









Community Alternatives to Boarding Task Force (CABTF) Quarterly Report: Q3 2017

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TIER 1 *Top Priorities for active work and promotion*

Rating	Priority Area	Q3 Accomplishments	Q4 Key Next Steps
	1a. Expand outreach and engagement services , including treatment access for people who are ineligible for Medicaid.	<ul style="list-style-type: none"> · Workgroup continues to explore how to increase outreach and linkage to ongoing services. · Planning for LEAD expansion is ongoing. 	<ul style="list-style-type: none"> · Continue seeking funding for adult 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.	<ul style="list-style-type: none"> · Work is ongoing with existing program to maximize crisis respite utilization. 	<ul style="list-style-type: none"> · 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.	<ul style="list-style-type: none"> · Exploring state plan expansion to include partial hospitalization. 	<ul style="list-style-type: none"> · Continue to seek and support capital funding for regional alternatives. · Continue to support and monitor the effort to launch regional alternatives. · Telecare evaluation and treatment facility coming online December 2017.
	1d. Increase public sector behavioral health rates , and expand existing health professional loan repayment programs to support a sustainable community behavioral health workforce .	<ul style="list-style-type: none"> · Providing data to the state regarding true cost of core services, and institutions for mental disease (IMD) backfill shortfall. · Designed service utilization benchmarks for expedited implementation. · Ongoing advocacy and system improvements still needed. 	<ul style="list-style-type: none"> · Continue to build coalition to support stabilizing rates, investing in the workforce, and refreshing the actuarial approach. · Continue to improve service reporting, and launch service utilization incentives. · Monitor state response to IMD rule changes, and impacts of any clarifications on the use of Medicaid funds.

TIER 1 *Top Priorities with strong momentum toward implementation*

Rating	Priority Area	Q3 Accomplishments	Q4 Key Next Steps
	1e. Strengthen engagement efforts via open access intake appointments .	<ul style="list-style-type: none"> · Letters of intent received from multiple agencies. · Initiated incentive payment process for open access. 	<ul style="list-style-type: none"> · Continue receiving letters of intent from agencies, and prepare for reporting on agency performance.
	1f. Increase the availability, flexibility, and outreach capacity of after-hours response .	<ul style="list-style-type: none"> · Moving forward with County proposal for centralized crisis call-in system. · Discussions continue regarding in-person crisis response. 	<ul style="list-style-type: none"> · Develop deployment/dispatch approach for people in crisis after the initial phone response.
	1g. Establish a crisis diversion facility in south King County , including an enhanced drop-in center and co-located mobile crisis teams .	<ul style="list-style-type: none"> · Expanded MCT almost fully staffed. · Operating funding for crisis stabilization centers passed state budget. 	<ul style="list-style-type: none"> · MIDD funding on hold for 2017-18; no other resources available now. · Establish ongoing location for South KC MCT. · Monitor/pursue any new state operating/capital funding. · Seek 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.	<ul style="list-style-type: none"> · Secure detox facility on track for April 2018 opening. · DMHP/DCR training nearly completed. 	<ul style="list-style-type: none"> · Complete DMHP/DCR training.

KEY



On Target



Action Underway



Slowed or Delayed








Stalled/Needs Action

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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*

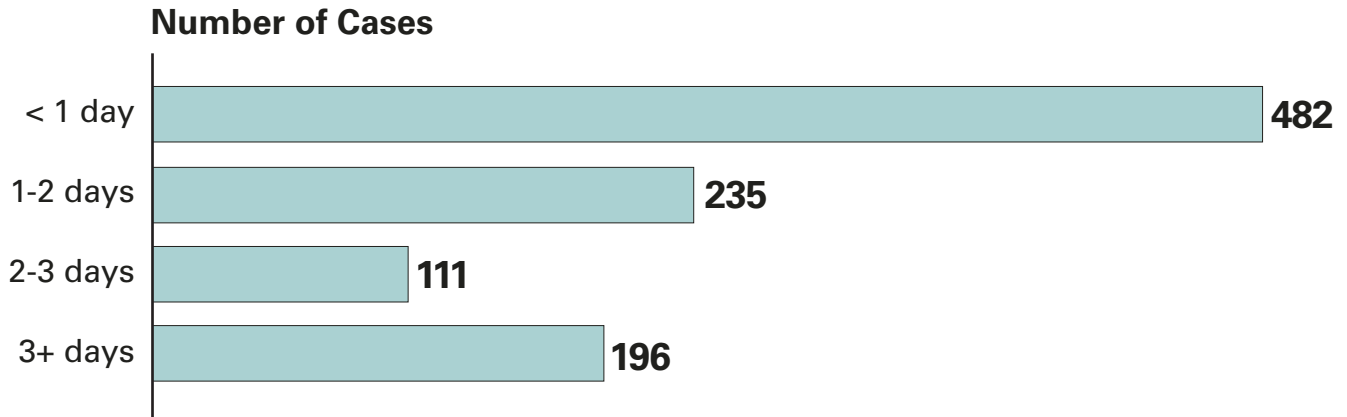
Rating	Priority Area
	3a. Develop appropriate community alternatives to reduce admissions of young adults ages 18-26 to the state hospital .
	3b. Help meet the needs of high-risk individuals with a history of violence, including specialized stepdown programs to promote hospital discharge and successful 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

