









# Community Alternatives to Boarding Task Force (CABTF) Quarterly Report: Q3 2016

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## TIER 1 *Top Priorities for active work and promotion*

Rating	Priority Area	Q2/Q3 Accomplishments	Q4 Key Next Steps
	<b>1a.</b> Expand <b>outreach and engagement</b> services, including treatment access for people who are ineligible for Medicaid.		<ul style="list-style-type: none"> <li>· Advance this as a legislative priority for 2017.</li> <li>· Clarify MIDD 2 plans for funding outreach, especially in South King County.</li> </ul>
	<b>1b.</b> Expand and strengthen <b>crisis respite services</b> as a “step down” from psychiatric hospitalization or a “step up” diversion option for individuals with escalated symptoms.		<ul style="list-style-type: none"> <li>· Advance this as a legislative priority for 2017.</li> <li>· Identify whether any policy changes are needed.</li> </ul>
	<b>1c.</b> Develop a <b>coordinated inpatient care continuum</b> , exploring local alternatives for long-term involuntary psychiatric treatment and easing access to higher-acuity beds by <b>stepping patients down to less acute care models</b> even before discharge.	Recent meetings with a provider regarding potential use of 16-24 bed facility as a local alternative/discharge option, focused on older adults.	<ul style="list-style-type: none"> <li>· Partner with university and provider to develop clinical model and create a proposal.</li> <li>· Identify a new fund source, as the Behavioral Health Innovation Fund is not available.</li> </ul>
	<b>1d.</b> Increase <b>public sector behavioral health rates</b> , and expand existing health professional <b>loan repayment programs</b> to support a <b>sustainable community behavioral health workforce</b> .	Task Force members are contributing to a state Workforce Board committee convened by the Governor to address this issue.	<ul style="list-style-type: none"> <li>· Advance expanded loan repayment program eligibility as a legislative priority for 2017.</li> <li>· Support efforts by partners to address rates.</li> </ul>

## TIER 1 *Top Priorities with strong momentum toward implementation*

Rating	Priority Area	Q2/Q3 Accomplishments	Q4 Key Next Steps
	<b>1e.</b> Strengthen engagement efforts via <b>open access intake appointments</b> .	Some providers have implemented same-day appointment strategies.	<ul style="list-style-type: none"> <li>· Secure consultation regarding same-day access and open access appointments.</li> <li>· Disseminate and support effective approaches including infrastructure needs.</li> <li>· Incentivize the implementation of this approach, including efficient use of next day appointments.</li> </ul>
	<b>1f.</b> Increase the availability, flexibility, and outreach capacity of <b>after-hours response</b> .	Work is under way to improve after-hours response locally, including community stakeholder input.	<ul style="list-style-type: none"> <li>· Hold planning meetings with providers.</li> </ul>
	<b>1g.</b> Establish a <b>crisis diversion facility in south King County</b> , including an enhanced drop-in center and co-located <b>mobile crisis teams</b> .	MIDD 2 Service Improvement Plan proposes ongoing local investment in this program.	<ul style="list-style-type: none"> <li>· Pursue other resources for capital funding.</li> </ul>
	<b>1h.</b> Create a <b>secure detoxification facility</b> and continue to <b>evolve involuntary treatment statutes</b> to support integrated primary and behavioral health care.	Provider moving forward with secure detox site alongside new E&T facility. May open as voluntary first until protocols are in place to launch secure facility.	<ul style="list-style-type: none"> <li>· Clarify state funding for mobile crisis teams.</li> <li>· Support provider efforts to seek resources to cover remaining capital and startup costs.</li> </ul>

KEY



Action Underway/On Target



Slowed or Delayed



Stalled


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## TIER 2 *Priorities for concurrent action as opportunities arise*

