FALL 2019
PATHWAYS to stronger communities
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COMPREHENSIVE HEALTHCARE

Providing Behavioral Health Services To Rural Counties

Comprehensive Healthcare serves many rural counties in Washington State. Providing behavioral health services to rural communities involves unique challenges. Comprehensive Healthcare, CEO, Jodi Daly, Ph.D., elaborates on the unique challenges and the opportunities that are part of delivering behavioral healthcare to rural communities.

How are the Disparities Between Rural and Urban Healthcare Identified?

Each year, county health rankings present data across our country that serve as a “call to action” for the development of initiatives that improve local whole person health. The purpose of these rankings is to draw attention to areas that need development and inform stakeholders of differences in a wide variety of community concerns such as education, the economy, technology and healthcare. This approach can be seen as controversial, but it also can lead to sharing of experiences and information that guide health initiatives to positively impact populations and health outcomes. In general, most county health rankings call our attention to the disparities between rural, frontier, and urban community resources.

Behavioral health is a crucial component of physical health and development. We know that the onset of behavioral health challenges often occur in childhood. The need to ensure that children are afforded resources for healthy development is critical to the social and economic impact of our communities. Persons who live in rural communities often have health-related disparities, including poorer health, lifestyles that increase risk, and less access to resources.

Jodi Daly, Ph.D.
Comprehensive Healthcare
President & CEO
than those that live in urban areas. Unfortunately, rural areas tend to be underfunded and underserved and, therefore, lack resources to develop and sustain strong infrastructures.

**What Are the Unique Healthcare Needs of Rural Communities?**

Comprehensive Healthcare has served the behavioral healthcare needs in rural areas for 47 years. We have learned that rural areas experience unique obstacles such as the need to overcome geographic and physical access barriers, strengthen the rural behavioral health workforce, and address the common barrier of fear and stigma. We are fortunate to have incredible staff members who work in our rural/frontier offices who truly value their communities and strive to provide excellent care. These staff engage in the challenging, noble work of providing community-based safety net services in the communities in which they live.

**Are Local Partnerships Part of the Answer?**

Comprehensive Healthcare is fortunate to have good working relationships with local community partners such as hospitals, schools, colleges and universities, law enforcement agencies, federally qualified healthcare clinics and a wide variety of social and health service programs. Additionally, Comprehensive Healthcare works alongside our Fully Integrated Managed Care (FIMC) partners to ensure funding opportunities are explored to address potential barriers to care. These partnerships are particularly imperative in rural areas because it takes this “web” of partners to ensure that people are supported and assisted in their treatment, and sustained in their recovery.

**Is Telehealth a Useful Tool in Delivering Rural Healthcare?**

The use of innovative technologies in rural areas is crucial to address geographic barriers, isolation and access to care issues. Comprehensive Healthcare utilizes telepsychiatry tools to improve access to quality medication management services, and just recently we partnered with both Klickitat rural hospitals on piloting telehealth technologies for psychiatric emergency services. Having a remote connection to a medical provider improves access to care for clients who would otherwise have to travel long distances to receive the equivalent treatment. Telehealth can also improve the recruitment and retention of behavioral health providers in rural areas by creating a virtual network of professional peers to reduce rural practitioner isolation and burn out. Finally, telehealth allows Comprehensive Healthcare to provide training, support, clinical supervision, and consultation services to all providers across our geographically dispersed service areas.

**What is Your Forecast for the Future of Rural Healthcare?**

Although there are challenges, I am optimistic about the future of behavioral health service delivery in rural areas.
I believe that local, state and federal partners are working together to develop policies that have the potential to reform healthcare while keeping an eye on the best interest of rural communities. I look forward to advocating for expanded opportunities for rural behavioral health training for students in graduate programs preparing for a career in behavioral health, and ensuring that college curricula include content on the culture of rural behavioral health practices. Additionally, Comprehensive Healthcare is utilizing system transformation funds to develop recruitment strategies that are long-lasting and beneficial to our communities. We are piloting various projects to determine which programs best benefit rural communities through healthcare integration efforts.

