# Quarterly Report: Q2 2017



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

| Rating | Priority Area | Q2 Accomplishments | Q3 Key Next Steps |
|---|---|---|---|
| ● | **1a.** Expand **outreach and engagement** services, including treatment access for people who are ineligible for Medicaid. | · Workgroup continues to explore how to increase outreach and linkage to ongoing services.<br>· Planning for LEAD expansion is ongoing. | · Crisis system workgroup to begin to address costs and funding needs.<br>· Continue seeking funding for street outreach and non-Medicaid outpatient services. |
| ⬢ | **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. | · Continue to seek funding to expand and/or enhance crisis respite services.<br>· Collect data about the need for crisis respite. |
| ▲ | **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. | · Operating funding for regional alternatives provided in budget.<br>· Input provided regarding key principles for regional long-term services. | · Continue to seek and support capital funding for regional alternatives.<br>· Continue to support and monitor the effort to launch regional alternatives, including incorporation of key principles as well as capital funding. |
| ▲ | **1d. Increase public sector behavioral health rates**, and expand existing health professional **loan repayment programs** to support a **sustainable community behavioral health workforce**. | · Significant rate cut only partially offset b y stabilization funds in state budget.<br>· Study of true cost of services completed.<br>· Workgroup addressing barriers in order to maximize service reporting.<br>· State provided FY18 funds to help backfill due to IMD rule change, and did not increase the number of IMDs. | · Continue to build coalition to support stabilizing rates and refreshing the actuarial approach.<br>· Continue to improve service reporting.<br>· Monitor state response to IMD rule changes, Develop alternatives to IMD-based services.<br>· Explore ways to mitigate effects of rate cuts. |

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

| Rating | Priority Area | Q2 Accomplishments | Q3 Key Next Steps |
|---|---|---|---|
| ★ | **1e.** Strengthen engagement efforts via **open access intake appointments**. | · Consultation and project development has begun with five identified pilot agencies. | · Finalize performance-based payment methodology. |
| ★ | **1f.** Increase the availability, flexibility, and outreach capacity of **after-hours response**. | · Providers considering County proposal for centralized crisis call-in system.<br>· Discussions continue regarding an approach to in-person outreach. | · Establish contracted provider for centralized crisis call-in system.<br>· Continue exploring deployment and dispatch considerations. |
| ● | **1g.** Establish a **crisis diversion facility in south King County**, including an enhanced drop-in center and co-located **mobile crisis teams**. | · Operating funding for crisis stabilization centers passed state budget.<br>· MIDD 2 funding for South KC facility is partial, implementation not immediate.<br>· Expanded mobile crisis team (MCT) implemented; location is in flux. | · Establish ongoing location for South KC MCT.<br>· Monitor potential new state funding and continue seeking other funds to complement MIDD investment.<br>· Continue seeking capital support for crisis stabilization centers. |
| ▲ | **1h.** Create a **secure detoxification facility** and continue to **evolve involuntary treatment statutes** to support integrated primary and behavioral health care. | · Secure detox facility on track for April 2018 opening.<br>· DMHP/DCR training nearly completed. | · Complete DMHP/DCR training.<br>· Continue to support the facility to address its permitting issue. |

KEY ★ On Target ● Action Underway ▲ 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*

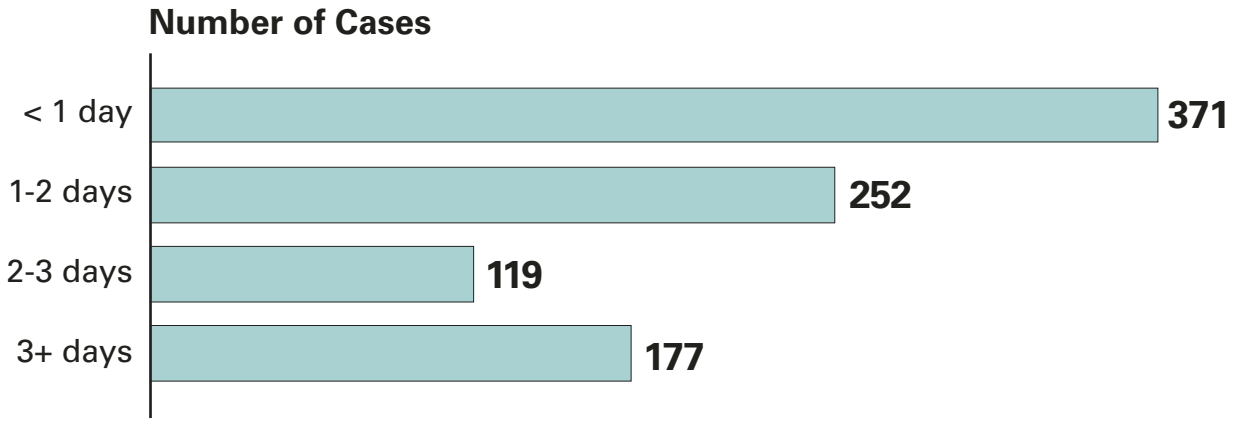
| Rating | Priority Area |
|---|---|
| | **3a.** Develop appropriate community alternatives to **reduce admissions of young adults ages 18-26 to the state hospital.** |
| | **3b.** Help meet the needs of **high-risk individuals**, including **specialized stepdown programs** to promote hospital discharge 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. 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 ★ On Target ● Action Underway ▲ Slowed or Delayed ⬢ Stalled/Needs Action

