1/22/2023

Washington State Behavioral Health Advisory Council's 2022 Peer Review Summary

Behavioral Health Advisory Council Executive Committee on behalf of the Behavioral Health Advisory Council (BHAC)

BHAC 2022 Peer Review – Executive Summary and Recommendations

Summary:
Documentation was generally adequate, and treatment was client centered. Most Service Providers were inadequately staffed and felt unable to fully meet their client's needs, and continue to recover from the effects of the COVID pandemic. All SUD respondents noted a significant increase in fentanyl use.

We also found that the Peer Review process has exhibited diminished effectiveness over the last several years. We performed a more detailed analysis to assist DBHR in identifying where weaknesses exist, and identified opportunities for improvement. This included several unaddressed recommendations that have been repeated for the last 3 to 4 years.

Most notable trends:

- Increase in fentanyl use was mentioned by 95% of SUD service providers.
- The decrease in IP, IIP, IOP census may be due to those that receive MAT and do not seek further treatment, in addition to Blake decision. This trend has been noted by Harborview, among other providers of MAT.
- COVID and its impact on the need for services and conversely the reduction in workforce.
- Inadequate employee recruitment and retention
- Rapid growth in BH needs and the inability to address those needs due to inadequate staffing.
- More mentions of trauma informed care and harm reduction services.
- For the 4th consecutive year, most agencies lacked the ability to track progress of their client's post-discharge.
- Absence of suicide evaluation as a part of the agencies standard processes.
- Peer Review Process challenges:
    - Incomplete questionnaires, in particular
        - feedback from clients was missing on 72% of SUD questionnaires.
        - tracking of racial demographics missing on MH questionnaires
    - 33% of Service Providers were given mostly irrelevant questionnaires. We have recommended improvements related to this for the last 3 years without action.
    - Remote reviews are ineffective, in particular, records reviews.

<u>Recommendations</u>

1. **Discussion: Trauma informed care**
   We found trauma informed care mentioned in approximately 15% of service providers. There is mounting evidence that the cause of SUD is rooted in trauma, however detection and SUD treatment for trauma is rare. Prevention or mitigation of trauma in children is likely the most potent SUD prevention tool available.
   Recommendation:
   We recommend DBHR invest in ways to provide more treatment of trauma as well as early

detection interventions for children.

2. **Discussion:** The Decrease in IP, IIP, IOP census may be due to those that receive MAT and do not seek further treatment, in addition to Blake decision. This trend has been noted by Harborview, among other providers of MAT.
   Recommendation: Find a way to get this population into some sort of therapeutic community that encourages connection (included in recommendations). It could be tied to continued prescribing of MAT.

3. **Repeat Discussion: Measuring Success via Post Discharge Monitoring**
   For the last 4 years we have noted service providers inadequate ability to track recovery post-discharge and made recommendations to address this. This results in the inability to truly measure the success of SUD services, in particular inpatient and outpatient treatment.
   Repeat Recommendation: We recommend DBHR consider providing funding for implementing a post discharge monitoring system. Ideally this would measure social determinants of health.

4. **Discussion: Suicide Prevention Services**
   We found a significant absence of suicide evaluation as a part of the Service Providers standard processes. With the increase in suicides secondary to COVID, it is more important now than ever to implement those evaluations as a regular part of service.
   Recommendation:
   Implement suicide evaluations as a standard part of services provided.

5. **Discussion: Opportunities to improve the Peer Review Process**
   A. Repeat Discussion – Incorrect or irrelevant Peer Review Questionnaire results.
   There are opportunities for a much more robust and effective Peer Review process of the following items are addressed:
   - 14 out of 43 (33%) Service Providers were given either incorrect or irrelevant questionnaires. This means 33% were essentially not reviewed. Details are included on page 11. This has been identified and unaddressed for the last 3 years. See pages 10 and 11 for details.
   - 82% of SUD questionnaires were incomplete, most often the client interview information (73%) which we deem highly valuable information to understand the quality of services. Details of this analysis are included on page 21.
   - Question A on recruiting advisory board members was rarely answered by SUD service providers because SUD providers do not have “advisory boards”, they typically have a Board of Directors. It is unclear what the objective of this question is. Advisory Boards are completely different than Boards of Directors. This was identified and unaddressed for the last 2 years.
   - Question V.e. and V.f. on the Mental Health Agency questionnaire ask the same thing.
     Recommendation: Ensure correct questionnaires are given to Service Providers, adjust to fit the services provided and ensure questions are value added.

