

All 29 Priorities, Recommendations, and Endorsements of the Community Alternatives to Boarding Task Force (CABTF)

Tier 1 Top Priorities, part 1					
Top priorities for active work and promotion by the CABTF	Prevention and Early Intervention	Crisis Diversion	Psychiatric Hospital Discharge and Re-Entry	Policy Change	See Also Detail in CABTF Report
1a. Expand outreach and engagement services for those who are not enrolled with an outpatient community behavioral health agency, including access to comprehensive case management services for people who are ineligible for Medicaid.	X		X		Page 75
1b. Expand crisis respite services , including new location(s) and the ability to accept referrals 24/7, and strengthen the staffing model to enable the program to serve more psychiatrically acute individuals and be used as a “step down” from psychiatric hospitalization or a “step up” diversion option for individuals with escalated symptoms.		X	X		Page 77
1c. Develop a coordinated inpatient care continuum , exploring the development of local alternatives for the delivery of long-term involuntary psychiatric treatment and easing access to higher-acuity inpatient beds by stepping patients down to less acute care models even before they are ready to discharge to the community.			X		Page 77
1d. Increase the rates that fund behavioral health programs in the public sector, and expand existing health professional loan repayment programs to allow more types of workers to qualify, in order to promote a robust and sustainable community behavioral health workforce .				X	Page 77

Tier 1 Top Priorities, part 2					
Top CABTF priorities that have strong momentum toward implementation	Prevention and Early Intervention	Crisis Diversion	Psychiatric Hospital Discharge and Re-Entry	Policy Change	See Also Detail in CABTF Report
1e. Strengthen engagement efforts via open access intake appointments , ensuring engagement by beginning ongoing care promptly and/or providing interim support.	X				Page 83
1f. Increase the availability, flexibility, and outreach capacity of after-hours response for enrolled outpatient clients of the integrated behavioral health system.	X				Page 84
1g. Establish a crisis diversion facility in south King County and include an enhanced drop-in center for individuals to use prior to, or instead of, an emergency department or psychiatric hospital stay. Co-locate mobile crisis teams at this facility and distribute such teams geographically throughout the County to ensure coverage.		X			Page 85
1h. Create a secure detoxification facility and continue to evolve involuntary treatment statutes to support integrated primary and behavioral health care.		X		X	Page 87

Tier 2 Priorities					
For concurrent action as opportunities arise	Prevention and Early Intervention	Crisis Diversion	Psychiatric Hospital Discharge and Re-Entry	Policy Change	See Also Detail in CABTF Report
2a. Create a local center of excellence with specialized units to deliver best practice services to individuals with brain injuries, dementias, and developmental disabilities .	X			X	Page 90
2b. Assess the service-linked housing continuum to determine where capacity is inadequate (including, but not limited to, permanent supported housing, transitional housing, skilled nursing facilities, and adult family homes) and increase capacity where shortages are most acute .	X		X		Page 91
2c. Create residential stepdown programs specifically designed to shorten hospital length of stay and help people maintain stability in the community.			X		Page 92
2d. Establish a regional peer bridger program serving patients at all community hospitals and evaluation and treatment (E&T) facilities, including individuals on the state hospital wait list, and identify indicators to ensure such services discontinue at an appropriate time.			X		Page 93
2e. Create a legal procedure for consent to certain health treatments, Medicaid applications, or facility transfers for individuals who appear to lack capacity and lack a surrogate decision maker, while ensuring that individuals still have the right and opportunity to refuse any such treatment.				X	Page 94

Tier 3 Recommendations					
On the horizon for future action	Prevention and Early Intervention	Crisis Diversion	Psychiatric Hospital Discharge and Re-Entry	Policy Change	See Also Detail in CABTF Report
3a. Develop appropriate community alternatives to reduce admissions of young adults ages 18-26 to the state hospital.		X			Page 96
3b. Deliver intensive supports to help meet the needs of high-risk individuals , including specialized stepdown programs to promote hospital discharge and successful community placement.			X		Page 96
3c. Provide specialized integrated care to support placement for people with behavioral and medical conditions.			X		Page 97
3d. Implement robust utilization management and redesigned discharge planning for King County’s state hospital patients to reduce lengths of stay, expedite community placement, and divert patients pending conversion from criminal to civil commitments.			X		Page 97
3e. Make regulatory changes to ease access to enhanced services facilities for community hospital patients.				X	Page 98
3f. Make certain exceptions to the DSHS Secretary’s disqualifying list of crimes and negative actions for certified peer specialists.				X	Page 99

Tier 4 Endorsements					
Primarily addressed by others or less focused on inpatient psychiatric care access	Prevention and Early Intervention	Crisis Diversion	Psychiatric Hospital Discharge and Re-Entry	Policy Change	See Also Detail in CABTF Report
4a. Support Familiar Faces’ flexible care management model .	X				Page 100
4b. Support Wraparound with Intensive Services (WISe) implementation for youth.	X				Page 100
4c. Improve coordination among prevention and early intervention programs by supporting system navigation assistance, increasing school- and community-based education and orientation, and exploring opportunities to improve data sharing.	X				Page 101
4d. Increase early identification and referrals for young people experiencing a first episode of psychosis via implementation of the state’s Early Psychosis Initiative.	X				Page 101
4e. Maintain 2-1-1 services and make them more robust.	X				Page 102
4f. Support the existing crisis intervention training program for first responders, and enhancements that will better serve fire department personnel and paramedics.		X			Page 102
4g. Support Familiar Faces diversion innovations that would also benefit the civil commitment population.		X			Page 102
4h. Support and expand the Children’s Crisis Outreach Response System (CCORS) , which is effective in assisting children and families in crisis and diverting young people from inpatient care.		X			Page 103
4i. Support alternative approaches to training so mental health professionals can earn dual credentials with greater ease , permitting them to serve people with the full spectrum of behavioral health needs.				X	Page 103
4j. Create joint outcomes and innovative partnerships with the Aging and Long-Term Support Administration (AL TSA) and Developmental Disabilities Administration (DDA) to promote effective state hospital discharge planning and development of needed community resources .				X	Page 104