Community Alternatives to Boarding Task Force (CABTF)

Quarterly Report: Q1 2017

TIER 1 *Top Priorities for active work and promotion*

Rating	Priority Area	Q1 Accomplishments	Q2 Key Next Steps
▲	**1a.** Expand **outreach and engagement** services, including treatment access for people who are ineligible for Medicaid.	· House budget (not Senate) proposes modest funding for adult street outreach. · Workgroup exploring how to increase outreach and linkage to ongoing services.	· Crisis system workgroup to begin to address costs and funding needs. · Continue planning for MIDD-funded expansion of LEAD outreach program.
●	**1b.** Expand and strengthen **crisis respite services** as a "step down" from psychiatric hospitalization or a "step up" diversion option for individuals with escalated symptoms.	· Due to lack of funding, no concrete steps taken to enhance or expand this model. · 3 respite beds added for forensic clients (not specific to this model).	· Continue to seek funding to expand and/or enhance crisis respite services.
✓	**1c.** Develop a **coordinated inpatient care continuum**, exploring local alternatives for long-term involuntary psychiatric treatment and easing access to higher-acuity beds by **stepping patients down to less acute care models** even before discharge.	· Both chambers propose operating/capital funding for regional alternatives. · Input provided regarding key principles for regional long-term services. · Inpatient stepdown monitoring began.	· Support and monitor the effort to launch regional alternatives. · Gather/analyze data about inpatient stepdown pilot performance.
✓	**1d. Increase public sector behavioral health rates**, and expand existing health professional **loan repayment programs** to support a **sustainable community behavioral health workforce**.	· Actuarial study reduced rates significantly. House budget proposes some funding to help stabilize rates. · Workgroup addressing barriers in order to to maximize service reporting.	· Continue advocating for funding to stabilize rates. · Continue to improve service reporting. · Complete study of true cost of services. · Negotiate regarding actuarial approach. · Monitor state response to IMD rule changes. Start to develop alternatives for IMD-based services.

TIER 1 *Top Priorities with strong momentum toward implementation*

Rating	Priority Area	Q1 Accomplishments	Q2 Key Next Steps
✓	**1e.** Strengthen engagement efforts via **open access intake appointments**.	· Outpatient agencies identified for pilot project. · Payment negotiations progressing.	· Consultation to begin with agencies. · Finalize performance-based payment methodology.
✓	**1f.** Increase the availability, flexibility, and outreach capacity of **after-hours response**.	· Outpatient and hospital systems working together to improve crisis system design. · Coordinate crisis system workgroup with efforts to develop single portal concept.	· Crisis system workgroup to begin to address costs and funding needs. · Planning meetings with providers.
▲	**1g.** Establish a **crisis diversion facility in south King County**, including an enhanced drop-in center and co-located **mobile crisis teams**.	· Contracted for expanded mobile crisis team (MCT). · Both chambers propose operating/capital funding for crisis facilities. House has more MCT funding. · MIDD 2 funding for South KC facility is partial, implementation not immediate.	· Support hiring of MCT workforce. · Assist with finding a 24-hour base for MCT. · Monitor potential new state funding and continue seeking other funds.
▲	**1h.** Create a **secure detoxification facility** and continue to **evolve involuntary treatment statutes** to support integrated primary and behavioral health care.	· Secure detox facility opening may be delayed by a permitting issue. · DMHPs in training to implement new law. · Both chambers propose capital funding. Bill proposes to add additional new secure detox facilities annually.	· Complete DMHP/DCR training. · Support the facility to address its permitting issue.