Rating	Priority Area
	<b>2a.</b> Create a <b>local center of excellence</b> with specialized units to deliver best practice services to individuals with <b>brain injuries, dementias, and developmental disabilities</b> .
	<b>2b.</b> Assess the <b>service-linked housing continuum</b> to determine where capacity is inadequate and <b>increase capacity where shortages are most acute</b> .
	<b>2c.</b> Create <b>residential stepdown programs</b> to shorten hospital length of stay and help people maintain stability in the community.
	<b>2d.</b> Establish a <b>regional peer bridger program</b> serving patients at all community hospitals and E&T facilities including individuals on the state hospital wait list.
	<b>2e.</b> Create a <b>legal procedure for consent</b> to certain health treatments, Medicaid applications, or facility transfers for those who appear to lack capacity and lack a surrogate decision maker.

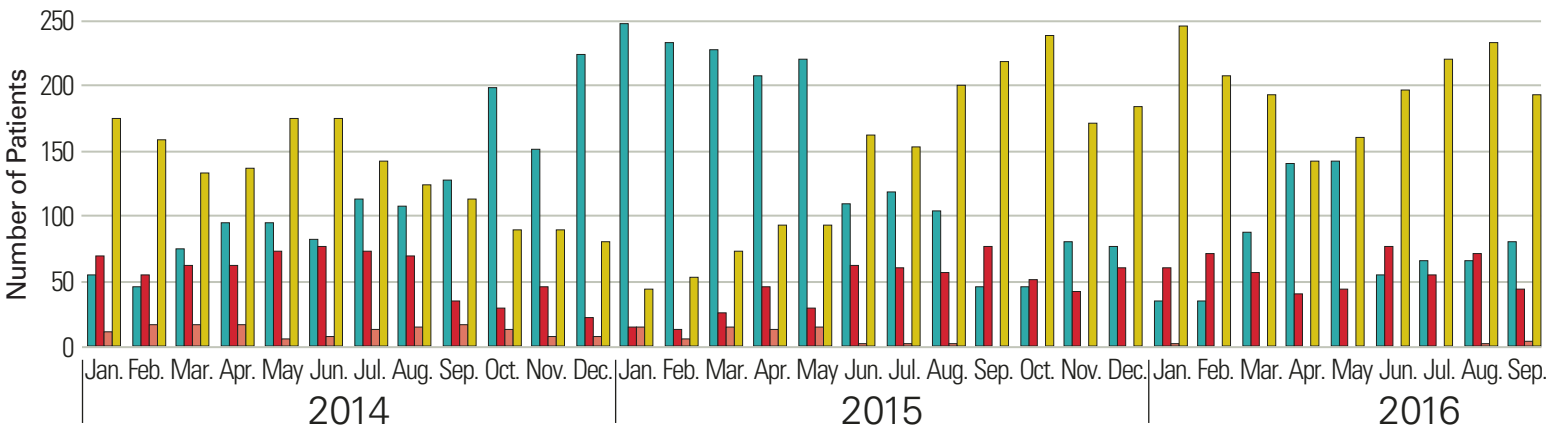
## TIER 3 *Recommendations on the horizon for future action*

Rating	Priority Area
<i>Rated Q2/Q4</i>	<b>3a.</b> Develop appropriate community alternatives to <b>reduce admissions of young adults ages 18-26 to the state hospital</b> .
<i>Rated Q2/Q4</i>	<b>3b.</b> Help meet the needs of <b>high-risk individuals</b> , including <b>specialized stepdown programs</b> to promote hospital discharge and successful community placement.
<i>Rated Q2/Q4</i>	<b>3c.</b> Provide specialized <b>integrated care</b> to support placement for people with <b>behavioral and medical conditions</b> .
<i>Rated Q2/Q4</i>	<b>3d.</b> Implement <b>robust utilization management and redesigned discharge planning</b> for King County's state hospital patients.
<i>Rated Q2/Q4</i>	<b>3e.</b> Make regulatory changes to <b>ease access to enhanced services facilities for community hospital patients</b> .
<i>Rated Q2/Q4</i>	<b>3f.</b> Make certain <b>exceptions</b> to the DSHS disqualifying list of crimes and negative actions for <b>certified peer specialists</b> .

