Community Alternatives to Boarding Task Force (CABTF)

Quarterly Report: Q4 2017

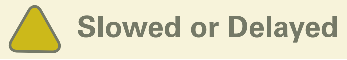
TIER 1 *Top Priorities for active work and promotion*

Rating	Priority Area	Q4 Accomplishments	Q1 Key Next Steps
Slowed or Delayed	**1a.** Expand **outreach and engagement** services, including treatment access for people who are ineligible for Medicaid.	· Applied for Trueblood funding for additional diversion options. · Workgroup continues to explore how to increase outreach and linkage to ongoing services.	· Continue seeking funding for adult street outreach and non-Medicaid outpatient services.
Stalled/Needs Action	**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.	· Work is ongoing with existing program to maximize crisis respite utilization.	· Continue to seek funding to expand and/or enhance crisis respite services.
Slowed or Delayed	**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.	· Telecare evaluation and treatment facility came online – December 2017	· Continue to seek and support capital funding for regional alternatives. · Continue to support and monitor the effort to launch regional alternatives.
Action Underway	**1d. Increase public sector behavioral health rates**, and expand existing health professional **loan repayment programs** to support a **sustainable community behavioral health workforce.**	· Improved service reporting and launched service utilization incentives.	· Continue to build a coalition to support stabilizing rates, investing in the workforce, and refreshing the actuarial approach. · 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	Q4 Accomplishments	Q1 Key Next Steps
On Target	**1e.** Strengthen engagement efforts via **open access intake appointments**.	· Received intent from agencies, and prepared for reporting on agency performance.	· Continue to prepare for reporting on agency performance.
On Target	**1f.** Increase the availability, flexibility, and outreach capacity of **after-hours response**.	· Moving forward with County proposal for centralized crisis call-in system. · Discussions continue regarding in-person crisis response.	· Develop deployment/dispatch approach for people in crisis after the initial phone response.
Stalled/Needs Action	**1g.** Establish a **crisis diversion facility in south King County**, including an enhanced drop-in center and co-located **mobile crisis teams**.	· Expanded MCT almost fully staffed. · Operating funding for crisis stabilization centers passed state budget.	· MIDD funding on hold for 2017-18; no other resources available now. · Establish ongoing location for South KC MCT. · Monitor/pursueany new state operating/ capital funding. · Seek capital support for crisis stabilization centers.
Action Underway	**1h.** Create a **secure detoxification facility** and continue to **evolve involuntary treatment statutes** to support integrated primary and behavioral health care.	· Completed DMHP/DCR training	· Continue to support the Secure detox now under construction.

KEY



Community Alternatives to Boarding Task Force (CABTF)

Quarterly Report: Q4 2017

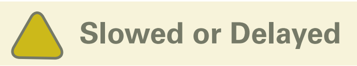
TIER 2 *Priorities for concurrent action as opportunities arise*

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**.

