



2023-2024 Q2 Report: October 1, 2023 – December 31, 2023

Overview

All core OBHA activities continued throughout this quarter. We continued to see call volume increase, with the majority of contacts requesting information and resource assistance. During the quarter we also received more outreach from parents requesting information and/or advocacy services for their teens in in-patient facilities. With the exception of the BHA for the Salish region who left her position in early December, all other OBHA staff were retained during the quarter. OBHA’s Advisory Council met in November, attended by 6 Council members and 3 guests. We are continuing to recruit Advisory Council members specifically from regions that are currently unrepresented.

During the quarter OBHA partnered with the Behavioral Health Administrative Services Organizations (BH-ASOs) in King County and the Southwest regions to respond to ongoing issues that arose with specific in-patient facilities in those areas. This engagement will continue into Q3.

In Q2 we identified strategic priorities for the remainder of this fiscal year. These priorities include the following:

- Increase outreach activities by the regional Behavioral Health Advocates (BHAs) and through volunteer recruitment.
- Through training from Michelle Madigan, currently contracted to deliver advocacy support services for youth, develop at least 2 internal OBHA staff with the expertise to serve youth.
- Secure office space for BHAs in 5 prioritized regions: Spokane, Great Rivers, North Sound, Pierce County, and King County. Office space in these high-volume regions will both assist to overcome current service challenges (e.g., inconsistent internet access in BHAs’ homes) and create the foundation to bring on additional regional staff.
- Create OBHA Standard Operating Procedures.

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	14	14					1		
Great Rivers	17	17					5		
Greater Columbia	16	16					1		
King County	69	69					17		
North Central	16	16					2		

North Sound	27	26	1				10		
Pierce County	22	22					6		1
Salish	24	24	2				4		1
SW Region	16	16					0		1
Spokane	33	26	7				13	2	
Thurston /Mason	25	25	1			1	13		
Total	279	271	11	0	0	1	72	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									
North Central	1	1							
North Sound									
Pierce County									
Salish	1	1							
SW	1	1							
Spokane	7	7							
Thurston/Mason	1	1							
Total	11	11							

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

- Access: 3
- Dignity and Respect: 6
- Quality/Appropriateness of Services: 6
- Patient Rights: 3
- Calls Not Returned:
- Payee Services: 0
- Housing: 1
- Physicians, ARNPS, and Medications: 3
- Residential Services:

- Transportation:
- Other:

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.

Pierce Region: The BHA was contacted by an individual who was court ordered to stay at an evaluation and treatment facility for at least 90 days. They initially contacted the BHA because they wanted to be released to live on their own and were very upset about not being able to leave the facility they had been transferred to after arriving at the emergency department. Our BHA spoke to them multiple times on the phone, explaining that they were there due to concerns for their safety and because a judge had decided that it was in their best interest. The BHA reached out to the local DD Ombuds to staff the case and assist with finding housing. The BHA was told by the individual's social worker that they would be sent to Western State if they could not find supportive housing in time. The individual stated they did not want to go to Western or a group home/supportive living due to various concerns and reasons. The individual later let our BHA know that they had completed an SUD assessment as recommend by their social worker and DDA case manager, and that they were very happy because the assessment verified that they indeed would benefit from inpatient SUD treatment. The individual told us that they are ready to face their issues with substances and learn how to work through hard emotions and trauma in a healthy way. The person is currently in the process of looking for inpatient SUD treatment with their DDA case manager and social worker. This individual is now getting the help that they both need and want.

North Central Region: An individual contacted the North Central Behavioral Health Advocate (NC BHA) for assistance in locating Eye Movement Desensitization and Reprocessing (EMDR) therapy within the region. The NC BHA reached out to a system partner/colleague to identify EMDR-certified therapists and programs. The system partner spoke with the one private practice EMDR-certified provider in the region and forwarded the resource to the NC BHA. The NC BHA was able to give the individual direct contact information about the provider and a list of additional self-guided and telehealth options available online and in Washington. The individual acknowledged their receipt of the information, contacted the provider for further care, and thanked the NC BHA for their assistance.

OBHA Statewide Office: An individual submitted a complaint with the Department of Health due to a community mental health agency not returning their calls or emails for 2 months while the individual attempted to enroll in services. DOH forwarded the complaint to OBHA. Our Program Manager (PM) researched the provider and identified contact information for their Compliance Manager. Our PM encouraged the individual to reach out to the Compliance Manager and call OBHA back if further assistance is needed. No follow up call received; the case was closed.

OBHA Statewide Office: The elderly parent of an adult child in their 60s who was on a 14 day hold at an inpatient facility contacted OBHA to request assistance. The parent reported they had been unable to get in contact with anyone from their adult child's care team and wanted to make sure their

adult child was being cared for properly. Our PM explained client rights and the need for the adult child to sign a release of information for the agency to even acknowledge that the adult child is in their care. Our PM also provided the contact information for the Patient Advocate at the agency due to the parent's concerns about the quality of care being provided. Our PM offered validation and reflection of the parent's concerns and encouraged the parent to care for themselves as well as caring for their adult child. The parent expressed gratitude for PM's kindness and called back the next day to report that their son had signed a release and they had been able to speak with the care team.

System Issues

No new systems issues emerged during the quarter. The greatest challenge experienced by the individuals we serve continued to be related to access to safe, affordable housing. Other ongoing challenges include the shortage of available treatment and basic needs resources.

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

All Behavioral Health Advocate positions were filled during the quarter. The BHA in the Salish region submitted her resignation that was effective in early December. We immediately began recruiting to fill the role and anticipate having a new BHA in place by the end of January 2024. During Q2 we also made some internal staffing structure revisions, most significant of which was moving from 2 to 1 Program Director overseeing, supporting, and supervising the 10 regional BHAs. Previously, Program Directors were also needing to fill-in for the BHA role when positions were vacant. With stability among BHA staff, 1 Program Director is adequate. This also frees up resources to fund other high priority needs including office space for BHAs and additional direct service staff in the regions such as Advocacy Coordinators.

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. We were able to resolve some challenges with forum delivery during the quarter that had stemmed from linking the Zoom meeting platform with a specific BHA rather than with each region. With this shift, we anticipate access to the forums will be easier and more consistent moving forward.

OBHA Advocates also attended a number of other outreach events, including tabling at the Washington State Association of Drug Court Professionals and Washington Association of Drug Courts Conference (WSADCP/WADCC) and the Pierce County School-Based Mental Health Summit both held in October. 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	2	
Great Rivers Region	19	
Greater Columbia Region	1	
King County Region		
North Central Region	14	1
North Sound Region		
Pierce County Region	10	
Salish Region		1
Southwest Region		
Spokane Region		
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 November 14th and 15th. All 10 BHAs attended the quarterly training. The training knowledge development and skill-building on topics including negotiation, feelings and emotions, outreach, and empowerment. BHAs and other OBHA staff also participated in a range of other professional development opportunities during the quarter, including attending the Washington State COD & Treatment and WSADCP/WSADC conferences. OBHA's leadership team also attended Peer Washington's 5-day leadership retreat.

Funds Expended

No funds were passed through OBHA during this quarter.