



2022 Q4 Report: October 1, 2022 – December 31, 2022

Overview

Following a competitive bid process, in the summer of 2022 Peer Washington was awarded a contract from the Department of Commerce to develop and launch Washington State’s new community-based Office of Behavioral Health Advocacy (OBHA). As required by engrossed second substitute house bill 1086 signed into law (chapter 202, Laws of 2021) in May 2021 and our contract, we are pleased to report that the central OBHA statewide office and services in all ten regions of the state were successfully launched on October 1, 2022.

During this quarter, OBHA focused on core activities essential to the development, launch, and ramp-up of quality behavioral health advocacy services throughout the state. These activities, described in more detail in this report, included establishing the statewide office’s infrastructure and systems; recruiting, hiring, and onboarding staff; purchasing and collaborating in the customization of the EmpowerDB data tracking system; educating behavioral health providers, facilities, and community organizations about the transition; developing, translating, and disseminating OBHA outreach and marketing materials; and holding the first quarterly training for the Behavioral Health Advocates (BHAs). All of this took place as the statewide office and ten regional BHA offices began receiving and appropriately responding to information and resource requests, complaints, and grievances.

Peer Washington has met all milestones for this project to date despite having been provided with substantially less funding than originally anticipated. However, the lower funding level has had a significant impact. Due to the limited funding, the regional BHAs do not currently have office spaces requiring them to work out of their own homes. This severely restricts open access for community members. We have also been unable, due to the funding limitations, to begin to revive regional Quality Review Teams (QRTs) as described in our initial proposal. Historically, QRTs played an important role in the early identification of issues and trends in behavioral health access and care delivery.

Cases, Complaints, and Grievances Summary

OBHA began delivering services on October 1, 2022. The following table details the number of inquiries and cases over the three months by region, based on the data currently entered in our newly launched statewide EmpowerDB database.¹

¹ A major focus of our start-up activities included the purchase, customization, and launch of our new statewide database system. We are currently working with all our BHAs to ensure everyone is accurately inputting data in a timely way. However, we believe not all the data from 2022 Q4 is currently input in the database. We are addressing this issue and will have it resolved by the end of 2023 Q1 at which time we anticipate being able to provide a full and accurate breakout of cases, complaints and grievances by region.

Table 1. Break-out of Cases, Complaints, and Grievances by Region

Region	Case No.	Info Request	Complaints	Complaints Escalated to Grievance	Grievances*	Out of Jurisdiction	Case Status: Open	Complaints/Grievances	
								Status: Resolved	Status: Unresolved
State Office	9	9							
Great Rivers	9	9					2		
Greater Columbia	3	3							
King County	5	5					1		
North Central	8	7	1				1	1	
North Sound	1	1							
Pierce County	9	7	1			1	1	1	
Salish	1		1				1		
SW Region	20	16	3			1	7		
Spokane	20	11	9				7		
Thurston /Mason	2	2							
Total	87	70	15			2	20	2	

* This category includes only those cases initially filed as grievances, not complaints escalated to grievances.

Complaint Type by Provider and Facility Type

The following table breaks out the types of complaints and grievances by provider and facility type.

Table 2. Complaints by Provider and Facility Type by Region

Region	Total Per Region	Provider Type				Facility Type			
		MH Adult	SUD Adult	MH Youth	SUD Youth	MH Adult	SUD Adult	MH Youth	SUD Youth
State Office									
Great Rivers									
Greater Columbia									
King County									
North Central	1			1					
North Sound									
Pierce County	1					1			
Salish	1					1			
SW	3	2					1		
Spokane	9	3	2			2	2		
Thurston/Mason									
Total	15	5	2	1		4	3		

Complaints and grievances dealt with during this quarter fell into the following issue areas:

- Access: 0
- Dignity and Respect: 4
- Quality/Appropriateness of Services: 5
- Patient Rights: 4
- Calls Not Returned: 1
- Payee Services: 0
- Housing: 0
- Physicians, ARNPS, and Medications: 5
- Residential Services: 2
- Transportation: 0
- Other: 0

Note that some complaints included multiple issue areas of concern. OBHA did not have grievance cases during Q4 of 2022, our first quarter of service.

Complaint Examples

The following are three examples of complaints received by OBHA over the quarter, including actions taken and resolutions.

OBHA Statewide Office: An individual called the OBHA line for support. She reported being homeless and currently living in a shelter. She said that she had experienced racism and severe discrimination due to her immigrant status and native Spanish language. The individual reported having trouble finding mental health services to cope with her anxiety and requested support. The OBHA BHA spent about 45 minutes on the phone with her, validating her experiences and providing a listening, empathetic ear. After their phone call, the BHA researched providers in her area and made some calls to find out where she might be able to find a Spanish-speaking provider. They then emailed the individual with these resources. The individual later replied, thanking the BHA for their kindness and professionalism and stating that the phone call was a “blessing in my life”.