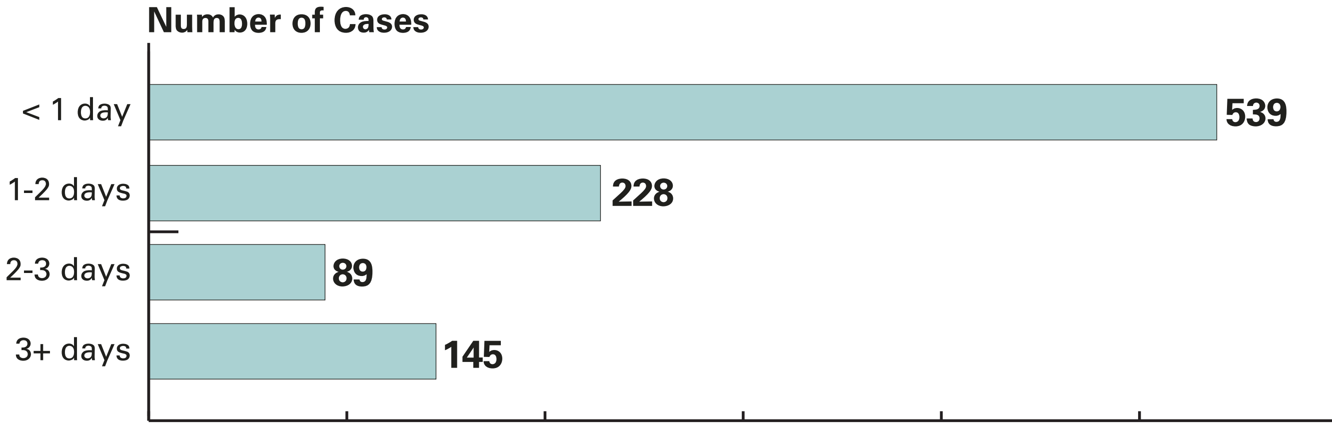
KEY On Target



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

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

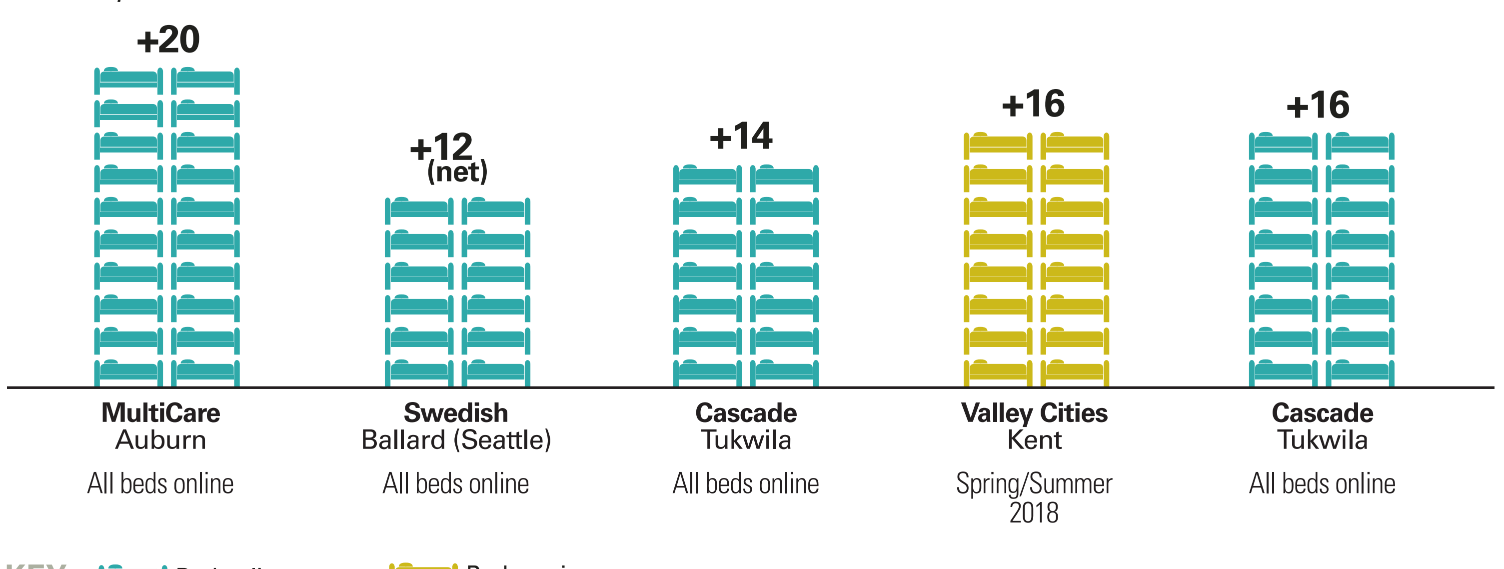
October 1, 2017 - December 31, 2017



E&T Bed Expansion Status in King County

Estimated number of new E&T beds

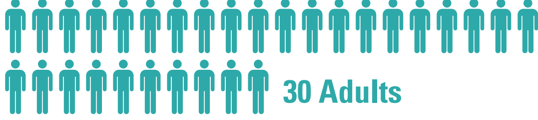
As of September 2017



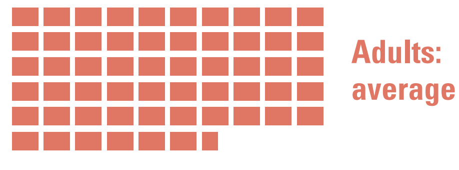
Western State Hospital (WSH) Wait List

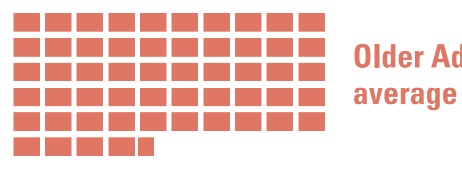
As of December 28, 2017

Number of King County Patients on WSH Wait List (45 total)



Average Number of Days King County Patients Spend on WSH Wait List (average 55.6 days)