B. Discussion: DEI and demographic Information

Although DBHR added a racial composition question to this year's Peer Review Questionnaire, we found inadequate responses on the tracking of demographics which could hamper opportunities for DEI improvements.

Recommendation: The State could address some components of systemic racism if Peer Review Questionnaire demographic data was required to be collected at a minimum completion rate of 90% with a sufficient cross section of race, ethnicity, sexuality, and gender identity formatted so as to give credit to all selections indicated by a client.

C. Discussion – Risks of asking for input that is not followed up on

Many questions ask the Service Provider for ideas on improvements however these are never followed up on. This can result in frustration and futility on the part of the Service Provider.

Recommendation: We recommend DBHR evaluate the reason for asking Service Providers for input that is not followed up on and investigate more effective ways to respond.

Following are details of each Service Provider reviewed:

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #1	• Programs address broad range of disorders – MH, Trauma, social isolation, injustice, SUD, gambling, porn, prevention. • Home like environment (not sterile) • Well rounded, culturally, and sexually diverse, dedicated staff • Youth program • Recovery Navigator Program • Peer program – abstinence not a requirement • Emphasis on building community (via Café and Recovery Circles)	• **Staffing** – To perform more outreach to rural areas. • Improving discharge documentation	Peer reviewer recommended more formal ISP and **discharge documentation**
Service Provider #2	• Very individualized treatment plans all geared toward obtaining tools for successful re-entry from DOC. • Good documentation, easy to read, all within their HER. • Appear to have worked hard to fully integrate SUD, MH, and Medical.	• **Staffing** - Clients have more needs than able to meet, e.g., getting a lot of psychiatric hospital referrals. Need better collaboration with referring agencies as well as more accurate assessments of current state • Need more cultural competency related to different religions and spiritual practices	• Peer Reviewer - **In person review of files would be more effective than remote.**
Service Provider #3	• Walk in assessment # days a week. • Merged with Primary Care Strong Executive management	• **Staff retention and more qualified staff** (e.g., bilingual, familiarity with Naloxone • **Finding a way to contact those who leave before** program is completed	• Service Provider would like DOH to provide a site audit to help staff. Peer reviews more effective if conducted in person
Service Provider #4	• Address trauma, grief/loss, PPW Treatment Process well established	• Need to transition to EHR and online forms. • Include peer counseling and MH services	• **Peer Reviewer - In person review of files would be more effective than remote.**

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
			Could not do most of review remotely
Service Provider #5	• Working to change language to decrease stigma (via "Together, Recovery is Possible") • Just started walk-in intakes • Offer harm reduction services, meet them where they're at • Offer supported employment and housing services, transportation to treatment.	• Need to develop two separate treatment tracks; abstinence and harm reduction. **Intake process is too long, has redundancies**	
Service Provider #6	N/A - Service Provider does not offer SUD services	• N/A - Service Provider does not offer SUD services	• Ensure DBHR provides relevant Questionnaires are given to Service Providers
Service Provider #7	• Implementing longer detox periods for those on fentanyl • Only source in area for low income, indigents, and public entitlement recipients • Offers detox/MAT though IIP, IOP, OP • Trauma informed, PPW. • Competent staff – Intake, clinical and medical Uses Hazeldon curriculum which peer reviewer thought very effective	• **Staffing** - Need to extend hours of detox admissions and offer extended stay options. • Low rate of conversion from detox to IIP. • Want to offer a family program.	• Get authorization from funders to extend detox period
Service Provider #9	• Peer Navigators assistance • Trauma informed care - EMDR • Well credentialed and experienced staff • Gender ID • MAT	• Want to improve the transition process from residential to outpatient. • Rural area - Lack of wi-fi (dead zones) for virtual services and lack of transportation • **Intake process too cumbersome**	

