









Community Alternatives to Boarding Task Force (CABTF) Quarterly Report: Q4 2016

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TIER 1 *Top Priorities for active work and promotion*

Rating	Priority Area	Q4 Accomplishments	Q4 Key Next Steps
	1a. Expand outreach and engagement services, including treatment access for people who are ineligible for Medicaid.	Governor's budget proposed modest funding for adult street outreach.	<ul style="list-style-type: none"> Complete analysis and planning for outreach funding through MIDD. Continue to support this as a budget priority.
	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"> Continue to seek funding to expand this model. Consider crisis respite as part of statewide stepdown/step-up system design.
	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.	<p>Governor's budget proposed major investment to launch multiple smaller, regional state-operated behavioral hospitals as local alternatives for long-term treatment.</p> <p>Two local evaluation and treatment (E&T) providers began piloting an inpatient stepdown arrangement.</p>	<ul style="list-style-type: none"> Support and monitor the state's effort to launch regional behavioral hospitals, and provide input on design of an effective care model. Monitor and evaluate outcomes from the E&T inpatient stepdown arrangement.
	1d. Increase public sector behavioral health rates , and expand existing health professional loan repayment programs to support a sustainable community behavioral health workforce .	<p>Significant conversations occurred with policymakers and partners about increasing behavioral health rates.</p> <p>Children's mental health system legislation also prominently features workforce needs.</p>	<ul style="list-style-type: none"> Support efforts by partners to address rates. Advance expanded loan repayment program eligibility as a legislative priority.

TIER 1 *Top Priorities with strong momentum toward implementation*

Rating	Priority Area	Q4 Accomplishments	Q4 Key Next Steps
	1e. Strengthen engagement efforts via open access intake appointments .	<p>Rapid access study was initiated, exploring how same-day appointments are delivered and mapping their availability. Also exploring access to substance use disorders (SUD) services.</p> <p>National consultant was engaged.</p>	<ul style="list-style-type: none"> Invite agencies to partner in a pilot project. Establish performance-based payment.
	1f. Increase the availability, flexibility, and outreach capacity of after-hours response .	Multiple provider meetings to identify current approaches and best practices.	<ul style="list-style-type: none"> Continue 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 .	<p>Additional state funding issued for expansion of mobile crisis teams (MCTs).</p> <p>Governor's budget proposed yet more MCT funding.</p> <p>MIDD 2 planned investments in crisis diversion facility approved. Funding is partial, implementation not immediate.</p>	<ul style="list-style-type: none"> Pursue other resources for capital and operational funding. Coordinate implementation of expanded MCT.
	1h. Create a secure detoxification facility and continue to evolve involuntary treatment statutes to support integrated primary and behavioral health care.	<p>Implementation planning process with the state began.</p> <p>Progress toward secure detox facility launch continued.</p>	<ul style="list-style-type: none"> King County designated mental health professionals (DMHPs) begin Designated Crisis Responder (DCR) training.

KEY



Action Underway/On Target



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 , 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

