

AGENDA ITEM REPORT



Date: December 14, 2022
To: Board of County Commissioners
From: Sarah Plinsky, County Administrator
Department: Administration
Subject: Presentation on the Treatment and Recovery Center

BACKGROUND INFORMATION:

Information is attached from Behavioral Health Partners on the Treatment and Recovery Center

RECOMMENDATION:

No recommended action.



TREATMENT & RECOVERY CENTER

TRC Progress Update:

A Presentation to the Board of Douglas County Commissioners

December 14th, 2022

TRC Progress Update: Presentation Overview

- ▶ INTRODUCTION: Treatment & Recovery Center Staff
- ▶ DELIVERABLES:
 - ▶ Licensure and Accreditation
 - ▶ Organizational Chart, Staffing Plan, Workflows, and Human Resources
 - ▶ 2023 Budget and Financial Plan
 - ▶ Electronic Medical Records and IT
 - ▶ Pharmacy Processes and Workflows
 - ▶ Building Lease and Facility Safety
 - ▶ Insurance Policies
 - ▶ Governance and Leadership
- ▶ CONCLUSION: Moving Forward Together

THE TREATMENT & RECOVERY CENTER STAFF

Introducing the TRC Staff

- ▶ Dr. Cord Huston, MD, FAPA: Interim Medical Director
- ▶ Dr. Nana Dadson, MD: Interim Medical Co-Director
- ▶ Santana Taylor, LCPC, LCAC: Director of Operations
- ▶ Jenn Preston, LMSW: Systems Integration Manager
- ▶ Bri Harmon-Moore, LSCSW: Clinical Manager
- ▶ Jesse Belt, RN, BSN: Clinical Nurse Educator
- ▶ Tricia Dillingham, BSW, BSN: Nurse Manager
- ▶ Rebecca Wall: Executive Assistant
- ▶ 32 other staff members stand ready to start serving Douglas County residents as soon as TRC doors open.

DELIVERABLES

LICENSURE & ACCREDITATION STATUS

TRC IS CURRENTLY A LICENSED PPH

-The TRC is temporarily licensed as a private psychiatric hospital (PPH) by the State from October 17th, 2022 through June 30th, 2023.

(This licensure is sufficient for opening, according to the State.)

TRC WILL BE LICENSED AS A CIC

-The TRC will be licensed as a Crisis Intervention Center (CIC).

-The CIC license will be applied for as soon as state regulations are set up; until then, it may be licensed as a PPH.

TRC CAN USE BNC ACCREDITATION

-While accreditation is not a requirement for opening on day one, the TRC can open with the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation through its association with Bert Nash Center (BNC).

STAFF STATUS

TRC STAFF HAVE BEEN HIRED & TRAINED

- Interim Medical Directors, with a combined experience of over 35 years of experience in medicine, are in place.
- 40 staff stand ready, trained, and willing to start serving Douglas County residents at the TRC.

TRC WORKFLOWS ARE IN PLACE

- All requested workflows and policies have been written and established.
- A policy list was submitted to the Commissioners along with this presentation.

TRC STAFF WILL BE BERT NASH EMPLOYEES

- All TRC staff will be Bert Nash Center employees by 01/01/2023, with the possible exception of DCCCA peer support workers (negotiations in process).

TRC HUMAN RESOURCES ARE IN PLACE

- Bert Nash will provide Human Resources for TRC Staff.
- The Bert Nash Center has 4 employees in its Human Resources Department, all of whom will be at the service of TRC staff.

TRAINING PROGRAM STATUS

TRAINING PROGRAM EXCEEDS LICENSURE STANDARDS

-Initial training program involves all disciplines together for in-person trainings required by licensure with additional topics deemed necessary by clinical experience.

CORE OF EDUCATION PROGRAM

- Safety
- Empathy
- Flexibility to meet individual patient needs
- High degree of clinical knowledge

AREA OF FOCUS

- Suicide prevention
- Expected symptoms and behaviors of various diagnoses
- Medication management
- Verbal de-escalation
- Physical safety
- Inclusiveness, diversity, equity & belonging

FINANCE STATUS

BUDGET FOR 2023

-Over the past month, TRC leadership has worked to re-align the 2023 TRC Operating Budget with our understanding of available revenues. We estimate this would not exceed \$6.5-\$7 million in 2023.

REVENUE SOURCE #1

-The TRC's first source of revenue will be health insurance. State Medicaid funding is estimated to cover 56-65% of the 2023 TRC operating budget.

-Bert Nash is amending existing contracts with commercial payors to cover the full range of TRC services. We anticipate amendments will be in place soon.

REVENUE SOURCE #2

-The TRC's second source of revenue will be State Crisis Intervention Center funding, estimated to be \$3.1 million in State FY 2023.

REVENUE SOURCE #3

-The TRC's final source of revenue is the County quarter-cent sales tax from Proposition 1.

