



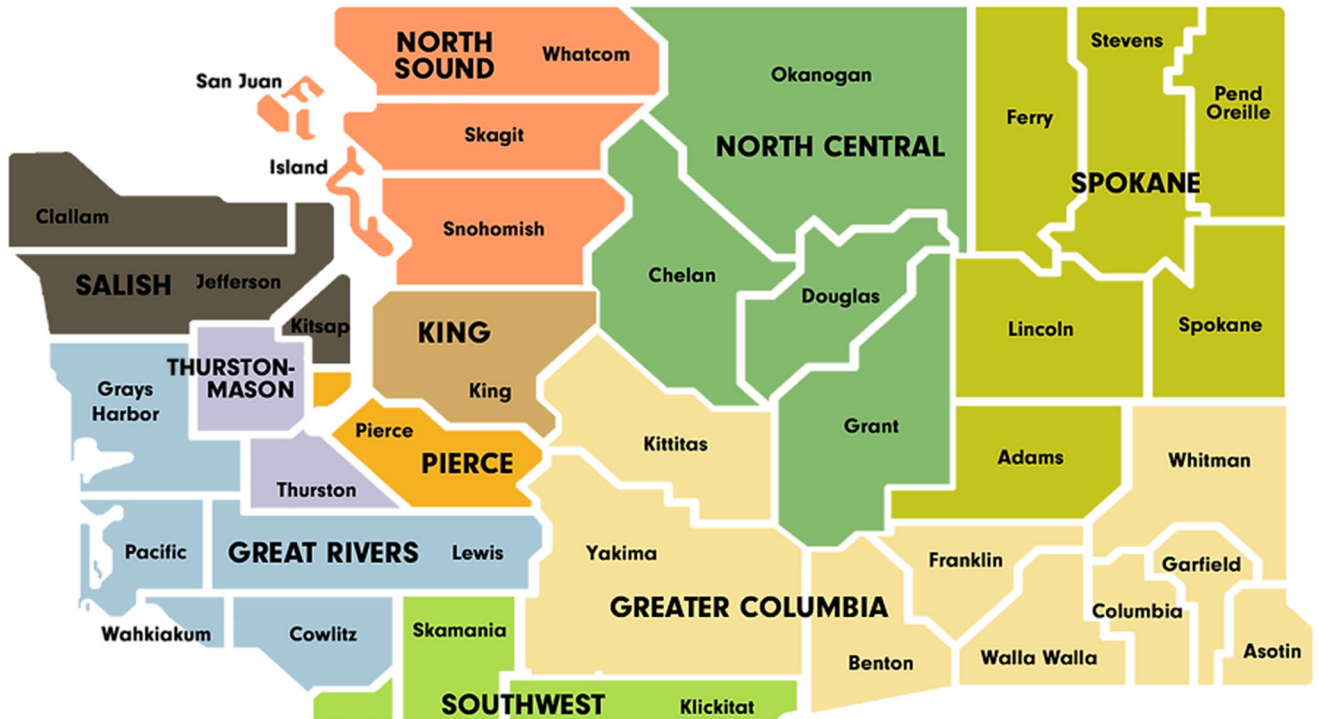
FY23 Annual Progress Report & FY24 Operating Plan

Introduction

Engrossed second substitute house bill 1086, signed into law in May 2021 and codified in the Revised Code of Washington 71.40, directed that a private nonprofit be selected to provide behavioral health consumer advocacy services to patients, residents, and clients of behavioral health providers and facilities across the state. Peer Washington was honored to be selected to develop, launch, and operate the new Office of Behavioral Health Advocacy (OBHA).

OBHA's mission is to protect and promote the interests of Washington State residents, patients, and clients of behavioral health providers or facilities. To achieve this goal, Peer Washington designed the OBHA to consist of a central state-level office that supports 10 regional OBHA offices which are located within each of the 10 behavioral health administrative service organization (BH-ASO) regions.

Map of the 10 OBHA Service Regions



The 10 regional offices are tasked with three core responsibilities:

- Receive and appropriately respond to all inquiries, complaints, and/or grievances related to private or publicly funded behavioral health services;
- Build local and regional level relationships; and
- Provide education, outreach, and training to local and regional behavioral health entities and communities regarding consumer rights, OBHA services, and other relevant topics.

The state-level OBHA office, in addition to supporting the work of the 10 regional offices, accepts and responds to incoming inquiries for advocacy services, implements training for OBHA staff, builds relationships and actively participates with state-level stakeholders in Washington's behavioral health policy development and services implementation system on behalf of consumers and residents, oversees statewide data collection, analysis, and reporting, and provides all backbone administrative services.

