

GREAT-S ELVERS BEHAVIORAL HEALTH



Prepared by Great Rivers Behavioral Health Organization

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Welcome.

Great Rivers Behavioral Health Organization is a newly created community based organization responsible for publicly funded behavioral healthcare delivery, within our five county region. We strive to be a responsive and innovate organization meeting the unique needs of our community. We are you. This region is made up of our families, friends, and neighbors. The Great River's team is committed to the health and wellbeing of our communities because we live here.



Being local, we appreciate and understand the unique challenges of delivering full, inclusive services to this rural community. Our success depends on developing and maintaining good relationships—with counties, health departments, judicial systems, housing networks, other community stakeholders and you. We have concentrated our efforts to tailor our network/system to the unique structure of a rural community - relying on person-centered, strength-based approaches (some traditional and some not) -- all the while helping to build strong communities and emphasizing recovery and resiliency.

Great Rivers has been working with its community partners to create a seamless system of care. This requires that traditional health care systems would eventually deliver whole person care. We have made great strides in both the planning and implementation of several services and acknowledge there is a lot of work still to do.

With commitment to our communities, the report that follows shares more on Great Rivers formation, our accomplishments and our vision for the future. We hope that this report provides you with a better understanding of the work that is being done here, in your communities, to improve the quality of life for all those touched by behavioral health disorders.

Everyone deserves access.

Everyone deserves dignity.

Everyone deserves the chance to be well.

Cheers to Good Health, Marc Bollinger, LICSW Chief Executive Officer

Who We Are, What We Do ... And Why It Matters.

What is Behavioral Health?

Behavioral Health is a generalized term that describes an effort to maintain mental wellness. This includes preventing and intervening in mental illness and substance use disorders (more commonly referred to as drug and alcohol addiction).

Background

Great Rivers Behavioral Health Organization (Great Rivers) is a Behavioral Health Organization (BHO) located in southwest Washington with a territory spanning five counties: Lewis, Cowlitz, Grays Harbor, Pacific and Wahkiakum. A BHO is a public agency that manages state Medicaid funds at the local level for behavioral health services. Great Rivers is responsible for ensuring medically necessary services are available to Medicaid-covered children and adults (including geriatrics). The BHO does this by providing funding and oversite for direct services delivered through its contracted



provider network, also known as behavioral health agencies. Across the state in April 2016, BHOs replaced Regional Support Networks (which had been the agencies overseeing mental health treatment services). At the direction of legislation, combined funding and oversight for mental health and substance use treatment (Senate Bill 6312) became the responsibility of the BHOs.

Our People

Our agency consists of a small group of high caliber professionals who have varied backgrounds in the behavioral health system. Some of us come from Regional Support Networks, others come from county positions, and still others come from years of direct practice. Together we have decades of clinical leadership, practice, and management in the healthcare system. Some of our staff comes to us from private industry with new, fresh skills sets and experience that help drive our day-to-day operations and direction. We are small, resilient, nimble, efficient and flexible. This is a strength that we rely on in order to create, change, and generate innovation and improvement in our region.

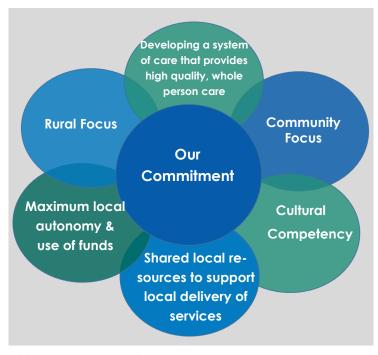
Our Region

We are considered a rural/frontier region. Compared to other counties and regions in Western Washington, we have a relatively small number of Medicaid participants and behavioral health en-

rollees. Basically, we have a lot of land and not a lot of people. Most of our towns and cities are less than five thousand in population, with many families having lived in these farming and logging communities for generations and where business is still done with a handshake and relationships mean everything.