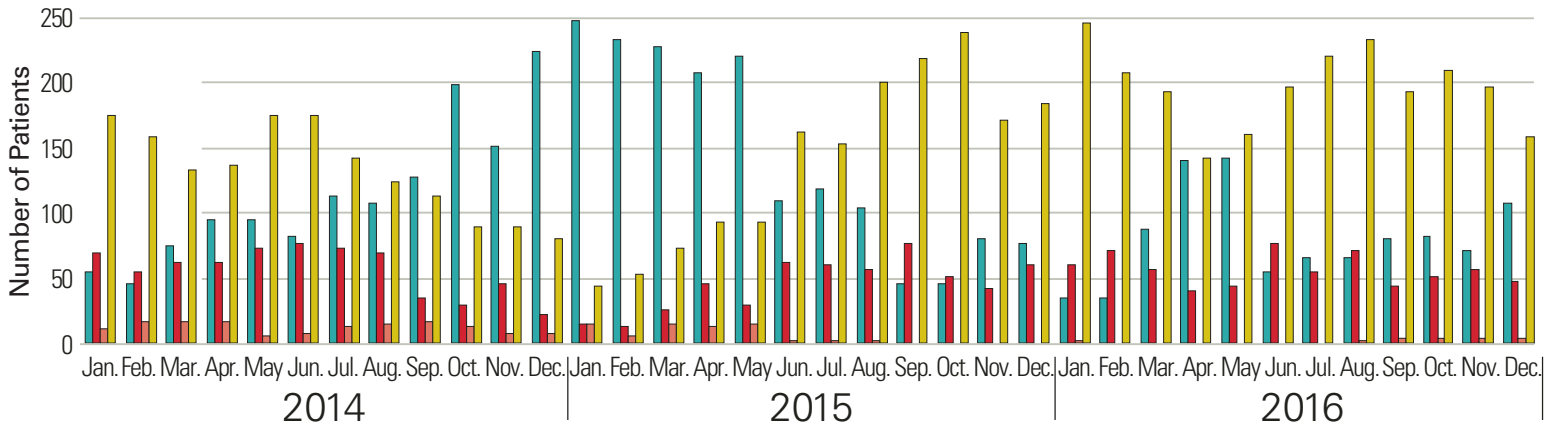


Slowed or Delayed



Stalled/Needs Action

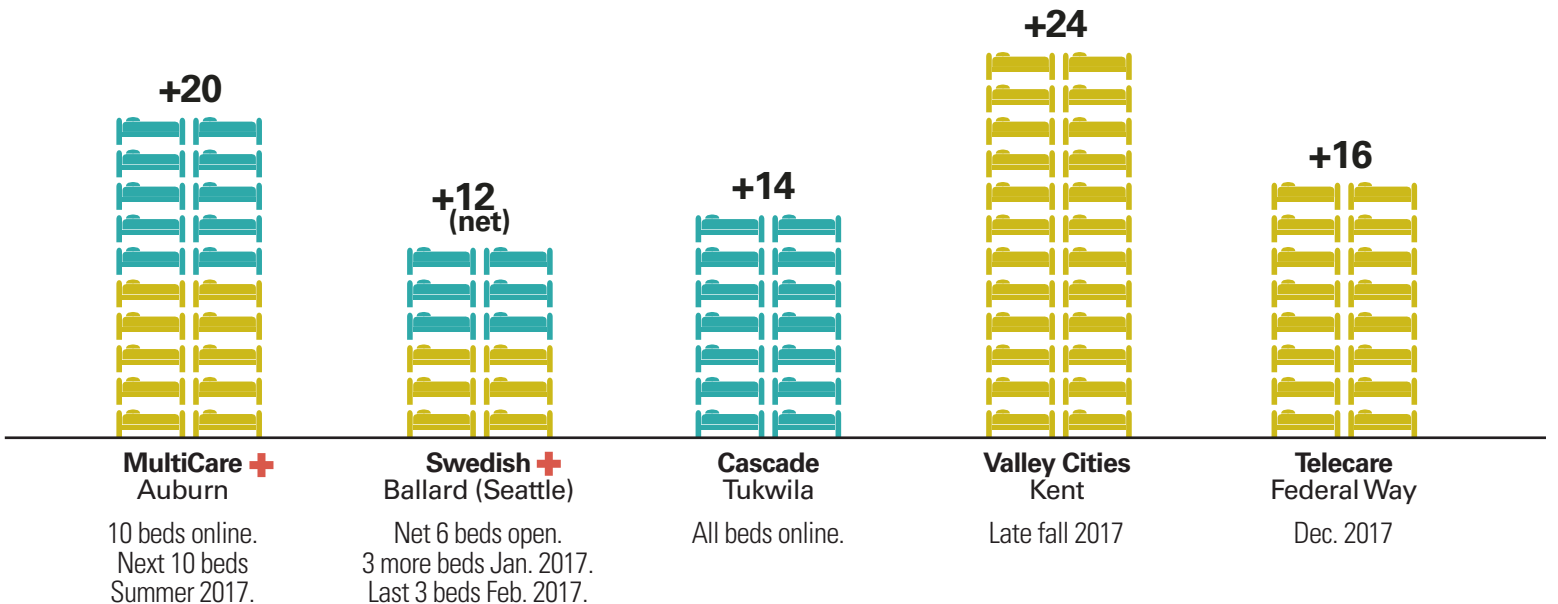
King County Crisis and Commitment Services Detention Placements by Category



- Direct placement into certified evaluation and treatment facility (E&T)
- Single Bed Certification in voluntary psychiatric unit
- Single Bed Certification due to co-occurring medical condition requiring care; psychiatric services provided by hospital
- Other Single Bed Certifications (such as emergency department); psychiatric services provided by hospital