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
	• Geriatric services Children/WISE	Lack of local detox facility, crisis respite and sober housing	
Service Provider #10	**N/A – MH service provider** – crisis stabilization and involuntary treatment	N/A	Ensure DBHR provides relevant Questionnaires are given to Service Providers
Service Provider #11	• Continued focus on DEI. • Offer Trauma informed care. • Strong relationships with local and regional courts, attorneys, schools ESD, hospitals and clinics • Short/no wait times for assessments	• **Staffing** - Need more community outreach	
Service Provider #12	• Intake - Ensuring that client needs are understood and attended to, especially in unique situations. • Easy access to additional services (MAT, MH and related medications, primary care, Peer services, mobile crisis). Starting an internal peer revies process for QC purposes	• Establishing better communications with clients referred to inpatient services. o They are not always notified when a referral discharges from inpatient and they end up back in the community without support. o do not always receive recommendations from inpatient treatment provider. • Lack of transportation services available for intake in this rural area. Sometimes intake appointments are 6 hours away. • Process for readmissions is inefficient, have to go through the entire 2-hour process again, when returning • Would like more resources for post discharge, such as, housing, jobs, self-help groups • **Ability to track clients post discharge**	

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #13	• Staff and board diversity well matched to communities served • Intake - Walk in assessments rarely result in turning anyone away • Working to get MH licensing to offer more comprehensive services • Recognize the need to treat client and family as a unit. Understand the importance of relationships. •	• Losing people in between assessment and treatment • **Discharge process - Would like to improve continuing care by using telehealth.** • No on-site MH counseling yet, but working on it. • Discharge process - Improve client retention to ensure planned discharge occurs or performing discharge before a client drops out of treatment. •	• Peer reviewer recommends using SMART process to support treatment progress Service provider would like more clarity on instructions from government entities, as well as more consistency and transparency on the auditing process.
Service Provider #14	• Systematic follow up processes. • Peer reviewer stated this service provider does a lot to remove barriers to services (e.g. transportation, housing , food, clothing) • High quality documentation	• **Staffing -** Need more community outreach and services • Service provider would like community cohesiveness improved. • More SUD problems • Need more staff training. • **Need for formalized contact with clients post discharge.** • Would like to improve youth programming/documentation	
Service Provider #15	• Offers MH, SUD, and MAT services in jails and transition back to community. • Intake is quick and easy. • High quality documentation: ○ Thorough assessment and treatment planning, strong patient voice throughout	• Help clients with paperwork. • Need better youth program. • No wheelchair access. • Inability to add information once treatment plan is saved. • **Staffing - Not enough Peer and Case management support**	Service provider would like to: • set up Medicaid transportation via case management.

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #16	• N/A (see Note in "Recommendations)	• N/A (see Note in "Recommendations)	This Service Provider is not yet organized in a way that Peer Review questions would be relevant (no formal intake, assessment tools, formal treatment plans or discharge process, yet)
Service Provider #17	• Intake is supported by the Behavioral Health Network access team which helps with scheduling assessments. • Co-located with MH services, focus on co-occurring • Expanded services for PPW. • Low barrier, no wrong door services	• Have not yet reinitiated SUD walk-in assessments which were canceled due to COVID. • **Staffing -** Would like to offer more SUD services • Need more efficient treatment plans within EHR	
Service Provider #18	• Provide mindfulness programs, PPW, parent child assistance (PCAP), co-occurring, gambling, LGBQIA, DUI court liaison. • Intake is complaint with WAC/RCW's, evidence based, person centered	• Availability of bilingual clinicians • Treatment planning - Would like families involved, more diversity, Recovery Café, Community Resources and Peer Support. • **Need a 30 day follow up and aftercare program** • Not being able to send discharge summary to Probation, CPS and DOC portal	
Service Provider #19	• Provide primary care, psychological medical evals, all male housing	• Follow up appointments. • Need more funding for housing and resources. • **Staffing** - Wait time for assessments still a few weeks out • Would like more assignment options for frequent or returning clients • **Need more resources for post discharge as well as better collaboration with existing ones**	