Our Mission / Goals / Values

Being rural means that we have a unique challenge: Where in other larger metropolitan areas, access to health care (both behavioral and physical) is much more prevalent, here it is not always so. In a world where larger metropolitan areas tend to have a more robust voice when it comes to policies



and civic planning, in general, smaller communities tend to be hindered by programs and systems that cater more towards mega population centers. Yet one size does not fit all for health care systems. Issues like transportation and a limited number of health care providers are issues that are unique to rural communities. We therefore have to be innovative in our approach to creating a sustainable system that—at the end of the day—ensures everyone matters and can access services locally. Our mission "to develop and provide a system of high quality, whole person care" is at the forefront of everything we do.

Governing Board

The Great Rivers Governing Board is made up of five appointed members from each county's Board Of County Commissioners. We have a very active, involved Board who make a concerted effort to bring the opinions, issues, and ideas from each county to the table on a regular basis. The Board is invested in improving the health and wellbeing of all those living in our region. The governing board meets monthly in Lewis County—for a schedule of this and all public meetings, please see the last page of this report.

Advisory Board & Quality Review Team

In order to be responsive to the residents in our counties and to increase the quality of services they receive, Great Rivers has created an Advisory Board and a Quality Review Team. The Advisory Board includes professionals as well as individuals who have needed behavioral health services (or whose family members have needed behavioral health services); they review and make recommendations regarding Great Rivers' programs and policies, and their ideas are then shared with the Governing Board. The newly created Quality Review Team will reach out to behavioral health care service recipients and ask for and review feedback on the quality of care that individuals are receiving in our region. This feedback is shared with our Governing Board and network of providers.

Your Tax Dollars At Work.

Publically Funded (Medicaid, State, and Federal Grants) health care—means your tax dollars are helping to improve the health of those living in our region. So how has your money been spent and why is it important to invest in better behavioral health?

Let's start with the 'why'

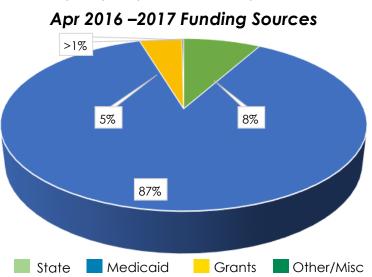
Failing to address mental illness and substance abuse puts a substantial financial strain on local, county and state budgets; social services; your tax dollars and, most importantly, doesn't help people. Mental Illness can affect anyone—it is not particular to race, sex, age, or income status. That means that individuals who are low income can and do suffer from mental health and substance abuse disorders just as much or more as those wealthier with private insurance, but are limited in their options for help, treatment and hope. Without access to support or treatment services, their needs frequently become worse and often lead to other problems, which puts a strain on other, often costlier resources: like, law enforcement, courts, jails, emergency rooms, other hospital services, and shelters to name a few...not to mention the ongoing suffering and feelings of hopelessness.

Not only is it more helpful for the individual, but it is also in our best interest to focus more on earlier intervention, education, and outpatient services (services provided to individuals who do not need full, inpatient or residential help). Providing more effective upstream efforts means spending less money on high cost reactive crisis and inpatient services. A major portion of our efforts, then, must be focused on identifying individuals with behavioral health needs and providing access to outpatient services that best match their needs in a way that is both timely, respectful, and helpful. In focusing our attention to locally available comprehensive outpatient services, the individual is able to remain in their environment with ready access to their community, family, and other natural supports. In addition, we focus on developing a service array that matches their unique needs. The better job we do helping people access services, the more quickly they can start their path to recov-

ery. Providing better access to health care services is not enough in most cases. Meeting these needs requires partnerships like housing and employment services—that help an individual get back on their feet.

How much money did we have and how did we use it?

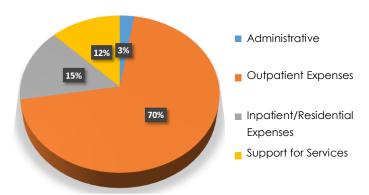
Great Rivers has an annual revenue budget of approximately sixty-two million dollars to serve



approximately ninety-seven thousand individuals. The funding comes from state and federal government grants and Medicaid. In addition, approximately twenty-five million dollars was assigned to Great Rivers from the old regional support network system during the transition to BHOs.