There are barriers and opportunities when it comes to providing high quality and accessible services to rural areas. I am confident that the relationships we develop in the communities we serve will help us to capitalize on the opportunities and overcome the barriers. In order to be successful in delivering behavioral healthcare we need to be able to leverage the strengths found in rural communities – strong informal support networks, cohesiveness, established interdependence and a willingness to pitch in and help out. Comprehensive Healthcare is committed to forging strong collaborative relationships with all of our community stakeholders because we know we cannot operate in isolation and we truly know “it takes a village”.

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A Leader in Evidence-Based Practices

Evidence-Based Practices (EBPs) are research and measurement-based care using standardized measures to track outcomes. In other words, care programs that have a history of proven results with data that can help providers determine effective treatment for individual clients. For over a decade Comprehensive Healthcare has been recognized as a leader in its commitment to implementing evidence-based practices and programs. Comprehensive Healthcare has added 19 EBP therapies and three EBP programs since 2000.

Implementation and use of EBPs requires intensive clinician training followed up by regular internal consultation and more training. The effectiveness of EBPs is also measured continuously to make sure clients receive treatment that helps them achieve their goals.

Partnership with the University of Washington

A close working relationship with the University of Washington (UW) has aided Comprehensive Healthcare’s efforts to implement EBPs by bringing treatments and programs that typically are only available in urban areas to the many rural communities served. The partnership also provides Comprehensive Healthcare with access to knowledge and skills of national and international experts.

One example is how the UW provided consultation and training in Cognitive Behavioral Therapy for Psychosis (CBTp) to Comprehensive Healthcare providers. CBTp is one of the most effective treatment options available in the country, and less than 1% of licensed clinicians nationwide have had the opportunity to be trained in CBTp - positioning Comprehensive Healthcare as a leader in providing evidence-based care.

Closing the Gap for More Effective Treatments

Along with new therapies, Comprehensive Healthcare has built strong partnerships with major institutions across the state, like Washington State University, University of Washington’s Evidence Based Practice Institute and several others to also help develop new therapies.

Comprehensive Healthcare established an Evidence Based Practices Oversight Committee (EBPOC) to monitor program fidelity and ensure consultation and support is provided to EBP clinicians. This committee records outcome measures, collects data and oversees the adoption of new EBPs.

Diego Mendoza, Team Leader of co-occurring disorder services at Comprehensive Healthcare in Yakima, describes the role of EBPs in Comprehensive Healthcare’s continuum of services.

“The emphasis on implementing EBPs stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered. While many mental health agencies provide excellent services, the opportunity for Comprehensive Healthcare to integrate the best that science has to offer into the service delivery system has compelled us to implement EBPs.”

EBPs Currently Offered

<table>
<thead>
<tr>
<th>EBP</th>
<th>Description</th>
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<tbody>
<tr>
<td>AF-CBT</td>
<td>Alternatives for families cognitive behavioral therapy (children and youth)</td>
</tr>
<tr>
<td>CETA</td>
<td>Common Elements Treatment Approach (adults)</td>
</tr>
<tr>
<td>CBT+A</td>
<td>Cognitive Behavioral Therapy for Anxiety (children and youth)</td>
</tr>
<tr>
<td>CBT+B</td>
<td>Cognitive Behavioral Therapy for Behavior (children and youth)</td>
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<tr>
<td>CBT+D</td>
<td>Cognitive Behavioral Therapy for Depression (children and youth)</td>
</tr>
<tr>
<td>CBT-GROUP</td>
<td>Cognitive Behavioral Therapy Group for Depression (adults)</td>
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<tr>
<td>CBT-P</td>
<td>Cognitive Behavioral Therapy for Psychosis (adults)</td>
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<tr>
<td>CPT</td>
<td>Cognitive Processing Therapy (adults with PTSD)</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behavioral Therapy (adults and adolescents)</td>
</tr>
<tr>
<td>EMDR</td>
<td>Eye Movement Desensitization and Reprocessing (children, youth and adults)</td>
</tr>
<tr>
<td>FFT</td>
<td>Functional Family Therapy (children and youth)</td>
</tr>
<tr>
<td>IMR</td>
<td>Illness Management and Recovery (adults)</td>
</tr>
<tr>
<td>MI</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>MST/FIT</td>
<td>Multi-Systemic Therapy-Family Integrated Transition (youth with conduct disorders)</td>
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</tbody>
</table>
Better Data Means Better Services, and Better Services Mean Better Results