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #20	• Intake uses harm reduction model, flexible scheduling. • Intake – community engagement and partnerships, low barrier access • Trauma informed care (Seeking Safety), PPW, MH wellness •	• **Staffing -** Intake - Need an admission coordinator • Reduce dropouts	• Service Provider would like an Alumni Program
Service Provider #21	• Services are for Native American youth and provides tools to improve connection with their communities and families, education and health • Needs assessment is done by a Peer Counselor • Support for Native Americans aged 12-24 • Trauma informed care	• Records – some group notes were generalized. • Need more resources for males. • Follow up on client goals. • Need Better documentation of what was done discharge	
Service Provider #22	• Best practice – focuses on assessment, not diagnoses to better recognize individual needs. • Offers non-heterosexual services. • Working to get an onsite psychologist. • Peer counselors employ harm reduction approach that does not require abstinence	• **Staffing - Not enough counselors** • **Not enough psychiatrists** • Reducing dropouts • Transportation access for rural areas	

Trends

- More fentanyl use (95%)
  - More fentanyl in jails
  - Fentanyl use has led to more medical crises in which medical interventions are needed, harder to keep clients in recommended therapeutic treatment.
- Increase in clients Meth use.
- Inadequate staffing and inability to meet clients needs – approx. 60% - mentioned in the last 3 years
- Intake process that is cumbersome - mentioned in the last 4 years
- Increase and normalization of self-harm with teens and increase in teens who are gender fluid clients.
- Lack of services for aging related cognitive impairments

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Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations

- Post Discharge
  - Inability to contact those clients who leave before completing in order to re-engage.
  - Don't perform any or adequate discharge follow up – approx. 50%
- More providers mentioned trauma informed care – approx. 35%
- More providers mentioned harm reduction services.

Observations:

- Decrease in IP, IIP, IOP census may be due to those that receive MAT and do not seek further treatment, in addition to Blake decision. Need to find a way to get this population into some sort of therapeutic community that encourages connection (included in recommendations).

- The most prevalent cause of SUD is trauma, however there are few services available to address this. Finding more ways to mitigate childhood trauma could be the most effective prevention action possible for SUD and MH challenges. Especially during 1st 4 years. PPW programs are in a unique position to identify and provide services to mitigate. More services should be available to adults as well, ideally through theraputic communities or a venue that encourages connection (included in recommendations)

- Note to Nathan - Agency 2, 3, 4, 5, 16, 17, 18 would like more ASAM training

Concerns and Recommendations Regarding Peer Review Process:

- 40% of Service providers noted online review of documents is not effective per 40% of agencies reviewed.
- Questionnaires were not relevant to services reviewed. Following are the 14 service providers in which questionnaire did not fit:
  - SUD Service Provider #1 – most services don't include formal intake, treatment plan and discharge
  - SUD Service Provider #2 - offers recovery housing.
  - SUD Service Provider #5 - offers jail transition services, uses harm reduction approach
  - SUD Service Provider #6 - offers mental health services, do not offer SUD services
  - SUD Service Provider #9 - offers primarily mental health services, involuntary treatment – asked for more relevant questionnaire
  - SUD Service Provider #16 - was still in formation stage and very few questions in review form were relevant.
  - SUD Service Provider #14 - received no block grant dollars – should it have been included?
  - SUD Service Provider #17 - focuses on harm reduction – many questions are n/a
  - SUD Service Provider #21 – offers Teen advocate outreach, parenting classes, family preservation

  - MH Service Providers #4, #5, #7, and #8 were given SUD questionnaires.
  - MH Service Provider #17 responses were not legible
- Third year in a row recommending adjusted questionnaires. They need to be tailored to the services being reviewed. Also need to match peer reviewers skill set better to the type of services being reviewed.
- Client interview information was missing on 72 % of respondents.
- 2nd year in a row: Question on recruiting advisory board members still not answered or clear as to intent. Most providers do not have "advisory boards", they typically have a Board of Directors, also Advisory Boards have different levels of impact and authority vs. Board of Directors.
- Peer Review Agency Questionnaire form has typos (lettering in Section I)