Approximately 2.5 percent of our total budget goes to administrative costs—the cost of running an organization. This is well below the ten percent maximum that the state requires. Outpatient services (via our providers in the network)

2016 Expenditures by Financial Category



account for just under seventy percent of the total budget, while inpatient/SUD residential services account for approximately fifteen percent. An additional twelve percent goes towards supporting service delivery.

Funding the Behavioral Health Need—Mental Health and Substance Use Disorder

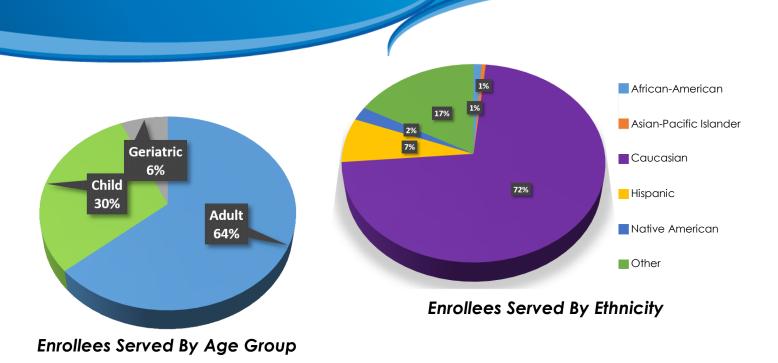
Studies have shown that approximately fifty percent of enrollees experience some combination of both mental health and substance abuse disorders—known as co-occurring disorders. One of the expectations of the behavioral health organization structure is to combine costs and service networks/treatment for both mental health and substance use disorder in order to provide better care more efficiently. This means developing shared, administrative, information systems and technology, human resources and services oversight costs within the system, resulting in efficient and effective use (services) of public funds. Of the direct and indirect services provided in 2016, approximately 18.6 million dollars was directed towards mental health services and 4.9 million dollars went towards substance use disorder services. We are pleased to report that Great Rivers has been identified as being one of the more successful behavioral health organizations in its first year in terms of making the transition from mental health only to behavioral health (including both), managing funds, provider network expansion, and creation of locally developed projects.

What happens to the money we do not use?

Funds that are not used are reabsorbed back up at the state level. In 2016, we had approximately eleven million dollars that were not used. With the approval of the governing board, we encumbered those funds for future projects that will begin in our region in 2017.

Who are we serving?

Last year (beginning April 1, 2016) we served 13,435 unique enrollees with over 200,000 services (counted by documented service codes). This means that of the total individuals served, some may



have received one or two services, while others may have received many services over time as part of their treatment. Individuals served include children and adults (including geriatric, 65 and older). Enrollees span all ethnicities, including the two largest ethnic minority groups in the Great

Rivers region—Hispanic/Latino and Native American.

Our penetration rate (the number of enrollees who used behavioral health services) in 2016 was 13.73 percent. This number is good—it means that people are taking advantage of the services offered and that services are accessible. Great Rivers is aware that there is still an unmet need and we are planning to fill those service gaps. Based on the projected versus actual numbers, we are predicting an increase of 2.6 percent each year, as more services become available.

Future Planning

It is our ethical and contractual responsibility to be good stewards of public funds and use them as efficiently and effectively as possible while ensuring that all medically necessary services are readily available. As we plan for the future, we are looking for more ways to operate more efficiently and make sure that our funding creates the biggest impact possible in the areas needed most. This means looking at specific populations, local economies, and gaps in our current services, which will be addressed in 2017.

The next section talks about specifically how we plan to do this—with a major push of bringing more resources to our region so help can stay local and people can be more successful in treatment.

By The Numbers.