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

## Time in Single Bed Certification Status Before E&T Placement in King County

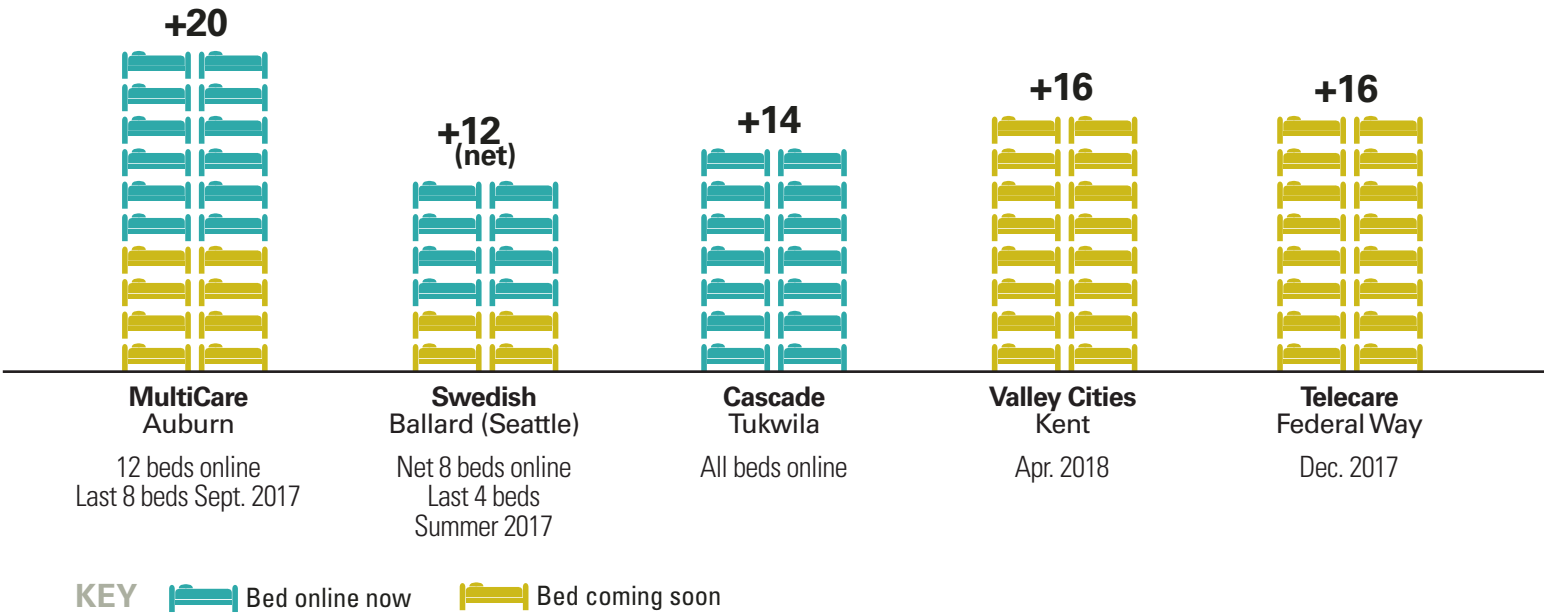
*April 1, 2017 - June 30, 2017*




## E&T Bed Expansion Status in King County

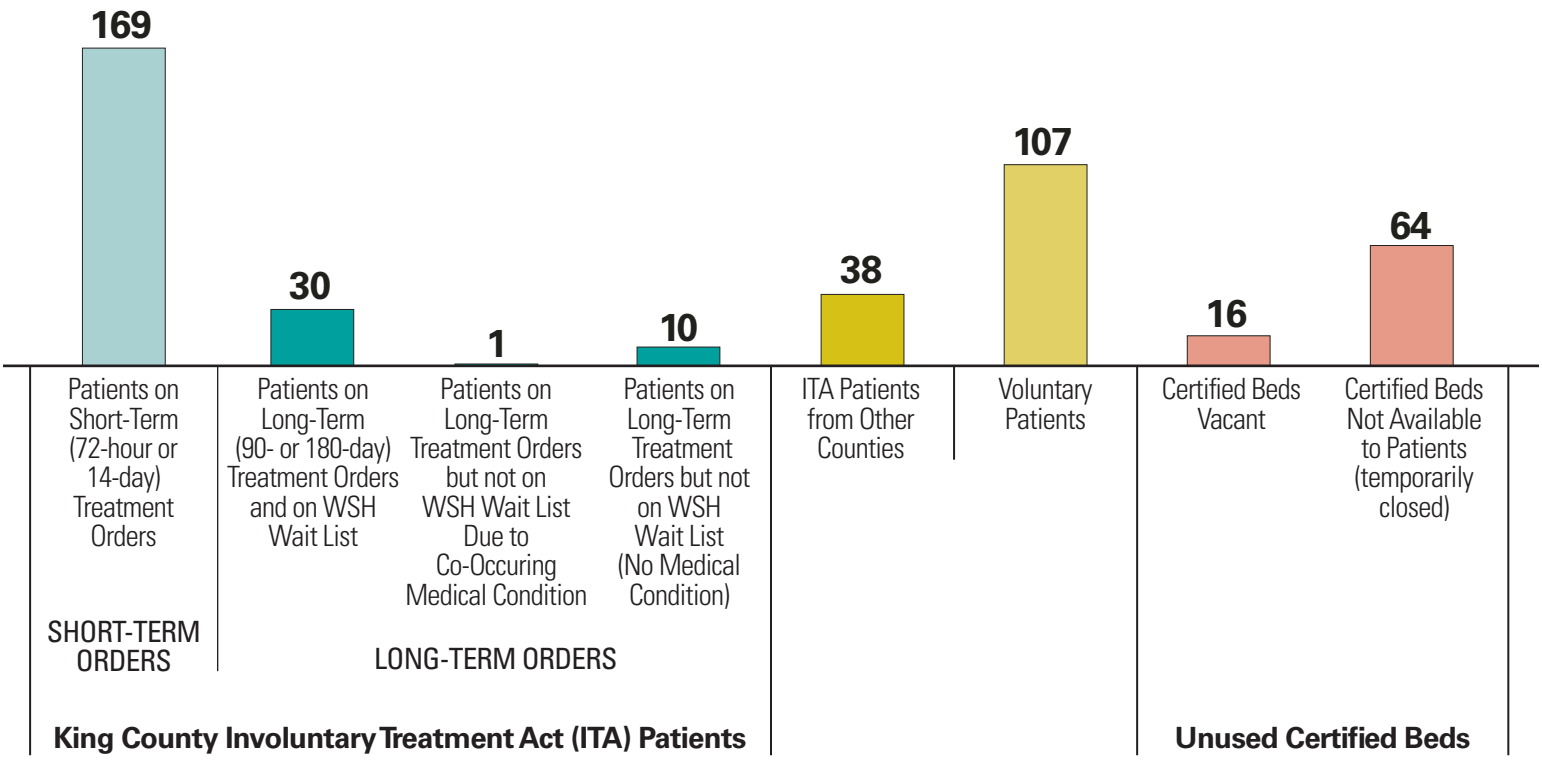
*Estimated number of new E&T beds*

*As of June 2017*



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

*E&T Survey June 2017*