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
Service Provider #1	• Service Provider provides a thorough comprehensive assessment that identifies other needs client needs in addition to mental health. • Service Provider has a quarterly peer review process. • Client voice was presented consistently throughout the client files and treatment goals reflected client's goals. Files clearly identified how each treatment objective tied to client's specific goals when applicable. • The client files provided were excellent in quality of documentation, documenting effective treatment, and appropriate treatment planning.	• Service Provider is challenged in the referral and intake process by "higher intensity clients" seeking to access more intensive services. • Service Provider would like to strengthen relationships with community partners such as county commissioners, law enforcement, and sheriff departments. • SERI guidelines do not help support those commercial and Medicare costs. The Service Provider must write off many services they provide to clients covered under these insurances. • **The assessment process time is a long process; therefore, they cannot provide timely access to services to clients**. • BH requires standalone treatment plans while other health care entities have different policies. • **Follow-up with clients after they discharge depends on an individual treatment plan. No fixed policy and procedure for this**. • Appointments for therapy and SUD services are not as timely due to **workforce shortages.** • Regional technology use is a barrier because of limited-service availability. Challenges were limited by a failure of EHR software to bring information forward in a standard format.	
Service Provider # 2	• Treatment team has a comprehensive view of the clients' file when reviewing treatment plan. • Service Provider ensures culturally relevant services by coordinating with local tribes.	• **Staffing shortages impact** client services. Without a representative sample of customer satisfaction surveys or needs assessments – and perhaps some accompanying data from the Service Provider conducting the assessments or	

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
	• Working on improving integration between Primary Care and BH needs. • The supportive housing program is the only program available in the county that addresses severe mental illness and housing support • The program is not specific to clients/patient groups and supports anyone who has an SMI and is over the age of 18. • After discharge clients are still eligible for mental health and SUD services at the Service Provider and will support individuals to find housing alternatives. • Service Provider defines success in treatment as when someone has found stabilized and permanent supportive housing and found creative solutions for the problems they face.	deploying the surveys - the question of consumer satisfaction remains open. • **Reviewing client files verbally did not allow for a comprehensive view of the client's files**, which required the Peer Reviewers to rely on data reported rather than independently reviewed. • Increasing trend in clients with co-occurring disorders between mental health and SUD. Increase in the need for supportive housing in the community. • **Upfront the Service Provider stated their assessment process is burdensome** for clients with the amount of time to complete, • **Recovery house staff do not follow up with client once they discharge from the housing program**. Clients continue to receive contact through the mental health program with their case manager. Once they discharge from mental health follow up does not continue. • Service Provider reports not enough mental health services to meet the community's needs • **Service Provider would like to update their discharge policies**. Service Provider would like to have more weekly and monthly team meetings with the treatment team.	
Service Provider #3	• The pertinent information is in the chart. It was person centered and strengths based. There was a golden thread flow to the charts. There was use of EBP's and assessments. • Service Provider has been increasing their EBP	• Serve 3 clients or less per month • Significant increase in referrals from schools and an increase in crisis type referrals • The center reports that there are minimal minority populations in the county.	

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
	trainings, making community partners connections. • Referrals come from everyone in the community. The center has good relationships with their community. Get people into services in a day or two and in for an assessment in 1-2 weeks. • Solution focused and person-centered care with evidenced-based practices. Makes sure the client's needs and treatment goals are being met. • Service Provider implementing a discharge follow up system a week or month out. Have more community support groups for mental health issues.	• **No follow up after discharge** • **No school-based services due to labor shortage** • **Not enough staff for community outreach**. • Need an increase in staff and an increased diversity of staff. Also, would like to see the center implement more community-based services. • Service Provider wants to improve treatment planning process and to include more flexibility and less required areas to address in services	
Service Provider #4	• **N/A - Peer Organization – Peer Review Questionnaires not relevant**	N/A	• Ensure DBHR provides relevant Questionnaires are given to service providers
Service Provider #5	• **N/A – Clubhouse – Peer Review Questionnaires not relevant**	N/A	• Ensure DBHR provides relevant Questionnaires are given to service providers
Service Provider #6	• The Pediatric Integrated Care program supports non-Medicaid youth and families with significant mental health needs, • The program is connected to the Service Provider's Mobile Crisis program. • Service Provider reaches out to community partners who focus on cultural competency to help them do this work. Cultural sensitivity training through Relias training system. • Service Provider does not use evidence-based cookie	• Service Provider has had an extraordinary number of youths coming to services due to anxiety around social isolation and COVID. • A significant number of youths referred on the Autism Spectrum. Service Provider is seeking consultation on how to best serve this population. • Service Provider would like to develop more support for Hispanic families and will be working with churches whom they trust with this process. • Finding ongoing treatment when needed for non-	• Focus on doing surveys of consumers and staff, • Formalize workflows and add supports to Medication changes/appt.