-Our recommendation would be to use these funds to support services for uninsured and under-insured citizens.

IT AND EMR STATUS

BRIGHT-EHR AND CERNER EMR PLATFORMS ARE READY

-The TRC can open immediately using Bert Nash Center's BrightEHR and LMH Health's Cerner EMR to securely track patient records. BrightEHR will significantly simplify billing and financial management operations.

IT AND EMR WORKFLOWS ARE READY & WEBSITE IS UP

-IT and EMR workflows are written and ready for implementation.

-All IT functions are operating, and both EMRs are fully functioning.

-TRC website is up and available at:
<https://www.trcdgks.org/>

SMART CARE EMR WITH PATIENT PORTAL READY BY SUMMER

-A patient portal is not required for opening the TRC, but the new SMART CARE EMR by Streamline will be ready for installation and implementation at the TRC by Summer 2023 and provides patient portal functionality.

PHARMACY STATUS

LMH PHARMACY WILL PROVIDE MED SERVICES

-The TRC has an agreement in place for LMH Health's pharmacy to provide medication and prescriptions for use at the TRC.
-LMH Health will provide 24/7 support and consultation on TRC medication orders and regimens.

DRUG ENFORCEMENT AGENCY LICENSE IN PLACE

-Drug Enforcement Agency (DEA) license is in place through 11/30/2025.

PYXIS AUTOMATED MEDICAL DISTRIBUTION IN PLACE

-The TRC has a Pyxis system installed and ready for operation. Pyxis is an automated medication dispensing system for secure medication storage on patient care units.

MEDICATION WORKFLOWS IN PLACE

-LMH Health Pharmacy will make two deliveries per day to the TRC to restock the Pyxis system.

FACILITIES STATUS

CONFUSION ON BUILDING SAFETY RESOLVED

-The initial TRC building inspection mistakenly utilized hospital accreditation safety standards as opposed to behavioral health accreditation standards, leading to confusion around the building's safety and readiness to open.
-Originally, due to PPH licensure, hospital standards were applied to the facility review, resulting in confusion. Since this is designed and considered a CIC, those issues are not applicable anymore.

BUILDING IS SAFE

-The Kansas Department of Aging and Disability Services (KDADS), and TRC staff have all evaluated the building and believe it is safe and ready to open.

BUILDING REPAIRS

-TRC has worked with Douglas County to identify any risks that need to be addressed or mitigated. Any items that were identified as potential safety risks (there were only 2) can be mitigated by TRC management until repairs can be made.

INSURANCE POLICIES STATUS

FACILITY INSURANCE POLICY IN PLACE

- The TRC facility has been insured since Summer of 2022.
- It was initially insured with a “facility in development” policy and is in process of transitioning to a “facility in operation” policy.
- We have confirmation of a facility insurance policy that is contingent upon a lease.

STAFF INSURANCE POLICIES IN PLACE

- All TRC service providers have the necessary professional practice and liability insurance to work in the facility.

OPERATIONAL STATUS

CCBHC Recognition and Funding

-All services at the TRC are recognized under the CCBHC designation of BNC. As such, this will provide 56%-65% of needed revenue.

OPERATING AGREEMENT WITH LMH HEALTH IS IN PLACE

-The TRC has successfully developed an operating agreement for lab and pharmaceutical services with LMH Health to the mutual benefit of both parties.

WORKFLOWS AND PROCESS FOR POLICE & EMS ARE IN PLACE

-TRC has developed admissions screening protocols, processes, and workflows in collaboration with Police, Fire, & Medical Services.

PAYOR AGREEMENTS WITH INSURERS ARE IN PROCESS

- Currently negotiation amendments to existing payor agreements with all major commercial health insurance providers to add necessary TRC services. Payors stating willingness to move forward with these soon.

PHASED OPENING PLAN

Timing of each phase collaboratively determined. Communication regarding each phase done prior to initiation.

PHASE #1 (STARTS ON OPENING)

- Access Center is open Monday-Friday from 8am-8pm.
- Observation/Stabilization open with a capacity of 5 patients per day.

PHASE #2

- Access Center is fully open Monday-Friday from 8am-8pm and Saturday/Sunday from 8am-12pm.
- Observation/Stabilization open with a capacity of 8 patients per day.

PHASE #3

- Access Center is fully open Monday-Friday from 8am-8pm and Saturday/Sunday from 8am-12pm.
- Observation/Stabilization fully open with a capacity of 16 patients per day.

MOVING FORWARD TOGETHER

MOVING FORWARD TOGETHER

- ▶ We are prepared to enter into an Operating Agreement.
 - ▶ County funds are the revenue source of last resort.
 - ▶ County funds only go towards services for uninsured and under-insured patients.
 - ▶ County funds are capped at a certain amount annually.
 - ▶ County works with us to set service evaluation plan, including benchmarks in alignment with SAMHSA quality indicators.
- ▶ We are prepared to enter into a lease agreement.
- ▶ Governance and leadership



TREATMENT & RECOVERY CENTER

THANK YOU!