Diego Mendoza explains, “Ultimately, it is Comprehensive Healthcare’s goal to help clients achieve their recovery goals - developing resilience; living, working, learning and participating in the community.”

Implementing EBPs requires a considerable amount of training for consultants and clinicians. For example, the initial implementation training for CBTp involved training by faculty from Harvard followed by six months of post-training consultation. Since the initial training, the scope of CBTp has expanded to include three levels of treatment based on client needs. Over the next six months, Diego Mendoza and Greg Aubol, Team Leader and Therapist at Comprehensive Healthcare in Ellensburg, will be meeting twice monthly with nationally recognized experts from the UW to expand their CBTp expertise.

What’s next? Greg, Diego and a small number of staff will be bringing their knowledge back to their teams at Comprehensive Healthcare and will teach them how to implement this valuable EBP. Greg Aubol says, “We are learning how to be trainers of CBTp for Comprehensive Healthcare staff, and how to conduct fidelity reviews of clinicians practicing CBTp to assure that clients receiving this treatment are getting it from competently trained clinicians. We want to develop internal expertise in the EBP to assure that this treatment will be available to those we serve on a continuous basis.”

LETTER OF COMMENDATION

Dear Greg Aubol,
CBTp Consultant, Comprehensive Healthcare

On behalf of the Cognitive Behavioral Therapy for Psychosis Implementation Team at the University of Washington’s Department of Psychiatry and Behavioral Sciences, I would like to recognize and thank you for the remarkable amount of effort and initiative you have put into supporting the implementation of CBTp at Comprehensive Healthcare. You have truly gone above and beyond in supporting the providers at Comprehensive Healthcare in their learning…..

We look forward to working with you more intensely in the coming months to further develop your expertise in CBTp training and supervision. The spread and sustainability of CBTp would not be possible without the effort of driven individuals such as yourself who truly care about the work they do. We commend you for your dedication and leadership, and thank you for your exceptional partnership.

Sincerely,
Sara L. Kopelovich, Ph.D.,
Professor of Cognitive Behavioral Therapy for Psychosis and founding member of the North American CBT for Psychosis Network

NEW JOURNEYS
First episode psychosis (youth and young adults) using Navigate model

NET/MIST
Narrative Exposure Therapy/ Motivational Interviewing with Skills Therapy (study targeting Native American teens and young adults with trauma and substance use)

PACT
Assertive Community Treatment (adults with psychosis)

PCIT
Parent Child Interaction Therapy (children 7 and younger)

STAY
Slow down, Take interest, Assess your role, Yield to someone else (teens with their parents/guardians)

TF-CBT
Trauma-Focused Cognitive Behavioral Therapy (children and youth with PTSD)

TRIPLE P
Positive Parenting Program (children and youth)

TRIPLE P
On-Line – Positive Parenting Program (children and youth) provided on-line

WISe
Wraparound with Intensive Services (through age 20) – wraparound services plus applicable therapy EBP Wraparound – children and youth with family (through age 20) (care coordination and peer support component of WISe)
New, Mission-Driven Services
Every new Comprehensive Healthcare program or service goes through a formal review process. The supporting strategy must satisfy a 17-question screening process to determine: 1) if the program advances Comprehensive Healthcare’s mission and values 2) meets cost and benefit goals, and 3) has leaders and staff in place to implement it successfully.