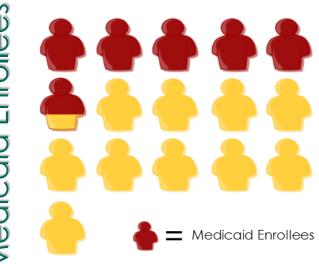
Counties Served

- Lewis
- Cowlitz
- **Grays Harbor**
- **Pacific**
- Wahkiakum

6,641Square Miles

Total Regional Population:

dedicaid Enrollees



Funding Highlight: Substance Use Disorder & Co-Occuring Disorders

2016 New In-Contract 2017 Planned In-Network

Bringing Resources to Our Communities.

Keeping It Local

One of the biggest challenges we knew we would face with the creation of Great Rivers was the lack of resources in some of our rural areas. Increasing access to care and available resources are our top priorities; this includes treatment clinics, community based services, transportation, professional workforce, new treatment options and in-patient and residential treatment. From the beginning, Great Rivers went to work developing and completing a region-wide gap analysis & needs assessment to identify what the needs were for our region and where services were missing or incomplete. We are pleased to report that with a focused effort from our leadership and input from community members in each county, we have made huge strides within the first nine months of operation towards bringing new resources and providers to our communities. We are creating a tailored fit for each community while improving access to care across the region.

Impact on the Regional level

One of the biggest impacts on our region comes from our successful grant application to the Department of Commerce for two million dollars. The funds will be used to remodel an old hospital and create space for a free-standing Evaluation and Treatment facility with sixteen beds. Study of our region, combined with input from community leaders, made it clear that there was a lack of inpatient psychiatric treatment available, especially in Grays Harbor. More often than not, individuals who needed inpatient treatment had to leave the region for care but studies show that



people dealing with behavioral health issues do best when they are served in their local communities, surrounded by family and friends. Great Rivers responded to this challenge with community partners and were awarded the grant, which will allow for the old Mark Reed Hospital in McCleary to be remodeled to fit behavioral health needs. A request for proposal (RFP) already has been advertised for the design and construction work. With this new space coming available, Great Rivers is also accepting proposals from providers to operate and deliver services in this location. Great Rivers and our communities hopes the new evaluation and treatment facility will be open and fully functional by early 2018.

Community Impact

Great Rivers has expanded our network and services to other areas of the region, as well. Within the first nine months of operation, Great Rivers has received over thirty request for applications for new providers and programs, requests for qualifications for services, and requests for additional funds for existing provider's expansion. These requests are the formal method by which a need is stated (like, out-patient care needed in a specific county) and then behavioral health providers, or individual, submit plans/proposals explaining how they would fill those needs. Eighteen requests have been awarded and some are pending—below are a few highlights:

- Five general out-patient requests have been awarded resulting in expansion of services in Cowlitz (A First Place, Sea Mar), Grays Harbor (A First Place, Lifeline), Lewis (Eugenia) and Pacific (Lifeline).
- A request for application was awarded to Acadia to provide Enhanced Substance Use Disorder Treatment Services, specifically Opiate Substitution Treatment, in Cowlitz County, serving the entire Great Rivers region
- Two requests for qualifications have been awarded for Clinical Supervision for Licensure and Latino/Hispanic Mental Health Consultation services
- Additionally, a request for ombuds persons (individuals who offer impartial assistance to help someone file or resolve a complaint) has been awarded to two ombuds now serving in our region. We are also in the process of awarding two additional requests: one for telemedicine (services offered over the phone or computer to those in remote areas) and a Judicial Coordinator for the newly formed Grays Harbor Municipal Community Court. Great Rivers partnered with local county, city and community agencies to bring this innovative position to the newly formed Court specifically targeting alternatives to jail for the mentally ill.
- Thirty-eight new clinical jobs are being created in Grays Harbor alone from the Telecare RFP and the McCleary E&T projects.

Highlights

Substance Abuse Services in East Lewis County—Lack of transportation and distance from services can be the reason why many people do not seek treatment, and those living in East Lewis County, with a small, spread-out population, have been historically underserved. Individuals needing assistance have had to drive to West Lewis County for services or do without. Responding to this need, East Lewis County now has a fully functioning Substance Use Disorder clinic, located in Mossyrock, Washington and operated by the Eugenia Center.