Peer Washington achieved all contract deliverables for FY23. OBHA opened our doors for the delivery of advocacy, outreach, and education services on October 1, 2023, across all 10 regions. In alignment with the peer model of engagement, all OBHA services are designed to be person-centered, strengths-based, and low-barrier. Behavioral Health Advocates (BHAs), themselves individuals with lived experience as consumers of behavioral health services, lead service delivery. During our first nine months of operation, we responded to a total of 742 information and/or complaint inquiries and conducted more than 180 outreach and educational activities centered on behavioral health consumer rights and supports available through OBHA. Due to a combination of our outreach activities and word of mouth, the number of incoming inquiries and requests for services progressively grew throughout the year.

Peer Washington is pleased to submit this combined FY23 Annual Report & FY24 Operational Plan. The report includes summaries of core FY23 accomplishments, complaint resolution rates, and highlights of systemic issues that arose over the past year, along with other information. Additional details regarding OBHA activities in FY23 are available in our quarterly progress reports. The last section of this document identifies goals and focus areas for FY24.

Summary of FY23's goals attainment

During the first quarter of FY23, Peer Washington hired and trained core OBHA staff, laid the core infrastructure for the program including purchasing and customizing EmpowerDB as a statewide data collection and tracking system, developed relationships and operational agreements with key stakeholders, and created and distributed outreach materials. Work on these tasks continued throughout the following months alongside the launch and delivery of advocacy, outreach, and educational services. Table 1. details the goals and objectives identified for the development, launch, and ramp-up of the OBHA during FY23 and the progress achieved.

Table 1. Progress toward FY23 Goals, Objectives, and Deliverables

Goal/Objective	Progress Achieved
80% of OBHA staff hired by 9/1/22	Achieved. 80% of OBHA staff were hired by 9/1/22, and all 10 BHA positions were filled by the end of the month. 100% of the initial OBHA staff, including East and West Program Directors and OBHA state office staff, were in place by launch of services on 10/1/22.
Centralized phone, email, and website are operational	Achieved. A statewide OBHA Toll Free line (800-366-3103) email (info@obhadvocacy.org), and website (www.obhadvocacy.org) were created and operational by 10/1/22.
Uniform data and reporting system is operational	Achieved. Peer Washington purchased, configured, and implemented the secure EmpowerDB database system for all OBHA data and reporting needs. EmpowerDB meets all privacy and confidentiality requirements while providing significant data collection, tracking, and analysis capacity.
10 Regional BHAs meet requirements	Achieved. The contract stipulated that BHAs complete certification requirements OR have previous experience delivering behavioral health advocacy services for consumers. All BHAs hired for OBHA had prior experience. In addition, all BHAs completed RELIAS training on topics including confidentiality, safety (Marty Smith), cultural competence, and investigations and complaints. Peer Washington has contracted with the Brunner Resolution Group to develop a comprehensive training program for new BHAs. That new training is projected to be ready for use within the first half of FY24.
OBHA consumer advocacy services are operational	Achieved. All 10 regional BHAs and the statewide office were in place and began delivering advocacy and educational services on 10/1/2022. All incoming inquiries are responded to and acknowledged within one business day; follow-up occurs within 5 business days.
Quarterly reports are completed and submitted	Achieved. Comprehensive quarterly reports including quantitative and qualitative descriptions of activities were submitted
Complete and submit Annual Operating plan by 7/31/23	Achieved.

The following list describes progress achieved by the OBHA toward other activities identified within the guiding legislation or Department of Commerce's RFP for this project, or included in Peer Washington's original OBHA proposal:

- **Launch of monthly community forums:** Eight regions hosted their first monthly forums open to behavioral health consumers, provider agencies, other stakeholders, and the general public in January 2023; all 10 regions were holding forums by February.
- **Development and support of an OBHA Advisory Committee:** This is in process. The development and roll-out of services took priority during FY23. This will be a focus during FY24.
- **Development of key relationships:** OBHA has negotiated MOUs with Washington's long-term care and developmental disabilities ombuds programs which are currently in the signing process. We have signed business agreements with Eastern and Western Hospitals and the Child Study and Treatment Center in place.
- **Representation at state, regional, and local boards and committees:** OBHA state office staff and/or regional BHAs attended meetings of Washington State's Behavioral Health Advisory Council, Managed Care/Behavioral Health Administrative Service Organization (BH-ASO), HCA Office of Consumer Partnership, Cross Disability Advisory Network, HCA provider meetings, Mental Health Advance Directive Subcommittee, BH-ASO Advisory Boards, Family Youth System Partner Round Table, and System Partner regional meetings.
- **Delivery of quarterly training for BHAs:** Multiday trainings attended by the BHAs and other OBHA staff were held in FY23 quarters 2, 3, and 4. Training covered a broad range of core topics relevant to the delivery of behavioral health consumer advocacy services as well as presentations from stakeholder entities.
- **Creation of complaint and grievance documentation and communication processes:** A process that BHAs follow whenever responding to complaints or grievances is in place. During FY24 we plan to develop Standard Operating Procedures for each respective process.
- **Launch of educational activities:** In addition to the monthly forums, OBHA posted educational information informing people of their rights on our website and delivered or participated in over 180 educational presentations and community events to share educational information. We also created a flyer about OBHA and our services that was distributed to behavioral health providers for posting in their facilities.
- **Implementation of a continuous quality improvement (CQI) process:** OBHA has developed multiple feedback loops that continually gather and analyze feedback from individuals using behavioral health services, providers, our own staff, and the general public. That input is then used to inform the ongoing development and implementation of advocacy services.

