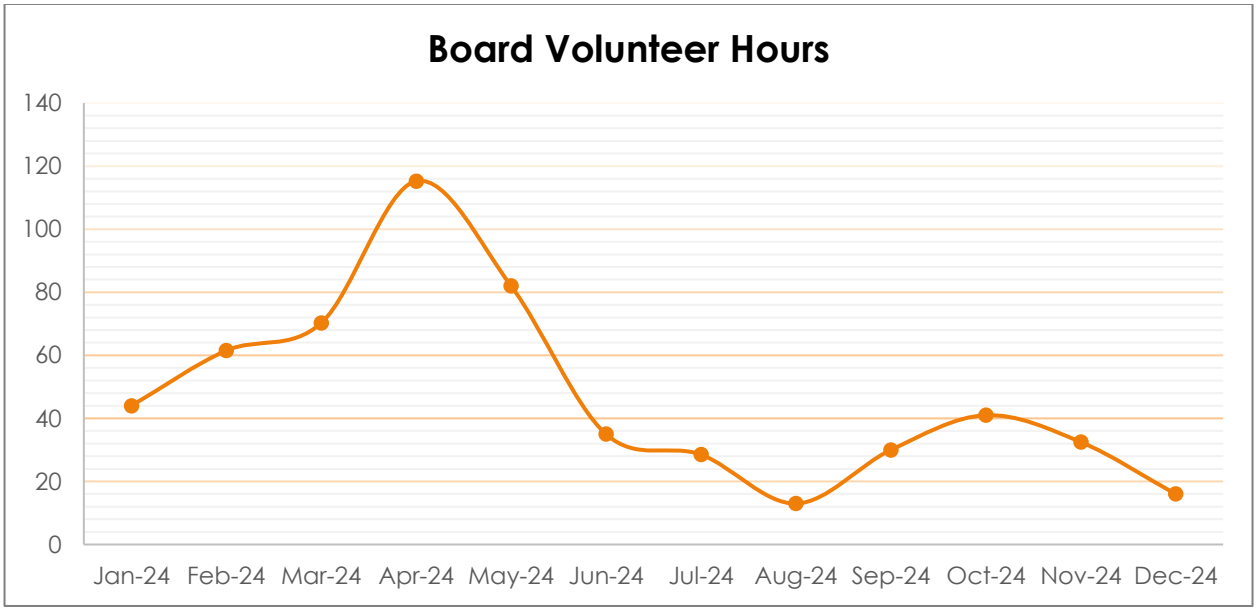
Board attendance in 2024 was excellent. See graph below.



Note that the board did not meet in August and December.

Board Volunteerism

Board members reported the following number of volunteer hours at CHS in 2024.



Board Volunteer Hours for CY2024 = 569

VOLUNTEERISM

In 2024 CHS had 102 volunteers (down 27 from 2024) who performed 7,644 hours (a decrease of 2,247 hours compared to 2024). Volunteerism fair market value calculated at $255,998 ($33.49 per hour).

2024	1st Q	2nd Q	3rd Q	4th Q	Total
Hours	2,485	2,417	1,308	1,434	7,644
Volunteers	25	26	29	22	102

	2023	2024
Hours	9,881	7,644
Volunteers	129	102

STRATEGIC PLANNING

Overview

A new Strategy Plan for 2024 – 2025 was created by the Strategic Planning Committee, consisting of board members (Ryan Madsen {chair} Ed Sterner, and Shawn Karmil) along with 8 Directors on staff 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 interested parties, 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 2024 – 2026 Strategic Plan and progress toward the goals in 2024 are below:

2024 - 2026 Strategies and Goals

2024 Review

STRATEGY 1

Provide quality services that result in positive outcomes for clients/participants.

GOAL 1: Implement practices that are proven to positively impact our clients/participants *

Objectives:

1. Offer rapid access to quality care
   2024 – While we used Open Access same-day or next-day assessments, we spent much of 2024 planning for the development of an Access Program that would operate centralized screening services beginning January 2025.

2. Use best and promising practices in our service delivery
   2024 – All programs continue to use best and promising practice in delivering services. Some of these practices include: Cognitive Behavioral Therapy (CBT); CBT+; Dialectical Behavioral Therapy; Moral Recognition (MRT); MRT Breaking the Chains of Trauma; Seeking Safety; Eye Movement Desensitization and Reprocessing Therapy; Dyadic Infant and Early Childhood Mental Health; Parent-Child Psychotherapy (PCP); Prenatal Mental

Health; RUBI (for parents of children with autism); Change Company Journaling; Circle of Security Parenting; Positive Discipline Parenting; Promoting First Relationships (PFR). Four additional therapist received training to provide EMDR; 22 staff were trained in DBT Skills; one was trained to provide MRT; and 8 mental health therapists were trained and certified as "Approved Supervisors".

3. Provide services that are relevant to clients and participants (including people of color, immigrants/refugees, LGBTQIA+, etc.)
   2024 – Immigrants/refugees took advantage of mental health therapy being provided in various languages, with the most being Spanish. Both parenting classes and PFR were provided in Spanish. We provided programming specifically for Parenting and Post Partum Women (PPW). We also provided a Kinship Group for people who were parenting a family member's child. The IEC program was for families with children birth to six. We conducted in-custody SUD assessments as well as assessments at Carnegie Hall Resource Center. Mental health staff provided two groups for LBGTQ+ youth. Family support was on-site at Ballinger Homes low-income housing community. Plus, we have staff who are trained to work with transitional age clients; neurodivergent clients; perinatal women; and others.

4. Maintain CARF accreditation
   2024 - Our last accreditation was for 3 years (the best awarded) and was to expire in October 2024, resulting in the need for a re-accreditation site visit. However, due to the shortage of CARF surveyors, CARF extended our accreditation through January 2025 and scheduled the survey for the end of January. Much time was spent in 2024 in preparation for the re-accreditation survey.

Goal 2: Promote holistic care through collaborative partnerships

Objectives

1. Expand co-location of services in schools, low-income housing communities, etc.
   2024 - We added two more schools to the list of schools where we provide on-site mental health services. We placed a therapist at a low-income housing community for the summer. We are working on two co-locations for the future – one with Volunteers of America in and the other with Housing Hope, both in Lynnwood.

2. Participate in regional networking opportunities to connect with other service providers
   2024 – Some of the many networking opportunities that we participated in included North Sound ACH convening meetings and learning collaboratives; Coordinated Care meetings; King County Integrated Network meetings; Coordinated Therapeutic Courts Project; RACER board; schools, King County Legislative Forum; Olympia Recovery Day; Heritage University – Y masters level program; Verdant Health community network meetings; King County PPW Network; State's sub-committee on Prenatal to 5 services; Lynnwood Human Services Commission; North Urban Human Services

Association; King County Housing Authority, the Dale Turner Y, & CHS collaborative meetings, and Kaleidoscope Play & Learn Network.

3. Excel within our scope, and utilize cross-system referral to address social determinants of health
   2024 – CHS is recognized as a top provider of behavioral health and family support services. We make and receive cross-system referrals with Uber Business, Medi-transportation, Bus Ticket Programs, & Hopelink for transportation assistance for clients; food banks (primarily Hopelink); all the shelters in the region for individuals/families without homes; community health clinics for medical/dental referrals; etc.

STRATEGY 2

Nurture and sustain a robust and skilled workforce

Goal 1: Recruit staff that reflect the diversity of our community

Objectives:

1. Expand and formalize recruitment strategies
   2024 – CHS attended career fairs; participated in a University of Washington panel for social work students; and took advantage of many community events for recruiting. We stream-lined some recruitment materials and updated our job announcements. We offered paid internship positions. We intentionally put an emphasis of recruiting from within our organization and giving staff the support they need to work their way up in the human services fields (i.e., opportunities to sponsor staff to participate in two different programs that will pay for their masters program; training opportunities; etc.).

2. Offer competitive salaries and benefits to employees
   2024 – We gave two all-staff raises in 2024.They were for 5% each which made our salaries very competitive. Additionally, we gave all staff a $2,000 bonus. We maintained our excellent benefit package, including healthcare expenses for little or no costs to employees.

3. Invest in volunteers/interns for future employment opportunities
   2024 – 102 volunteers gave their time to us in 2024. They recorded 7,644 hours of volunteer work, valued at $255,998. We also worked with 8 interns.

Goal 2: Develop and retain staff that deliver exemplary services *

Objectives:

1. Provide exceptional supervision and training to staff
   2024 - Each clinical staff member receives supervision on a weekly basis. They also participate in weekly group meetings to staff their cases with their team. Some clinicians with MSWs, still were having difficulty receiving enough one-on-one supervision from a LICSW, which is required for them to receive licensure. Therefore, we entered into a contract with a LICSW who

provides them with additional supervision hours at no cost to them. Many supervisors also participated in trainings related to supervision during 2024.

2. Provide staff with the tools they need to do their jobs
   2024 - Our efforts included upgrading our technology, replacing the cell phones in the mental health department, providing replacement furniture where needed, and provided toy kits for IEC therapists.

3. Offer work sites that promote physical safety and are conducive to trauma-informed practices
   2024 – Early in 2024 we conducted a self-survey regarding TI space. We also conducted site safety checks twice for each site. Major renovations occurred to the 170th building and 148th building. All renovations and upgrades took into account safety and TI practices. These included painting the parking lots, adding lighting, installing a fence, etc. We also installed a new security system for the 170th site. CHS purchased a new site for our SUD program currently at Silver Lake with the intent of providing staff with ample space that is safe and welcoming.

4. Practice restorative leadership
   2024: In March of 2024, we provided a 3-day workshop for all management staff on Restorative Practices. A local expert conducted the training. Since then, staff have been able to participate in listening circles and follow the restorative leadership model for providing conflict resolution. We have also integrated the "relational window" in our decision-making.

STRATEGY 3

Appropriately respond to circumstances and events that impact our work

Goal 1: Be prepared to handle various possible scenarios that could impact our business, clients/participants, and staff

Objectives:

1. Implement, revise as needed, and monitor the agency's IT Security Plan
   2024 - The IT & Systems Plan was reviewed for relevance and updated with new goals and actions. This plan includes security needs. We also worked with our IT Vendor to test our security and vulnerability to a security breach.

2. Keep the Disaster Preparedness Plan up-to-date and ready to be deployed
   2024 – Our Disaster Preparedness Plan was reviewed and is up-to-date and ready to be deployed if necessary.

3. Participate in meetings with funders/contractors, city/county/state leaders, and other relevant people to keep a pulse on what to expect in the future
   2024 - Our Executive Director attends monthly meetings with the King County Integrated Network (KCIN), the KCIN Clinical Operations Committee,

the MIDD Advisory Committee, and the King County Youth and Family Services Network. Directors and associate directors attend clinical provider meetings with KCIN and Snohomish County. Our SUD Director attended a meeting with the Office of the Courts and Edmonds Community Court resulting in a contract. Leadership periodically met with Foundry10 (a funder) and the Cities of Kenmore, Bothell, and Shoreline. Our Billing Manager meets with the IMCs monthly. We also had contacts with our King County Council Member, 3 cities' Councils, and our legislative representatives. With all this, we still have anxiety around what will happen with funding and legislation regarding human services in the future with the current national climate.

4. Develop and implement a financial contingency plan
   2024 – The Board voted on a "Operating Reserve" policy and increased our minimum to two million dollars. As is seen in the Risk Management Plan, our revenue is exceeding our expenses. Still, it is vital for us to keep a pulse on our financial status. A major accomplishment in 2024 was that we began using "Janet" designed by Mission Driven Data that replicates our data in the electronic health record that we use (Credible/Qualifacts). JANET gives management the tools to track productivity, demographics, etc. with real live numbers and data visualizations. We also instituted a contract tracker that is monitored by the billing team and available for management to know exactly what our status is regarding contract fulfillment. All of these processes are designed to help us not need to use a financial contingency plan.

5. Maintain strong and transparent communication with appropriate interested parties
   2024 – We share information using our webpage and upon request. This extensive Executive Summary is published annually, posted on the web page, and openly discussed with all interested parties. We also use flyers and other outreach materials to share information about our services. We provide regular (typically monthly) reports to most funders describing how we are using their funding.

Goal 2: Prepare for the transition of a new executive director in January 2028

Objectives:

1. Build a dynamic succession plan for the Executive Director
   2024 - Early 2024, the Executive Director informed the Board of Directors and all of management of her intent to retire at the end of 2027. Succession planning work began.

2. Develop a communication plan for the community, including funders and key contacts
   2024 - This objective was intentionally delayed until closer to the actual retirement date.

3. Build skills of directors and managers so they are prepared for the future
   2024 – We have seen significant growth on the part of our directors and managers this past year. They are using Janet and other data retrieval methods to track their services and decision making. Managers and directors were trained on Restorative Leadership. We gained significant knowledge

about FMLA and PFML. We have several staff trained as trainers in the CAREs approach to trauma-informed practices. Our directors have gained the skills to develop and track their department budgets.

Goal 3: Maintain our commitment to being a Trauma-Informed organization that incorporates diversity, equity, inclusion, and belonging into all we do *

Objectives:

1. Maintain Compassion, Appreciation, Resilience, and Empowerment (CARE) designation
   2024: Two more of our management staff attended CARE trainings, participated in discussions, and became certified in the CARE approach.

2. Support an active Trauma-informed (TI) and Diversity, Equity, Inclusion, & Belonging (DEIB) team
   2024: The objective was revised before it was implemented. Instead of maintaining a DEIB team, we created a CAREs Team which will work on both DEIB issues and TIC issues. A small team began in 2024 to discuss plans for the Team's work.

3. Implement, revise, and monitor the agency's DEIB Plan at least once per year.
   2024: The DEIB Plan was reviewed and revised when the decision was made to have the CAREs team monitor this work.

TREND ANALYSES

&

ASSESSMENTS

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Our CQI Program consists of into three distinct groups: Leadership CQI (All Directors, Associate Directors, and Managers), Systems CQI (relevant staff working on systems' improvements), and CQI Management (Associate Directors, Managers, and Executive Director). These three teams meet at least once a month to discuss and act upon CQI issues.

CHS uses our Leadership Continuous Quality Improvement (CQI) Team to develop, review, and update our Accessibility Plan; Risk Management Plan; Diversity, Equity, Inclusion & Belonging (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 2024 Accessibility Plan was the first year of the 2024 – 2026 Accessibility Plan. The plan was developed by the CQI team and reviewed regularly in 2024. 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 2024.

2024 Accessibility Plan Review & Analysis

Accessibility Plan - 2024 Review

Attitudinal

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Stigma toward individuals with behavioral health issues and ability to recover Stigma toward historically excluded/marginalized communities	• 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 2024 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, etc. • Departments provided equity trainings for their staff

Physical & Architectural

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Need for more trauma-informed spaces to see clients.	• Continual assessment & make suggested improvements to space as possible; • Improve outside lighting at sites as needed for safety	170th and 148th remodeled. Emphasis was given to TI spaces. Building purchased in Everett – remodeling in 2025 will include TI considerations.
Vandalism & buildings need to be more secure.	Assess building security and implement solutions	Added outside lighting at 170th. Installed security system at 170th site.

Policies, Practice & Procedures

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
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.	The Behavioral Health Manual (policies/procedures) was reviewed and revised. The new manual will be released in early 2025.
Language barriers.	Hire more staff; educate staff on use of interpreters and	25% of our staff are bilingual. In 2024 we used both

	translators.	telephone interpreters and in-person interpreters. Staff were provided details on how to request an interpreter.
Too much time between assessment and first on-going appointment.	Improve response time for assessment first on-going appointment	Began working on a plan for quicker assessments through a centralized assessment process and a systematic way to schedule first on-going appointments. Implemented expected in early 2025.