Opiate Substitution Treatment (Methadone) services in Cowlitz County—As a result of heavy long-term drug use, the human body forms a biological need for the chemicals in drugs and a physical addiction is created. Once individuals make the decision to break this cycle, they must go through an often painful process as the body learns not to rely on the drug anymore. Opioid substitution treatment is the method by which individuals with heavy opioid drug use (a specific category of drugs) are administered medically prescribed substitution drugs (with fewer side effects) to ween them off of heavy use. Currently, individuals must go outside our region for substitution treatment services. We are excited to contract with Longview Treatment Services (Acadia), who is invested in being part of the treatment community in our region. Their new facility is due to open in late 2017, and will serve individuals from Lewis, Wahkiakum, Pacific and Cowlitz counties.

Impacting Individual People.

Boots on the ground

Great Rivers is making tremendous strides towards impacting our communities on an individual level—both for those who need behavioral health services and for those who provide the services. Our Consumer Partnerships division has been hard at work improving community relationships in many ways. Great Rivers recognizes the value of the involvement of people who



have lived with behavioral health or substance use disorder needs and works with these individuals to plan behavioral health recovery awareness and educational activities throughout the region.

Our Consumer Partnerships Coordinator works with our ombuds and quality review team, as well as being a member of the quality management committee and advisory board. She is also certified to teach Mental Health First Aid.

Free Mental Health First Aid courses

Mental Health First Aid is an evidence-based public education and prevention tool, meaning research shows that it is effective. The course improves the public's knowledge of mental health and substance use problems and connects people with care for their mental health or substance use problems. People who enroll in local Mental Health First Aid courses learn a five-step action plan to help loved ones, colleagues, neighbors and others cope with mental health or substance use problems. Research studies have shown that the program: increases early intervention, which improves people's mental health; increases compassionate understanding of mental health and substance use issues, connects more people with care, and reduces stigma or shame regarding behavioral

health care.

The evidence behind Mental Health First Aid demonstrates that it builds mental health knowledge–helping people to identify, understand and respond to signs of mental illness or substance use disorders. The course is designed to offer key skills to help recognize and help someone who is developing a mental health or substance use problem, or experiencing a crisis. Great Rivers has approved a small budget for Consumer Partnerships to provide monthly training in our region to our provider's staff, social services employees working with the public and allied agency staff.

Those who take the class have said that they feel more confident assisting and understanding what a client may be experiencing, whether they are talking with them on the phone or in person. Many people have commented that it even helps them to ad-

Early intervention and prevention is proven to be effective in the overall lives of people in our communities. It also reduces the number of professional crisis interventions, emergency room visits, and impatient costs. Mental Health First Aid saves lives and healthcare dollars.

dress their own stigma (feelings of shame) about behavioral health issues. Additionally, it is very common to receive feedback that the tools they learned in Mental Health First Aid will help them with their family and friends.

Certified Peer Counselors

Certified Peer Counselors are individuals who have either experienced behavioral health issues or who have had a close family member who has. They receive specialized training approved by the state's Division of Behavioral Health and Recovery. Working under the supervision of a behavioral health professional, they assist individuals and families with their recovery. Great Rivers will be offering free certification training to providers in Spring 2017. The Consumer Partnerships department will support this group of counselors as they work with community members. It is yet another way for the behavioral health organization to impact people on an individual level and providing more resources in the community.

Ombuds Services

Ombudspersons (Ombuds) help individuals find local behavioral health services, solve complaints or grievances, and answer questions about how the behavioral health system works. Ombuds can also help coordinate and work with other allied health care and healthcare related systems to improve the success for individuals using services. Great Rivers has two ombuds for the region who are available to help those needing these services (contact information is listed at the back of this report).

Improving Quality of Care.

Keeping care services and decisions around care local is priority number one. Individuals do significantly better when they can be treated and receive support within their own communities, surrounded by natural support networks of family and friends.

