



2022-2023 Q3 Report: January 1, 2023 – March 31, 2023

Overview

All core activities and components of OBHA were operational during this quarter. OBHA Advocates responded to a steadily growing number of incoming information requests, complaints, grievances, and advocacy support services at both the regional and state levels. The OBHA website also now has the capacity to accept information or services requests and public comments.

During the quarter, OBHA’s statewide office and 10 regions continued to ramp-up and solidify internal systems and launch regular community outreach and education activities. We moved forward the integration of the new EmpowerDB data tracking system as the central means for collecting, monitoring, and analyzing program service data at all levels of the OBHA. All 10 of the regional OBHA offices began in January to hold monthly community forums designed to deliver information about OBHA services to individuals, families, and service providers and provide a venue for community input, feedback, and discussion. The second quarterly training for the regional OBHA Advocates was held in February and included among other topics two Tribal presentations designed to build Advocates’ knowledge and understanding of Tribal beliefs regarding and approaches to behavioral health care.

As described in our previous report, while Peer Washington has met all of our milestones for this project, the substantially lower funding level than had been originally forecast for the program continues to impact program development and capacity.

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	15	14				1	1		
Great Rivers	15	15					4		
Greater Columbia	27	27					2		
King County	64	60	3			1	23		2
North Central	30	29	1				7		
North Sound	30	30					9		

Pierce County	21	21					9		
Salish	11	11	0				3		
SW Region	41	36	2				19	1	
Spokane	46	35	11				34	1	2
Thurston /Mason	16	16					4		
Total	316	294	17	0	0	1	116	2	3

* 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	3	2		1					
North Central	1	1							
North Sound									
Pierce County									
Salish									
SW	2	2							
Spokane	11	9	1			1			
Thurston/Mason									
Total	17	14	1	1		1			

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

- Access:4
- Dignity and Respect: 4
- Quality/Appropriateness of Services: 8
- Patient Rights:5
- Calls Not Returned:
- Payee Services: 0
- Housing: 1
- Physicians, ARNPS, and Medications: 4
- Residential Services: 1
- Transportation: 0

- Other:2

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.

King Region: An individual contacted the BHA to express how upset they were with a case worker at Therapeutic Health Services. The person felt like their voice was not being heard regarding their mental health and medication needs among other issues. She stated she was afraid to speak up because of a past experience which had resulted in her being kicked out of treatment. Her treatment is court ordered and if she were to be terminated from treatment she could potentially be sent back to prison. BHA empowered the individual to advocate for herself, walking her through the process of what self-advocacy looks like including doing some role playing. With this support, the individual was able to effectively advocate for herself. She communicated her needs to the case worker, including requesting counseling and medication to help with her severe depression and anxiety. The agency then stepped up to provide more support to the individual. The case was successfully resolved.

North Central Region: An individual contacted the North Central BHA on behalf of an aging family member who had received services in North Sound. The family member had been treated poorly during a medical evaluation at Island Health Hospital. Additionally, the family member felt their loved one had not been treated with culturally appropriate care. North Central BHA, using no-wrong-door protocols, contacted Island Health and received a direct response from their Compliance Officer. The Compliance Officer provided step-by-step procedures on how to initiate an investigation and resolution with Island Health Hospital. North Central BHA was able to forward the information to the individual who indicated they could assist their family member to reach a resolution. North Central BHA connected with North Sound and forwarded case information so that they could follow-up if needed. This case shows the connectivity between Advocates, regions, and the efficacy of the “no wrong door” approach to advocacy.