KEY ✓ Action Underway/On Target ▲ Slowed or Delayed ● Stalled/Needs Action

TIER 2 *Priorities for concurrent action as opportunities arise*

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

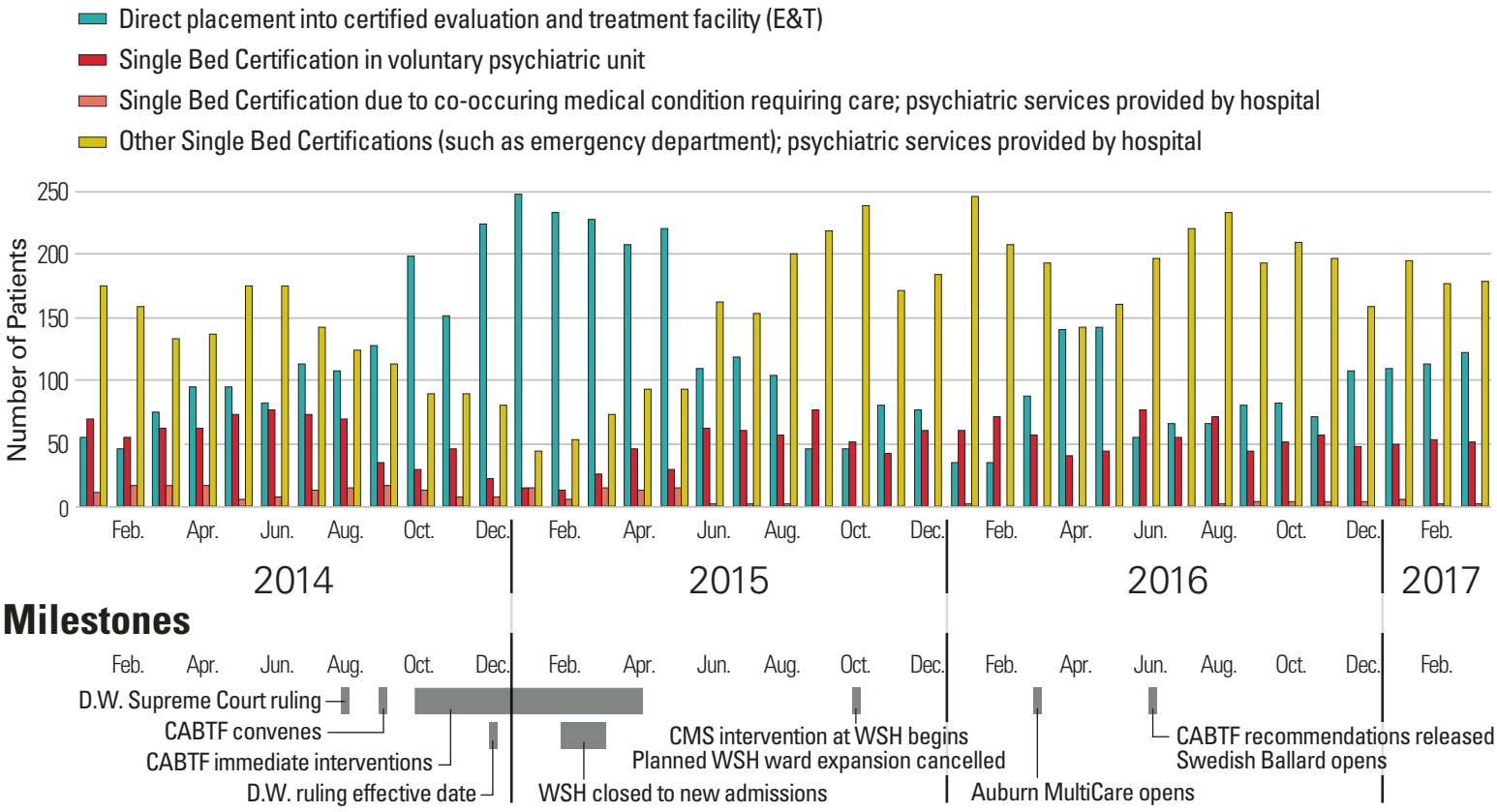
TIER 3 *Recommendations on the horizon for future action*