TRC Phased Opening Plan

Phase 1		Phase 2		Phase 3		Staff needed to cover:
Access fully opened (8am-8pm & weekend 8-12 Sat/Sun) Obs/Stab combined 5 patients (Only accepting medically cleared patients LMH ED)		Access fully opened 8 Patients on Obs, 8 patients Stabilization (Voluntary community patients)		Full Staffing 16 Obs & 8 Stabilization <small>(accept LE & EMS)</small>		
FTE	Position	FTE	Position	FTE	Position	
6.30	Therapist	7.50	Therapist	10.20	Therapist	
5.40	Unit Coordinator	8.10	Unit Coordinator	11.70	Unit Coordinator	
1.00	Case Manager	1.00	Case Manager	1.00	Case Manager	
1.00	Clinical Manager	1.00	Clinical Manager	1.00	Clinical Manager	
7.20	RN	11.40	RN	15.60	RN	
11.40	BHS	19.80	BHS	19.80	BHS	
1.00	Nurse Manager	1.00	Nurse Manager	1.00	Nurse Manager	
3.60	Peers	3.60	Peers	7.56	Peers	
1.00	Clinical Educator	1.00	Clinical Educator	1.00	Clinical Educator	
1.00	Medical Director	1.00	Medical Director	1.00	Medical Director	
2.00	APRN	2.00	APRN	2.00	APRN	

Mobile Response Team will be stationed in the TRC after closing hours of BNC and will be available for support in Access when they are not engaged or deployed on a response call.

TRC Staff Bios and Headshots



Dr. Cord Huston, MD: Interim Medical Director

Dr. Huston has served as staff psychiatrist at Bert Nash Center since 2018, and became Site Director of the KU Psychiatric Residency at Bert Nash Center in 2021. Prior to coming to Bert Nash, Dr. Huston worked as a staff psychiatrist at the Dwight D. Eisenhower VA Medical Center and as the Medical Director of the Wyandot Center. Dr. Huston received his BA in Biology from the University of Kansas, his BS in Nursing from Rockhurst University, and his MD from the Saba University School of Medicine in the Netherlands. He is proud to have been appointed Interim Medical Director of the Treatment & Recovery Center.



Dr. Nana Dadson, MD: Interim Medical Co-Director

With over twenty years of experience in the field of psychiatry, Dr. Dadson has been the Medical Director at the Bert Nash Center since 2016 and, today, has the title of Bert Nash's Chief Medical Officer. Prior to coming to the Bert Nash Center, Dr. Dadson practiced psychiatry at the Chesapeake ADHD Center of Maryland; at Medpsych Health Services in Rockville and Frederick, Maryland; and at the National Naval Medical Center in Bethesda, Maryland. Dr. Dadson received her BS in Biology from Morgan State University and her MD from Tufts University. She is honored to have been appointed Interim Medical Co-Director of the Treatment & Recovery Center.



Santana Taylor, LMHC, SUDP: Director of Operations

Taylor was hired as the Director of Operations at the Treatment & Recovery Center this past March. Prior to taking this position, Taylor was the Director of Crisis Stabilization at the Ituha Stabilization Facility in Oak Harbor, Washington, and prior to that, she served as Director of Skagit Community Detox (previously known as the Skagit Community Crisis Center) in Washington. Taylor received her Bachelor's degree in Social Work from Wichita State University and her Master's degree in Marriage and Family Therapy from Friends University. She has professional certifications in chemical dependency, play therapy, and sex therapy, and she is honored to have a leadership role at the Treatment & Recovery Center.



Jenn Preston, LMSW: Systems Integration Manager

Preston is a macro level social worker with almost 20 years of experience ranging from direct client case work experience to building and managing community-based programs. She has been with the TRC for 3 months after working as the Family Services/State Plan Administrator with the Kansas Department for Children and Families. She grew up in nearby Perry, KS and graduated from the University of Kansas with a Bachelor of Arts and a Masters in Social Work Administration and Advocacy Practice.



Bri Harmon-Moore, LSCSW: Clinical Manager

Harmon-Moore is the clinical program manager for the TRC. She has spent the past 14 years of her career serving the chronically mentally ill and homeless population across Eastern Kansas. Harmon-Moore came to the TRC from the VA where she served as the assistant chief of social work and the homeless program manager for eastern Kansas. Harmon-Moore resides in Douglas County.