Data source: WSH Data System

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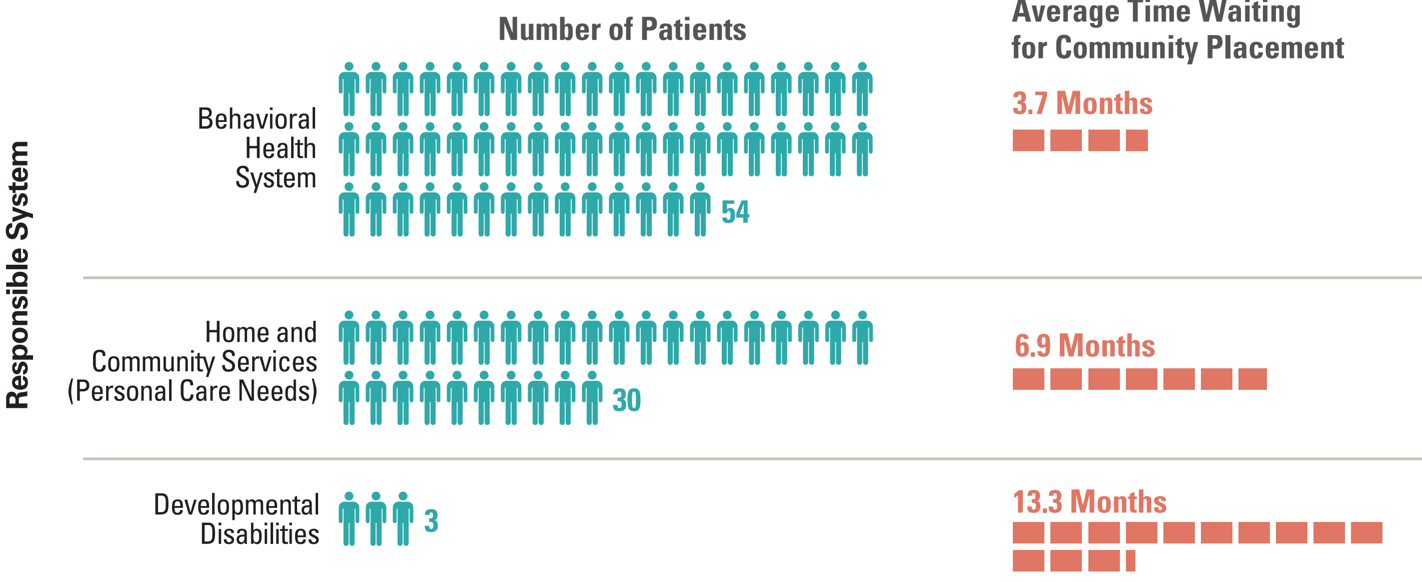
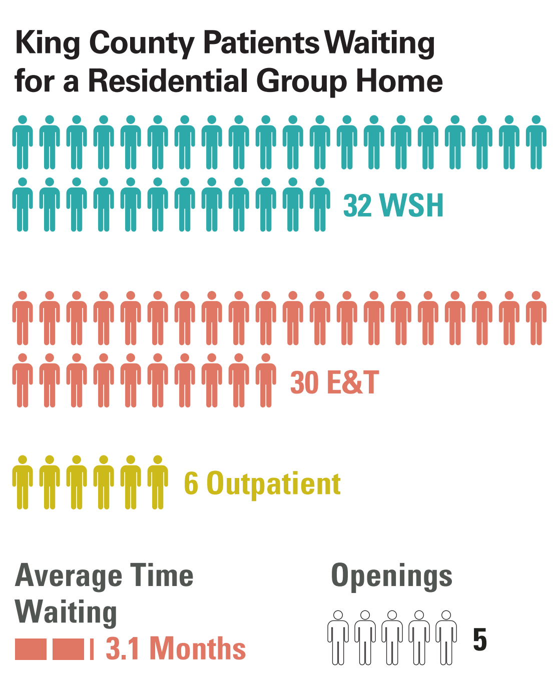
King County Patients Ready for Discharge from Western State Hospital (WSH)

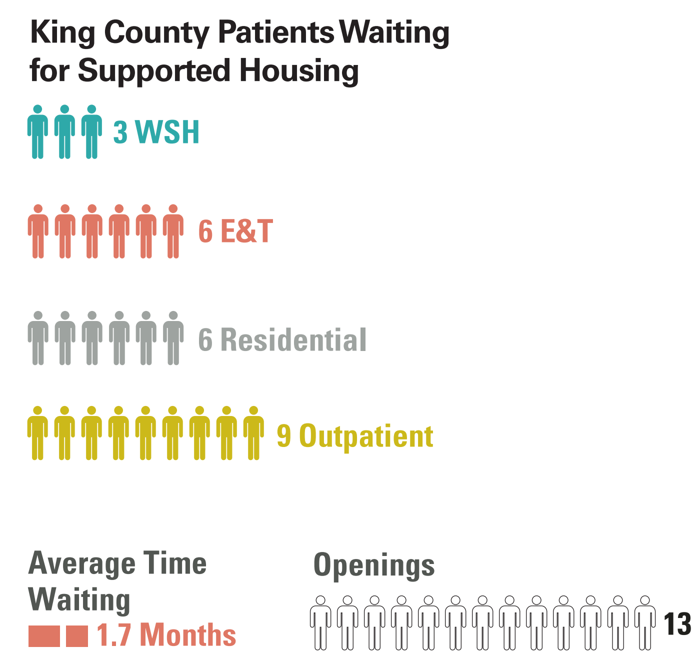
As of December 28, 2017



King County Patients Waiting for Residential or Supported Housing Placements

As of December 28, 2017





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