**KEY**  Action Underway/On Target  Slowed or Delayed  Stalled  Not rated this period

For more information, please visit [www.kingcounty.gov/CABTF](http://www.kingcounty.gov/CABTF)

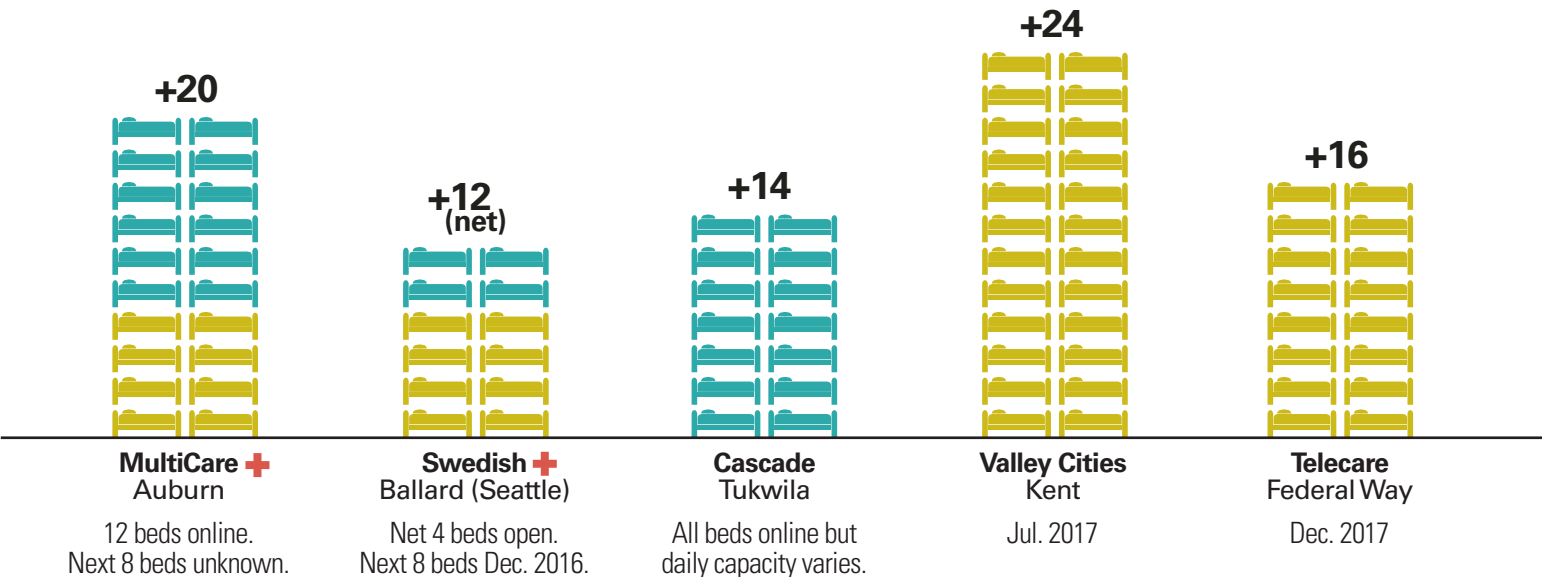
## King County Crisis and Commitment Services Detention Placements by Category



- Direct placement into certified evaluation and treatment facility (E&T)
- Single Bed Certification in voluntary psychiatric unit
- Single Bed Certification due to co-occurring medical condition requiring care; psychiatric services provided by hospital
- Other Single Bed Certifications (such as emergency department); psychiatric services provided by hospital

