



Quality Management Program Evaluation

Spokane County Regional Behavioral Health

(Administrative Services Organization)

January – December 2020

QAPI 2020 Work Plan Summary and Results

The Quality Assessment and Performance Improvement (QAPI) Work Plan is developed by the QAPI Steering Committee, under the direction of the Spokane County Regional Behavioral Health (Administrative Services Organization), SCRBH (ASO), leadership and is reviewed quarterly. The goals identified are based on performance related data and compliance with contract requirements. The QAPI Work Plan and annual Quality Management Evaluation are shared and reviewed with community stakeholders, including the Behavioral Health Advisory Board (BHAB), contracted providers, and the Washington State Health Care Authority (HCA).

1. Demonstrate Behavioral Health Services Distribution throughout Each Municipality of Spokane County and Each County within the Spokane Regional Service Area (RSA)

The annual At-A-Glance document was expanded to share data with the Spokane Board of County Commissioners (BoCC), the BHAB, and all community stakeholders regarding the number of behavioral health services the SCRBH (ASO) provided in each county of the Spokane Regional Service Area (RSA) and within each municipality of Spokane County. The data report was finalized in April 2020 and presented to the Spokane BoCC and shared with all stakeholders on the SCRBH (ASO) website.

2. Increase Community Awareness of Mobile Crisis Response

Mobile Crisis Response educational flyers were created for Spokane, Adams, and Pend Oreille Counties. A combined flyer was prepared for Lincoln, Ferry, and Stevens Counties, all served by North East Washington Alliance Counseling Services (NEWACS). Flyers were created with feedback and direction from all Spokane RSA crisis provider agencies. Translation of the Spokane County flyer was completed in the most commonly spoken languages in Spokane. This included Spanish, Russian, Marshallese, and Arabic. The Adams county flyer was translated into Spanish to meet the common language needs of that county. Flyers were distributed to providers and stakeholders in all counties to share with the public.

3. Increase Community Distribution of the Regional Crisis Line Number

Efforts were made to increase community knowledge of the Regional Behavioral Health Crisis Line number. Regional Crisis Line informational flyers (in multiple languages) were distributed to school districts in all 6 counties of the Spokane RSA. The crisis line phone number was published in local newspaper articles more than a dozen times. Although a large community survey could not be conducted throughout the Spokane (RSA) due to financial restraints, a data analysis confirmed that the crisis line number was recognized and accessed by individuals in all six (6) counties.



**Spokane County Regional Behavioral Health
Regional Crisis Line Services by County of Residence
January to December 2020 (updated monthly)**

Residential County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
- Unable to Obtain	49	20	39	35	39	35	51	43	41
Adams	6	13	3	8	1	8	8	1	2
Ferry	1	1	0	4	14	5	7	1	0
Lincoln	7	6	4	6	2	9	19	17	5
Pend Oreille	12	10	18	8	9	5	2	11	11
Spokane	2054	2003	2127	2138	2204	2203	2490	2394	2454
Stevens	37	35	31	42	59	53	34	59	26
	2166	2088	2222	2241	2328	2318	2611	2526	2539

4. Provide Mobile Crisis Response (MCR) Data Information to Stakeholders

The Quarterly Crisis Data Dashboard was modified to provide graphs that report the number of mobile crisis encounters in a quarter for each county in the Spokane RSA. This information was prepared by the QAPI committee and submitted for stakeholder review at the Spokane Regional Crisis Collaborative (SRCC) meeting, the Spokane Regional Interlocal Leadership Structure meeting, and BHAB meetings in 2020. A detailed report guide was included.

5. Identify New Opportunities to Increase Consumer Voice in the SCRBH Quality Management Program

In an effort to increase consumer voice, the QAPI Committee reviewed NEWACS Satisfaction Surveys from individuals receiving SUD and MH inpatient, outpatient, and crisis stabilization services during 2019. Feedback was generally positive with high ratings for services provided. In addition, the Behavioral Health Ombuds were regularly invited to QAPI meetings to share grievance data and any complaints regarding crisis services.

A QAPI Self-Assessment Tool was utilized by the QAPI Steering Committee in December. Scores were tallied and the results showed that the SCRBH (ASO) leadership fosters a culture where QAPI is a priority. The QAPI plan is well developed; boards are engaged and supportive; and performance data is effectively collected, analyzed and shared within the system of care. Further efforts will be made to solicit consumer voice, utilize root-cause analysis and measure the long-term effectiveness of improvement interventions.