## Western State Hospital (WSH) Wait List

*As of June 28, 2017*

**Number of King County Patients on WSH Wait List (19 total)**

**6 Adults**

**13 Older Adults**

**Average Number of Days King County Patients Spend on WSH Wait List (average 34.7 days)**

**Adults: average 24 days**

**Older Adults: average 39.7 days**

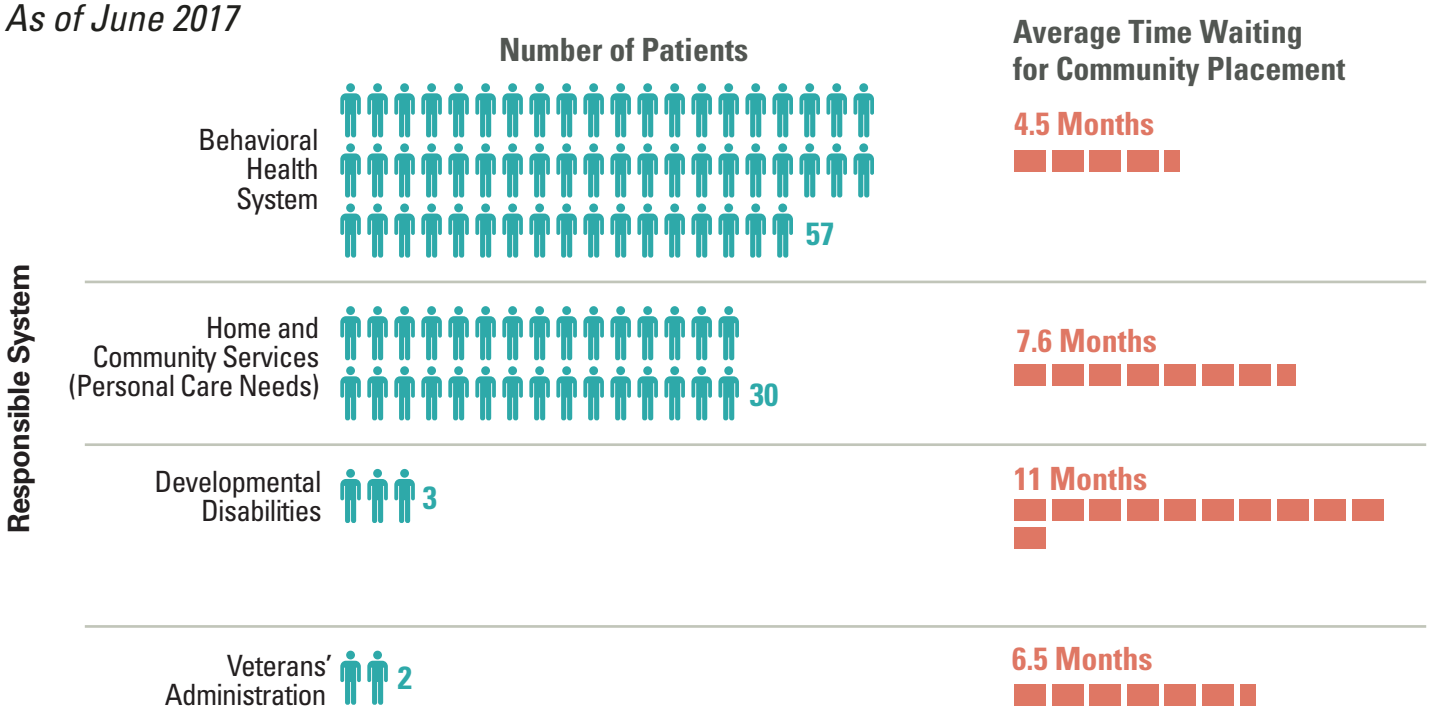
Data source: WSH Data System

# Quarterly Report: Q2 2017



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