New Journeys - First Episode Psychosis
Several years ago, Washington State identified the need for a program focusing on adolescents and young adults who experienced their first psychotic break. Research demonstrated that psychosis is treatable, especially when identified early. An early intervention program called New Journeys was created to serve transition age youth (15 – 25) experiencing a First Episode of Psychosis (FEP).

In the fall of 2015, Comprehensive Healthcare in Yakima was selected to be the pilot site for the New Journeys team. Chris Moore, Comprehensive Healthcare Division Director explains how many of the participants in this program are young adults who have goals and dreams about what their adult life will be. Moore says that is exactly what the program is intended to help with. “Many participants in the program obtained their goal of working, or attending high school, trade school or college. They have productive lives thanks to the New Journeys team.”

In a recent national study on program effectiveness, the New Journeys program received exceptionally high scores for implementing FEP services with high fidelity to the established model.

New Journeys Score
Total Score 144/165
Average Item Score 4.36/5

Total FEPS-FS scores range from 33 to 165. Item scores range from 1 to 5. An item score of ‘4’ indicates good fidelity and a score of ‘5’ indicates high fidelity.

In early 2019, the State approached Comprehensive Healthcare about expanding services to the Tri-Cities area. “We accepted and are moving forward quickly with the expansion,” Moore said. “Comprehensive wants to bring the same opportunity for success to the estimated 45 – 50 young people in the Tri-Cities who will have their first psychotic break each year.”

New Journeys is expected to be up and running in the Tri-Cities by December of this year.

Why are EBPs So Effective for Adolescents
Evidence-based practices for children’s services provide a coherent and comprehensive approach that allows clinicians to deliver state-of-the-art treatment. EBPs close the gap between research and clinical practice avoiding variations in care.

“EBPs are researched therapies that are considered effective and efficient,” says Nicole Southard, Comprehensive Healthcare Vice-President. “They enable us to monitor fidelity and provide guidance to staff regarding adherence and implementation. EBPs allow us to meet Washington State’s requirement of outpatient services to children and youth as well as meet Washington’s Evidence-Based Practice Institute’s requirements of fidelity.”
More EBPs to Come

Other new EBPs are being implemented in rural areas with diverse populations. For example, Narrative Exposure Therapy/Motivational Interviewing with Skill Therapy (NET/MIST) is a study of two treatments designed for Native Americans 16 years and older who have Post Traumatic Stress Disorder and Substance Use Disorders. Comprehensive is participating in a five-year study comparing the two therapies.

How to Access Programs

Most children and youth can be referred to Comprehensive Healthcare’s programs by a provider through centralized intake. To schedule an appointment, call (509) 575-4084. An appropriate EBP will be assigned based on the diagnosis and treatment needs. Specialized programs like New Journeys, Multisystemic Therapy/Family Integrated Transition (MST/FIT), Functional Family Therapy (FFT) and others, have referral limitations based on contracts or certification requirements.

Comprehensive Healthcare continues to provide training in the two basic EBPs, Cognitive Behavioral Therapy Plus and Trauma Focused Cognitive Behavioral Therapy (CBT Plus and TF-CBT) for children and youth, for all new hires who will treat children and youth.

A number of Comprehensive Healthcare’s clinicians will be attending EBP training to bring their knowledge back to their teams to implement. One such provider is our lead internal consultant for Eye Movement Desensitization and Reprocessing (EMDR) for PTSD treatment. They are going through training and supervision to become a national EMDR trainer/consultant.

In addition to the best science available, Comprehensive delivers care and compassion to every child and family in services. Highly trained professionals delivering quality care makes Comprehensive Healthcare a leader in behavioral healthcare.