Clinical Focus on Quality for Individuals and the System

Our Clinical Department is made up of three distinct branches that all work together to ensure quality clinical care is available and provided in our network: Quality Management, Care Management and Utilization Management. All department members are license eligible, highly qualified clinicians with varied backgrounds in child, adult, mental health and substance use disorder services.

Quality Management 's role is to set goals and objectives to assist the agency in reaching the BHO's strategic plan. The quality management team ensures Great Rivers policies and procedures are in line with state laws and contract requirements. Great Rivers is audited annually on these principles by an external quality review organization, Qualis. We are pleased to share that our first re-view, conducted this past

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fall, concluded that Great Rivers met or exceeded expectations in all areas with only one corrective action in regards to documentation for emergency services and post-stabilization, which is already in development.

Following this review, the Quality Management team, with additional Great Rivers' professional staff, began auditing our contracted providers to make sure they meet the state requirements and contract standards. The audits show the quality of care that is being provided as well as highlighting areas that may be improved with additional training, resulting in an increase in the quality of services provided to individuals in our communities. The team identifies strengths and areas for improvement and then work with contracted providers in partnership on a plan for addressing those areas of improvement with on-going monitoring. Quality Management is also responsible for handling any grievances (expressions of dissatisfaction) from individuals/enrollees or provider agencies, as well as data checks around encounter data submission. The team reports these areas to the state regularly as part of a system of checks and balances that protects against fraud and the misuse of public funds.

The Care Management team focuses on individuals who have the highest clinical service needs to ensure quality care is provided. Care Managers work with provider agencies in coordinating care and assist with development of resources for the individual who are in need of special case planning and to track the individuals' services for effectiveness. Individuals that are being tracked by the Care Managers are typically individuals who are often admitted to state hospitals when twenty-four-hour care is necessary, voluntarily and sometimes involuntarily. In the Great Rivers region, those individuals are admitted to local hospitals and out of region hospitals for brief services and for individuals requiring a long stay are admitted to Western State Hospital located in Lakewood, just north of our region. Washington State has acknowledged that Western State Hospital does not have enough space and has quality issues, following federal defunding of psychiatric facilities. The State also has mandated that all behavioral health agencies create special strategies and programs to a) provide different treatment options (rather than the state hospital) and b) help individuals who have been in the state hospital transition back into society. With the aid of a state grant, Great Rivers implemented the Peer Bridger program in Fall 2016 and hired two Certified Peer Bridger staff to work directly with individuals and provide high-quality, focused services, aiming to keep individuals from needing to return to the state hospital.

Utilization Management assists individuals and providers connect to ensure the services provided meet the individuals needs for mental health and/or substance use treatment. Since the initiation of the BHO in 2016, this team has increased their knowledge base about the behavioral health agencies in our region and the unique services that they provide. In January 2017, Great Rivers BHO took on the role as the authorizing entity for all services. This decision was based on our desire to have services authorized by individuals who know the Great Rivers community and the behavioral health agencies within our system,

Together, the work the Care Management and Utilization Management team performs helps match individuals with service providers so that they may receive the best and least restrictive level of care that meets their needs.

With the in house authorization process Great Rivers BHO is better able to ensure the appropriate level of services are provided and reviews of services that are under or over utilized can be detected, monitored and corrected to ensure the best care is provided to enrollees in our region.

WISe

WISe (Wraparound with Intensive Services) is a program that focuses on children who need intensive mental health services. It is a team approach that 'wraps around' a child and their family, developing an individualized care plan that works for the family's culture, values, norms and prefer-

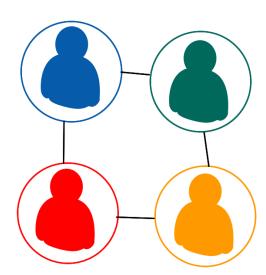
ences. Great Rivers committed to the WISe program early on and hired an internal WISe coordinator who holds regular monthly meetings with other WISe team members across our region. WISe Coordinators work with volunteer team members from a child's natural support network (family, friends, religious & social group leaders) and professionals (counselors, schools, CPS and probation officers, etc.) to help a child and their family reach their goal in regards to mental wellness. Along with other child centered programs, we plan on building the WISe program up even further in 2017.