Complaint resolution rates

Table 2. provides details of the total number of cases opened at the state level and within each region, the number of cases that were complaints, the service focus of those complaints, and the status of the complaints. As of the end of FY23, of the total number of complaints received by OBHA, 42% were resolved, 20% were unresolved, and 38% remained open. There were no grievances filed by OBHA during the year.

Table. 2 Cases and Complaints by Location, Type, and Resolution Status

Region	Total Cases	Complaints	MH Adult Services	MH Youth Services	SUD Adult Services	SUD Youth Services	Resolved	Unresolved	Open
State Office	34								
Great Rivers	39								
Greater Columbia	46								
King County	151	3	1	2				2	1
North Central	69	5	5				3	1	1
North Sound	50								
Pierce County	50	2	2				1	1	
Salish	41	1	1						1
SW	90	4	4				3	1	
Spokane	119	27	18		9		9	4	14
Thurston / Mason	53	3	3				3		
Total	742	45	35	2	9		19	9	17

Table 3. provides additional detail of the specific topics of complaints. The issues are presented in the table in order of prevalence. Some complaints involved multiple issues.

Table 3. Complaint/Grievance Issues by Number Received

Issue	No. of Complaints/ Grievances Received
Quality/appropriateness of services	22
Dignity and respect	18
Patient rights	16
Physicians, ARNPS, medications	14
Access	13
Calls not returned	3
Housing	3
Residential services	3
Other	14

Please refer to quarterly reports for specific examples of inquiries and complaints BHAs responded to during FY23.

Operational or endowment fundraising results

Peer Washington did not engage in fundraising activities for the OBHA during FY23.

Volunteer management

With a focus on the development and launch of the new OBHA, Peer Washington did not recruit volunteers during FY23. Given adequate staffing levels, in the coming year we plan to recruit volunteers for participation on the state-level BHA Advocacy Council and to support regional activities.

Systems Issues

Over OBHA's first nine months of service delivery and community outreach a wide variety of challenges related to accessing quality behavioral health services were brought to our attention. Lack of staff capacity and competing priorities prevented us from pursuing many of these issues in depth. However, we would like to highlight the following three systemic issues that arose repeatedly during FY23 in multiple regions across Washington:

1. **Workforce shortage:** We are regularly hearing from our BHAs and the public that there is a shortage of behavioral health workers at every level, from counselors to psychiatrists licensed to prescribe critical medications. This has resulted in canceled appointments and significant wait times for services, or in some communities, complete lack of access to behavioral health services.
2. **Lack of access to services within county jails:** We have consistently heard that detainees in county jails have limited if any access to behavioral health services. Given research documenting that marginalized populations including people of color and those identifying as LGBTQ are disproportionately pulled into the justice system, and that rates of both substance use and mental health disorders are substantially higher within incarcerated populations than within the general population, lack of access to treatment services for jail detainees is particularly concerning.
3. **Inadequate guardianship process:** We have repeatedly heard frustrations from parents across the state that barriers within the process for obtaining a Release of Information have prevented them from effectively advocating for their adult children with behavioral health conditions. Parents are requesting that reforms be made to the guardianship process that would allow for a parent to be more easily legally named as a guardian for their child.

FY24: Operating Plan Goals & Objectives

During FY24, OBHA will continue to solidify the work we are doing, with a focus on staff development and retention, consistency in advocacy service delivery, and relationship development. Given adequate funding, OBHA leadership has identified the following five core goals for FY24:

- Develop standard operating procedures for OBHA's complaint and grievance documentation and communication processes to ensure quality and consistency across the regions.
- Address OBHA staffing support and retention needs, including relieving over-burdened BHAs in Seattle and Spokane by hiring an additional BHA for each of those regions.
- Obtain office space for regional BHAs, thereby improving access to advocacy services.
- Promote the broader use of Mental Health Advance Directives through training and educational outreach activities.
- Strengthen state-level relationships, including participation on key legislative policy-making committees, as a means of improving access to quality behavioral health services across Washington.