I want to thank you for all the hardwork you have done to help me be the person I am today. I want to thank you for being there for me when I needed you the most. Without you guys I would be nothing, thank you for being the people you are. Don’t ever change, God Bless!  – New Journeys Client

Thank you so much, from our family in getting our son back, also meeting with us each week.
– Parent of New Journeys Client
Integrating Crisis Services With Law Enforcement

What happens when a mental health professional rides along with law enforcement? Lots of good things, according to Yakima County Sheriff, Robert Udell.

“After 28 years in law enforcement this is the best program involving mental health services that I’ve seen.”

The program that Sheriff Udell is talking about embeds a Designated Crisis Responder (DCR) in the patrol vehicle with law enforcement officers. When receiving emergency calls involving individuals with mental health or substance use disorders, the DCR’s presence reduces instances of negative interactions with officers. A DCR can also provide support and resource information on the spot. Officers say that DCRs reduce the amount of time they spend on calls involving individuals with mental health or substance disorders – freeing them up to respond quicker to other emergent calls.

How the Program Started

The program came to Comprehensive Healthcare, and other agencies around the state, as a result of a lawsuit against the state of Washington. The suit successfully charged that mentally ill individuals remained jailed far too long before competency evaluations were administered. Various programs were funded to help reduce instances of people with mental health or substance use disorders going to jail by diverting them into treatment services and away from the criminal justice system.

Comprehensive Healthcare provides embedded Designated Crisis Responders for the City of Yakima Police Department, Yakima County Sheriff’s office and the Union Gap Police Department.

How It Works

At the beginning of a patrol officer’s shift, the DCR is paired to ride along with the officer. The Yakima Police Department (YPD) typically pair the DCR with an officer assigned to the downtown area. If a call occurs from outside that area that needs a DCR’s attention, the officers will transfer the DCR to the officer responding to the call. With the Yakima County Sheriff’s office, the DCR stays with an assigned deputy and responds to behavioral health associated calls.

When asked what kind of results she has seen from the program, Courtney Hesla, Vice-President at Comprehensive Healthcare says, “Law enforcement loves it. It took a very short amount of time to prove its value.”

Many of the problems associated with untimely competency evaluations can be prevented if fewer people with mental illnesses enter the criminal justice system. DCRs can identify people in need and direct them to the appropriate services. Sheriff Udell adds, “DCRs offer
resources that deputies ordinarily would not have. They work on situations regarding homelessness, senior citizens in time of need — just a variety of issues that adds to our function as a Sheriff’s office.”

In the last six months, DCRs have had contact with 486 individuals in the field. One DCR alone made 302 crisis contacts in 2018 while riding with YPD.

The Program’s Future
The lawsuit resulted in state funding for two grants on two different funding cycles. Both have sunset dates – one ends in June of 2020. “City and County governments will hopefully pick up the funding going forward,” Hesla explains.

“Our grant funding also supports related programs like placing Behavioral Health Specialists in the Yakima County Department of Corrections to screen individuals booked for mental health and substance disorders and then referring them to the internal jail mental health team. It also supports case management services to high risk individuals coming out of jail who need assistance getting connected to services and resources immediately after release. We hope that the community will communicate to City and County leaders that this is a program deserving of continued and sustained funding.”

What is a DCR’s Authority?
A DCR can determine if the person presents a harm to self, others, property, or is gravely disabled due to a mental health or substance use disorder and is at imminent risk. If this is the case, attempts are made to connect them with inpatient treatment services. When the DCR conducts an evaluation and investigation:

• They can interview all reasonably available family, friends or others.
• Consider all less restrictive treatment options that are available.
• If there is no available involuntary treatment bed, then the DCR cannot detain the person.
• If the person is detained for treatment, the court will decide if the person meets criteria for a commitment order for up to 14 days of further treatment.
• At the time of discharge, the person will be referred to the appropriate level of care such as intensive outpatient or residential treatment, which may be court ordered.
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