## E&T Bed Expansion Status in King County

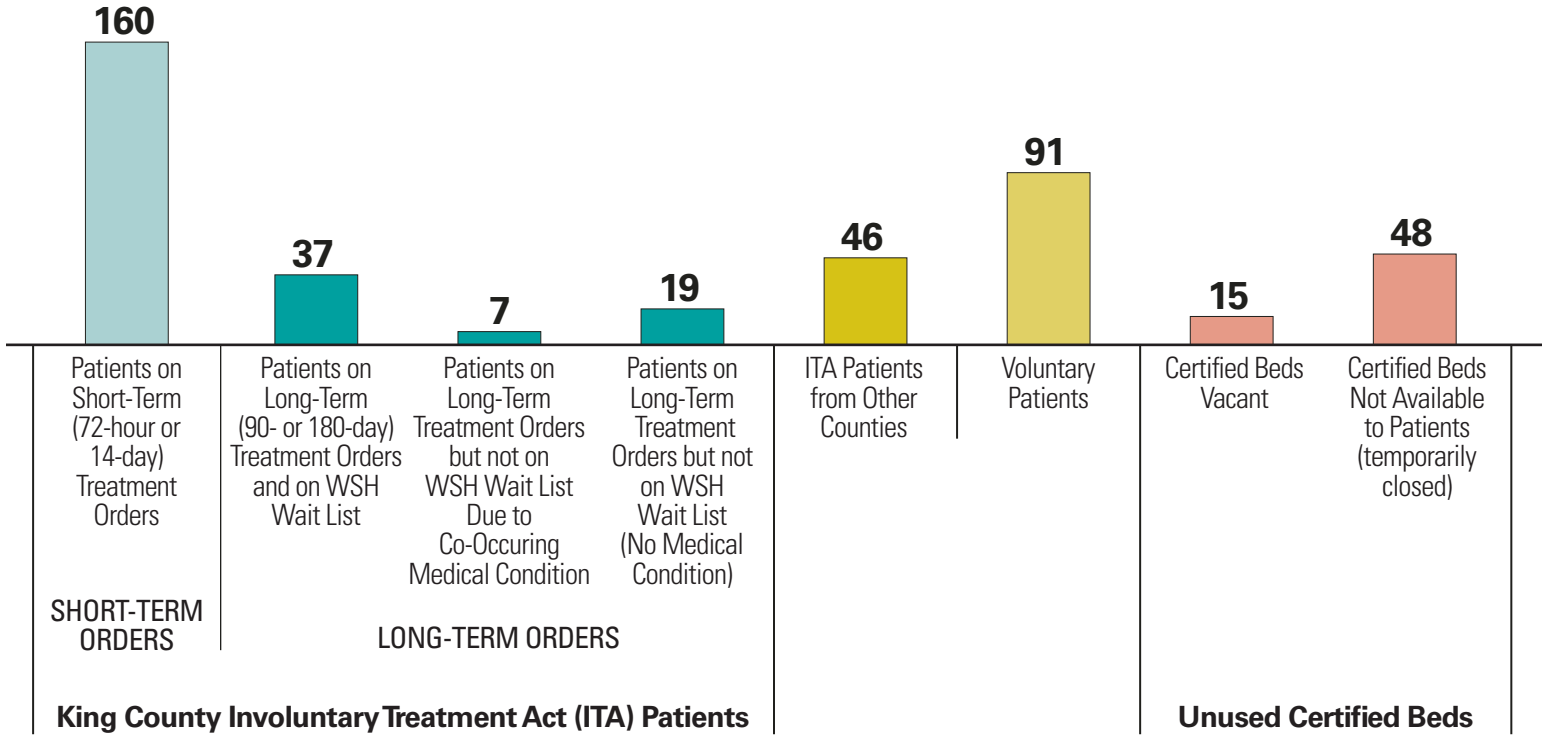
Estimated number of new E&T beds