Jesse Belt, RN, BSN: Clinical Nurse Educator

Belt has lived in Lawrence his entire life and has been providing mental healthcare to area residents since 2016. A graduate of Lawrence High School, Jesse went on to obtain a minor in cultural anthropology from the University of Kansas and a BSN from Baker University. While attending college, Jesse worked at two Lawrence caregiving institutions, Cottonwood, Inc. and Visiting Angels. After college, Jesse worked at KU's inpatient psychiatric hospital in Kansas City, specializing in high acuity psychiatric illness and the training of new nurses. Jesse has been a member of the TRC team since January of this year, working night shift in the mental health zone of LMH's emergency department for 6 months before accepting his current role as Clinical Educator.



Tricia Dillingham, BSW, BSN: Nurse Manager

A native Topekan, Dillingham moved to Lawrence in 2001 to go to KU for her bachelor's degree in social work. She graduated in 2006 with her BSW and joined the Peace Corps in 2007. After returning from the peace corps, she decided to apply to nursing school in Kansas. She has now been a nurse for six years, and is currently studying to get her Psychiatric Mental Health Nurse Practitioner (PMHNP) degree from the University of Missouri-Kansas City (expected Fall 2024). She looks forward to taking care of patients opportunity in her role at the TRC.



Rebecca Wall: Executive Assistant

Wall, the Executive Assistant at the Treatment & Recovery Center, has five years of experience supporting leaders at the executive level, and ten years of experience working in behavioral health. She was previously employed at Wyandot, Inc. (the community mental health center serving Wyandot County) and the University of Kansas Health System's Department of Psychiatry. Most recently, she spent five years at AdventHealth, a nationally recognized health system and one of Kansas City's largest hospitals, where she provided executive support to the Chief Nursing Officer, Chief Medical Officer, and Chief Operating Officer.



Treatment & Recovery Center (TRC) Progress on Douglas County Deliverables	
Deliverables Outlined on November 9th, 2022	Progress as of December 7th, 2022
Prefunding Agreement	At this point, TRC leadership recommend focusing efforts on an operating agreement and lease, as opposed to an outdated prefunding agreement.
Operating Agreement	We recommend developing a lease and operating agreement for opening as soon as possible, with stipulations that the County serve as payor only for uninsured and under-insured patients and only as a last resort. We are confident in the business model of this crisis center and limiting the exposure of the County to losses. We recommend a strong evaluation plan rooted in alignment with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) quality indicators for Certified Community Behavioral Health Clinic (CCBHC) and Crisis Intervention Center (CIC) services.
TRC Building Lease	We are interested in signing a lease as soon as possible.
National Provider Identifier (NPI)	TRC will utilize Bert Nash Center’s NPI numbers, which are proven to result in payment.
Emergency Medical Services/Law Enforcement	TRC leadership have met with Lawrence Police Department Chief Lockhardt and Deputy Buccholz as well as Fire Department Division Chief Kevin Joles to develop a field screening form, workflows, and admissions processes. TRC leadership will have ongoing meetings with EMS and Law Enforcement leadership for continuous process improvement.
Staffing Plan and Workflows	The TRC currently has 40 staff who stand ready to begin providing Access Center services M-F, 8am-8pm effective TODAY. The TRC could begin providing integrated Operation/Stabilization Services for up to 5 patients per day effective immediately. Key TRC leadership bios are attached, and a full staffing plan and workflows have been written.
Budget for 2023	Over the past month, TRC leadership has worked to re-align the 2023 TRC Operating Budget with our understanding of available revenues. We estimate this would not exceed \$6.5-7 million in 2023.
Billing Processes	State Medicaid funds via Bert Nash CCBHC status will cover between 56 and 65 percent of the revenue needed to operate the TRC. Bert Nash will bill Medicaid on behalf of TRC for these visits.

	<p>Commercial billing will take place out of the Electronic Health Record (EHR). Rendered services are documented and the EHR ties the service to the payor sources identified in the patient’s medical record.</p> <p>Any other payors, such as the County, could be set up as a payor in the EHR system.</p> <p>The EHR can also apply a sliding fee scale.</p> <p>Patients will have responsibility for their co-pays, deductibles, and co-insurance and will be billed directly.</p>
IT/EMR Workflows	<p>The TRC can open immediately using the BrightEHR and Cerner Electronic Medical Record (EMR) platforms used by Bert Nash Center and LMH Health respectively. The TRC will convert its EMR/EHR platform to the new SMART CARE by Streamline EMR in the summer of 2023.</p>
Operational Contracts	<p>According to legal counsel, all operational contract disagreements outlined by the County can be quickly resolved to all parties’ mutual benefit in mediation.</p>
Payor Arrangements	<p>Bert Nash Center is currently contracted with all three State of Kansas Medicaid MCOs, Medicare, TriCare, Aetna Commercial, United Commercial Products, Blue Cross Blue Shield of Kansas, and Cigna True North. 23-Hour Observation and Stabilization service lines are currently being negotiated by amending existing Bert Nash Center payor agreements, and we anticipate resolution of these amendments within 2 months. Letters of intent to contract have been requested from aforementioned payors.</p>
Accreditation	<p>Accreditation is not a requirement for opening the TRC. Utilizing Bert Nash Center’s accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), signaling its commitment to continually improving services, encouraging feedback, and serving the community, the TRC can open with accreditation on day one. The Bert Nash Center received CARF accreditation earlier this year, meeting 2,100 standards of care.</p>
Medical Staff Credentialing	<p>All staff have been credentialed with all potential payors, including commercial health insurance companies.</p>
Fee Schedules	<p>The TRC has developed a draft fee schedule for all services.</p>
Equipment/Furniture Inventory	<p>The TRC has the equipment and furniture needed for opening. An inventory will be done but is not necessary for opening.</p>
Human Resources (HR)	<p>There will no longer be any “leasing” of employees, except for potentially, DCCCA peer support workers, as to be decided in negotiations between the TRC and DCCCA. All other TRC staff will</p>