Southwest Region: Our BHA was contacted by a woman on behalf of her son, who was a part of the Trueblood settlement. She was reaching out for help because the Forensic HARPS team had stopped communicating with her about her son’s services. There was a lot of missed communication regarding standing appointments and treatment goals. She requested the BHA contact the team to figure out what was happening, why they were not providing services to her son, and why they stopped communicating with her when she had an ROI on file. A meeting between our BHA, the family, and the Forensic HARPS team was scheduled. At the meeting, we discussed the family’s concerns with the team, and the Forensic HARPS team identified barriers they were experiencing in providing services to the son. The meeting outcome was that an ongoing bi-weekly appointment for the individual was scheduled, and the HARPS team committed to maintaining better communication with the family.

Spokane Region: Spokane’s BHA was contacted by an individual enrolled in a methadone program in the Spokane region. She was very concerned because the program had recently switched to a different lab to process their samples, and hers had come up positive for a substance that would have

resulted in her going into severe withdrawals if she had taken it. The individual said she requested a second test be administered but was denied. Based on this, the clinic refused to put the individual back to twice weekly carries, requiring that she go three times per week to get her carries. She is on a very limited income and cannot afford the gas to visit the clinic three times a week. She also felt that her counselor was not being supportive, including after she pointed out in the handbook the statement that individuals would be eligible for another chance following a dirty UA. Our BHA supported the individual and initiated the ROI (Release of information) process with the clinic. A week later, the individual contacted the BHA to let her know that the counselor agreed that she should have been allowed to take a second test. The individual was being reinstated and allowed a once-per-week carry. She expressed to our BHA that she is very satisfied with this outcome and appreciated the BHA's support.

System Issues

OBHA state-level and regional staff identified the following systemic issues during the quarter:

- ***Lack of available, willing prescribers of psychiatric medications for behavioral health peers.*** (Note: this issue is currently being discussed within Washington State's legislature via HB1041.)
- ***Limited availability of youth beds for voluntary and Involuntary treatment*** in hospitals, Children's Long-term Inpatient Program (CLIP) facilities, residential homes, and evaluation and treatment centers. The lack of bed space has a domino effect on treatment systems, such as extending the length of stays in an ED (Emergency Department).
- ***Long wait times*** for accessing behavioral health assessment and care. This seems to be due to a shortage of behavioral health workers and behavioral health needs in communities that outstrip provider supply.
- ***Homelessness.*** The impact of individuals with behavioral health needs who are unhoused on EDs seems to be substantial and widespread.

Conflicts of Interest

There are no known conflicts of interest. All OBHA staff are now Peer Washington employees. Neither OBHA employees nor our volunteers are employed by or have any financial or another type of direct association with a behavioral health provider or facility from which they could potentially derive any personal benefit.

Advocate Retention and Employment Status

Peer Washington invited the ten behavioral health ombuds in the positions before the contract award to join OBHA as the BHA for each of their respective regions. Six former ombuds chose to transition to the OBHA. We then recruited and hired four additional BHAs for the open positions, all highly qualified, including two who had previously worked as behavioral health ombuds in Washington and two who had experience as volunteer advocates with vulnerable populations. To support retention efforts, all OBHA staff are being paid competitive salaries and bonuses and are eligible for Peer Washington's benefits package, which includes health insurance, generous paid time off, and opportunities for ongoing professional development. OBHA is currently fully staffed.

Outreach Activities: Visitations, Material Dissemination and Community Education

In Q4 of 2022, statewide and regional OBHA staff conducted 74 outreach presentations to introduce local behavioral health provider agencies and other community-based agencies to OBHA and our services. Staff also participated in 1 conference as OBHA representatives to heighten awareness of services, including delivering a workshop and staffing an exhibit table at the Washington State Co-Occurring Disorders & Treatment Conference held in Yakima in October. The following table details the number of outreach activities completed within the quarter by each regional BHAs and state office personnel.

Table 3. Outreach & Education Activities

Regions	No. of Presentations	No. of Conferences
State OBHA Office	1	1
Great Rivers Region	1	
Greater Columbia Region	19	
King County Region	4	
North Central Region	21	
North Sound Region	2	
Pierce County Region	9	
Salish Region	1	
Southwest Region	14	
Spokane Region	2	
Thurston/Mason Region		

Program Activities

The statewide OBHA office used this initial quarter to plan out the monthly forums that will be held in each region beginning January 2023.

Trainings Delivered

The BHA in the Spokane and Greater Columbia regions delivered five training sessions for behavioral health providers and other community entities, which reached a combined 80 individuals. The following table details the training delivered, including the dates and number of participants.

Table 4. Agency & Community Training Delivered

Region	Training Type	Date	No. of Participants
Greater Columbia	Agency	11/8/22	3
	Agency	11/9/22	28
	Community	12/14/22	12
Spokane	Agency	10/27/22	15
	Agency	12/14/22	22

Professional Development for OBHA Staff

All 10 BHAs attended OBHAs inaugural quarterly training designed and hosted by the state office staff on November 29th – December 1st. The 3-day training included presentations from entities such as the Department of Health, Office of Consumer Partnership, Department of Commerce, and Washington State Community Connectors, as well as from the Office of Developmental Disabilities Ombuds and Office of Long-Term Care Ombuds programs. In addition, BHAs completed 18 Relias

Employee Training webinars focusing on HIPAA rules and regulations, safety, and cultural competency and diversity.

Funds Expended

No funds were passed through OBHA during this quarter.