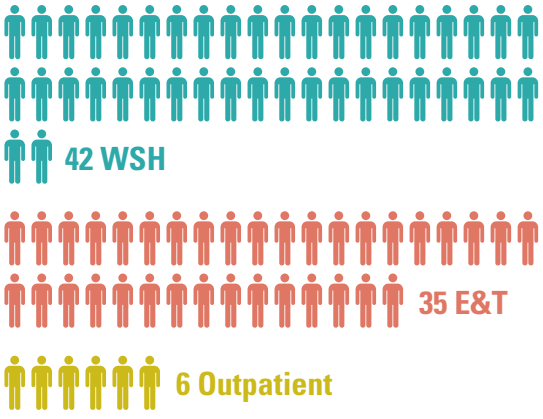
*As of June 2017*




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

*As of June 28, 2017*

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



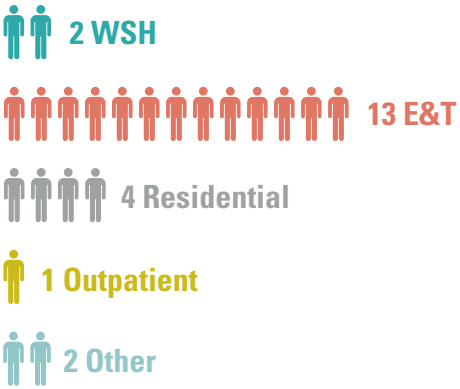

**Average Time Waiting**

3.68 Months

**Openings**

9

### King County Patients Waiting for Supported Housing




**Average Time Waiting**

1.9 Months

**Openings**

4

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