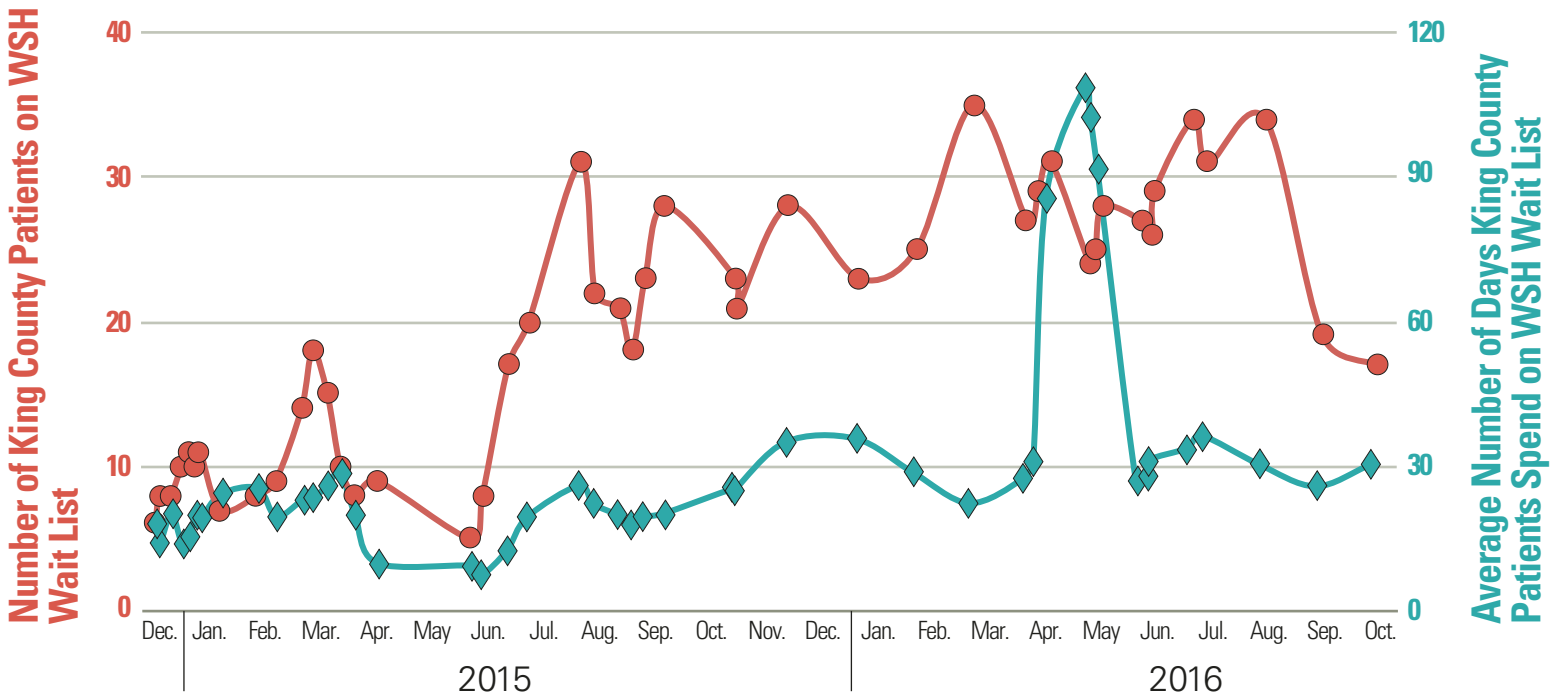
KEY + Medically complex    Bed online now    Bed coming soon