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

KEY ✓ Action Underway/On Target ▲ Slowed or Delayed ● Stalled/Needs Action

For more information, please visit ***www.kingcounty.gov/CABTF***

King County Crisis and Commitment Services Detention Placements by Category

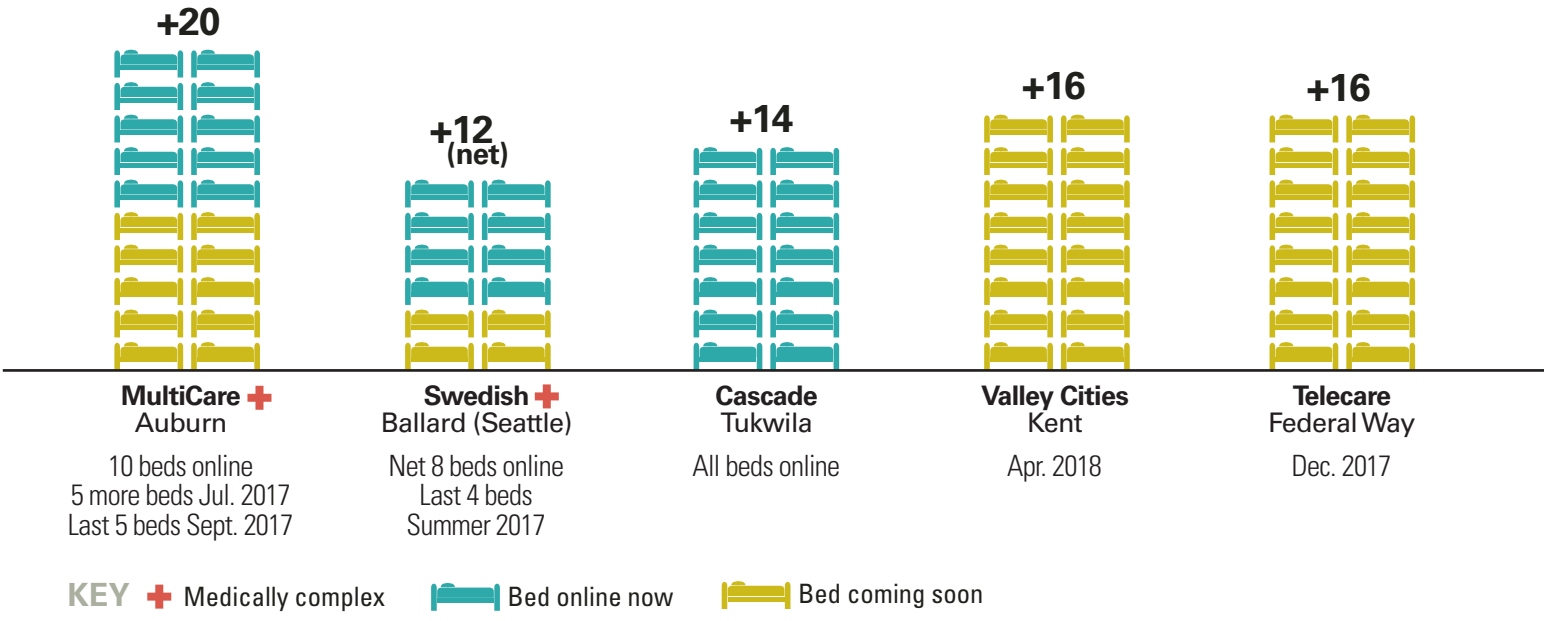


Milestones

E&T Bed Expansion Status in King County