	be officially employed by the Bert Nash Center as of 01/01/2023 and will, consequently, use the Bert Nash Center’s human resources office and staff for all HR needs.
Website and Patient Portal	The TRC has a website at: https://www.trcdgks.org/ This site is up and running. An online patient portal is not a legal requirement for opening the TRC, but it will be available by summer 2023 with the implementation of the new SMART CARE Electronic Medical Record.
Private Psychiatric Hospital Regulations	The TRC was designed and constructed as a Crisis Intervention Center (CIC). The TRC’s current license as a Private Psychiatric Hospital (PPH) is simply a mechanism to open the facility absent CIC licensure, which is dependent on the publication of CIC licensure requirements by the State of Kansas, which the TRC is waiting on. The current PPH license was issued by the Kansas Department of Aging and Disability Services (KDADS) on October 17 th , 2022 and is good through June 30 th , 2023.
CapEx, Replacement of Personal Property	A capital expenses budget is in process but is not necessary for opening.
Financial Plan	<p>The TRC will have the following three revenue sources, listed in order of resort (i.e., the final revenue source will only be billed after exhausting the previous two revenue sources):</p> <ol style="list-style-type: none"> 1) State Medicaid Revenue: The TRC is eligible to receive Bert Nash’s Prospective Payment System (PPS) rate for Medicaid clients, as approved by the State of Kansas. State Medicaid revenue is estimated to cover 56-65% of TRC annual expenditure. 2) State Crisis Intervention Center Funding: KDADS has secured \$3.1M in state general funds to support TRC operations in FY23 with the intent that it supports a CIC facility. This funding will eventually transition to funding provided through the state lottery vending machine revenues, which is specifically earmarked for CIC operations under a CMHC. 3) Douglas County Revenue from the Proposition 1-Quarter Cent Sales Tax for Behavioral Health Services: These funds would be used as a last resort to support services for uninsured and under-insured citizens. We recommend that ongoing County funding of the TRC be approved at a given amount, not to be exceeded per annum. Expenditures above and beyond this amount will be covered by other revenue sources.
Insurance	The TRC building is insured. It has been insured with a “facility in development” policy, which will be transitioned to a “facility in

	operation” policy. We have confirmation of a facility insurance policy that is contingent upon a lease. All TRC service providers have the necessary professional practice and liability insurance to work in the facility.
Translator Process	Translator processes are in place.
Organizational Chart	TRC organizational charts are complete.
Building Safety	<p>Feedback noted features and conditions in the building as safety concerns which were communicated to the TRC leadership team. The team has investigated these concerns, many of which stemmed from the application of hospital accreditation standards to a Crisis Intervention Center.</p> <p>KDADS completed an extensive review of the facility prior to licensure and did not indicate any safety concerns.</p> <p>The TRC leadership team does not believe there are any facility-based concerns prohibiting the opening of the Crisis Intervention Center. There are several repairs and replacements in process but do not present a barrier to opening the facility.</p>
Licensing	<p>The TRC was designed and constructed as a Crisis Intervention Center (CIC). The license as Private Psychiatric Hospital was simply a mechanism to open the facility absent promulgated regulations from the State of Kansas.</p> <p>According to the State of Kansas, the TRC is ready to open.</p>

CCBHC/TRC Quality Measures

Substance Abuse and Mental Health Services Administration--CCBHC Quality Measures