Communication

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Some agency cell phones need replacement.	Purchase new cell phones on a regular basis.	At the end of 2024 all staff who needed cell phones had them and many were upgraded.
Not all program brochures are up to date.	Update and print marketing material.	All program brochures are up to date and printed.
Difficulty communicating by text with clients in WISe program.	Upgrade staff phones.	Action Plan Completed
Sending reminder texts or making reminder phone calls to clients about appointment is labor intensive and time consuming	Explore ways to automate appointment reminders texts/calls and implement if possible	Established protocols for sending text reminder messages through Janet. Will be fully implemented in January 2025.

Technology

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Some computers need replacing.	Replace computers according to replacement rotation schedule	Everyone has a computer that is reliable. We followed our replacement rotation schedule. Accurately tracked computer assignments
Cost of computer replacement for staff.	Implement a Replacement Plan to replace all computers on a rotating basis.	Costs were projected and put into budget
Not utilizing Credible as effectively as we could.	Build reports & explore use of unused tabs.	Worked with Credible Data Management company to create a new data retrieval system (Janet) for us. In process of having reports built
Some clients lack access to computers.	Explore having space and equipment available for clients to use at CHS	This was added as a new goal for 2025

Financial

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Need to increase billing.	Increase number of clients & service encounters. Assure that all encounters are billed, and payments received. Recoup state Medicaid direct billing.	Service encounters in 2024 were very good. Having success with Qualifax doing our IMC/MCO Medicaid billing.
Rates do not cover all costs for services.	Negotiate rates with MCOs and other contractors.	Received a 15% increase Medicaid rates in 2024.

Some clients are not insured or have insurance deductibles so high that they discourage use of coverage.	Obtain more unrestricted funds to subsidize services.	We obtained significant funding from Snohomish County for behavioral health services for low-income individuals without adequate insurance. Received additional funding from Snohomish County so now there is funding for low-income non-Medicaid clients for School & office-based mental health clients, IEC clients, BHI clients, and SUD clients if they live in Snohomish County.

Transportation

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Some clients have trouble accessing services due to lack of transportation.	Work with clients in accessing various transportation options including the new light rail system.	Utilized HopeLink services; purchased bus tickets when funding was available for SUD clients; supported the use of public transportation options including buses and light rail.

Employment

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Poverty impacts a person's behavioral health. Some clients have difficulty securing and maintaining employments	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	Gave agency-wide raises and extra week off. Added another personal day for staff effective 1/1/25. Ex. Dir. working with 3

	about improving Medicaid rates so a reasonable wage can be paid	coalitions/networks to educate legislators. Medicaid rates were increased.

COMMUNITY INTEGRATION

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Lack of knowledge of available community opportunities and resources.	• Educate clients and staff • Use Care Coordinators as source experts • Use Case Managers to explore resources and assist clients assess them • Screen clients for SDOH	Worked on educating clients about available community resources. Used Care Coordinators & Case Managers to develop resource information. Most clients were screened for SDOH, which were incorporated into treatment planning and case management.
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. • Use flex funds when available	Pro-social activities are being used in treatment plans as needed. Flex funds used when it was available.
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.
Lack of affordable housing.	Utilize case managers and other staff to assist clients find housing	Used case managers to assist clients with housing issues. Made referrals to shelters and low-income housing as needed.

Issue of racial justice and equity nationally.	• Model inclusion and equity • Anti-racism work within our agency	Continued work on DEIB Plan. Developed a CAREs Team and shifted how we will address DEIB work in the future.

Other Barriers

IDENTIFIED BARRIER	ACTION PLAN	STATUS - End of 2024
Childcare is inaccessible for some clients and very expensive for staff.	• Offer as much free childcare as possible when clients are in session and promote its use. Continue to improve wages for staff.	This has been achieved for SUD King County clients through PPW funding. However, it remains an issue for other programs. Took steps to raise employees' wages.
High cost of living for both clients & staff were barriers in multiple ways.	• Continue to help clients thrive and increase wages for staff.	Utilized all resources available for our clients & raised employees' wages.

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, and worker's compensation. 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 2024.

Additional risk management activities in 2024 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 routinely 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 interested parties 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 interested parties in a variety of ways such as through board reports, board minutes, all staff meetings, CQI minutes, this report, etc.

The Risk Management Plan identifies our loss exposure or risks. The Leadership 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 2024 results of our risk mediation efforts follow.

2024 Risk Management Plan Review & Analysis

CHS Risk Management Plan for 2018-2025

2024 Review

Loss Exposure/ Risk	Analysis of Loss Exposure						Actions to Reduce Risks	Projected Results	Actual Results
	Likelihood of Occurrence			Seriousness of Risk					2024
	Low	*Med*	*High*	*Low*	*Med*	*High*			**Baseline 2023**
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%.	Revenue was increased by well over 5% compared to 2023. Goal met in prior years.
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	Cost will stay even with or less than revenue	Our expenses were less than budgeted, primarily because of staffing vacancies and over-performance. Did not focus on private insurance billing and tried to maximize our Medicaid funding instead.

							revenue. Find ways to lower costs.		
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. We have maintained reserves that will cover a minimum of 4 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 2024. Implemented all strategies in our mitigation plan. Executive Director announced her retirement will be at the end of 2027. A 5-year succession plan was shared with Board and management.

Increase in training requirements		X			X		Simplify access to training. Use of Relias web-based training. Review and update training curriculum. Stay up to date with training requirements. Customizing and documenting training (new hires & on-going).	100% of required staff trainings will be offered. There will be a 95% completion rate for all training requirements.	We continued to offer trainings in 2024 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 tur by 5%.	Our turnover rate at the end of 2024 was 24.9% This is a decrease of 2.2% from the prior year. Rate of staff turnover improved after implementing significant salary increases. However, there is simply a shortage of professional staff and there is an abundance of competition. We utilized all of the identified methods we identified to mitigate this risk.
SERVICE DELIVERY									
Improper service			X			X	Increase staff training & improve	Excellent clinical	Documentation was an issue for several clinicians.

documen-tation							professionalism. Standard utilization of collaborative documentation. Supervisors monitor case notes. Proactive clinical supervision. Keep training manuals up to date. Maintain professional liability insurance.	documentation	We have seen improvement in our documentation as a whole. Our QA Manager provided numerous training on documentation. All identified strategies to mitigate this risk occurred.
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. Increased opportunity for MSW supervision. Use of EBP recorded in clients' records & are reportable. Outcomes and outputs were very good in 2024. 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.	One on-site accident occurred when a client fell in our in a group room. No serious injury occurred. We identified that the chair being used was unsafe, so we replaced of the chairs with wheels.
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.	One work-related traffic accidents in 2024. Fault was the other driver's. Prior years: flags were put out for crossing 15th Ave. in Shoreline at the 148th building, & we dispensed of the agency van.
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.	As small an impact on our operations and continuation as possible.	Our Emergency Operations Plan is up to date. We maintained the same level of insurance. All identified strategies to

							Maintain adequate insurance.		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 of the 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	A few minor violations were reported and they had little consequence to the agency. Two major incidents occurred and resulted in the termination of the two staff who violated policies. Cyber ins. was maintained. 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, & training. Maintain insurance.	0 lawsuits	No malpractice lawsuits were filed against us. Insurance was maintained. There was one client grievance reported, and it was handled on the Dept. Director level. All identified strategies to mitigate this risk were implemented.
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 were implemented.
Employment practice lawsuit		X			X		Effective employee grievance process. Regular supervision, performance coaching, & training. Mgt training. Maintain insurance.	0 lawsuits	N/A

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. Tested per schedule. All identified strategies to mitigate this risk occurred.

Diversity, Equity, Inclusion, & Belonging (Cultural Competency and Diversity)

Overview

Because of the growing controversial nature of DEIB work in this country as well as concerns for individual safety, we restructured our DEIB Program entirely. Effective January 2025, our Diversity, Equity, Inclusion, and Belonging (DEIB) Plan and practices are woven into every aspect of our work. CHS has an internal initiative called CAREs, which is an acronym for Compassion, Appreciation, Resilience, & Empowerment. We are using this initiative to integrate content and best practices regarding Diversity, Equity, Inclusion, & Belonging (DEIB); Trauma-Informed Approaches, and Restorative Practices into our agency culture. Recognizing the intersection and alignment among these three practices and combining them into one initiative helps us strengthen our practices, policies, and procedures as an employer and a service provider.

The CAREs Initiative focuses on CHS being an agency that values diversity, equity, inclusion, and belonging, is trauma-informed, and uses restorative practices. The CAREs Team is responsible for the development of the DEIB Plan as well as assuring that the DEIB Plan is relevant, implemented, tracked, and analyzed on an annual basis. Input is considered from employees, clients, and other interested parties 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, this executive summary, etc.

This approach calls for the elimination of the DEIB Director position for 2025. The essential work of the DEIB Director position will be part of the CAREs Team' scope of work. The staff member holding the DEIB Director position transitioned to Outreach and Engagement Manager.

2024 DEIB Plan Review & Analysis

Diversity, Equity, Inclusion, & Belonging Plan Review of 2024 Action Plan

<u>Guiding Principles of our DEIB Work</u>

Antiracism is our GUIDING LIGHT

Cultural Humility is the PATH we walk

Decolonizing Behavioral Health is our GOAL

The top priorities for 2024 were: 4, 5, 6, and 7

DEIB Director is responsible for implementation and monitoring of DEIB Action Plan. However, all departments must work collaboratively to achieve our goals.

Action Steps	Strategies	Status – End of 2024
Identify, recruit, select, and retain employees, board members, and volunteers that are reflective of the diverse population we serve	• CHS will continue investing in internal training and professional growth opportunities for CHS staff. • DEIB Director will strengthen relationship with WDI partners and other higher education institutions through continued collaborative events. • Executive Director will continue advocating for industry change on a legislative level. • Directors and managers will encourage staff to utilize Professional Development Funds.	• Accomplished. Various internal trainings were offered; all staff had Relias learning; all staff had a professional development allocation. • Accomplished. • Accomplished. • Accomplished. Most clinicians utilized all of their funds.

Review existing policies to ensure that they align with our core values and DEIB guiding principles	• DEIB Director will participate in trainings and events to stay up to date on DEIB best practices and share with other staff. • Directors and Managers will create feedback avenues for staff who identify gaps in existing policies and procedures or find gaps as new policies and procedures are implemented. • TILT Team will plan for a formal review of all CHS policies	• DEIB Director participated in a variety of events and trainings and brought back her learnings. • Staff were given opportunities to give feedback on policies and some took advantage of the opportunity. • TILT Team did not complete this project. Leadership did review all policies.
Create and maintain marketing and outreach materials that are easily updateable and reflective of our communities	• Department leadership will connect with DEIB Director to ask for changes in marketing material. • DEIB Director will update marketing materials as needed or requested.	• All marketing material is up-to-date
Maintain a working environment that welcomes and supports diverse perspectives and lived experiences	• Management will ensure that all CHS locations are accessible and physically safe for all community members and staff. • Supervisors and HR will ensure that CHS staff have the appropriate tools and supplies they need to do their work (and understand the process of how to report additional needs).	• Accomplished. Some maintenance and updates were required. • Staff have the tools they need to do their job.

	• CQI Team will engage in restorative leadership / practices training to gain additional tools on how to navigate through moments of harm and move towards repair/resolution. • Department leadership will collaborate with DEIB Director regarding any additional DEIB training needed. DEIB Director will explore bringing in external trainers to do more in-depth DEIB guiding principles training.	• Accomplished. Leadership Team participated in a 3-day training to learn restorative practices. • Training was developed by the individual programs.
Strengthen collaborative partnerships with external industry (CBA's, non-profits, human services, and behavioral health) and community partners	• Management will maintain and expand outreach efforts and collaborative relationships with partner organizations and external community partners • DEIB Director will continue to convene, connect, and collaborate with local decision makers, leaders, and other DEIB professionals. DEIB Director will support and participate in local resource fairs, community events, and legislative opportunities.	• Accomplished. Numerous collaborations with other organizations occurred. • Accomplished by DEIB Director and other Directors/Managers.
Build and maintain an agency culture that promotes transparency, open avenues of communication, and	• HR will continue to implement annual anonymous staff satisfaction survey.	• Survey was administered.

collaboration on all levels at CHS	• Tilt team will review questions on satisfaction survey in effort to receive meaningful feedback. • Directors will continue to work collaboratively with rest of CQI Team to ensure transparency on how to deliver decisions to rest of CHS staff. • DEIB Director will collaborate with CQI Team on ways to celebrate CHS staff and highlight program achievements. • DEIB Director will support Department/Program teams with consultation or presentations as requested. DEIB Director will collaborate with CQI Team on how to create opportunities to bring DEIB topics, trainings, and activities to staff.	• Questions were updated based on feedback received. • Continued efforts and practices developed to ensure transparency. • Accomplished – mainly at Winterfest and the all-staff picnic. Year in Review PowerPoint was shared with staff. • Directors and managers came up with their own topics, training, and activities for their staff.
Begin building a foundation for the creation of a CHS Trauma Informed Leadership Team (TILT)	• DEIB Director and Family Support Director will participate in CARE Training Program (April to May 2024) • CQI Team will participate in restorative leadership / practices training. • Existing TILT trainers will suggest ways to involve other staff in the TILT team, with tentative launch date for TILT Team, 4th quarter of 2024.	• Accomplished. • Accomplished • An action plan was developed.

Review and update the DEIB Action Plan as needed	• DEIB Director and Executive Director will review plan every 6 months and update accordingly.	• Accomplished. This Plan has now expired.

Additional 2024 efforts related to Cultural Competency and Diversity are listed below:

- DEIB Director position replaced the DEIB Manager position.
- 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, and information and referral services were provided in Spanish. Several clinical staff provided services in languages other than English.
- We hosted a Women and Infant Children (WIC) site where staff speak Spanish, Korean, and Vietnamese at our 170th Shoreline location.
- See introduction paragraph of this section for an explanation of major program changes.

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.

Technology

Overview

Technology is an essential part of our business. We use an outside contractor (Real Impact) to help us navigate our technological needs. The Plan is reviewed annually by our IS team and consultants.