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
	cutter approaches. • Values the youth and family voice in experiences with care. • Service Provider assesses needs across domains and when appropriate refers to other agencies, attempts warm handoffs, direct connections to help families meet their needs.	Medicaid youth is a real challenge right now. • Limited number of staff who speak a variety of languages, staff receive stipend for languages they are fluent in, assist when appropriate with cultural needs • Do not have measures for quality improvement included in their electronic health record. Have to scan to client files. • Service Provider would like to increase access to medication management	
Service Provider #7	• **N/A – This is a Crisis Response and Brief Intervention Service Provider. The Peer Review Questionnaire was irrelevant.**	• **N/A – This is a Crisis Response and Brief Intervention Service Provider. The Peer Review Questionnaire was irrelevant.**	• Ensure DBHR provides relevant Questionnaires are given to service providers
Service Provider #8	• **N/A - Most Peer Review Questionnaire question irrelevant. No description of what the service provider does.**	• **N/A - Most Peer Review Questionnaire question irrelevant.**	• Ensure DBHR provides relevant Questionnaires are given to service providers
Service Provider #9	• Service Provider has created an outreach education program, collaborating with some Korean churches to reach more of the AAPI population. • Service Provider strengths are cultural competency and trauma informed care. Holistic and integrated care. TX planning is client centered and consumer driven. Aftercare plan prepared for client with clinician, individualized approach. Discharge summaries include checklists that staff & clients review.	• Service Provider noticed that more people have identified feeling isolated due to the COVID-19 pandemic and increased family conflict related to COVID-19. • EMR does not allow for TX goals to be resolved. • The Service Provider has seen an increase in anxiety diagnoses as well as an increase in immigrant family issues – language barriers, cultural differences that lead to conflict. People struggling with current events (Russia/Ukraine issues, pandemic, etc.).	• ISPs should be updated as changes arise, requested by the individual. • Ask more client centered questions or questionnaires that address clients' cultural background.

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
		• Service Provider would like to create more culturally competent evaluation/assessment. • Enhance cultural competence of assessment tools.	
Service Provider #10	• Service Provider staff use a culturally sensitive lens and celebrate diversity with clients/community. One Relias training. Staff on the inclusion/cultural group focus on how the company is celebrating cultural diversity in the workplace. • Inclusive program for 18 and older. Connect services in the community for clients that are in needed of specific programs ex. (Tribal-Kwawachee Center, Veterans, LGBTQ+- Rainbow Center).. • A conversation and "mutual understanding" are had regarding their treatment goals. Needs are identified through assessments and conversation between the provider and client. • When treatment plan goals are completed, staff provide the option of coming back to the program if/when needed.	• **Need staff. Unable to adequately reach clients in the community**. • Assessment does not catch abuse/domestic violence information in the assessments. The client or providers in the community can inform the staff of this information at any time while services are provided. • **No-follow up. Clients** are encouraged to reach out if they feel they need to re-engage in services. Staff provide the number to the warm line for clients to use. • Currently using paratransit that is a hit or miss with pickups. Can be challenging to connect to community services needed following discharge. The program needs another peer to be able to reach more clientele in the community.	• Suggestion for a way to improve the treatment planning process was made to make updates easier. Currently staff must recreate the treatment plan every time it needs to be updated. • Staff will focus on completing the safety plan no matter the score on the PHQ-9. •
Service Provider #11	• Excellent record keeping.	• **No demographic info whatsoever**. • COVID created a large increase in the need for services. • Clients refusing to complete paperwork (this appears to be involuntary treatment)	•
Service	• Reviewer mentioned excellent record keeping, but	• **Demographic Data provided on age and racial was**	• It appears that only a