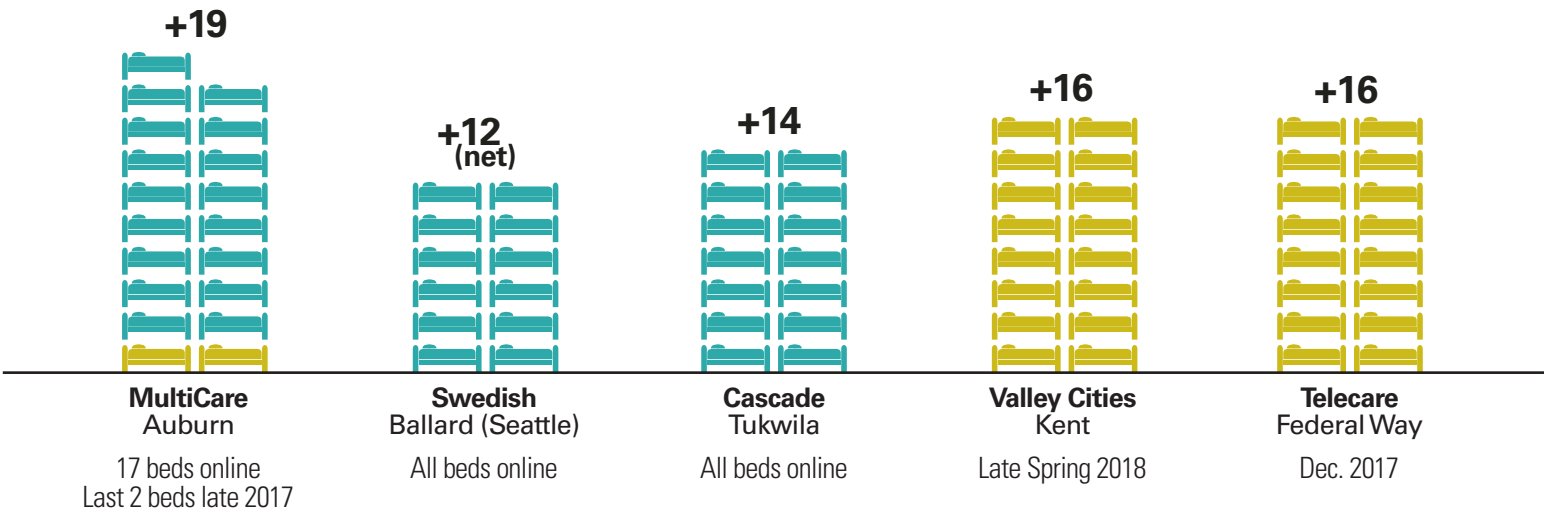
July 1, 2017 - September 30, 2017



E&T Bed Expansion Status in King County

Estimated number of new E&T beds

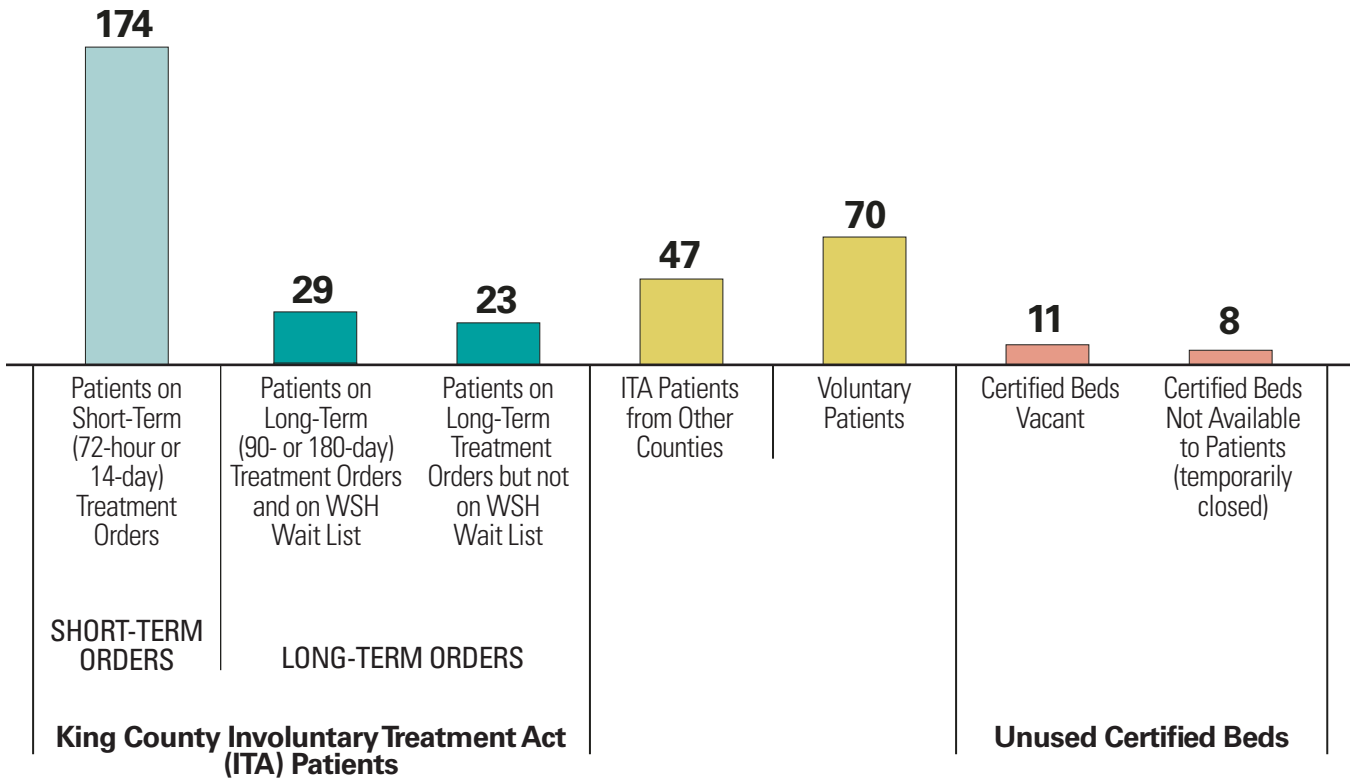
As of September 2017



KEY Bed online now Bed coming soon

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

E&T Survey September 2017



Western State Hospital (WSH) Wait List

As of September 21, 2017

Number of King County Patients on WSH Wait List (43 total)

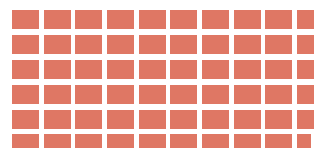