E&T Bed Expansion Status in King County

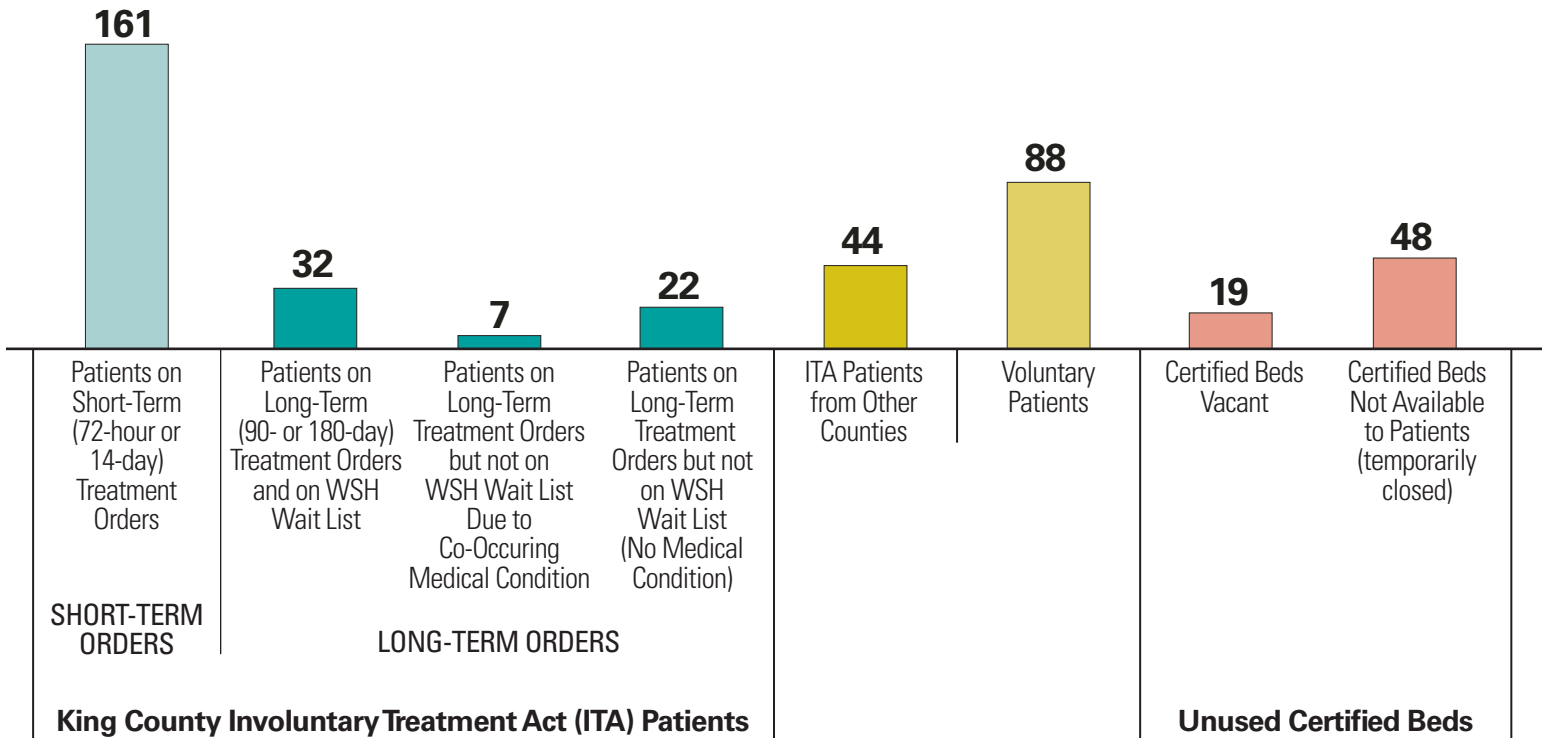
Estimated number of new E&T beds



KEY + Medically complex Bed online now Bed coming soon

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

E&T Survey December 2016



Western State Hospital (WSH) Wait List

December 2016

Number of King County Patients on WSH Wait List (29 total)



