



2023-2024 Q1 Report: July 1, 2023 – September 30, 2023

Overview

All core components and activities of OBHA were operational during this quarter at the state level and within each of the 10 regions. OBHA’s Advocates continued to experience significant demand for information and advocacy support services, with the total number of cases increasing by 7% from the previous quarter. We were able to successfully hire and onboard qualified candidates for open Advocate positions. However, limited funding restricted the amount of outreach and educational activities OBHA staff could complete given the ongoing lack of capacity and support staff.

Cases, Complaints, and Grievances Summary

OBHA experienced a significant increase in cases, complaints, and grievances during this quarter. The following table breaks out the numbers of inquiries received and active cases over the three months by region.

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

Region	Case #	Info Request	Complaints	Complaints Escalated to Grievance	Grievances *	Out of Jurisdiction	Case Status: Open	Complaints/Grievances	
								Status: Resolved	Status: Unresolved
State Office	12	12							
Great Rivers	20	20					1		
Greater Columbia	10	10					1		
King County	70	67	2				7		1
North Central	21	19	2					1	1
North Sound	28	26	1				7		
Pierce County	28	27	1				2		1
Salish	25	23					4		
SW Region	42	42					3		
Spokane	59	36	23				9	10	4
Thurston /Mason	23	23					1		
Total	338	305	29	0	0	0	35	11	7

* 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	2	2							
North Central	3	2				1			
North Sound	1							1	
Pierce County	1					1			
Salish									
SW									
Spokane	23	10				9	4		
Thurston/Mason									
Total	30	14				11	4	1	

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

- Access: 5
- Dignity and Respect: 11
- Quality/Appropriateness of Services: 11
- Patient Rights: 5
- Calls Not Returned: 3
- Payee Services: 0
- Housing: 3
- Physicians, ARNPS, and Medications: 11
- Residential Services: 1
- Transportation: 1
- Other: 3

Note, some complaints included multiple issue areas of concern. OBHA did not have any grievance cases during this quarter.

Complaint Examples

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

Spokane Region: The Behavioral Health Advocate worked with an individual who had recently been in an inpatient psychiatric hospital. Initially, the individual wanted to complain about the facility but has since decided that they don't want to follow through at this time. However, I was able to assist with removing an ambulance bill that they should never have received. AMR

transported them from their home to Sacred Heart Hospital in Spokane. Once they were cleared and a bed was found they were moved again by AMR. Unfortunately, AMR sent a bill to the individual for the second ride even though they are on Medicaid. This was causing significant stress. With a release of information and a copy of the bill, I was able to contact AMR and they then agreed to bill Medicaid.

North Central Region: A parent of an individual released from an Evaluation & Treatment (E&T) center contacted the North Central Behavioral Health Advocate for assistance with a care complaint. The parent expressed frustration over discharge from the facility and the need for DCR reassessment immediately upon discharge. The BHA provided the parent with a warm hand-off to the facility's Executive Director to discuss how to better serve individuals and families and to facilitate stabilization and readmission. Additionally, the Advocate established communication between the E&T center and crisis services provider to discuss general improvements to the continuum of care. The BHA also discussed the benefits of a Mental Health Advance Directive with the parent and then referred them to legal counsel for answers to questions they had about the expansion and efficacy of a Power of Attorney. Following the delivery of this information and referral to resources, the case was closed.

Greater Columbia Region: An individual contacted the OBHA office with concerns about an inpatient facility after their recent discharge. Our Advocate explained the complaint/grievance process, assisted them to prepare for the meeting with the staff at the inpatient facility, and talked with them about expectations and self-advocacy. Following this conversation, the individual told the Advocate that they now understood the process and felt comfortable independently navigating the complaint process. OBHA's Advocate supported their decision and invited them to reach out again if they wanted any further information or support.

OBHA Statewide Office: A parent called our office and shared that her adult son with serious mental illness died from unknown causes less than 48 hours after being discharged from an inpatient facility. The parent was concerned that her son died from withdrawal of psych meds because he was not given any medication when he was discharged. The parent talked about her grief and stress, and expressed her desire to share her story so that no one else has to go through a similar situation. OBHA's Program Manager helped the parent locate contact information for her local legislature to share her story and provided a number of support groups and resources to deal with grief.

OBHA Statewide Office: An individual contacted OBHA requesting support finding a therapist who utilizes a humanistic approach and has experience working with older adults providing eldercare for their aging parents. The individual reported having had negative experiences with all of the available providers that accepted her insurance. Our Program Manager researched options and provided the individual with contact information for group peer support, individual peer support, individual therapy, and group therapy. The individual was not happy with any of the options provided and ultimately requested to be connected with an advocate in order to file a grievance with the MCO to see if they would cover an out-of-network provider. This individual is now in contact with the Thurston/Mason BHA to see if they can successfully access coverage for an out-of-network provider.

System Issues

The following systemic issues were identified by OBHA regional and state-level staff and/or emerged during regional forums during the quarter:

- ***Transportation challenges with the contracted Medicaid provider in the Spokane region.*** Our Behavioral Health Advocate (BHA) noted hearing of a number of incidences of late or missed transportation provision affecting access to appointments.
- ***Lack of female SUD beds in the Thurston region.*** There is a severe lack of availability of treatment beds for women in the South Puget Sound area centered in Thurston County. The general shortage of inpatient treatment beds was noted during multiple community forums.

Conflicts of Interest

There are no known conflicts of interest. All OBHA staff are Peer Washington employees. Neither OBHA employees nor our volunteers are employed by or have any financial or other 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

Behavioral Health Advocates were hired to fill vacant positions in Pierce, Great Rivers, and the Southwest regions during this quarter. All 10 regions had coverage by an Advocate or OBHA Regional Director and a Program Manager. No Advocates resigned or otherwise left their positions. We are currently recruiting to fill two vacant Advocate positions so as to free up the Regional Directors.

Outreach Activities: Visitations, Material Dissemination, and Community Forums & Education

One or more community forums were held in each of the 10 regions during the quarter, with some regions hosting monthly forums. OBHA Advocates also attended a number of other outreach events, including tabling at the statewide Peer Pathways Conference in August. The following table details the number of outreach activities completed within the quarter by each of the regional BHAs and state office personnel.

Table 3. Outreach & Education Activities

Regions	No. of Presentations*	No. of Conferences	Resource Fairs
State OBHA Office			1
Great Rivers Region	5	1	
Greater Columbia Region	3		
King County Region	1		
North Central Region	7		
North Sound Region			
Pierce County Region	3		
Salish Region	3	2	3
Southwest Region			2
Spokane Region	1		1
Thurston/Mason Region			

** This number includes community forums held during the quarter.*

Trainings Delivered

No trainings for behavioral health agencies or the general community, outside of the education delivered as a part of the community forums, were held this quarter.

Professional Development for OBHA Staff

OBHA held its quarterly training for BHAs on August 21st and 22nd. The training centered on the new conflict resolution curriculum developed by the Brunner Resolution Group specifically for OBHA. BHAs and other OBHA staff also participated in a range of other professional development opportunities during the quarter, including the Coach Approach, CCAP, Recovery Coach Academy, and Certified Peer Counselor trainings. In addition, 10 OBHA staff attended the Peer Pathways and/or Behavioral Health Conferences.

Funds Expended

No funds were passed through OBHA during this quarter.