Supporting our Network.

Our direct service providers are the backbone of the Great Rivers network. We support and fund them, and they in turn represent us. Together, as a team, we have started a strategy to support their efforts and provide tools to increase effectiveness and build on existing relationships.

Workforce Development

When Great Rivers formed, one of the first priorities was to personally connect with our behavioral health agencies and their staff. We wanted to understand what was working well and where there were opportunities for improvement, while



strengthening our partnership. Consistently we heard that good quality clinicians and staff were hard to find and keep—recruitment and retention. This is not uncommon in rural communities with fewer resources and funds for credential-leveled professionals and means fewer opportunities for individuals to receive consistent, locally-focused care. We decided to invest in our human resources program, using it to not only help our operations, but also to strengthen and grow our region-wide workforce. Starting in Fall 2016, our human resources manager began onsite consultation and assessments for staffing concerns, working with each agency to develop a strategy recruitment and retention plan. This includes new, innovative recruiting strategies and programs for encouraging retention—long term employment that reduces hiring and turn over costs and increases care management consistency and quality of care for the individual.

Support for Clinicians

With state-allocated funds, Great Rivers supports clinical professionals with funding for regional and national behavioral health training, helping them receive continuing education credits, which are a

requirement for maintaining their licensure. We believe in investing in our workforce, who can infuse their clinics with knowledge and increase quality care.

In addition, Great Rivers started offering clinical supervision for licensure, a requirement for obtaining a license, which is usually paid for by the employee. Great Rivers now contracts with a well-known, respected professional to provide this service at provider locations free of charge. This, along with continuing education support, encourages retention, and is a benefit to clinicians for professional growth.

Tools and Trainings

One of our goals is to provide our agencies with the tools and support they need to give individuals in our community the best care possible. One way we do this is by offering the agencies consulting services from board certified psychiatrists and specialists to discuss challenging or unique child and adult cases. We also offer cultural sensitivity training and consulting for professionals working with Latinos and Native Americans.

The Great Rivers staff also offers onsite trainings to clinics to review the authorization level of care tool Level of Care Utilization System (LOCUS) and Child and Adolescent Level of Care Utilization System (CALOCUS), documentation standards (Golden Thread Documentation). Providers use AVATAR, an electronic health record software that is connected to and regulated by the State to document treatment. Proper documentation helps in creating treatment plans and services so individuals receive the proper care. The Great Rivers' Clinical Management team provides high-level documentation training for agencies to ensure that standards are not only met, but exceeded. Due to the level of expertise and experience (specifically in documentation) shown during its state audit, the Division of Behavioral Health and Recovery asked Great Rivers to present a training session about documentation at a regional behavioral health conference in Yakima, Wash. in July 2016.

This honor is a testament to the quality of work being done throughout our region. The Great Rivers' team also provides AVATAR information systems training for providers, which helps them with the technical aspect of documenting treatment.

Communication

Communication can be a challenge. Great Rivers experienced some of those challenges, but with our partners we have overcome many and will continually work to improve and ensure open transparent bi-directional processes. We continue to provide new ways to access information and communicate throughout the region. Online access to schedules showing report due dates and instructions, as well as upcoming regional meetings are provided via our provider portal on the Great Rivers website. Open communication is one of the most important ways Great Rivers builds and maintains relationships with providers. To that end, Great Rivers has established three satellite offices located in Aberdeen, Long Beach and Longview to ensure we are present in our communities. We employ a team of Provider Network Specialists who regularly go out to our providers to meet with them. We also work closely with embedded County Liaisons in each county to continually stay up to date on any developing gaps, community identified needs, or opportunities to partner on innovative projects to improve health.

Looking Ahead.