2024 Technology Plan Review & Analysis

2024 – 2026 Technology Plan

2024 Review

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

HARDWARE

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	STATUS END OF 2024
• Build our infrastructure for new Everett rental space	High	Acquisition: Purchase firewall; Install Internet; Purchase & install access point	$4,000	Completed 7/24
• Ability for our IT Vendor to manage network	Medium	Acquisition: Purchase & install new smart switches	$16,000	Completed 12/1/24 & ongoing
• Update existing monitors	Low	Acquisition & Replacement: Purchase & replace 20 old monitors	$5,500 (10 in 2024 - $3,000)	12/31/26- On target
• Update aged cell phones	Medium	Acquisition & Replacement: Purchase & replace 60 cell phones $30k	$30,000	Completed 12/31/24 & ongoing
• Update existing laptops	Medium	Acquisition & Replacement: Purchase & replace 20 aged laptops	$40,000 (2026)	12/31/26 Completed for 2024

SOFTWARE

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	TIME FRAME
• Maintain current software	High	Maintenance: Continued maintenance	None	On-going
• Improve communication options for working with clients	Medium	Acquisition: Purchase & enable text capabilities	None	Completed 12/24
• Eliminate physical servers	High	Acquisition: Purchase & install software to expand existing software to allow for cloud servers & storage	$1,200 per month	12/31/25

SECURITY & CONFIDENTIALITY

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	TARGET DATE
• Dispose of media (drives) & software	High	N/A	$2,000	On-going
• Review back-up policies & revise as necessary	High	Maintenance: Maintain to current standards	IS Team time	2024 Completed – on-going
• Review Disaster Recovery Plan & revise as necessary	High	Maintenance: Maintain to current standards & needs	Staff time	Annually
• Train staff on HIPAA security, security awareness, & Compliance	High	Maintenance: Maintain training available in the Relias platform	Staff time $3,600 for testing IS Team; External Vendor; $20,000	Annually; Testing by 12/31/24
	High	Maintenance:	$15,000	7/31/25

• Test our IT environment for vulnerability • Assure that our IT environment is very low risk	High	Work with external vendor to complete penetration tests & vulnerability scan Maintenance: Maintain the following: EndPoint detection response; Managed SOC; Microsoft 365 monitoring; SIEM	$2,800 per month	On-going

VIRUS PROTECTION

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	TARGET DATE
• Continue use of internal firewall	High	Maintenance: On-going maintenance	Part of IT Vendor contract	On-going
• Test & upgrade virus protection as necessary	High	Maintenance: On-going maintenance	Part of IT Vendor contract	On-going

ASSISTIVE TECHNOLOGY

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	TARGET DATE
None				

MISCELLANEOUS

GOAL	PRIORITY	TECHNOLOGY ACQUISITION/ MAINTENANCE/ REPLACEMENT	RESOURCES NEEDED	TIME FRAME
None				

CORPORATE COMPLIANCE

Critical Incidents

2024 Critical Incidents Review & Analysis

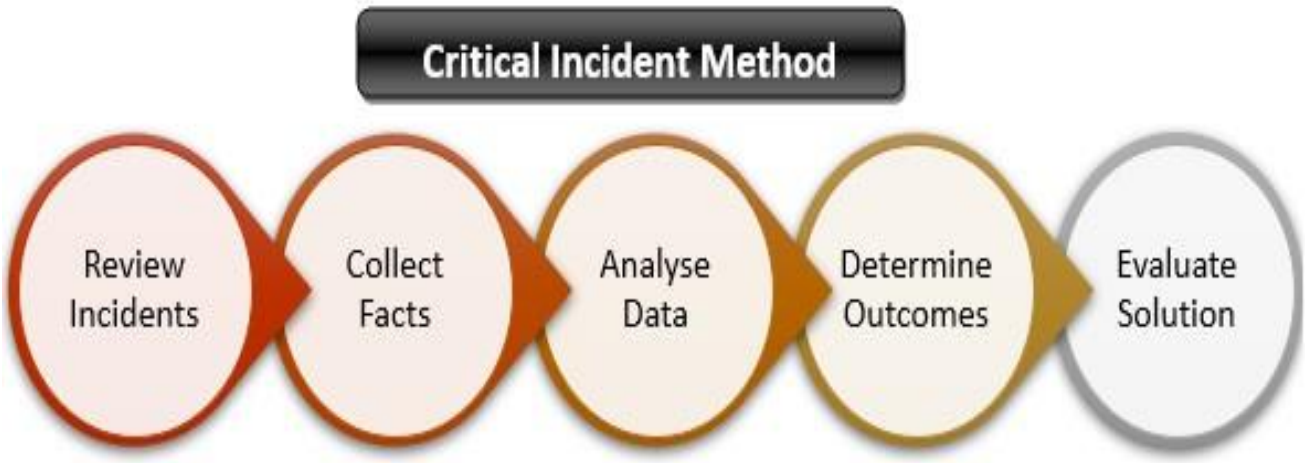
Staff managed **648** Critical Incidents in 2024 which is an increase of 179 from 2023. The incidents fell into the following categories:

Incident Type	#
CPS Report	413
Other	116
WISe after hours crisis response	47
Abuse neglect and exploitation of a client including financial exploitation (does not include child abuse/neglect)	27
Suicide/attempted suicide	16
Credible threat to clients safety	13
Aggression or Violence (on site)	5
Homicide/attempted homicide	3
Major injury or major trauma to client	3
Property damaged by a client (on site)	2
Other violent acts allegedly committed by client – vehicular homicide, rape , sexual assault, or indecent liberties	2
Incidents involving injury (on site)	1
TOTAL	**648**

The Corporate Compliance committee reviewed and analyzed the 2024 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 number of incidents increased by over 27%. The only trend noted is that CPS reports were the highest category. The “Other” category is not well-defined and are not typically the same type of incident.
- Debriefing – No debriefing for critical incidents was needed in 2024.
- Action plans for improvement – Our responses to each incident were appropriate.
- 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.
- Prevention of recurrence – None of the incidents were within our control.
- Internal reporting requirements – All internal reporting requirements were met, and incidents were reported in a timely manner.
- External reporting requirements – Occasions when staff were required to report the incident to the MCO were done so properly. CPS and APS reports were made as required.

- Education and/or training of personnel needed – Education and/or training was assigned to staff as necessary.
- Prevention of recurrence – None of the incidents were within our control.
- Internal reporting requirements – All internal reporting requirements were met, and incidents were reported in a timely manner.
- External reporting requirements – Occasions when staff were required to report the incident to the MCO were done so properly. CPS and APS reports were made as required.



SERVICE DELIVERY (JAN. 1, 2024 – DEC. 31, 2024)

Services Provided & Department Highlights

Mental Health Services

The Mental Health Department provided the clinical services including Intake/Assessment, Individual Therapy, Family Therapy, Group Therapy, Conjoint Therapy, Case Management, and Medication Management, when appropriate. These services were provided mainly onsite and face-to-face in our offices, in schools, and in community settings such as the Shoreline Rec Center. We also provided services through telehealth when clients requested. Throughout the year, we worked with both adults and children/youth (age 6 and older).

The Mental Health Department experienced more growth and transition in 2024 while continuing to provide trauma-informed, client-centered care across King and Snohomish Counties. Despite extenuating circumstances such as administrative changes, office transitions, and shifting program structures, the department upheld its mission of accessible, quality mental health services. Teams navigated these challenges with innovation, implementing new programs, expanding leadership, and continuing to strengthen team cohesion to meet the needs of the communities served.

2024 Mental Health Department Highlights include:

- Provided accessible care to clients through diverse services, including telehealth, open-access assessments, and group therapy.
- Expanded leadership roles across teams.
- During dedicated DEIB meetings, facilitated DEIB-focused learning opportunities occurred by discussing and reflecting upon a range of topics. The team read chapters of books, listened to podcasts, watched episodes of couples therapy, and viewed clinical webinars, all of which elicited reflective conversations on their own clinical styles and brainstorming to support their clients.
- We continued to prioritize low-barrier access to care by successfully applying for and being awarded several grants. These grants enabled us to provide school-based and office-based services at no cost to clients, ensuring equitable access to mental health support for our community.
- Sustained community outreach efforts have bolstered our visibility and trust, allowing us to offer services in six school districts and actively participate in community events. Notably, we partnered with The ACCESS Project to conduct four sessions in the Lynnwood community, providing psychoeducation and Q&A panels to support individuals following the tragic fatal shooting at the local mall.
- The Mental Health Department celebrated the midpoint of the year in June with a relaxing afternoon in the park. The event included heartfelt acknowledgments of staff contributions, farewells to departing team members, and a celebration of graduating interns, recognizing their achievements and contributions to CHS.

Community-Based Intensive Services (CBIS)

Intensive services for children, youth, and families are provided in home, community, school, or office settings. While a small number of clients receive an outpatient level of care, the majority of clients served by CBIS are enrolled in wraparound/WISe services. WISe provides a team-based approach to supporting families with the highest levels of need. Mental health therapists and counselors work individually and with caregivers, while Certified Peer Counselors provide both youth and parent support, and care coordinators facilitate team meetings, collaborate with identified natural supports and community collaterals, and maintain a robust family-driven plan to reduce behavioral health related risks. WISe and what was previously a stand-alone Infant and Early Childhood Mental Health Program combined efforts, providing most enrolled families with children birth to six with a wraparound approach. A small outpatient program continues to serve Perinatal mental health clients and young children who may not require the level of care WISe provides.

2024 CBIS Department highlights include:

- Supported therapist participation in an 18-month Child Parent Psychotherapy certification for a cohort of IEC therapists.
- Grew our collaboration between CBIS and Housing Hope, providing regular consultation and coordination of services for housing hope staff and the families they serve.
- Continued to expand the WISe team to increase representation of BIPOC and LGBTQIA+ staff.
- Continued to be known regionally as a leader in providing intensive services to LGBTQIA+ youth, particularly trans and gender nonconforming youth.·
- Added dedicated Perinatal Mental Health Therapist position
- Supported three employees to enroll in CHS sponsored clinical degree program
- Provided RUBI (Parent training to support children diagnosed with Autism) to more families
- Increased overall enrollment capacity in WISe Program
- Promoted qualified employees into leadership roles

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; a minimum 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 Adult Recovery 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 held in person with one group per week being held via ZOOM.

2024 SUD Department highlights include:

- Groups transitioned back to in-person primarily with one IOP group per week being held via ZOOM and Trauma MRT Group held via ZOOM.

- Continued with 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.
- Continued with one full day of walk-in assessments at Carnegie Resource Center in Everett.
- Expanded our capacity for therapeutic court involvement by promoting our Co-Occurring Supervisor to Therapeutic Court Manager and adding a second Treatment Liaison.
- Continued our involvement with Shoreline Community Court and Edmonds Community Court.
- Continued to serve our PPW population with expanded services, childcare, parenting support, case management, and provided funding for emergency needs.
- Reduced barriers to services for Snohomish County clients by using grant funding to provide SUD treatment for low-income residents who were not otherwise eligible.
- Received a grant from Snohomish County Emergency Management Funds to provide Opioid Overdose Awareness and Education to the community. With these funds were able to create a Recovery Space at the Silverlake office, purchase hygiene supplies, recovery items, marketing giveaways, make Narcan Kits, and put on community education events.
- Increased from 300 to 2000 Narcan kits supplied to the community, clients, and staff as well as fentanyl and xylazine test strips, information, and education.
- Offered SUD staff ongoing opportunities for professional development with trainings on Trauma-Informed Care, Breaking the Chains of Trauma training and fidelity calls, Motivational Interviewing, Ethics and Boundaries, Opioid Epidemic, as well as continuing to learn about population specific treatment while working with PPW, LGBTQIA+, 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.
- Continued to use contingency management as a way of increasing engagement, encouraging clients, and helping client's achieve their goals.
- Substance Use Department Director presented at Washington State Drug Court Conference and Facing Fentanyl Together on addressing the Opioid crisis. She also co-presented with the DEIB Director at the Saying it Out Loud Conference and the Resilience Conference on Building Resilience and Hope.
- Therapeutic Court Manager completed an intensive training to become an EMDR provider.
- Hosted our first International Overdose Awareness Day Event for the community with musical entertainment, speakers, Narcan training, education, resources, and the opportunity to connect.
- Created our first SUD Certified Peer Counselor Position to help guide people in recovery through the treatment process.

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: Providence Medical Clinic in Mill Creek, Virginia Mason Edmonds Family Medicine; Community Health Center of Snohomish County in Edmonds, Lynnwood, Everett, and Everett south. Services at three of the were partially funded by Verdant Health organization to help clients who did not have insurance or the means to pay for services themselves. Due to a shift in priorities and community need, the BHI Department was closed at the end of December 2024. Most BHI staff were transferred to our new Access Department (providing centralized assessments) and two were transferred to the Mental Health Department.

2024 BHI Department highlights include:

- Collaborations with Court mandated co-occurring clients for direct referrals.
- Provided Alcohol Tobacco and Other Drug (ATOD) Educational Class twice a month.
- Offered ADIS (Alcohol and Drug Information School) classes.
- Provided 'Breaking the Chains of Trauma' groups
- Provided SUD assessments to help cover the overflow for our SUD department.
- Served Mental health overflow clients when other departments were full.
- Provided co-occurring counseling to Family Court referrals for the SUD Department.
- Began dialectic behavioral therapy trainings (DBT) for several staff

Family Support

The programming offered by family support (FS) are designed to decrease the isolation of families (particularly immigrants) and increase peer support and strengthen protective factors that build resilience. Specific programs provided in 2024 were:
Kaleidoscope Play & Learn – intergenerational early learning and parent education program for families with children 0-6 years old offered in Spanish and English. Model is a Promising Practice through University of Washington.
Positive Discipline Parenting Classes – weekly class series in Spanish and English for families with children of all ages. The curriculum is based on "Teaching Parenting the Positive Discipline Way" through Positive Discipline Association.
Circle of Security Parenting Classes – weekly class series in Spanish and English for families with children 0-5 years old. Curriculum is an Evidence Based Practice.
Promoting First Relationships – one-on-one 10 session parent coaching model for a parent and their child ages 0-6 years old. Model is an Evidence Based Practice out of the University of Washington.
Kinship Support Program – case management, support groups and family events for caregivers raising relative's children.
Out of School Time Program – afterschool and summer programming for youth K-12th grade that are residents of Ballinger Homes, a King County Housing Authority public housing complex in Shoreline. Also includes ICAN Academy that provides one-on-one career and college planning support for teens and adult residents as needed.
Community Outreach Program – case management and resource navigation based on the social determinants of health with potential financial relief for housing, utilities, transportation and food access. Services primarily focused on residents of Shoreline and Bothell due to funding source of financial assistance.

2024 Family Support Highlights include:

- 2024 included renewals of ARPA funds for the Community Outreach Program, to provide financial relief and case management to address social determinants of health for Shoreline and Bothell residents.
- Kinship program added additional monthly support meeting during the evening.
- Family Support bilingual staff supported SUD Department with Narcan and Opioid Poisoning education.
- FS Department Director enrolled in Y+Heritage Masters in Mental Health Counseling
- FS Parenting Program Manager accepted as a Trainer Candidate with the Positive Discipline Association.
- FS Manager participated in Best Starts For Kids Infant Early Childhood Mental Health collaborative.
- New private foundation funding secured to serve Snohomish County Residents
- FS Department Director trained in Snohomish County CAREs Trauma Informed Organizations Framework.
- FS & Mental Health Department collaborated to provide mental health counseling in response to community violence incident at Ballinger Homes

Persons Served (Calendar Year 2024)

Mental Health Clients
2,352 people received Mental Health services:

Substance Use Disorders Clients
486 people received Substance Use Disorders services:

Behavioral Health Integration Clients
898 people received BHI services.

Community-Based Intensive Services
452

Family Support Participants
1,005 unduplicated people participated in family support programs or classes.

Total Served in Programs – 5,193

Total Unique Individuals Served – 4,548

NOTE: Total served in programs is higher than the total unique individuals served because some people received services in more than one program. The total number of unduplicated served does not include many of the people who only received screening, information & referral, outreach & engagement, or prevention services. In the Family Support Department, the unduplicated number of people served does not include those who were 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 921 followers of our CHS Family Support Parenting page and 337 members in our Kaleidoscope Play & Learn Facebook group.

Characteristics of Persons Served

N= **4,548** (includes only individuals who completed demographic forms).
Of the 4,548 individuals served, 4% (203) identified as homeless.