Average Number of Days King County Patients Spend on WSH Wait List (average 46 days)



Adults: average 35.4 days

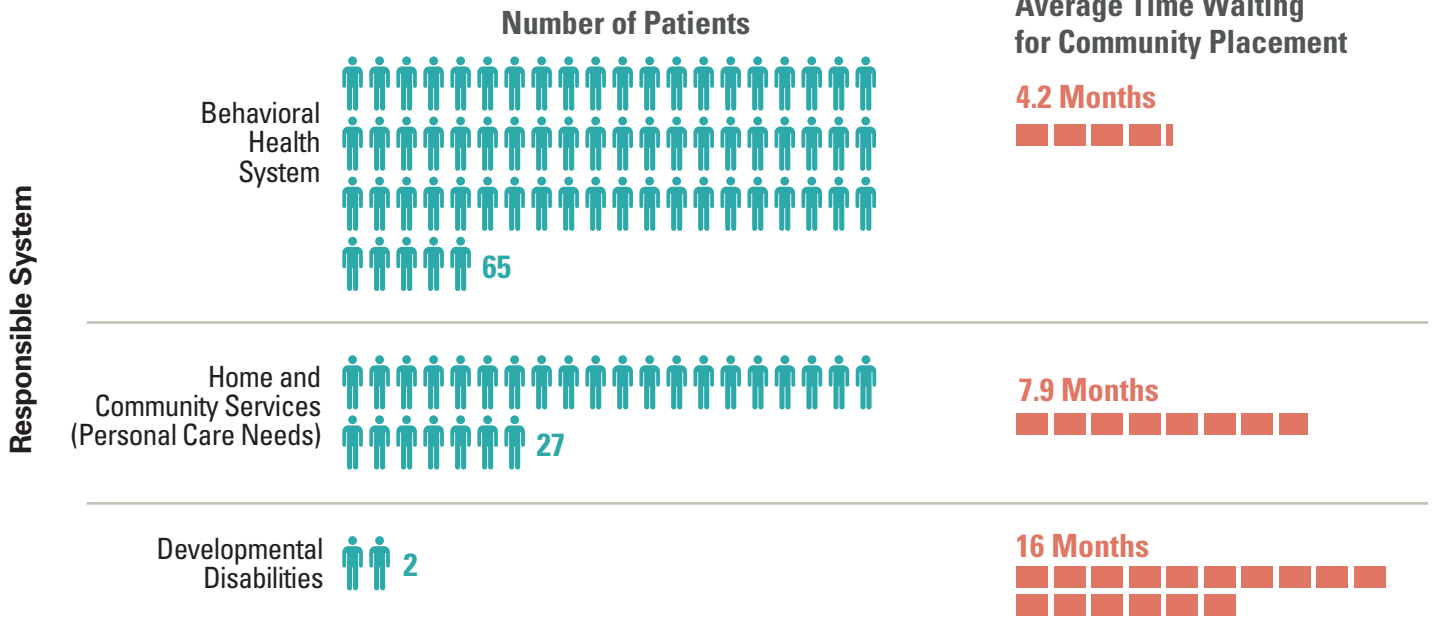
19 Older Adults



Older Adults: average 59.5 days

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

As of September 21, 2017



King County Patients Waiting for Residential or Supported Housing Placements

As of September 21, 2017

King County Patients Waiting for a Residential Group Home



King County Patients Waiting for Supported Housing