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
Provider #12	However, this is a crisis line in which case, I find the lack of reporting more in line with what I would expect.	**incomplete.** • Increased calls due to COVID which they claim is due to a decrease in professional services leaving folks to access the crisis line for services	portion of the increased call volume accounts for the increased need for support around COVID impact on people's mental health. Staffing has increased due to COVID and 988, but no mention of workforce shortage.
Service Provider #13	• Strong inclusion of peers	• No suicide assessment. • Low rate of internal quality review. • Insufficient funding to fully staff.	• This may be a peer run operation that is being misled, but they recognized after hiring a MHP to supervise, that they really needed someone with lived experience to supervise.
Service Provider #14	• Large growth over the past couple of years points to increase need.	• Need more comprehensive demographic tracking around race and ethnicity.	•
Service Provider #15	• Work with children with trauma and in foster care • Only health center in King County with both am accredited and a formalized trauma informed framework. • Have frequent DEI trainings and discussions including how to dismantle white supremacy and will become part of the onboarding process • Intake timeliness • Starting an eating disorder program	• Dramatic increase in referrals in the last year and a half and ability to keep up • Finding a way to have client fill out assessments via patient portal • Set up of treatment planning in HER • **No post discharge follow up**	•
Service	• Approx 50% increase in services over the prior year	• Struggling with diversity on the board and employee	•

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
Provider #16	which points to increased need.	recruitment. COVID has had a huge impact on their clients in numbers and intensity.	
Service Provider #17	• **N/A** - These notes are handwritten. Poorly. Very poorly and unorganized making them difficult to untangle, manage to read and somehow understand	• **N/A** - These notes are handwritten. Poorly. Very poorly and unorganized making them difficult to untangle, manage to read and somehow understand	• DBHR should review responses for legibility.
Service Provider #18	• Partnership with the hospital and First Clinic to provide treatment on demand.	• Increase severity of disease and population in need. A lot of Opioid impact here.	•
Service Provider #19	•	• Increased call volume likely COVID related. No suicide assessment.	•
Service Provider #20	• They are working to merge MH and SUD. • Implementing more remote services.	•	•
Service Provider #21	• More remote services. They do well with diversity inclusion.	• Increased need for services likely COVID related.	•

Trends/Summary

There are many common themes among these agencies specific to COVID and it's impact on the need for services and conversely the reduction in workforce. Insufficient funding, employee recruitment/retention, increased behavioral health needs from community, rapid growth in need and sometimes funding but at the cost of decreased quality due to poor staffing.

There is also clear inconsistency in the tracking of demographics which could be a very real DEI issue. The State could address some components of systemic racism if data like this was required to be collected at a minimum completion rate of 90% with a sufficient cross section of race, ethnicity, sexuality, and gender identity formatted so as to give credit to all selections indicated by a client (see Recommendation 5C on page 3)

There is also a significant absence of suicide evaluation as a part of the agencies standard processes. With the increase in suicides secondary to COVID, it is more important now than ever to be implementing those evaluations as a regular part of service (See recommendation #4 on page 2)

Lastly, and separate from the content of what is collected in these documents, there is a clear need for accountability in the following three areas:

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Service Provider #	Strengths	Weaknesses	Peer Reviewer Recommendations/ Comments
• NO handwritten notes. Typeface should be used to make them legible. • All documents should be required and consistently sought out when absent prior to peer review reviews by BHAC. • I think these would have a much more truthful representation of service if they were done separately, but concurrently, with evaluations from active and former clients. (See Recommendation 5A on page 2) • Answers often read like a request for funding or one agency nodding their way through the review. I don't believe this process invites or facilitates the opportunity for more focus and conversation around what isn't working. This would be far more beneficial than continually repeating what is working or at least what is being done the way it is expected even when it isn't helpful or meaningful. So many of the questions aren't even answered • Question V.e. and V.f. say the same thing			

2022 Peer Review Questionnaire Completeness Analysis for SUD				
Agency #	Incomplete Questionnaire	Client Interview not performed	Virtual Review Less Effective	Note
1	x	X		
2	x	X	X	Reviewer had no control over scrolling through files so could not do a thorough review
3	x	X	X	Incomplete files
4			X	Could not view any files
5	x	X	X	Limited documentation provided
6	x	X		MH service provider - does not offer SUD
7	x			Did not do a Records Summary
8			X	
9	x			MH service provider - does not offer SUD
10	x	X		
11	x	X		
12	x	X		
13				
14	x	X	x	
15	x	X		Agency #15 was still in formation stage and very few questions in review form were relevant.
16	x	X	X	
17	x	X		Could not review files because not redacted
18	x	X	X	Could not view any files
19	x	X	X	Could not view any files
20	x	X		
21	x	X		
22				
Total	**18**	**16**	**9**	
	82%	73%	41%	