Residence	
County:	
King	1,609
Snohomish	2,718
Other County in Washington State	67
Outside Washington State	7
Unknown	147
Total	**4548**
City:	
Everett	931
Lynnwood	703
Shoreline	624
Seattle	467
Bothell	444
Edmonds	232
Mountlake Terrace	143
Mukilteo	107
Kenmore	94
Marysville	89
Woodinville	60
Lake Forest Park	57
Lake Stevens	47
Snohomish	45
Kirkland	40
Mill Creek	36
Arlington	31
Olympia	24
Brier	21
Other Cities with Less than 20 Utilizers	265
Unknown	133
TOTAL	**4,548**

203 identified as unhoused

Race/Ethnicity	
White or Caucasion	1,558
Hispanic/Latinx	774
Multi-Racial	348
African American/Black	294
American Indian or Alaska Native	66
Asian	273
Middle Eastern	45
African	15
Other	206
Unknown	843
Total	**4,548**

Gender	
Female	2117
Male	1510
Not Available	577
Not Applicable Due to Age	100
Non-Binary / Non-Conforming	99
Gender Fluid	40
Transgender	39
Cisgender	26
Chose not to Answer	29
Other	13
Gender Queer	10
Unsure	10
Agender	6
Intersex	1
Two Spirit	1
Total	**4,548**

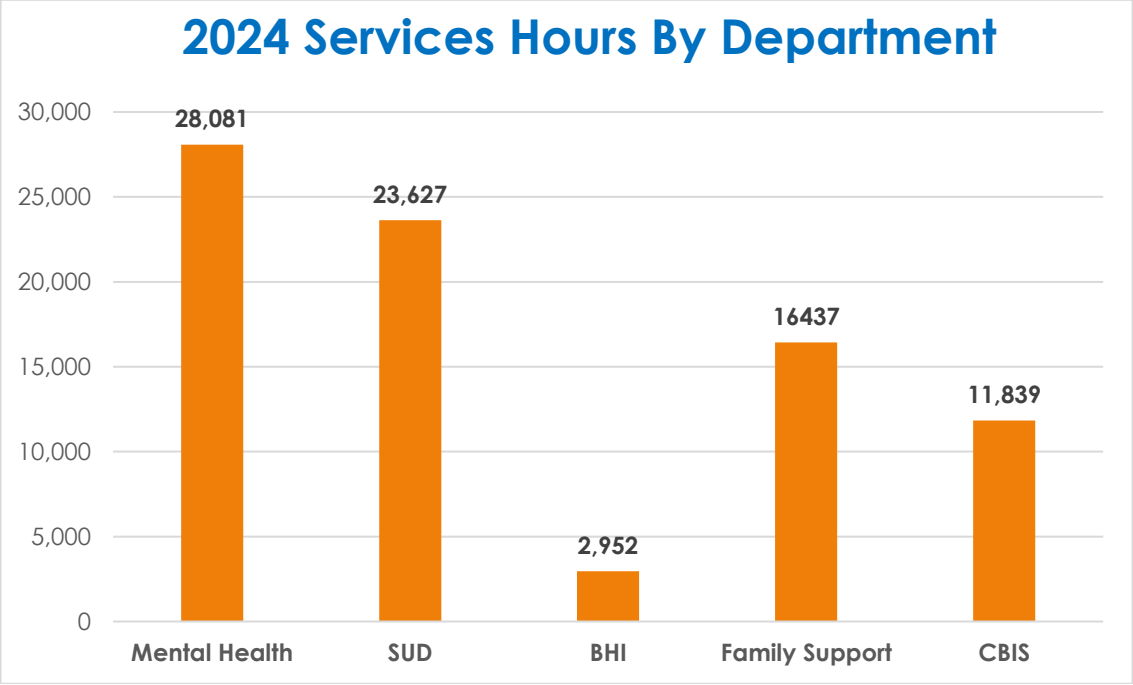
Ages	
0-5 years	378
6-10 years	724
11-13 years	702
14-17 years	1139
18-24 years	412
25-34 years	534
35-44 years	531
45-54 years	247
55-64years	147
65-74 years	56
75+	43
Total	**4,913**

Note – n = 4913 because some clients had services before and after a birth date.

Service Hours

A total of 82,936 billable service hours were provided in 2024. This number does not include telephone screening, information/referral services, and most outreach activities. It is an increase of 10,933 compared to 2023.

Department	Service Hours
Mental Health	**28,081**
Substance Use Disorders	**23,627**
Behavioral Health Integration	**2,952**
Family Support	**16,437**
Community Based Intensive Services (WISE & IEC)	**11,839**
TOTAL	**82,936**



INPUT FROM INTERESTED PARTIES

Methods and Trends

Input from interested parties is crucial to our planning, program development, outcome evaluation, and overall sustainability. “Interested parties” are clients/participants, family members, employees, funders, community members, etc.

- Anonymous survey to clients/families
- Focus groups
- 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 and grateful for the services they are provided.
- While there was not a lot of criticism given toward our services or the agency through any method, by far the Employee Satisfaction Survey revealed opportunities for improvement.

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

Agency-wide Client Satisfaction Survey:

In the fall of 2024, CHS conducted a client satisfaction survey throughout the agency.
40 people responded to the survey. The results were as follows:

SATISFACTION RATING: n=40

- 85% Very Satisfied (34)
- 15% Somewhat Satisfied (6)
- 0% Neither satisfied nor dissatisfied (0)
- 0% Somewhat Dissatisfied (0)
- 0% Very Dissatisfied (0)

DIVERSITY, EQUITY, INCLUSION & BELONGING:

Question: 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? n=40

- Yes (38)
- No (2)

ACCESSIBILITY BARRIERS:
Question: Have you experienced any barriers to receiving CHS services? n=137
- Yes (2)
- No (37)
- Did not answer (1)

Of those that answered Yes, the following barriers were noted:
- Couldn't get appointment in timely manner (for psychiatric provider)
- Transportation challenges

NARATIVE ANALYSIS:
26 of the 40 respondents left additional comments. 24 of them were very complementary and indicated client satisfaction. Some of the positive quotes written by respondents include:
- XX is the best, and I don't know where my son would be without her!!! The office staff are awesome at getting him in contact with her at the last minute if he needs more support. Overall, I am so thankful to have you all in my son's life fighting his battle with mental health.
- I have very much enjoyed the services I've received at the Center for Human Services over the last year and a half. My therapist has been instrumental in helping me grow and navigate challenges, and I truly appreciate his expertise and support. The entire staff is incredibly friendly and welcoming, creating a supportive environment that fosters healing and progress. I am so grateful for the care and kindness I've experienced here.
- My child and I are very pleased to be getting therapy while at school. My child has Autism and dealing with school post Covid isolation has been difficult. Having therapy at school really helps them navigate school and personal friendships. All schools should offer mental health therapy at school. Please keep these programs going. They are desperately needed.
- I have been helped so much over the last year and a half since I've been a patient here. I appreciate all the help I have been given!
- I appreciate very much to be able to be part of Kinship program. It is helpful to be able to talk with XX anytime when I have issues arise and provides good resources if I needed.
- XX is great! Always willing to listen and offer suggestions/help problem solve/find resources. Thank you!

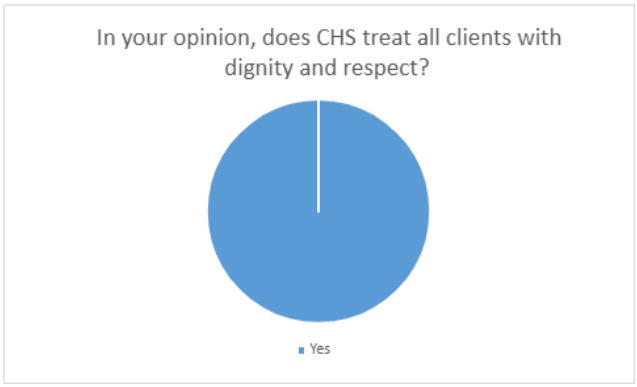
There were two comments (listed below) that indicated areas for improvement:
- I think there have been some personnel changes that have negatively impacted some programs.
- Inconsistent availability with psychiatric provider.

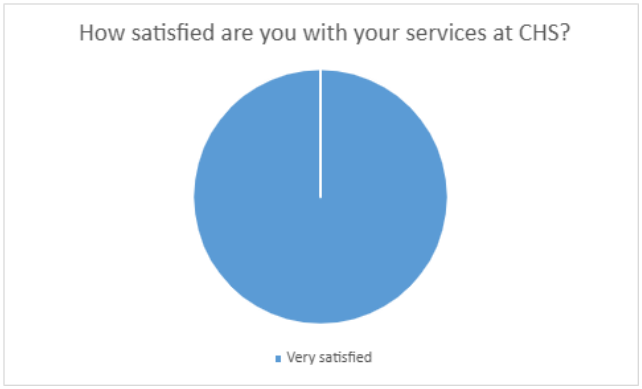
Overall, the positive responses paint a picture of the Center for Human Services as a caring and effective organization that makes a real difference in the lives of individuals and families. The feedback we received about personnel changes and psychiatric provider availability was no surprise to us. Both were outside of our control: personnel changes are expected in community mental health and the psychiatric provider was unavailable at times because of health issues (which is no longer an issue).

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

Shoreline Mental Health Client Satisfaction Survey:

In December 2024 on a random date, the Shoreline's Mental Health Program conducted a simple client survey with only two questions. 11 people responded to the survey – 8 clients and 3 parents. The results were overwhelmingly positive as the graphs below indicate:





NARRATIVE ANALYSIS

Below are all of the comments left by respondents:

- My experience with CHS Shoreline has been outstanding. Everyone from intake, to reception, to our counselor has provided services that felt authentic, kind, thoughtful, and professional. I appreciate XX's approach to working with our child and feel that he has created a wonderfully safe environment that provides them space to truly explore themselves fearlessly. I draw inspiration from XX's work and am grateful that we have the opportunity to work with him and CHS Shoreline.
- XX has helped me so much!
- I love CHS staff and services! Every staff interaction I have had has been caring, friendly, and accommodating. Shoutout to XX and XX for being very wonderful and kind people! I don't know what I would do without y'all!
- XX is a receptionist I always see and she is very friendly and has knowledge of the programs they offer. She responds quickly to my questions. I feel very comfortable asking questions and also feel her confidence of what she is responding. XX is my son's therapist. He has been seeing XX over 6 month now and he is doing very well.

- XX is very responsible and super friendly. I believe my son start liking him the day first. My 8 years old started seeing XX alone after 4 or 5 sessions, my son already felt comfortable and safe to talk to XX by himself. I am very happy that my son has someone adult who can talk and discuss about himself comfortably at his age. Thank XX for being as his mentor that very supportive and understanding.
- I haven't been a client for very long, but I have nothing but positive things to say about CHS! As someone with personal trauma and professional secondary trauma, I carry a lot of distrust for system services but CHS has really helped me work through those trust issues. The staff at the new Shoreline location where I go are amazing and so is my therapist. I genuinely feel the empathy from folks at CHS and am so grateful to be a client. The only downside is that someday when I get better and become employed again, I will lose access to Medicaid and therefore likely will not be able to continue being a client due to insurance conflicts and costs. But I recognize that is a systemic issue and not the fault of CHS. All that to say, KUDOS!!! You all are doing incredible work. Thank you.

ATOD Class Survey Results:

The BHI Department conducted ATOD (Alcohol, Tobacco, Other Drug) education classes monthly. Participants are generally referred by the Northshore School District, and the class includes both the youth and a parent. The class is a one-time occurrence for 4 hours. A summation of the surveys is below.

Remarks about the instructor included:

- She was nice and informative.
- Very well done, great information.
- [The instructor] was great. Very informative, professional, punctual and polite. [The instructor] let everyone know the schedule and breaks and asked if we had any questions after each discussion.
- Very knowledgeable, didn’t make anyone feel uncomfortable.
- Very helpful and kind.
- Good, she explained well and [was] very nice.

Some of the comments received about the class included:

- [The instructor] asked everyone to interact during class. [The instructor] also didn’t make anyone feel bad for asking questions.
- [I liked] knowing how long we would spend on a topic
- [I liked] learning about the science behind drug interactions
- She prompted [the students] to answer questions
- The use of videos to give access to info in different ways [was good]
- I would like it if handouts were organized in the order the subjects were talked about.
- My suggestion is to have someone who has experienced addiction come in and talk about it

As a result of these comments, handouts distributed during the class were re-organized in order of the subjects talked about and a video of a recovering substance user talking about

their experience was added to the curriculum. No other changes were made to the ATOD program.

Focus Groups

A focus group was conducted on 10/21/24 with an IOP group at the Silver Lake location. 7 existing clients participated. The group was given the opportunity to provide feedback about the program and the agency. 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?
    - "Recovery space, having food available and hygiene stuff."
    - "People to listen to me."
    - "This group has helped me to open up and be more social."
    - "I am able to relate."
    - "It gives me something to look up to" (in reference to others in recovery and what they have accomplished).
    - "Skill building, learning new social skills"
    - "The Trauma MRT group."

2) What's not working or could be better?
    - "Not knowing expectations of treatment" (either to transition or from assessment).
    - "Defining the goal of my treatment "
    - "I didn't know my recommendations until much later – not having a timely response."
    - "When there is too much focus on the bad stuff - I know the negative consequences"

The group also shared that they would like to go deeper into communication skills, specifically learning and practicing how to listen to others, how to manage money, relationship skills, life skills, and what to do if they get complacent. Overall, the group asked for more activities to build skills and less time talking about the negative consequences of use.

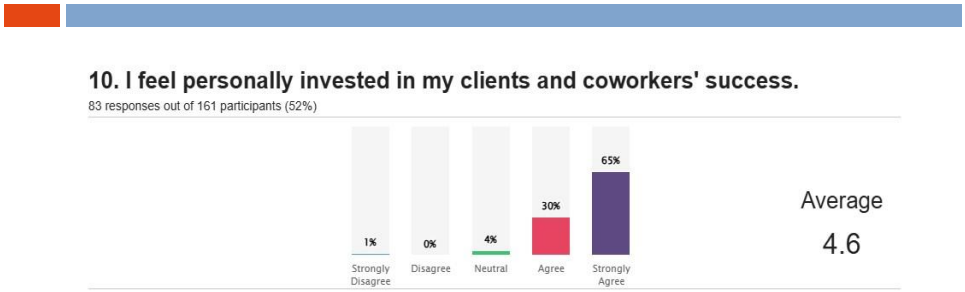
The results of the survey were shared with the treatment team. The curriculum will be reviewed for more opportunity to provide skills training.

Employee Input

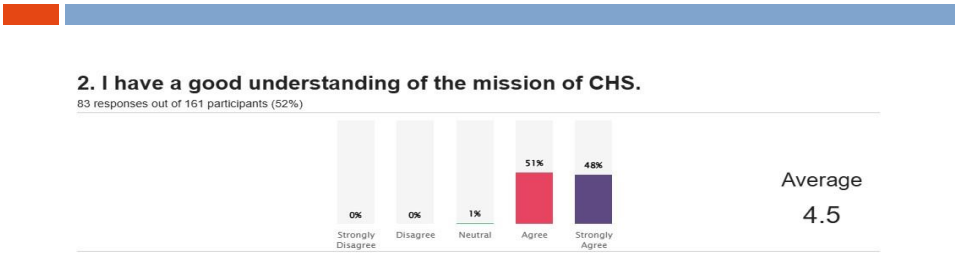
An Employee Satisfaction Survey was launched on 12/7/2024 and closed on 12/30/24. 161 participants were invited to participate in the survey and 63 responded. This is a 53% survey response rate which is considered a better than average response rate. The completion rate in 2023 was 68% which is 15% higher than 2024. It is very likely that the lower response rate was due to the time of the year it was administered (October vs

December) and the time allowed to respond (4 weeks vs 3 weeks). Our intent is to begin the survey earlier next year.

The survey contained 37 questions on a one to five scale. Helpful written comments were also received from those who took the survey. CHS management analyzed the results of the survey and was overall satisfied with the scores. Below is an analysis of a few that are important to highlight.