Greater Columbia Region: An individual was referred by NAMI Tri-Cities for assistance with housing. The individual was in desperate need of assistance as their former partner was forcing them to leave the home in what was described as a domestic violence situation. The individual stated that they had been diagnosed with agoraphobia, depression, and anxiety and had not left their home in over 5 years. They were not currently enrolled with a behavioral health provider and had no support system. The individual indicated they were feeling hopeless and fearful. The BHA provided a variety of resources including housing services in their county of origin, crisis services contact information, and contacts for behavioral health supports in their county of origin. When the individual reported back that they were still having difficulty accessing services, the BHA reached out to a colleague who specialized in housing assistance. The colleague provided a direct number for the individual to contact them. The individual later reached back out to the BHA to report that things were starting to look up, they no longer felt hopeless, and were grateful for the assistance that the BHA provided linking them with housing assistance.

OBHA Statewide Office: The parent of a 13-year-old trans youth contacted OBHA for help getting their teen into therapy. The parent reported that the youth had been accessing services but then got COVID and when they were unable to go to their appointments they were dropped from services. The parent reported the youth was struggling with self-harm and suicidal ideation. The BHA shared a bit of their own story as a trans person in recovery from self-harm and sent the parent a list of resources including a list of crisis resources that the youth could access via phone, text message, or computer that were specific to LGBTQ+ youth. The BHA also encouraged the parent to connect with their local NAMI chapter for peer support as a parent supporting a child with mental health concerns, shared PFLAG contact information, and provided the parent with a list of Wraparound with Intensive Services (WISe) providers in their area. The parent expressed gratitude for the BHA's support and stated they would reach out for additional support as needed.

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.
- ***Parental access to Release of Information.*** Our BHA in the Great Rivers Region has noted multiple incidences where lack of a Release of Information has acted as a barrier for parents who are working to coordinate services for their incarcerated adult children who have substance use issues.
- ***Licensing disparities between states.*** Differences in the required hours of experience needed for independent practice in Washington State was noted and discussed as a barrier for behavioral health professionals moving into the state.
- ***Rural isolation and the ongoing disparity in digital access.*** The continued lack of reliable, consistent remote access to services as well as the need to travel longer distances to access in-person services for many residents of rural communities was identified as a barrier.
- ***General lack of community knowledge and awareness of service availability.*** A need for enhanced education to grow awareness of the availability of various behavioral health services was noted and discussed during many of the community forums.
- ***Lack of culturally competent, person-centered care.*** This barrier arose at several of the forums, where participants called out specific populations including Native Americans/Alaska Natives and the trans community for whom limited if any appropriate behavioral health services are available.

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 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

During this quarter the BHAs in the Salish and Southwest regions left their positions and the BHA in the Pierce County region went on medical leave. Peer Washington has been able to cover service needs in each of these regions. Program Director Justin Blackwell, officially the Great Rivers region BHA, is currently onsite two days per week at the NAMI office in the Southwest region to provide behavioral health advocacy services and is covering service needs for the Salish region remotely. Services for the Pierce region are being provided via the state OBHA office. We are in the process of rehiring the BHA positions for Salish and Southwest regions.

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

Eight of the regions launched their monthly community forums in January 2023; Salish and Thurston/Mason held their first community forums in February 2023. Across the state, a total of 28 forums were held during the quarter. In addition, state and regional OBHA personnel continued to conduct outreach presentations to introduce local behavioral health provider agencies and other community-based agencies to OBHA and our services. 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
State OBHA Office	3	0
Great Rivers Region	4	
Greater Columbia Region	20	
King County Region	2	
North Central Region	40	
North Sound Region	4	
Pierce County Region	5	
Salish Region	5	
Southwest Region	4	
Spokane Region	4	
Thurston/Mason Region	4	

* 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

Nine BHAs attended the OBHA's second quarterly training in February. The 3-day training, designed and hosted by OBHA's state staff, included presentations on administrative hearings, state plan amendment, Department of Assigned Council, mandatory reporting/duty to warn, and standard operating procedures, along with the tribal trainings *Generational Clarity* and *Indian Health Delivery System 101 and Tribal Behavioral Health*. In addition, BHAs completed numerous Relias employee training webinars during the quarter (full list available upon request).

Funds Expended

No funds were passed through OBHA during this quarter.