1. Clients receiving care within 10 days-
 - looking at mean number of days from first contact to the diagnostic and treatment planning evaluation-measured by 12-17 and 18+
2. Preventive care screening- Adult BMI and follow-
 - collection of BMI if seen within 6 months and follow up every year-follow up with education, referral to nutritionist(care), pharmacological interventions, dietary supplements, exercise counseling, nutritional counseling, (not eligible if pregnant, receiving palliative care, refuses, or is in emergent medical care) 18 and over
3. Weight assessment and counseling for nutrition and physical activity for children/adol.
 - <https://brightfutures.aap.org/>
 - Look at age ranges 3-11 and 12-17, BMH, height and weight must be same source, yearly measure
4. Screening for tobacco use and intervention
 - Screening 1x within 24 months, receive cessation counseling and intervention if a tobacco user, (3 minutes or less counseling)
5. Screening for alcohol use and intervention
 - Screened 1x within 24 months, receiving counseling if unhealthy, done 1x per year, AUDIT or AUDIT-C, 5-15-minute counseling
6. Child MDD-suicide risk assessment
 - Age 6-17 with MDD dx- measure at each visit (after 2 visits)
7. Adult MDD- suicide Risk assessment
 - 18+ with MDD dx, after 1 qualifying visit
8. Screening for MDD and follow-up
 - 12-17, 18-64, 65+ age groups, if positive must do 1 (additional evaluation, risk assessment, referral to dr, medication, treatment) must document, can use PHQ-9, done at least yearly
9. Depression remission at 12 months
 - 18+ with MD or Dysthymia- with remission at 12 months-reported 1 per reporting period with PHQ-9
>9, measured at 12 months, remission score of <5, can exclude dx of Bi-polar and PD
10. Housing status
 - Private, foster, residential care, crisis resident, PRTF, Institution, Jail/correction, homeless
11. Hospital ED follow up for mental health
 - Follow up within 30 days of ED visit, follow up within 7 days of ED visit, age 6 and over, reason for visit MH, excluded those with direct admit to inpatient
12. Hospital ED follow up for SUD
 - Follow up within 30 days of ED visit, follow up within 7 days of ED visit, age 13 and over, reason for visit SUD, excluded those with direct admit into inpatient
13. Hospital readmission rate
 - Readmission into a hospital within 30 days of last admission, ages 18-64 and 65+, exclude pregnancy and transfers, exclude, chemotherapy, rehab, organ transplant, planned procedure
14. Diabetes screening for bi-polar on antipsychotic medications
 - Glucose test and HbA1c test, 18+, with at least 2 visits,
15. adherence to mood stabilizers for individual with BP1

CCBHC/TRC Quality Measures

- prescribed mood stabilizer, have seen provider at least 1x during the year, calculate the number of days compliant
- 16. adherence to antipsychotic medication for individuals with schizophrenia
 - 19-64, seen by provider at least 1 time, exclude dementia and only 1 script,
- 17. follow up from hospitalization for adults
 - ages 21-64 and 65+, 7 day follow up and 30-day follow-up, (look at follow-up from last day if re- hospitalized)
- 18. follow up form hospitalization for child/adol.
 - ages 6-20, 7 day follow up and 30-day follow-up, (look at follow-up from last day if re-hospitalized)
- 19. follow up for children prescribed ADHD medications
 - had at least 3 visits, 6-12years old, enrolled at least 120 days and visit 30 days after prescribed medication
- 20. antidepressant medications
 - 18+ treated with antidepressant, on for 84 days, and stayed on at least 180 days, seen provider at least 1 time,
- 21. initiation and engagement of SUD treatment
 - 13+ years old- engagement in any SUD program
- 22. patient care survey
 - annual completion- Mental Health Statistics Improvement Program Adult Consumer Experience of care survey
- 23. youth/family care survey-youth/family services survey for families experience of care survey

Completed TRC Policies

Policy Title	Status
<u>TRC PHAR01 High-Alert and Sound-Alike Look-Alike Medications</u>	Complete
<u>TRC PHAR02 Hazardous Medications Policy</u>	Complete
<u>TRC PHAR03 Automated Dispensing Machines</u>	Complete
<u>TRC PHAR04 Drug Recall Procedure</u>	Complete
<u>TRC PHAR05 Medication Administration Procedures</u>	Complete
<u>TRC PHAR06 Medication Control</u>	Complete
<u>TRC PHAR07 Facility Use of Home Medications</u>	Complete
<u>TRC PHAR08 Unacceptable Abbreviations</u>	Complete
<u>TRC01 Treatment and Recovery Center Program Description</u>	Complete
<u>TRC02 Informed Consent</u>	Complete
<u>TRC03 Nursing Assessment</u>	Complete
<u>TRC04 Observation Unit</u>	Complete
<u>TRC05 Observation and Monitoring Levels</u>	Complete
<u>TRC06 Contraband</u>	Complete
<u>TRC08 Stabilization Unit</u>	Complete
<u>TRC09 Conflict Resolution</u>	Complete
<u>TRC10 Treatment Planning</u>	Complete
<u>TRC100 Clinic Urinalysis Multistix 10SG Procedure</u>	Complete
<u>TRC101 Clinic Urine Clinitek Procedure</u>	Complete
<u>TRC102 Clinic AlereTM iCup</u>	Complete
<u>TRC103 Capillary Blood Glucose Testing</u>	Complete
<u>TRC105 Meal Service & Snacks</u>	Complete
<u>TRC106 Diet Manual</u>	Complete
<u>TRC107 Kitchen Cleaning & Sanitizing Policy</u>	Complete
<u>TRC108 Meal Transportation</u>	Complete
<u>TRC109 Bed Bug Management</u>	Complete
<u>TRC11 Visitation</u>	Complete
<u>TRC110 Lice or Scabies</u>	Complete
<u>TRC111 Hand Hygiene</u>	Complete
<u>TRC112 Alcohol Withdrawal Protocol</u>	Complete
<u>TRC113 Standard and Transmission-based Precautions</u>	Complete
<u>TRC114 Hazard Vulnerability Analysis</u>	Complete
<u>TRC115 Continuity of Operations Plan (COOP)</u>	Complete
<u>TRC116 BD VERITOR RAPID DETECTION OF SARS-CoV-2 & FLU A+B</u>	Complete
<u>TRC117 Clinical Opiate Withdrawal Scale (COWS)</u>	Complete
<u>TRC118 Respiratory Protection Program</u>	Complete
<u>TRC119 Tuberculosis Exposure Control Plan</u>	Complete
<u>TRC12 Transfers</u>	Complete
<u>TRC120 Service Animals</u>	Complete
<u>TRC121 Chain of Custody</u>	Complete
<u>TRC123 Workforce IT Security and Training</u>	Complete
<u>TRC124 Information Access Management</u>	Complete