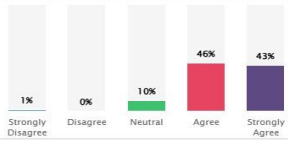
- Strongly Disagree- 1
- Disagree- 0
- Neutral- 3
- Agree- 25
- Strongly Agree- 54



- Strongly Disagree- 0
- Disagree-0
- Neutral- 1
- Agree-42
- Strongly Agree- 40

14. I receive useful and constructive feedback from my supervisor.

81 responses out of 161 participants (50%)



Average

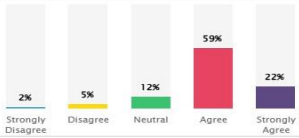
4.3

- Strongly disagree- 1
- Disagree- 0
- Neutral -8
- Agree-37
- Strongly agree -35

The only questions that resulted in an average score of less than 4 were:

52. CHS managers and directors are genuinely interested in employee opinions and ideas.

82 responses out of 161 participants (51%)



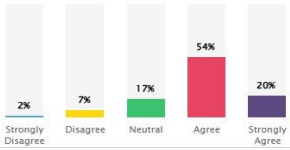
Average

3.9

- Strongly disagree- 2
- Disagree- 4
- Neutral- 10
- Agree- 48
- Strongly agree - 18

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

82 responses out of 161 participants (51%)



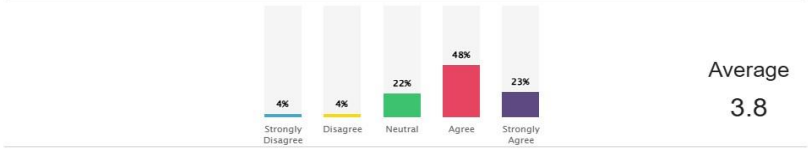
Average

3.8

- Strongly disagree- 2
- Disagree- 6
- Neutral- 14
- Agree- 44
- Strongly agree- 16

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

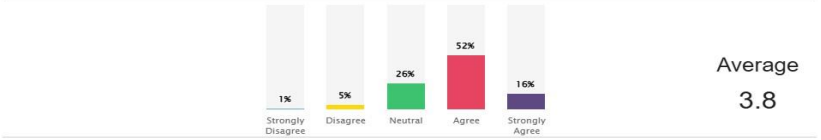
82 responses out of 161 participants (51%)



- Strongly disagree- 3
- Disagree- 3
- Neutral- 18
- Agree- 39
- Strongly agree - 19

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

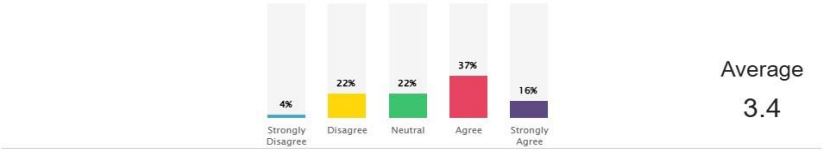
82 responses out of 161 participants (51%)



- Strongly disagree- 1
- Disagree- 4
- Neutral- 21
- Agree- 43
- Strongly agree - 13

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

83 responses out of 161 participants (52%)

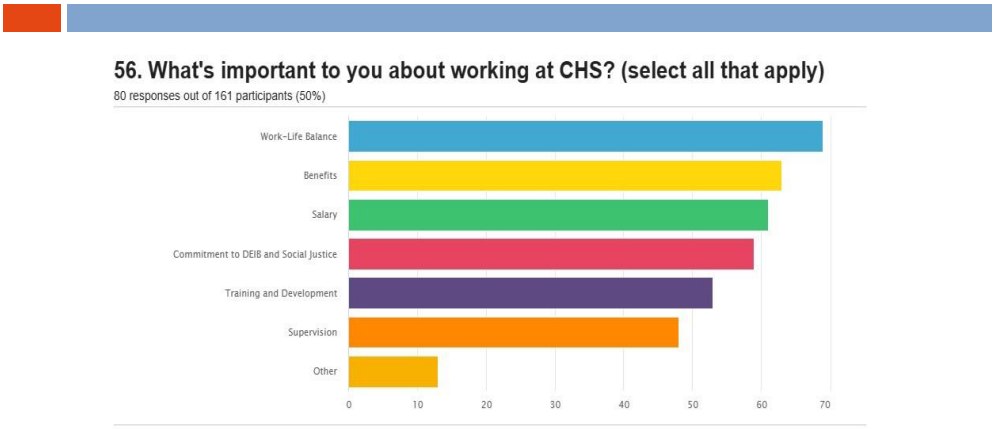


- Strongly disagree- 3
- Disagree- 18
- Neutral- 18
- Agree- 31
- Strongly agree- 13

It is also relevant to note that some of the questions, that we feel are most reflective of job satisfaction, had average scores that increased slightly (all over 4). They included:

- “My salary is competitive with similar jobs I might find at similar organizations.” – increased by .2
- “I am satisfied with my job.” – increased by .1
- “I am proud to tell others that I work for CHS.” – increased by .1

The question that scored the lowest (“My job does not cause unreasonable amounts of stress in my life”) had the exact average score in 2023. The survey confirmed that, as we thought was true, there has been a shift in priorities and work/life balance is the most important to employees. See below.



- Work-Life Balance – 69
- Benefits -63
- Salary- 61
- Commitment to DEIB and Social Justice - 59
- Training and Development – 53
- Supervision - 48
- Other- 13 (continuing investment in its employees’ professional growth; services provided to community; Agency’s mission; client care; 4-day work week; supervisors/managers genuinely care about me;

Further analysis of the Employee Satisfaction Survey results for 2024 revealed an overall positive response rate of 49.2%, which is an increase of 1.9% from 2023. Most improved areas compared to 2023 were Mission Understanding (26.7% improvement); Mission Contribution (26.7% improvement; Accessibility (10% improvement), Diversity (10% improvement), and Mission Commitment (10% improvement). The most significant declines involved workplace relationships, resources, and training.

Input from Other Interested Parties

Community Feedback

CHS did not conduct a community survey in 2024 across the agency. Leadership received positive feedback when participating in community meetings. Overall, feedback was very favorable. Input from other interested parties was used to strengthen particular programs and for consideration in the development of a new strategic plan.

North Sound Well-Being Survey Results

In partnership with the North Sound ACH, a group of community-based organizations (who are part of the North Sound Collaborative Action Network, developed a survey to measure well-being in our region. The survey launched mid August 2024 and CHS was a participating organization. 19 people responded to the survey as a result of CHS's outreach. Of the 19 respondents linked to CHS, 1 was between 18 and 24 years of age, 7 were between 25-34 years old, 5 were 35–44 years old, 3 were 45–54 years old, and 3 were over 55 years old. The results of the survey from our respondents, related to the most relevant questions, were as follows:

In general, how would you rate your mental health, including mood and ability to think?

Answer Choices	Responses
Excellent	1 (5.26%)
Very Good	5 (26.32%)
Good	8 (42.11%)
Fair	4 (21.05%)
TOTAL	19

How often do you get the social and emotional support you need from your community?

Answer Choices	Responses
Always	2 (10.53%)
Usually	5 (26.32%)
Sometimes	10 (52.63%)
Rarely	0 (0.00%)
Never	2 (10.53%)
TOTAL	19

How strongly do you agree with this statement? "I lead a purposeful and meaningful life."

Answer Choices	Responses
Strongly agree	5 (26.32%)
Agree	11 (57.89%)
Neutral	3 (15.79%)
Disagree	0 (0.00%)
Strongly disagree	0 (0.00%)

Answer Choices	Responses
TOTAL	19

How would you currently rate the overall well-being of your community?

Answer Choices	Responses
Excellent	0 (0.00%)
Very Good	5 (26.32%)
Good	7 (36.84%)
Fair	4 (21.05%)
Poor	3 (15.79%)
TOTAL	19

How strongly do you agree with this statement? "When I think about my community, I feel like I belong."

Answer Choices	Responses
Strongly agree	0 (0.00%)
Agree	12 (63.16%)
Neutral	5 (26.32%)
Disagree	2 (10.53%)
Strongly disagree	0 (0.00%)
TOTAL	19

Audits

- MRT Fidelity Checks:

  On December 11, 2024, a Trauma MRT (Women's) group was observed to check fidelity. The observation was via telehealth. The group meets once a week from at 4:00 p.m. for one hour. There were 2 clients present. The review summary noted that the two group members and the counselor all related well with each other. She kept the members on track and focused on MRT work throughout. The conclusion of the observation was that the group was conducted to fidelity. Results were reviewed with the counselor.

  On December 19, 2024, a Trauma MRT (Men's) group was observed for a fidelity check. The group meets once a week from 6:00-8:00pm, remotely over Zoom. There were 13 male clients present. The review summary noted that the counselor conducting the group followed fidelity of BTC MRT. Results were reviewed with the counselor.

- Washington State Department of Children, Youth & Families (DCYF)

  On 7/24/24 DCYF contacted a Year End Review conducted regarding our Community Based Child Abuse Prevention (CBCAP) grant for our Promoting First Relationships Program. The program (in the Family Support Department) was found to be "fully compliant with Contract Requirements". See results below.

Program Implementation Year-End Overview	**Expectations Met /Not Met**	**Suggestions and Comments**
Program Implementation Table (including planned activity/activities, planned outputs, actual implementation of activities, actual outputs, and description of differences between planned and actual implementation)	Met	Clear and concise – nice that you were able to serve a few additional families.
Data Summary: Primary Outcome for Overall SFWA Summary across Programs	**Expectations Met /Not Met**	**Suggestions and Comments**
Primary Protective factor, outcome, and indicator defined; data collection method/tool described	Met	The data look accurate and clear and the explanations are helpful. Thank you.
Total number of parents and description of parents for whom data are and are not reported included	Met	
Described how "Improved" was measured	Met	
Reported number of parents demonstrating improvement and maintaining high scores on primary Protective Factor	Met	
Data Summary: Program Evaluation Summary	**Expectations Met /Not Met**	**Suggestions and Comments**
Outcome data are described and summarized and analyzed in narrative form, using tables and charts as necessary	Met	Excellent summary overall. It's fun to see what you can do with your new software – which graphs do you like the best? If you want to geek out even further (now that you have new capacity to use data and create graphs) you or someone at CHS might be interested in the book **Effective Data Visualization: The Right Chart for the Right Data** by Stephanie Evergreen. Very nice summary of findings from open-ended questions. The themes are

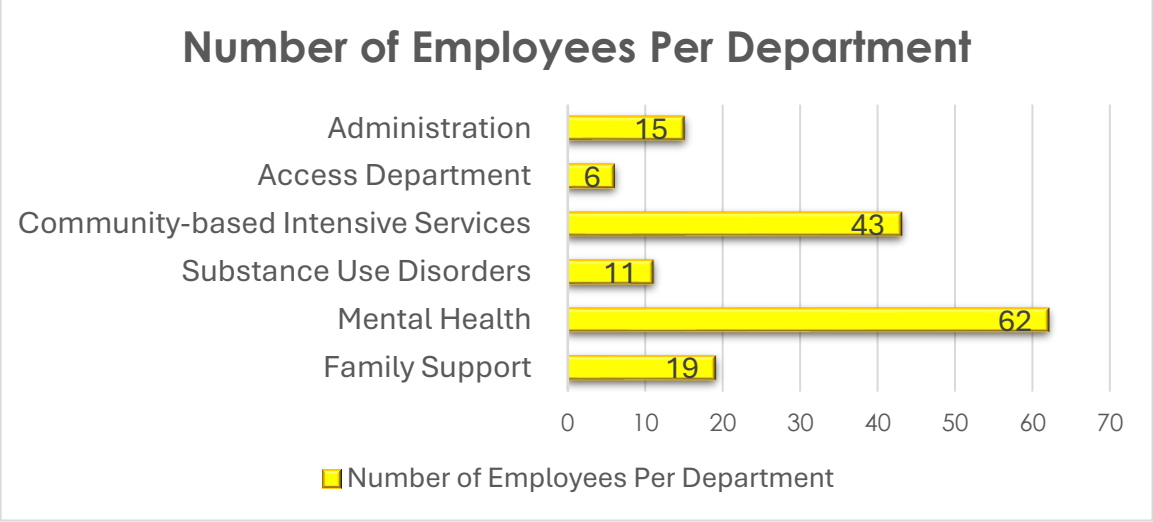
		clearly highlighted and the quotes are visually appealing. Figure 1.2 on p. 3 shows the average of three questions. For this type of question, it might be best to show the percentage distribution for the retrospective pretest and posttest. Your coach can explain the reasons for this choice of data visualization at your next meeting.
Data Summary: Program Evaluation Summary	**Expectations Met /Not Met**	**Suggestions and Comments**
Summary of participant satisfaction data is included	Met	Very clear.
Data Summary: Narrative	**Expectations Met /Not Met**	**Suggestions and Comments**
Report includes reflections on outcomes data summary, including identifying 1 or 2 “headlines” (most important findings) and describing how program data have been used.	Met	Excellent headlines. Excellent list of ways you are using and plan to use data. We’re curious to hear what your UW contacts think about your data. And equally curious to hear about this new data tracking software!
Budget	**Expectations Met /Not Met**	**Suggestions and Comments**
Matching Funds: Report describes 25% budget match, including sources of matching funds and how they were applied to program budget	Met	33% match provided. Thank you for the details about the source of the funding.
Learning from your implementation	**Expectations Met /Not Met**	**Suggestions and Comments**
Report describes reflections on the past year’s implementation	Met	Really appreciate your thoughtful and detailed observations about successes and challenges. We appreciate your plan to improve your documentation processes and hope that goes smoothly and is fruitful.
Report describes plans for the program in the coming year	Met	
Changes going forward	**Expectations Met /Not Met**	**Suggestions and Comments**
Report describes reflections on the past year’s implementation (what went well, any shortcomings)	Met	It’s wonderful to read about how *XX* has continued to grow in her capacity as a PFR trainer, certifier, and supervisor. We genuinely hope that you will be able to find a path to continue and expand the PFR offerings at CHS.
Report describes plans for the program in the coming year	Met	

HUMAN RESOURCES

Overview

As of December 31, 2024, CHS had 156 active employees, reflecting a 3.3% growth rate. Of these, 119 were full-time, 31 were part-time, and 6 were on-call or temporary. At the end of the year, there were 10 vacant positions. Excluding on-call and temporary staff, the total number of CHS positions was 160. For better accuracy, the table and graph below shows the Access Department rather than the BHI Department.