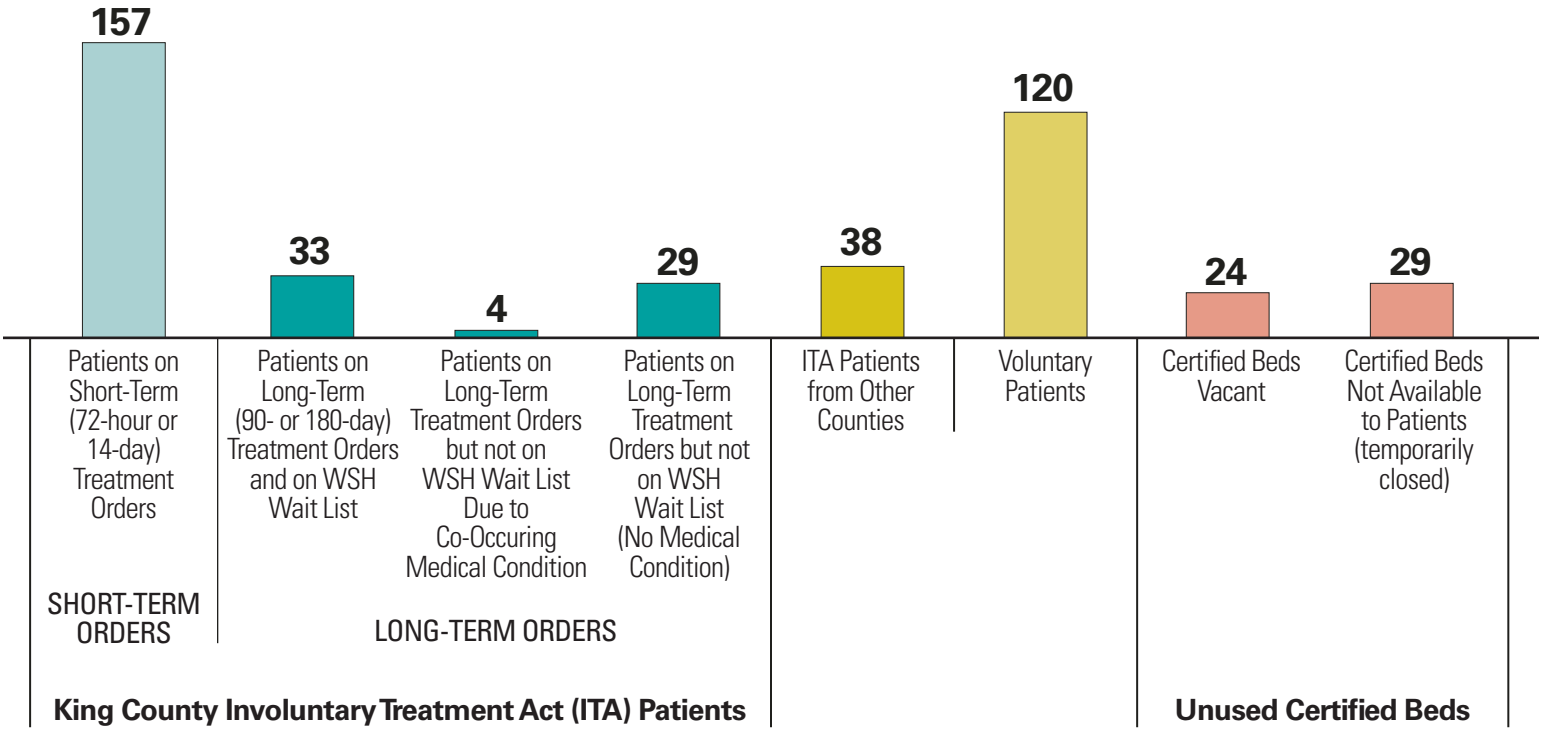
Estimated number of new E&T beds

As of March 2017



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

E&T Survey March 2017



Western State Hospital (WSH) Wait List

As of March 28, 2017

Number of King County Patients on WSH Wait List (23 total)

18 Adults

5 Older Adults

Average Number of Days King County Patients Spend on WSH Wait List (average 35.2 days)

