



2022-2023 Q4 Report: April 1, 2023 – June 30, 2023

Overview

Demand for OBHA services significantly escalated during this quarter. Outreach activities and word of mouth have effectively raised awareness throughout the behavioral health community across the state about the services OBHA is providing. Our regional and statewide offices responded to a total of 366 cases during the quarter, up from 316 in the previous quarter. The Spokane region led the growth in demand for services with a 46% increase in number of cases, followed by the King County region with a 25% increase.

The statewide office and 10 regional sites continued their efforts to solidify OBHA's systems and processes. This included furthering the integration of and troubleshooting issues for our new EmpowerDB data tracking system in order to provide accurate, timely, and reliable statewide data. This work was made more challenging by staffing issues during the quarter. These issues included some staff going on medical leave and our inability to hire for critical positions due to funding limitations. The rising demand for assistance combined with staffing shortage necessitated that we extend our response time targets and focus in on priority activities.

Peer Washington's launch and ramp-up of the OBHA over the past nine months has been a success. We have met all core project milestones. However, the substantially lower funding level than had originally been forecast for the program has impacted program development, reach, 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	8	8							
Great Rivers	19	19					4		
Greater Columbia	15	15					2		
King County	86	82	3			1	20		2
North Central	41	36	5				3	2	1
North Sound	25	25					8		
Pierce County	24	23				1	11		
Salish	24	23	1				12		
SW Region	38	24				14	25		
Spokane	63	48	15				47		
Thurston/Mason	23	23					13		
Total	366	326	24	0	0	16	145	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	5	3				2			
North Sound									
Pierce County									
Salish	1		1						
SW									
Spokane	15	6				7	2		
Thurston/Mason									
Total	24	11	1	1		9	2		

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

- Access: 9
- Dignity and Respect: 10
- Quality/Appropriateness of Services: 9
- Patient Rights: 7
- Calls Not Returned: 2
- Payee Services: 0
- Housing: 2
- Physicians, ARNPS, and Medications: 5
- Residential Services: 0
- Transportation: 0
- Other: 12

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

Complaint/Assistance Request Examples

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

King Region: An individual reached out to our Behavioral Health Advocate (BHA), looking for support because they had been removed from treatment and sent back to the King County jail. The individual wanted help finding resources and support that could help them be released back into the community. The BHA provided a variety of resources including information about recovery peer services available through Peer Kent and Peer Seattle and alternative jail sentencing options such as Drug Diversion Court and the Department of Corrections (Probation).

North Central Region: The parent of a detained youth contacted North Central's BHA for support during the crisis, placement, stabilization, and CLIP (Children's Long-term Inpatient Program) processes. Our BHA provided a range of supports and resources, including warm handoffs to direct service providers. The BHA also connected the parent to State CLIP leaders when facility issues arose. The youth is now stable, scheduled for release from CLIP, and has caught up on their schooling.

North Central Region: An individual phoned BHA for assistance regarding their provider and access to services. After signing an ROI, the BHA met with the behavioral health services provider and successfully negotiated on the peer's behalf, including having the provider agree to provide modified DBT to meet the individual's specific needs, to deliver specific supportive housing services, and to use the individual's chosen name rather than their dead name while the legal name change was in process. They also helped with clarifying the planning and discharge process for the peer. The case was successfully resolved and closed.

OBHA Statewide Office: A parent contacted OBHA via email, requesting support for their 7-year-old child. The parent reported the child's pediatrician had recommended treatment for anxiety as well as assessments for ADHD, ADD, and learning challenges. The parent and child had private insurance were struggling to locate providers within their network. Our BHA provided a list of possible agencies in their area and also reached out to a contact with Kids Mental Health of WA. The Kids Mental Health connection offered to talk with the family to help navigate resources. Our BHA received an email from the parent about a week later stating that the contact with Kids Mental Health had been incredibly helpful and that their child was now on track to receive services soon. The parent thanked OBHA for their support and stated they would be interested in volunteering with the agency.

System Issues

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

- **Shortage of behavioral health staffing.** The inability of service providers to fill open positions is increasingly impacting the community. We are hearing from people about cancelled appointments and long wait times. Unfortunately, it also appears trained peers who are available are not being used where possible to fill gaps.
- **Scarcity of available prescribers.** Similarly, we are hearing there is a significant shortage of licensed psychiatrists. These impacts of the shortage are compounded by agencies requiring individuals have an established primary care physician (PCP) with them in order to access a psychiatrist, and by PCPs who are unwilling to manage behavioral health related prescriptions.
- **Transportation barriers to service access.** This issue continues to arise particularly in rural regions within the state with limited public transportation options. Specific challenges that were identified include that there is virtually no public transportation across county lines and that long-term care residents have difficulty getting back to the home facilities when discharged from emergency departments and hospitals.
- **Lack of regional inpatient resources.** The North Central region identified a lack of both inpatient voluntary commitment and diversion services.
- **Declining attendance at and effectiveness of monthly behavioral health forums for information gathering.** There is some question of whether a new approach for information sharing and gathering may be more effective, such as the use of regional networking meetings along with quarterly forums.
- **Lack of culturally competent treatment services such as for individuals identifying as Indigenous, transgender, or autistic.** This issue arose within a number of forums.

Conflicts of Interest

OBHA is not aware of any potential conflicts of interest among our staff. 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

During this quarter, insufficient funding for personnel and substantial growth in workload put significant stressors on existing OBHA staff. This can quickly lead to burnout among individuals who are all peers themselves with lived experience of behavioral health challenges. The following key OBHA staffing activities took place during the quarter:

- BHAs were hired to fill open positions in both the Salish and Southwest regions.
- The BHA from the Pierce County region, on medical leave when the quarter began, left their position midway through the quarter. We have posted the open position and are currently recruiting candidates.
- The BHA for King County went on a 12-week medical leave in early June. An OBHA Program Director is currently providing coverage for this region, distributing cases to BHAs around the state who have smaller caseloads.
- We have begun recruiting for a replacement for our Great Rivers BHA, currently being covered by Program Director Justin Blackwell who will be retiring this September.

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

All 10 regions held monthly forums during the quarter. Given how stretched our staff is, we have needed to pull back on direct outreach to behavioral health provider agencies and other community-based agencies in order to prioritize responding to individual inquiries for information and assistance. Nevertheless, BHAs and OBHA state office staff participated in a total of 54 of outreach activities over the three months, including community events, resource fairs, conferences, and presentations. Mental Health Awareness month in May and June's celebration of Pride provided a number of opportunities for tabling and outreach. This included partnering with the Health Care Authority to table at the Say It Out Loud statewide conference.

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	4	
Great Rivers Region	2	
Greater Columbia Region	21	
King County Region		
North Central Region	14	
North Sound Region	1	
Pierce County Region		
Salish Region	5	
Southwest Region		
Spokane Region	4	
Thurston/Mason Region	3	

* This number includes community forums held during the quarter.

Trainings Delivered

Outside of the education delivered through the monthly forums and outreach activities, OBHA was unable to provide any additional trainings for behavioral health agencies or the general community due to the lack of funding limiting our capacity.

Professional Development for OBHA Staff

OBHA held our quarterly training for BHAs in May. The two-day training included an update on relevant legislation from the HCA, introduction to the Department of Commerce, presentation from the Office of Consumer Partnerships, and workshops on mediation, facilitation, trauma-informed care, person-centered language, and documentation among other topics. In addition, OBHA staff attended training as part of the 2023 Washington Behavioral Healthcare, Say It Out Loud, and Peerpocalyse Conferences.

Funds Expended

No funds were passed through OBHA during this quarter.