Department	Number of Employees Per Department
Family Support	13 (plus 6 on-call/ temporary staff)
Mental Health	62
Substance Use Disorders	11
Community-based Intensive Services	43
Access Department	6
Administration	15
Total	156



Diversity of Staff

At the end of 2024, the diversity of our staff included:

1. Generations – Baby Boomers- 8; Generation X- 30; Millennials- 64; Generation Z- 54
2. Race – 39.1% of our staff identify as non-white
3. Gender – 22 males; 128 females (this includes 5 on-call employees); 6 transgender
4. Sexual Orientation – 29% of our staff identify as LGBTQ
5. Languages – 25% of our staff are bilingual, speaking English along with one of these 19 languages, and several team members are fluent in up to four languages. Our staff collectively speak a diverse range of languages, including American Sign Language, Arabic, Bosnian, Serbian, Croatian, Spanish, Vietnamese, French, Tagalog, Mandarin, Japanese, Korean, Cantonese, Portuguese, Hindi, Urdu, Punjabi, German, and Russian. Of the on-call employees, 6 are people of color, and 6 speak a language other than English.
6. Immigrant status- 13% of staff identifies as 1st generation and 2nd generation immigrants

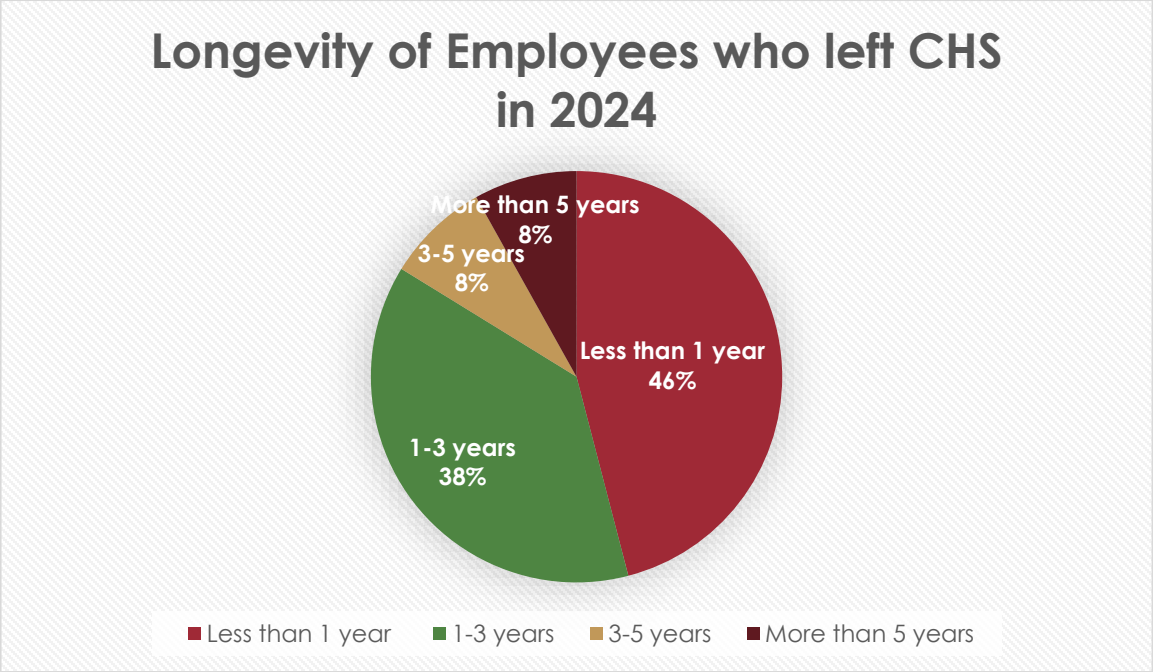
2024 Human Resources Department Highlights

- We were able to provide another year of excellent employee medical benefits through Nonstop, with only minimal costs for employees.
- On-boarded 42 employees.
- Had 3.3% agency growth rate in 2024.
- Gave all staff a 5% pay increase twice in 2024.
- Gave all staff a $2,000 bonus (per FTE).
- Gave all staff the week of a Christmas as paid time off.

Employee Retention

As the table below shows, turnover in 2024 decreased by 2.2% from 2023.

FTE by Dept	Head Count	Open	12-month Turnover	Prior Year Turnover
Substance Use	11	1	34.0%	9.2%
Family Support	19	0	20.3%	20.2%
CBIS	43	5	38.8%	18.8%
Mental Health	62	4	16.6%	44.1%
BH Integration	6	0	37.5%	24.8%
Administration	15	1	6.0%	13.3%
Total	**156**	**11**	**24.9%**	**27.1%**



As, the graph above shows,
17 employees left before their 1st anniversary,
14 employees left between 1 to 3 years of their employment with CHS,
3 left between 3 to 5 years of their employment and
3 left with 5 or more years of their employment with CHS.

Our biggest retention challenge remains with employees who have been with the agency for less than three years. Compared to 2023, there was an increase of 7% in people leaving CHS before completing their first year and an increase of 5% in people leaving between 1 and 3 years. Currently, the average tenure is 3.9 years, an increase of .4 years.

2024 Retention Efforts included:

- Two all-staff meetings (Summer picnic & Winterfest) were held in person
- 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.
- 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. (10 traditional holidays, one discretionary day identified by the Executive Director). Plus, additional days of holiday were 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.
- Board voted to add another 'personal day' each year to our benefit package, giving employees two personal days a year.
- A new training process was implemented.
- Pay adjustments were made.
- We continued to offer a Professional Development Fund to help employees cover expenses for training and license renewal, supporting their ongoing growth and career advancement within the company.
- Conducted 19 exit interviews.
- Improved technology.
- Used Restorative Practices to resolve staff issues.

Terminations

In 2024, a total of 37 employees left CHS, either voluntarily or involuntarily, one employee less than 2023. Six employees were involuntarily terminated due to agency policy violations, while two were laid off due to the loss of grant funding for their role. The remaining 30 employees resigned for the following reasons:

- Accepted a new job or transitioned to private practice: 8
- Personal reasons unrelated to the job: 15
- Relocated beyond a reasonable commuting distance or out of state: 5
- Returned to school: 1

A total of 19 exit interviews were conducted in 2024. These interviews revealed a common theme among departing staff: they consistently felt supported by their immediate management and valued the relationships they had built with their coworkers and clients. They also appreciated the opportunity to work with a community in need, feeling that their contributions were meaningful to the community's wellbeing.

However, a notable challenge cited by several departing employees was compensation. Some expressed that there had been limited opportunities for open dialogue about what would be necessary to retain staff.

ADA Requests

In 2024, we received a total of four ADA (Americans with Disabilities Act) requests. All four requests were related to ergonomic office space accommodation, citing health concerns such as back pain, wrist pain, and nerve damage. All four were granted.

2024 Employee Award Winners (announced at Springfest in 2025)

Accountability – Scott Lingle (SUD)
Accessibility – James Hone (Admin)
Collaboration – Max Sanchez (Admin)
Diversity – Isis Selgado (Family Support)
Integrity – Mary Peacock (SUD)
Fun – Zariah Garcia (Mental Health)

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 Director
Mirsada Kulovac	Human Resources Director

We did not lose any of the members of our Leadership Team in 2024.

Volunteerism

In 2024 CHS had 102 volunteers (down 27 from 2024) who performed 7,644 hours (a decrease of 2,247 hours compared to 2024). Volunteerism fair market value calculated at $255,998 ($33.49 per hour).

FINANCIAL OPERATIONS

Summary

The financial oversight and management of Center for Human Services utilizes cross-departmental collaboration for budget planning and has well established internal controls to develop accurate and meaningful financial reporting. Additionally, the control policies and accounting workflows are reviewed annually to mitigate and reduce the risk of fraud and financial reporting misstatements. The agency's financial position is analyzed monthly by management to ensure there are adequate resources and financial stability to achieve the goals outlined in the strategic plan. If any unanticipated events arise that significantly impact the operations of CHS, the risk management plan will be reevaluated to determine the proper course of action. As of 12/31/24, the financial position of CHS remains strong with a favorable outlook for 2025. The metrics below were derived from the agency's balance sheet as of calendar year end.

1. Liquidity
   (ability to meet short-term financial obligations such as monthly agency expenses) - As of 12/31/2024, our quick ratio is 8.31 which is the proportion of liquid assets and receivables to claims tied to them.

2. Debt to Net Assets Ratio
   (debt carried in proportion to net worth demonstrating reliance on borrowed money) – As of 12/31/2024, our debt to net assets ratio is 1%, indicating extremely low reliance on borrowed money. Additionally, the only debt currently recorded is through a forgivable loan set to expire in 2031.

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 83,296 hours of billable service hours which generated approximately $15.6MM in contract revenue between Medicaid and other government sources.

4. Net Asset Position
   (total assets minus total liabilities) - As of 12/31/2024, our net asset position is $13.89MM and has increased by over $2.5MM from prior year. Of this amount, less than $100k is restricted for a specific use with the remainder available to meet cash needs for any expenditures deemed necessary for operations.

5. 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.

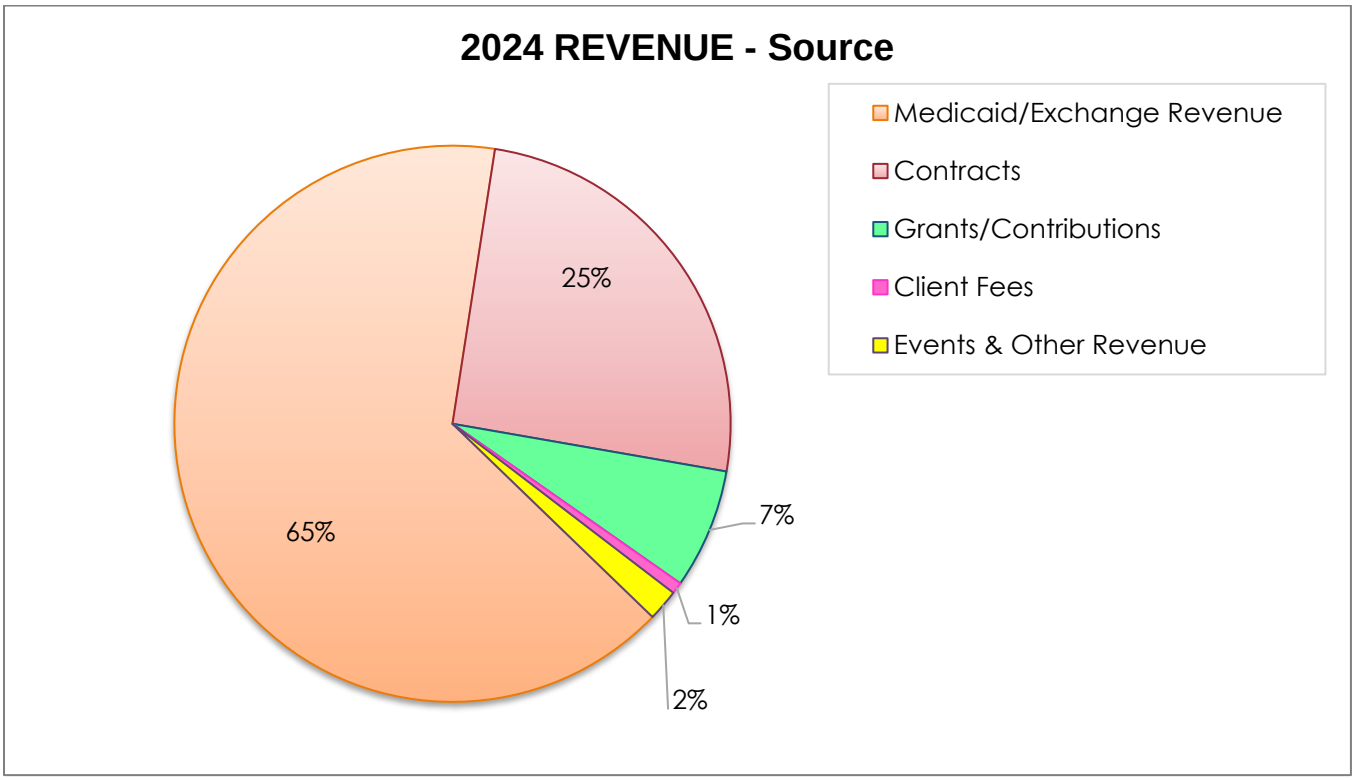
Finance Department Highlights for 2024

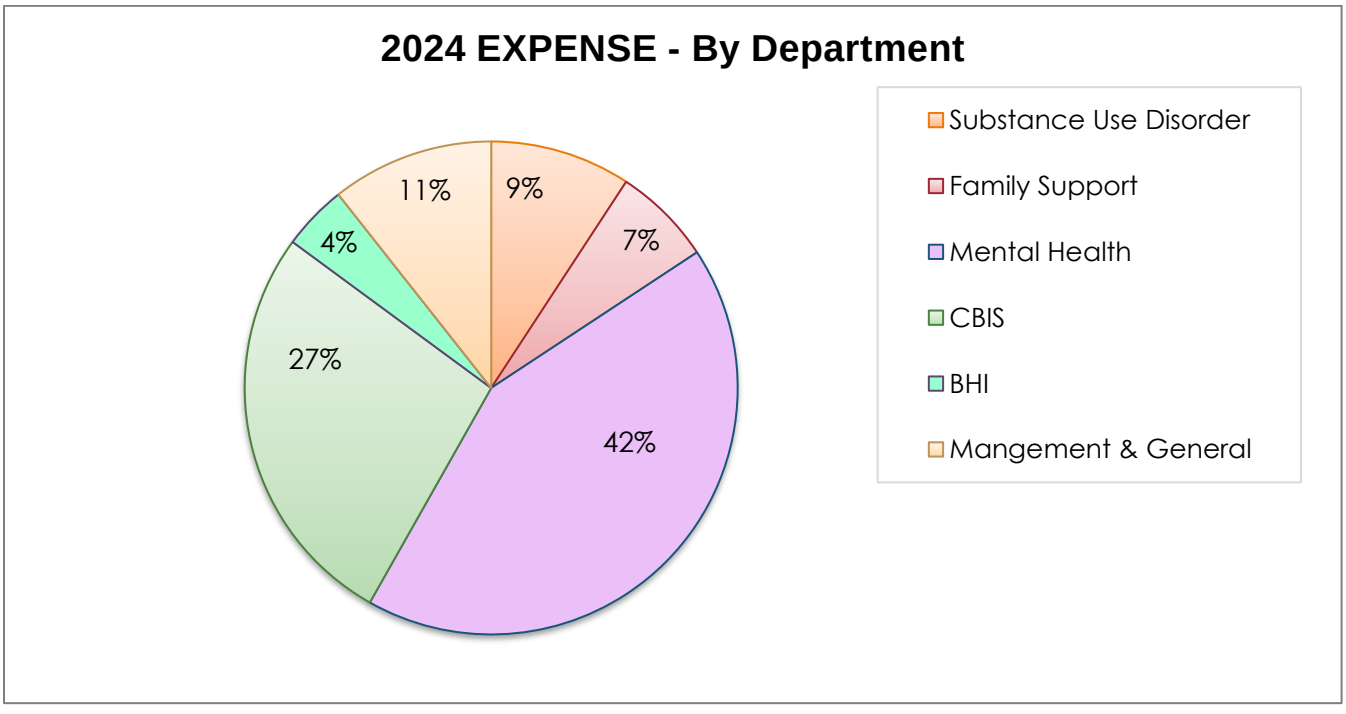
- Received clean audit reports from Jacobson Jarvis & Co, PLLC for both financial and federal funding compliance, with no material misstatements or control deficiencies identified.
- Improved annual budget development process through increased communication and cross-collaboration between program leadership and finance/ED.
- Facilitated acquisition of 2 new properties to expand existing 148th Shoreline location and new Everett location to eventually replace existing Silverlake office.
- Continued implementation and customization of EHR data analysis tool utilizing Power BI that provides leadership valuable insights in clinical performance and the associated revenue generated. This tool was also rolled out to all management staff and made accessible through SharePoint to assist with supervision.
- Maintained strong collaboration with new retirement plan provider after first full year which improved employee satisfaction and a cost savings of $30k in plan administration fees.
- Worked with banking partners to establish high yield investment options resulting in an increase of approximately $282k of additional annual revenue.
- Performed annual evaluation on compensation conducted with management to provide competitive wages to staff and as a result made significant investments to keep up with market demand and inflation.
- Received significant capital improvement funding through King County to renovate both Shoreline locations that included HVAC replacement and other interior improvements including carpeting, flooring, and painting.
- Reviewed and updated financial policies and procedures to adhere to FASB standards.