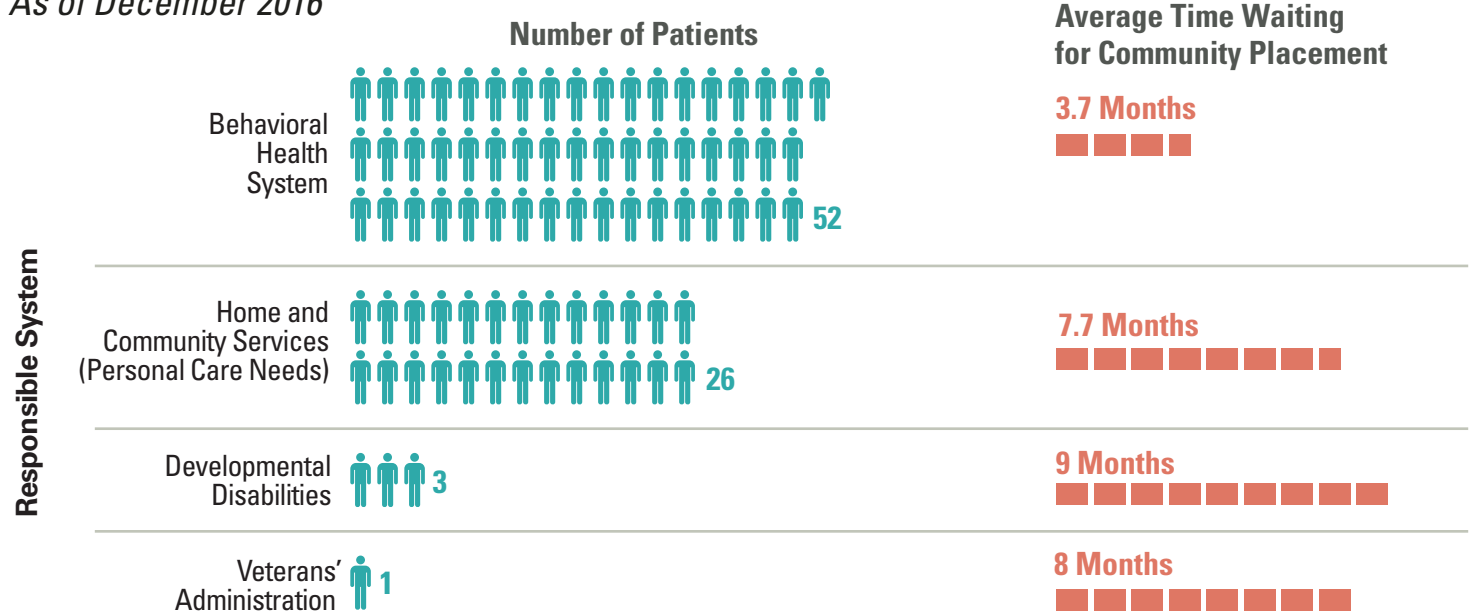
Average Number of Days King County Patients Spend on WSH Wait List (average 28.0 days)



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King County Patients Ready for Discharge from Western State Hospital

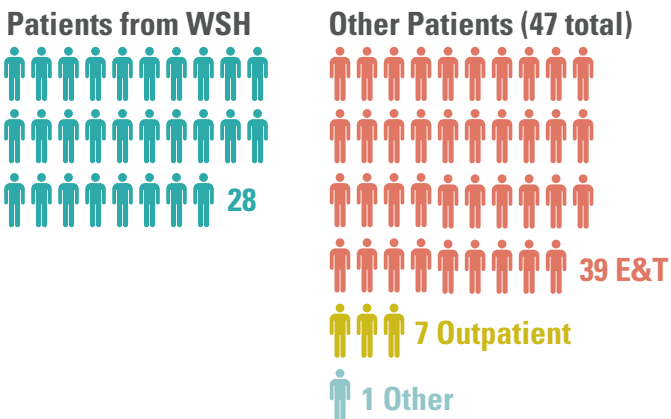
As of December 2016



King County Patients Waiting for Residential or Supported Housing Placements

As of January 6, 2017

King County Patients Waiting for a Residential Group Home



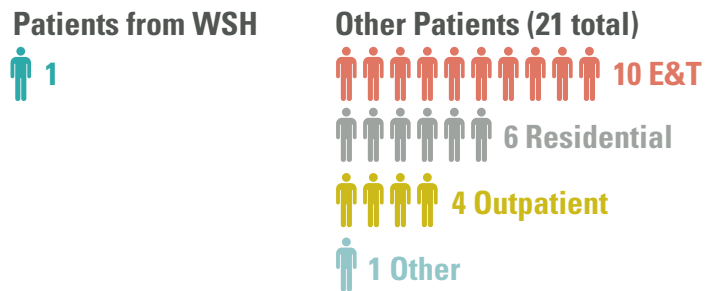
Average Time Waiting

2.1 Months

Openings

1

King County Patients Waiting for Supported Housing



Average Time Waiting

2.6 Months

Openings

5

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