TRC125 Medical Record Amendment Request By Patient	Complete
TRC126 Device and Media Controls	Complete
TRC127 Release of PHI 8120-005	Complete
TRC128 Forms Process	Complete
TRC129 Accidents & Injuries	Complete
TRC13 Property	Complete
TRC130 Disclosure of Patient Outcomes	Complete
TRC131 Physical Safeguarding of Protected Health Information	Complete
TRC132 Institutional Review Board (IRB)	Complete
TRC133 Event Report Form	Complete
TRC134 Event Report Quality Concern	Complete
TRC135 No Charge for Never Events 8010-028	Complete
TRC137 Utilization Management Plan	Complete
TRC138 Attendance HRP-56	Complete
TRC139 Bereavement Leave HRP-09	Complete
TRC14 Clinical Oversight	Complete
TRC140 Call Pay Differential HRP-35	Complete
TRC141 Credentials Verification HRP-55	Complete
TRC142 Dress Code HRP-57	Complete
TRC143 Drug and Alcohol HRP-65	Complete
TRC144 Employee Identification HRP-17	Complete
TRC145 Equal Employment Opportunity HRP-42	Complete
TRC146 Fair Treatment HRP-01	Complete
TRC147 Harassment HRP-63	Complete
TRC148 Independent Contractors HRP-41	Complete
TRC149 Introductory Period HRP-71	Complete
TRC15 Detoxification & Treatment of Withdrawal	Complete
TRC150 Lockers HRP-45	Complete
TRC151 Mandatory Time Off HRP-43	Complete
TRC152 Meal Periods HRP-12	Complete
TRC153 Parking HRP-39	Complete
TRC154 Phones HRP-60	Complete
TRC155 References HRP-67	Complete
TRC156 Rest Periods HRP-13	Complete
TRC157 Shift Weekend & Holiday Differential HRP-38	Complete
TRC158 Social Networking HRP-81	Complete
TRC159 Solicitation & Distribution HRP-32	Complete
TRC16 Assessment and Treatment of Diabetes	Complete
TRC160 Staff Rights HRP-68	Complete
TRC161 Termination of Employment HRP-34	Complete
TRC162 Travel for Employees HRP-31	Complete
TRC163 Employee Injuries, Illness, & Exposures HRP-79	Complete
TRC164 Infectious Disease HRP-61	Complete
TRC165 Lab Retention of Records, Specimens, & Materials	Complete
TRC166 Sentinel Event	Complete
TRC167 Electronic Prescribing of Controlled Substances	Complete
TRC168 Standards of Conduct	Complete