Adults: average 29.9 days

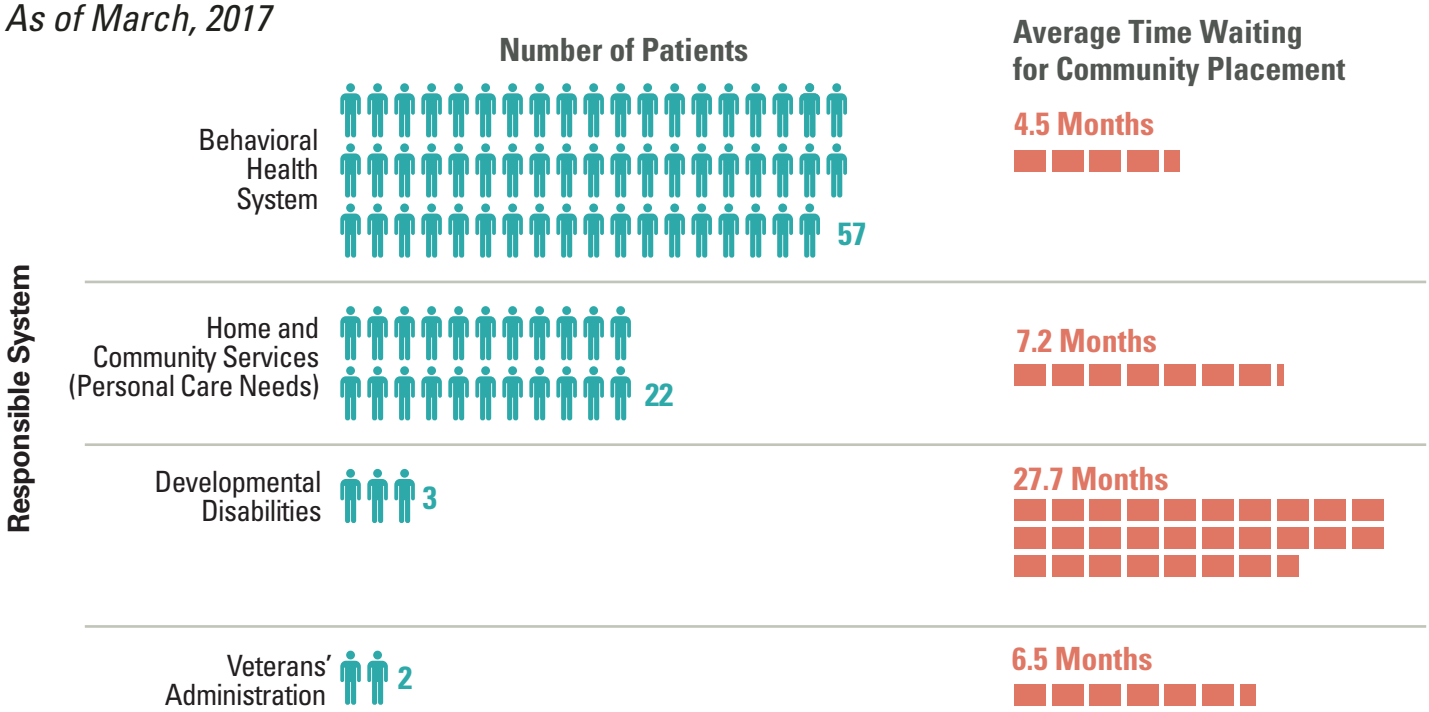
Older Adults: average 54.0 days

Data source: WSH Data System

Quarterly Report: Q1 2017

King County Patients Ready for Discharge from Western State Hospital (WSH)

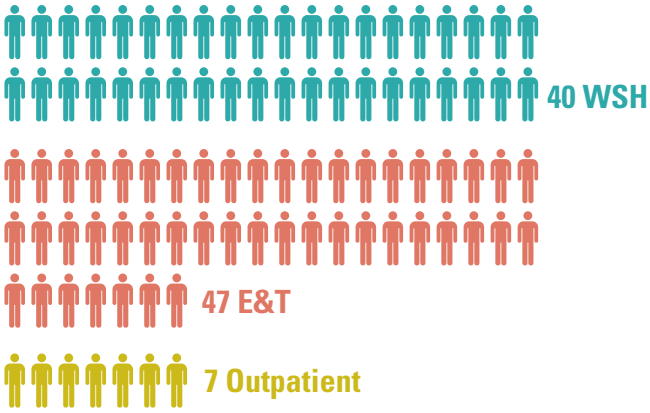
As of March, 2017



King County Patients Waiting for Residential or Supported Housing Placements

As of March 22, 2017

King County Patients Waiting for a Residential Group Home



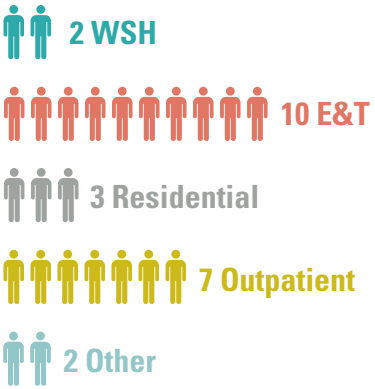
Average Time Waiting

2.6 Months

Openings

6

King County Patients Waiting for Supported Housing



Average Time Waiting

1.9 Months

Openings

4

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