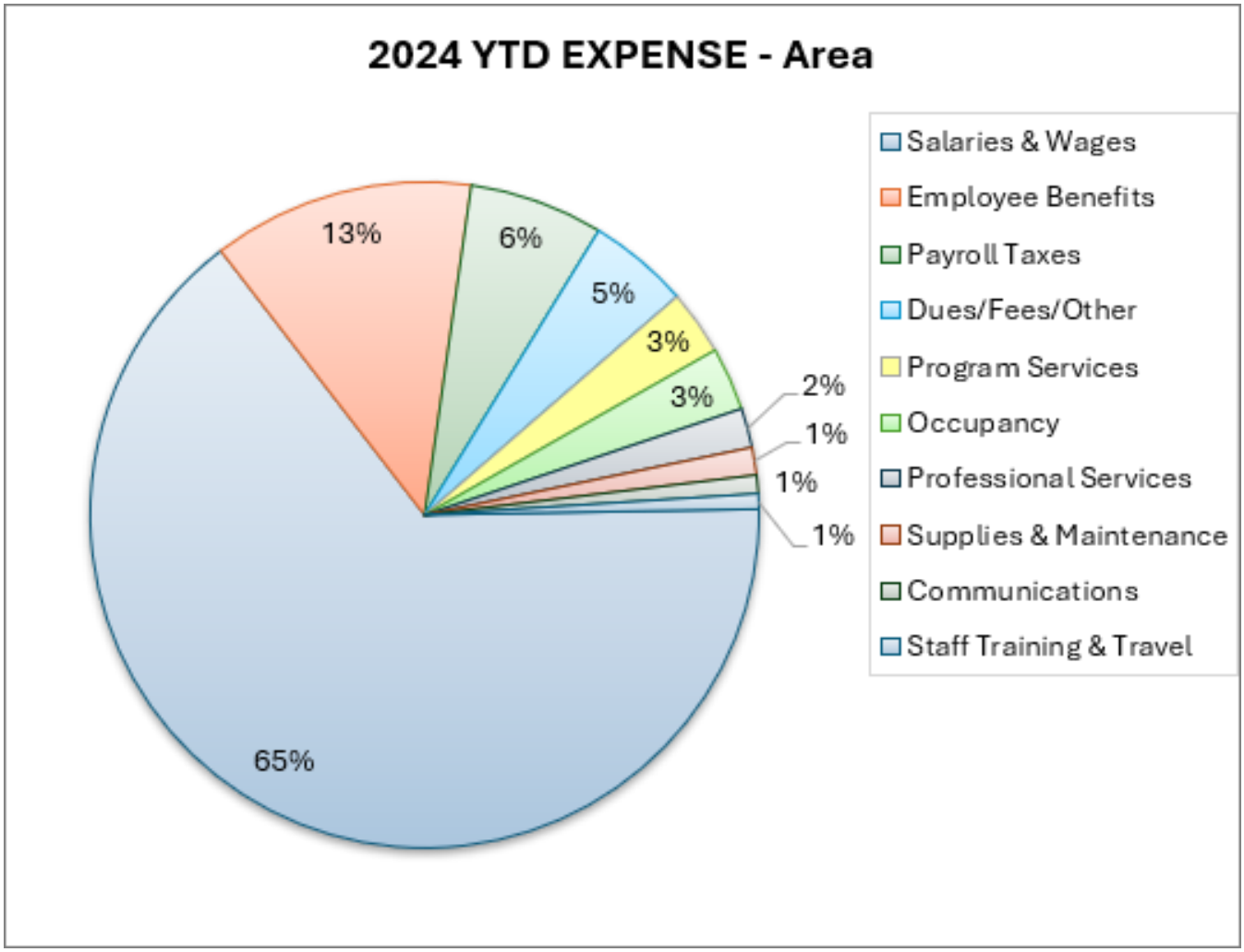
Financial Statement Ratios

Indicator	12/31/2024	Calculation
Net Asset Position	$ 13,893,902	Total assets minus total liabilities
Working Capital	$ 9,096,321	Current assets minus current liabilities
Current Ratio	8.41	Current assets divided by current liabilities
Quick Ratio	8.31	Cash + A/R divided by current liabilities
Cash on Hand to Current Liabilities Ratio	6.83	Cash divided by current liabilities
Unrestricted Surplus/(Deficit)	$ 993,566	Income less expenses
Debt/Net Assets Ratio	0.8%	Loans + notes payable divided by net assets
Contributions to Total Revenue Ratio	7%	Contributed income divided by total revenue
Program Expenses to Total Expense Ratio	89%	Program expenses divided by total operating expenses

Revenue and Expenses (Actual)






2024 YTD EXPENSE - Area
13%
6%
5%
3%
3%
2%
1%
1%
1%
65%
Salaries & Wages
Employee Benefits
Payroll Taxes
Dues/Fees/Other
Program Services
Occupancy
Professional Services
Supplies & Maintenance
Communications
Staff Training & Travel


FINANCE
70%

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 is minimized, and risk prevention is implemented (See Risk Management 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).
- Clients are treated with respect in a culturally informed and responsive manner (See DEIB 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 2024 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 – All of our programs consistently use evidence-based/informed practices or promising practices, or elements thereof.
- Actual Results –Evidence-based Practices and Promising 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 and Promising Practices 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 EBPs and Promising Practices used in the Family Support Department included Promoting First Relationships, Circle of Security, Positive Discipline Parenting Classes {promising practice}, and Kaleidoscope Play & Learn Groups {promising practice}.

Case record reviews

- Applied to mental health programs
- Data Source – Electronic Health Records
- Person(s) Responsible for Data Collection – QA Manager & Management
- Process – The QA Manager reviews MH clinical records when a client has received services for 90 days. Randomly, the QA Manager reviews all new admissions 30 days after admission. In both scenarios, individual results are shared with the clinician of record clearly outlining change expectations and a timeline for completion. They monitor the data to ensure it is corrected if it is something that can be corrected. The QA Manager addresses any coaching opportunities with the clinicians. The QA Manager utilizes trends of aggregate audit results and shares results with the Systems CQI Team. The intent of the process is to optimize clinical performance through remediation or sharing of 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 QA Manager randomly selected clients and clinicians to review each month averaging 2-5 QAs completed each week. Completed QA deep dives

into 4 MH teams from 2 departments to provide feedback on themes per clinician and per team to improve documentation. Provided 90-day summaries for new clinicians reaching 90 days working at CHS for ongoing training support. Discharge services were routinely reviewed, about 1-2 per week depending on need. Summer 2024 focus was on progress notes improvement, reviewing an average of 20-30 progress notes per week and 1:1 meetings with clinicians. Provided monthly coaching drop-in hours and addressed clinician needs on a daily basis.

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 & QA Manager
- Process – The QA Manager looks for evidence of client/family access, voice, and ownership in the client's record. If deficient, she shares her findings with the individual clinician (and manager, if appropriate). If a clinician consistently omits this information, a corrective action plan may be implemented by management and/or it may be noted in the clinician's annual performance review. The supervisor discusses this element of the way we do our work with supervisees regularly.
- Achievement Goal – 85% of our clinical records reviewed consistently document client/family access, voice, and ownership.
- Actual Results – Our internal QA 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 Department Outcome Summary 2024

Parenting Programs

Positive Discipline for Families Program:

Methodology: The outcomes below are based on a pre/post retrospective survey participants completed during the last session of the class series. Percentages reflect those that showed statistically significant improvement in the following positive parenting strategies and techniques. In addition, we noted the percentage that positively maintained (scored in top 2 scale options).

- 69% decreased parenting techniques that threaten or criticizing their child, 16% positively maintained not using such techniques (n=64)

- 84% improved in warmly and consistently responding to their child's needs, 11% positively maintained (n=64)
- 86% improved in trying to understand the motivation behind their child's behavior, 12.5% positively maintained (n=64)
- 77% decreased yelling or getting upset in response to their child's behavior, 8% positively maintained not using such techniques (n=64)
- 77% improved in self-awareness and identifying ways to take care of themselves, 17% positively maintained (n=64)
- 81% increased saying positive encouraging statements to their child, 19% positively maintained (n=63)
- 83% increased the use of family meetings to improve communication among their family members, 11% positively maintained (n=64)
- 75% increased talking and sharing ideas about parenting with other adults, 22% positively maintained (n=64)
- 89% improved in helping their child identify and express their feelings, 9% positively maintained (n=64)
- 84% improved in setting clear expectations and consistent with their child, 12.5% positively maintained (n=64)
- 89% improved self-awareness and ability to identify when their own emotions interfere with parenting, 11% positively maintained (n=64)
- 77% improved in taking time to listen and ask for the opinions and feelings of their child, 25% positively maintained (n=64)
- 95% were Very Satisfied (5) with their experience in the class, 3% were Satisfied (4), 2% Neutral (3) (n=65)

Circle of Security Parenting Classes

Methodology: The outcomes below are based on a pre/post retrospective survey participants completed during the last session of the class series. Percentages reflect those that showed statistically significant improvement in the following positive parenting strategies and techniques. In addition, we noted the percentage that positively maintained (scored in top 2 scale options).

- 75% were Very Satisfied with their experience in the class (n=24)
- 75% improved their parent/child relationship, 25% positively maintained (n=24)
- 83% improved in recognizing the behaviors that trigger their negative responses, 8% positively maintained (n=24)
- 87.5% improved in identifying and responding to their child's need for support, 8% positively maintained (n=24)
- 62.5% increased their understanding of the importance of repair when they fail to respond to their child's needs, 17% positively maintained (n=24)
- 92% improved in understanding what their child's behavior is telling them about their needs, 4% positively maintained (n=24)
- 87.5% increased their confidence to meet their child's needs, 8% positively maintained confidence. (n=24)

Promoting First Relationships

Methodology: The outcomes below are based on a pre/post retrospective survey participants completed during the last session of the class series. Percentages

reflect those that showed statistically significant improvement in the following positive parenting strategies and techniques. In addition, we noted the percentage that positively maintained (scored in top 2 scale options).

- 58% improved their relationship with their child, 42% positively maintained (n=12)
- 75% increased their understanding their child's non-verbal cues, 25% positively maintained (n=12)
- 92% improved in responding warmly and consistently to their child's needs, 8% positively maintained (n=12)
- 75% improved in creating an environment in which their child feels safe to express their emotions, 25% positively maintained (n=12)
- 67% increased their understanding of the importance of repair when they fail to respond to the needs of their child, 33% positively maintained (n=12)
- 83% improved in recognizing the behaviors that trigger their negative responses, 8% positively maintained (n=12)
- 83% improved self-awareness and ability to identify when their own emotions interfere with parenting, 17% positively maintained (n=12)
- 83% improved in self-awareness and identifying ways to take care of themselves, 17% positively maintained (n=12)
- 83% improved in trying to understand the motivation behind their child's behavior, 17% positively maintained (n=12)
- 67% increased understanding of their parental role in biding a secure attachment with their child, 33% positively maintained (n=12)

Kaleidoscope Play & Learn:

Methodology: A survey is conducted at minimum once a year with participants in the program. We utilize a survey created by the Kaleidoscope Play & Learn Network. The scale measures if participants increased/improved in areas A lot more, A little more or About the Same. Internally anyone that indicated A lot more or A little more met the outcome, however we have provided the separate scale percentages for extra context.

- 89% increased their understanding that children develop school readiness skills through play (75% A lot more, 14% A little more) (n=28)
- 96% increased their understanding of their role in helping the child in their care prepare for kindergarten (86% A lot more, 11% A little more) (n=28)
- 96% increased their understanding of what to expect from children at different ages and stages of development (75% A lot more, 21% A little more) (n=28)
- 96% increased understanding the importance of having a nurturing relationship with the child in their care (86% A lot more, 11% A little more) (n=28)
- 96% 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 (86% A lot more, 11% A little more) (n=28)
- 96% increased their use of community activities or services to help the child in their care learn and be healthy (78% A lot more, 19% a little more) (n=27)
- 96% increased talking or sharing ideas about caring for children with other adults (82% A lot more, 14% A little more) (n=28)

Community Outreach Program:

Methodology: During 2024 we implemented a new outcome measurement tool that we invited participants to complete after our primary intervention was complete. Primary interventions were either a referral to additional resources and the completion of financial relief payments and follow-up. In 2024 we received 14 surveys.

- 100% improved their financial situation (n=14)
- 100% reduced their stress (n=14)
- 93% increased their knowledge of community resources (n=14)
- 79% decreased their isolation and feel more connected to their community (n=14)

Kinship Support Groups:

Methodology: Short "post" surveys provided at the close of Support Group sessions at minimum once a year to evaluate program's impact on the resilience of caregivers.

- 100 % increased tools to support in reducing stress level (75% A lot more, 25% A little more) (n=12)
- 100% increased gratitude for the good in their lives (75% A lot more, 25% A little more) (n=12)
- 100% increased feeling prepared to handle stressful moments (75% A lot more, 25% A little more) (n=12)
- 100% increased awareness of what causses stress in their lives (75% A lot more, 25% A little more) (n=12)
- 83% Very Satisfied with their experience in the program. (n=12)

Out of School Time Programming:

Methodology: A post survey conducted after the Summer Learning program and in preparation for the school year program to begin. Surveys were conducted in age-appropriate groups with wording that best fit the developmental age of the student. The following data combines the indicators across the age groups.

- 100% increased their social connections and sense of belonging (50% Strongly agree, 50% Agree) (n=18)
- 94% learned new skills (44% Strongly agreed, 50% Agreed, 6% Disagreed) (n=18)
- 94% built a trusting relationship with an adult mentor (54% Strongly Agreed, 40% Agreed, 6% Disagreed) (n=18)
- 94% increased their self-esteem and self-confidence (56% Strongly Agreed, 38% Agreed and 6% Disagreed) (n=18)

Clinical Programs Outcomes:

Clinical programs are mental health (office-based, school-based, IEC, BHI) and substance use disorders treatment. In June, December, and whenever a client transfers to another program or is discharged, an Outcome service is completed. The results are:

- 83.9% of the clients who received mental health services improved their mental stability/functioning.
- 87.2% of the clients who received mental health services made progress toward their treatment goals.

- 82.2% of the clients who received mental health services reduced symptomatic episodes
- 63% of the clients who received SUD treatment decreased or abstained from their alcohol or other drug use.
- 63.5% 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 – All Critical Incidents from 2024 were reviewed. 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 2024.

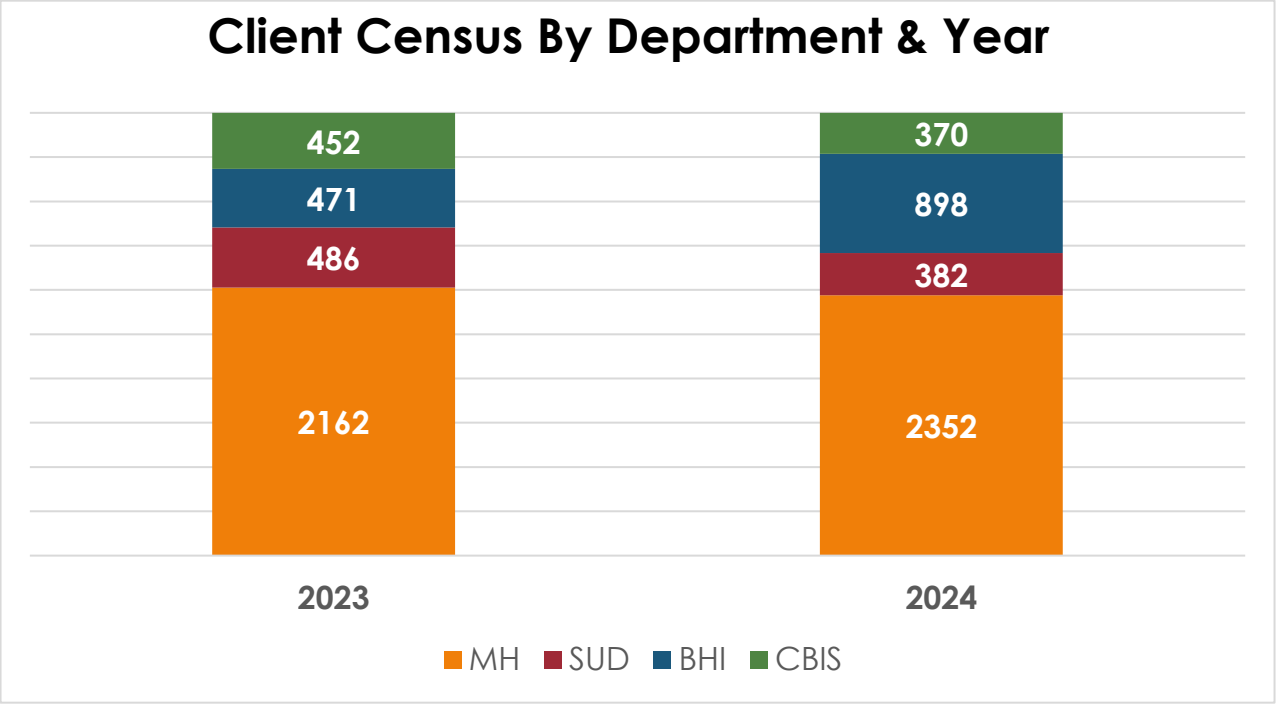
Efficiency of Services

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 randomly. 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 whose charts are reviewed 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 – Number of clients put in our database for the current year is compared to the number of clients indicated in the previous year.
- Achievement Goal – 15% (or more) increase in admissions over previous year.
- Actual Results – We met this goal as we served 1,181 more clients in 2024 compared to 2023. This is a 26% increase from the previous year. See graph below.