## Access to King County E&T Beds for Acute Care Patients

E&T Survey September/October 2016



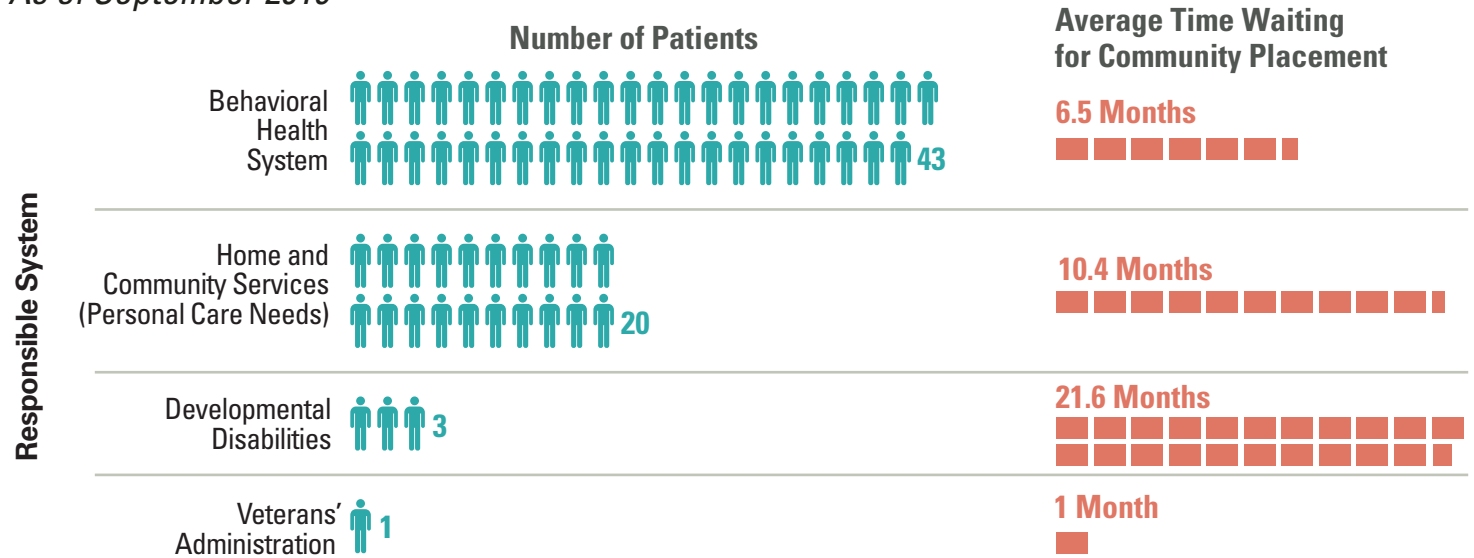
## Western State Hospital (WSH) Wait List



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## King County Patients Ready for Discharge from Western State Hospital

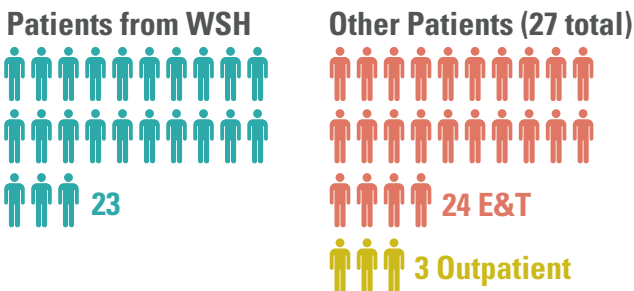
As of September 2016



## King County Patients Waiting for Residential or Supported Housing Placements

As of October 6, 2016

### King County Patients Waiting for a Residential Group Home

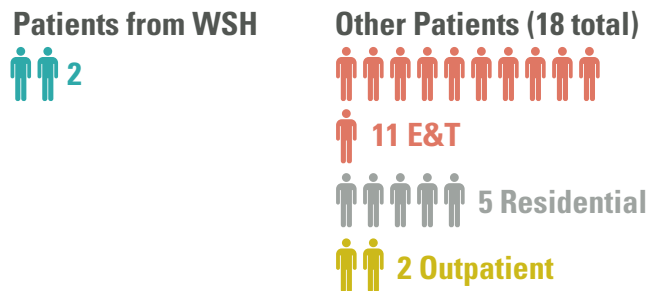


**Average Time Waiting**  
3 Months

#### Openings



### King County Patients Waiting for Supported Housing



**Average Time Waiting**  
1.6 Months

#### Openings



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