As we look forward into 2017 and beyond, we want to continue to bring quality services to our region through innovative programs and practices. At the core of what we do, remains our mission "to provide and develop high quality, whole person care." We uphold that mission in all we do and

are prepared to promote and defend our philosophy in both traditional and non-traditional ways. Washington State is moving to a fully integrated payment and care model, which will combine behavioral and physical healthcare. While the specifics are still being worked out in legislation, we want to ensure that individuals in rural communities like ours can continue to thrive in the health care system and the larger, social structure of health care in general.

"We as an organization have accomplished a great deal in our first year of operations. But we still have so much more ahead of us to do" - Wendy Werner, Chief Project/Contract Manager

Enhancing Quality

Everything we do focuses on improving the quality of care for all individuals in our region. Our success ultimately comes down to how we can help community members in need improve. We will accomplish this on a regional level by working in partnership with our providers to continue to improve clinical and individualized needs assessments through trainings and technical assistance. Our Information Systems and Clinical Management teams will keep ensuring data is accurate and consistent by providing technology, best practices and documentation training to our providers. Our Human Resources department's major focus will be on workforce development to attract and retain high quality clinicians in our region by giving them the tools they need to grow professionally and provide outstanding care to individuals. Meanwhile, our advisory board, quality review team, Ombuds, and peer review teams will remain in place as community-based voices providing input and feedback about how we are doing and how lives are being affected, at the provider and program level, the community level, and most importantly at the individual level.

Increasing Access to Care and Information Exchange

We will continue to expand access of services throughout the region. Specifically, we want to offer more choices for individuals seeking behavioral health services. We released two requests for proposals in early January 2017, with another three planned for release in early Spring. One of the next near term focuses will be Increasing resources and access to treatment in Lewis County. We are also targeting expanding children's treatment services throughout the region in 2017. In addition to this we are excited about our telemedicine program beginning in June 2017. We will work with our

contractor to implement the technology and roll out the system for providers, hospitals, clinics, and jails in 2017. Our hope is to create new pathways for communication that will be beneficial to the fully integrated care.

These projects will provide new, innovative services for targeted populations or areas, and will focus on filling in service gaps within the region. Cultural groups, age classes (children, adults, geriatrics) and specific communities (logging towns, fishing towns and other industry driven towns) all have specific needs and approaches that would be most effective for those populations. The new programs will focus on earlier intervention, with recovery and resiliency still being at the forefront.

Working in Partnership

The team also plans on enhancing community partnerships with individuals, groups and organizations that touch the behavioral health system both directly and indirectly. We continue to rely on our strong relationships with counties to address and promote behavioral health needs in jails, correction systems, the legal system, drug courts, and housing and shelter systems. As of early 2017, we have been preparing two grant applications that address jail diversion services (rehabilitation services to help change behaviors and avoid repeated arrest) and high utilizers (those who have needs beyond traditional outpatient therapy). If awarded, Great Rivers will be relying on existing and new relationships in those social structures to promote well-being and give individuals tools and

access to care to help them on their way to recovery. We believe that taking this non-traditional holistic approach will truly create positive change in the Great Rivers region.

The years ahead will give us valuable information about how we are doing and, most importantly, how we are affecting individual lives. With our first year behind us, we look forward to our part to move our system of care towards a fully-integrated care model.

We are striving to be the model for rural publicallyfunded behavioral health and are confident that we are on our way to accomplishing this goal.





Want More? We'd Love to Hear From You!

Call us at 360-795-5955 or 800-392-6298 Monday - Friday, 8:00am - 5:00pm PT

Or reach out to us anytime by

emailing info@greatriversbho.org or visiting www.greatriversbho.org

Or stop by at our Main Office:

57 W. Main Street, Suite 260,

Chehalis, WA 98532



GOVERNING BOARD MEETINGS

For a schedule of upcoming Governing Board Meetings (open to the public), please visit www.greatriversbho.org/board

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GILBERT SIMAS, M.D.

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If you would like to receive the monthly Great Rivers electronic newsletter, please email info@greatriversbho.org