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 clinical elements of the encounter is monitored by the supervisor and QA Manager. 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 necessary. Encounters submitted for billing should show an accuracy of 95% or higher.
- Actual results – The Billing Department's portion of the data submitted resulted in a 98% accuracy rate. The clinical portion of the encounter continues to be below our

expectation. The last review indicated an accuracy rate of 90% for mental health encounters and an accuracy rate of 10% for SUD encounters. The results in an overall encounter accuracy rate of 50%. Upon review, the problem with SUD encounters were consistently about group progress notes not having all the required elements. These have all been addressed, so this goal should show improvement in the next review.

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 2024 who received at least 3 sessions of any kind, 49% of them remained in treatment for at least 90 days. Our performance on this goal declined (2023 was 88%) and will need to be addressed.

Billable 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 consistently meets their billable expectations 90% of the time.
- Actual Results – This goal is not being met. Many staff are consistently 5% – 10% lower billable time than expected.

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 run 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 – Overall, the agency as a whole had a no-show rate of 16%. However, 82 clients were not checked in properly, so we do not have data on whether or not they no-showed. Though, not part of this achievement goal, it is an area for continued quality improvement. Additionally, the report shows us that CHS is cancelling a lot of appointments, and we plan to examine that data more closely. See No-Show Report below.

No Show Report

Year:	2024

Program	COMPLETED	CNCLD>24hr	CANCELLED	CNCLD BY PROV	NOSHOW	TOTAL	% SHOW	% NOSHOW
IEC	258	6	34	4	2	304	85%	12%
MH-KC	5525	298	893	1109	714	8539	65%	19%
MH-SC	20926	435	2301	1207	1965	26834	78%	16%
SUD-IOP-A	2285	1	12	6	309	2613	87%	12%
SUD-IOP-Y	23	0	1	4	4	32	72%	16%
SUD-OP-A	2583	2	49	28	332	2994	86%	13%
SUD-OP-Y	44	0	4	6	8	62	71%	19%
WISe-KC	541	4	39	32	12	628	86%	8%
WISe-SC	1962	55	293	95	105	2510	78%	16%
WRAP-MIDD	0	0	0	0	0	0	n/a	n/a
ALL CHS	34147	801	3626	2491	3451	44516	77%	16%

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 – Because of the way data is being tracked, we are unable to get accurate information that shows the length of time between assessment and first on-going appointment. We will work with the Business Intelligence vendor to be able to pull accurate information.

Penetration of services

- Applied to clinical programs
- Data Source – Electronic Health Record
- Person(s) Responsible for Data – Supervisors, Department Director, Program Managers
- Process – Designated staff 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 2024 we completed 1,407 assessments. This is 70 (5.23%) more assessments than 2022, slightly exceeding our goal of 5%. Our admissions increased by 8%. This goal was achieved.

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 interested parties, 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 – 85% of the clients who completed a satisfaction survey stated they were “Very Satisfied” and 15% were “Somewhat Satisfied”. Data that was collected through other means did not contradict these findings. See Client Input section of this report.

Satisfaction of Other Interested Parties (Other than Clients/Participants & Employees)

- 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 Directors and Executive Director
- Process – Input from other interested parties (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 – Input is received from interested parties in addition to client and employee input.
- Actual Results – This goal was accomplished through conversations, meetings, suggestion boxes, web page comments, etc. See Input from Interested Parties 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 satisfaction

- Applied to entire agency
- Data Source – Satisfaction survey

- Person(s) Responsible for Data Collection – Executive Director
- Process – In the fall of each year Human Resources distributes a confidential web-based satisfaction survey to all staff. The survey is not mandatory, although it is encouraged. The tool we use anonymously compiles the data for management to review. Results are shared with CQI Leadership.
- Achievement Goal – 50% of staff completed a satisfaction survey. submitted are resolved to the employee's satisfaction.
- Actual Results – Goal Met. The response rate for the survey was 52%.

Staff credentialing and development

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

Staff supervision and training

- Applied to entire agency
- Data Source – Supervisor logs; training plans; personnel files
- Person(s) Responsible for Data Collection – Supervisors; HR Specialist
- Process – Supervisors provide weekly 1:1 clinical supervision per FTE (prorated for some part time employees) and keep a supervision log on each employee; a training plan is developed by supervisors and clinical staff annually; progress toward completing the training plan is recorded in the employee's personnel file.
- Achievement Goal – 100% of all clinical staff receive weekly supervision for at least 40 weeks per year; 100% of all clinical staff have training plans, with at least 75% of the training plans being achieved.
- Actual Results – Goal met. All clinical staff received supervision as scheduled. All clinical staff have a training plan. Training plans were reviewed regularly and progress was recorded. Additional supervision hours were purchased by CHS for the purpose of helping our MSWs receive their supervision hours.

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.
- Actual Results – All audits and site visits had acceptable results.

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 continue to follow all relevant CARF standards. Our next review will be in 2025 due to a delay in 2024 scheduling by CARF.

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 – In 2024, there were 13 reported incidents related to HIPAA or confidentiality concerns. Of these, 10 were classified as low-risk. These incidents primarily involved sending emails to unintended recipients or transmitting unencrypted messages to external community partners that included only the client's first name and no other protected health information (PHI). The employees involved in these cases were re-educated internally and required to complete additional HIPAA training through Relias, our training platform. The remaining 3 incidents were considered moderate-risk. In these cases, clients and/or their caregivers were notified of the breaches, and the employees involved had their employment terminated as a result

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 – We met this goal! Our turnover rate at the end of 2024 was 24.9%. This is a decrease of 2.2% from the prior year. See the "Employee Input" section of this report including the specific results of the employee satisfaction survey 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 a year. We will approach this by emphasizing making good hires.

Other Quality Improvement Efforts

CHS recognizes that service performance is also influenced by many factors. Therefore, we have implemented the following strategies as routine components of our Quality Improvement efforts:

- Each clinician is to be provided one hour of weekly individual supervision by a qualified supervisor (some part-time staff's supervision time was reduced). This time is to be utilized to coach, train, support, and model quality improvement. Supervisors will maintain supervision logs for each supervisee. Clinical staff are to receive group supervision (typically on a weekly basis) for the purpose of staffing cases and receiving consultation from peers and supervisors. Clinical supervision should support and enhance services and assure adherence to clinical policies and procedures.
- Managers and/or directors are to be responsible for monitoring compliance with WACs, state and federal rules and laws, CARF standards, and contract requirements as applicable.
- CHS will maintain its certification as a Trauma-Informed Agency. We will have staff members who are trained as trainers on trauma-informed approaches, and we intend for these TIA practices and approaches to inform everything we do.
- Our CAREs Initiative is expected to impact all areas of service delivery.
- Staff members are to receive and participate in a performance evaluation annually, but we expect for supervisors to provide continuous performance feedback throughout the year.
- Each clinician will develop an annual training/enhancement plan in consultation with their supervisor.
- Clinical staff will have 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 will offer support to staff in obtaining training based on current trends in treatment and/or to meet training requirements for licenses or certification.
- CHS will maintain our CARF accreditation as a way to assure our commitment to quality and performance improvement by adhering to an international set of standards.
- Evidence-based practices (EBPs) or promising practices are to be implemented in the provision of services. In many circumstances, CHS will continue to have trainers of evidence-based practices on staff when possible, so we have convenient, in-house training available. Documentation of an employee's certification to use EBPs will be kept in personnel files if applicable.
- Supervisors will assure that EBPs are implemented with fidelity as appropriate. This should occur through observation, supervision, and chart review.
- The Corporate Compliance Committee will analyze any critical incidents, extraordinary occurrences, grievances, or HIPAA violations that occur, and make recommendations for quality improvement as applicable.

Extenuating or influencing factors that affected our work in 2024

The primary extenuating or influencing factors in 2024 were:

- Cost of living – The cost of living in our area is high. It negatively impacted both clients and staff.
- Workforce shortage – The workforce shortage continued to impact our work. In some situations, it took months to find an appropriate hire for vacant positions. We are offering competitive salaries and excellent benefits in attempt to improve this situation. While that is working, we cannot compete with private practice, government positions, or private hospitals.
- Private practice internships – Schools are allowing Masters level interns to complete their internships at private practice groups where the work is not as intense and is often mostly remote. This has made accepting interns that are apt to want to be hired at the end of their internship fewer than in the past.
- Trauma – There were many incidents across the nation and globally that had lasting effects on our staff and clients. These included school shootings, mass shootings, politics and elections, wars, California wildfires, flooding, hurricanes, and other devastating occurrences. Racism, Xenophobia, transphobia, homophobia, Islamophobia, Judeophobia, and sexism were often prominent. Trauma was not only a huge issue with our clients, but also had a strong effect on our staff. In many situations, CHS was unable to relieve staff's stress over these matters, but we continued to focus on self-care and trauma informed practices.
- Agency facilities – In 2024, we leased a new site in Everett and bought a site in Shoreline and Everett. We also had a major renovation of two sites. While these are Positive for the agency, each one was also a bit disruptive.

ACRONYMS

AA	Alcoholics Anonymous
ACRA	Adolescent Community Reinforcement Approach
ADA	Americans with Disability Act of 1990
ADIS	Alcohol and Drug Information School
APS	Adult Protective Services
AOD	Alcohol and Other Drug
ATOD	Alcohol, Tobacco and Other Drug
ARPA	American Rescue Plan Act of 2021 (also called the COVID-19 Stimulus Package)
ASAM	American Society of Addiction Medicine
BHI	Behavioral Health Integration
BHO	Behavioral Health Organization
BSK	Best Start for Kids
BIPOC	Black, Indigenous and People of Color
BI	Business Intelligence
CHS	Center for Human Services
CPS	Child Protective Services
CFR	Code of Federal Regulations
CBT	Cognitive Behavioral Therapy
CARF	Commission on Accreditation of Rehabilitation Facilities
CARE	Community Assisted Response and Engagement
CHC	Community Health Center
CBCAP	Community-Based Child Abuse Prevention
CBIS	Community-Based Intensive Services
CPP	Child Parent Psychotherapy
CQI	Continuous Quality Improvement
DCYF	Department of Children, Youth, and Families
DOL	Department of Licensing
DSHS	Department of Social and Health Services
DP	Display Port
DEIB	Diversity, Equity, Inclusion, and Belonging
ESD	Edmonds School District
EHR	Electronic Health Record
EPHI	Electronically stored Protected Health Information
ELL	English Language Learning
EBPs	Evidence-Based Practices
ED	Executive Director
EMDR	Eye Movement Desensitization and Reprocessing
FASB ASC	Financial Accounting Standards Board Accounting Standards Codification
FTE	Full-Time Equivalent
GAIN	Global Appraisal of Individual Needs
GAIN SS	Global Appraisal of Individual Needs - Short Screener
HIPAA	Health Insurance Portability and Accountability Act
HDMI	High-Definition Multimedia Interface
HR	Human Resources
ISP	Immediate Services Program

IEC	Infant and Early Childhood (Mental Health)
IS	Information Systems
IT	Information Technology
IMC	Integrated Managed Care
IOP	Intensive Outpatient Program
KPL	Kaleidoscope Play and Learn
KCICN	King County Integrated Care Network
LFP	Lake Forest Park
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning, Asexual, and the "+" holds space for the expanding and new understanding of different parts of the very diverse gender and sexual identities.
LMHC	Licensed Mental Health Counselor
LEIE	List of Excluded Individuals and Entities
MCOs	Managed Care Organizations
MSW	Master of Social Work
MH	Mental Health
MIDD	Mental Illness and Drug Dependency
MIP	Micro Information Products
MRT	Moral Reconation Therapy
MI	Motivational Interviewing
MSD	Mukilteo School District
MFA	Multi-Factor Authentication
MPLS	Multiprotocol Label Switching
NA	Narcotics Anonymous
North Sound ACH	North Sound Accountable Community of Health
NUHSA	North Urban Human Services Alliance
OST	Out of School Time
OP	Outpatient Programs
PCI	Payment Card Industry
PPP	Payroll Protection Program
P&P	Plug and Play
PPW	Pregnant and Parenting Women
PLLC	Professional Limited Liability Company
PFR	Promoting First Relationships
QA	Quality Assurance
QI	Quality Improvement
RCW	Revised Code of Washington
SB	School-Based
SIEM	Security Information and Event Management
SOC	Security Operations Center
SCOUT	Snohomish County Outreach Team
SDOH	Social Determinants of Health
SWOT	Strengths, Weaknesses, Opportunities, and Threats
SQL	Structured Query Language
SUDP	Substance Use Disorder Professional
SUD	Substance Use Disorders
FQ	Telehealth service utilizing real-time audio-only communication
TI	Trauma Informed
TIA	Trauma Informed Approach / Trauma Informed Agency

TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
USB	Universal Serial Bus
VPN	Virtual Private Network
WACs	Washington Administrative Code
W/F/A	Waste, Fraud and Abuse
WRAP	Wellness Recovery Action Plan
WIC	Women and Infant Children
WISe	Wraparound with Intensive Services

ACKNOWLEGEMENTS

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

- Washington Health Care Authority
- 5 Managed Care Organizations (Molina, Community Health Plan of Washington, Coordinated Care, United Health Care, and Wellpoint {formerly Amerigoup})
- Cities of Shoreline, Lake Forest Park, Kenmore, Bothell, Lynnwood, and Federal Way
- Edmonds, Mukilteo, Shoreline, Seattle, Everett, and Northshore School Districts
- Verdant Health Commission (Public Hospital District # 2)
- King County Public Health
- King County Housing Authority
- Washington Department of Children, Youth, & Families
- Snohomish County
- Snohomish County Superior Court
- King County MIDD Initiative
- King County Best Start for Kids Initiative
- North Sound Accountable Communities of Health
- foundry10
- Providence Well Being Trust
- Lake Forest Park Rotary Charitable Foundation
- NW Children's Foundation
- JP's Peace, Love & Happiness Foundation
- Whitehorse Foundation
- Association of Legal Administrators – Puget Sound Chapter
- Nonstop Wellness
- Mountain Pacific Bank
- Heritage Bank
- Jacobson Jarvis PLLC
- Alaska Airlines
- Ed & Kathy Sterner
- Real Impact
- Alliant
- Levitt Group
- Hundreds of individual donors
- And many more.

Thank you!

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