<u>TRC169 Release of Information</u>	Complete
<u>TRC17 Fall Prevention Precautions</u>	Complete
<u>TRC170 Financial Assistance</u>	Complete
<u>TRC171 Communication Assistance</u>	Complete
<u>TRC172 Posey Restraints (IFU)</u>	Complete
<u>TRC173 AED (IFU)</u>	Complete
<u>TRC174 ECG 12-Lead (IFU)</u>	Complete
<u>TRC175 ZappBug (IFU)</u>	Complete
<u>TRC176 POC Urinalysis Standing Order</u>	Complete
<u>TRC177 POC Pregnancy Standing Order</u>	Complete
<u>TRC178 POC Covid, Flu A/B Standing Order</u>	Complete
<u>TRC179 POC Breathalyzer Standing Order</u>	Complete
<u>TRC180 Anaphylactic Standing Order</u>	Complete
<u>TRC181 EKG Standing Order</u>	Complete
<u>TRC182 Epilepsy Standing Order</u>	Complete
<u>TRC183 Glucose Standing Order</u>	Complete
<u>TRC184 Naloxone Standing Order</u>	Complete
<u>TRC19 Involuntary Services</u>	Complete
<u>TRC20 Use of Restraint or Seclusion</u>	Complete
<u>TRC21 Conflicts of Interest</u>	Complete
<u>TRC22 Duty to Warn</u>	Complete
<u>TRC23 Abuse Recognition, Reporting, and Care</u>	Complete
<u>TRC24 Leaving Against Medical Advice (AMA)</u>	Complete
<u>TRC25 Standing Orders</u>	Complete
<u>TRC26 Telemedicine</u>	Complete
<u>TRC27 Customer Complaints and Grievances</u>	Complete
<u>TRC28 Naloxone</u>	Complete
<u>TRC29 Medical Emergency Management</u>	Complete
<u>TRC30 Patient Death</u>	Complete
<u>TRC31 Rights and Responsibilities</u>	Complete
<u>TRC32 Required Vaccination Policy</u>	Complete
<u>TRC33 Tobacco Free</u>	Complete
<u>TRC34 Confidentiality</u>	Complete
<u>TRC36 Infection Control Program</u>	Complete
<u>TRC37 Non-Retaliation</u>	Complete
<u>TRC38 Photographs & Interviews by Public News Media</u>	Complete
<u>TRC39 Photographs, Audio Recordings, & Videotaping for Medical Use</u>	Complete
<u>TRC40 Gifts, Gratuities, & Business Courtesies</u>	Complete
<u>TRC41 Corrective Action</u>	Complete
<u>TRC42 Information Access Management</u>	Complete
<u>TRC43 Minimum Necessary Use for PHI</u>	Complete
<u>TRC44 Employee Development Plans</u>	Complete
<u>TRC45 Release of PHI by Subpoena or Court Order</u>	Complete
<u>TRC46 Privacy Training for TRC Workforce</u>	Complete
<u>TRC47 Documentation in Medical Records</u>	Complete
<u>TRC48 Contingency, Backup, and Recovery Policy</u>	Complete
<u>TRC49 Delinquent Medical Records</u>	Complete

TRC50 Downtime of Electronic Health Information Systems	Complete
TRC51 Evaluation of HIPAA Security Polices	Complete
TRC52 IT Security Management Process	Complete
TRC53 Paper Medical Records and After Hours Access	Complete
TRC54 Retention of Patient Records	Complete
TRC55 Retention of Hospital Records	Complete
TRC57 Workstation Use and Security	Complete
TRC58 Patient Identification	Complete
TRC59 Orientation	Complete
TRC60 Responsible Use Policy	Complete
TRC61 Unique User Identification	Complete
TRC62 Providing Notice of Privacy Practices	Complete
TRC63 Vendor Contractor Management	Complete
TRC64 Monitoring Performance Metrics for Patient Care Related Contracts	Complete
TRC65 Limited Data Sets	Complete
TRC66 Contract Approval	Complete
TRC67 Workforce Member Access to Medical Records or Protected Health Info	Complete
TRC69 Background Checks	Complete
TRC70 Competency Assessment and Evaluation	Complete
TRC71 Physician APRN and PA (LIP) orders	Complete
TRC72 Patient Searches	Complete
TRC74 Fire Safety Plan (Code Red)	Complete
TRC76 Hazardous Materials and Waste Management Plan	Complete
TRC77 Security Management Plan	Complete
TRC79 Safety Management Plan	Complete
TRC80 Outbreak Investigation	Complete
TRC81 Infectious Pandemic Surge Capacity	Complete
TRC82 False Claims Act/Deficit Reduction Act Policy	Complete
TRC83 Designation of Security and Privacy Officials	Complete
TRC84 Use and Disclosure without Consent	Complete
TRC85 Associate and Provider Access to Own Protected Health Information (v.	Complete
TRC86 Notification of Breach	Complete
TRC87 Requesting Public Records	Complete
TRC88 Business Associate Agreement and Other Arrangement Policy	Complete
TRC89 Corporate Compliance Program	Complete
TRC90 Compliance Concern Line	Complete
TRC92 Verification of Requestor	Complete
TRC93 Life Safety & Utilities Management	Complete
TRC94 Biomedical Equipment Management Plan	Complete
TRC95 Employee Health Program HRP-11	Complete
TRC96 Patient Safety & Performance Improvement Plan	Complete
TRC97 Workplace Accommodations for Breastfeeding Mothers	Complete
TRC98 Breath Alcohol Testing (IFU)	Complete
TRC99 Clinic Alere HCG Procedure	Complete