Overview of Statewide Office of Behavioral Health Services 4th Quarter ending June 30, 2023

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 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.

Current Spokane Region Office of Behavioral Health Advocacy

Our office has seen a significant increase in people contacting our office and as noted in the Statewide Report, we have experienced a 46% increase in people contacting our office. Currently, the Spokane OBHA has fifty-one (51) open cases. Of that, seventeen (17) are individuals with an open complaint. OBHA distinguishes complaints as issues at the provider level. Grievances are counted if they reach the Managed Care Organization or MCO.
Below are charts showing current open cases. No data for type of complaint resolution is available at this time. The database OBHA is currently using still needs some fine-tuning.

Data is as of July 20, 2023
Spokane Region Community Forums

Spokane Region hosts monthly Community Behavioral Health Forums on the second Wednesday of every month. These forums give people the opportunity to talk about what is working and what is not working in our communities.

The Forums focus on what is working, what is not working, and the experiences that regional people experience. We also ask if services are responsive to the needs of people who need them, if they are available, and if the services are culturally responsive.

Attendees are a mixture of people who use services, those who provide services, and state and regional stakeholders, such as Better Health Together, Peer Spokane, and Health Care Authority. We have tried to bring in a guest speaker every month and this has been an attendance draw.

Some of the feedback received at the forums:

- Wait times are too long.
- There is no stepdown for youth coming out of inpatient services.
- Transportation is not available for people who live in rural areas.
- Incarcerated populations: There is a gap in care between incarcerated coming out of jail and into services, housing, jobs, etc. There is a big disconnect between what is needed and what is available/needed. Incarcerated leave with what they came with and do not have resources prior to or at time of discharge.
- Audience members recommended facilitation of a meeting between service providers and jail administration.
- Community is blocking expansion of services or bringing in new services. For example: an agency wanting to build and provide services within Colville (Stevens County), to treat DD, TBI, dementia, etc. NIMBY.
- Traumas experienced because of sexuality: abuse, neglect, trafficking, assault, molestation, etc. are adding complexities to receiving appropriate services.
• EMDR: eye movement desensitization and reprocessing. Guest speaker discussed its positive impact on his recovery and processing of trauma.
• Maintaining our relationships as we age: LGBTQ+ people may or may not end up in a skilled nursing facility that recognizes their important relationships, including their spouse.
• It is hard to “fight this from the top down” and discussed how political climate reiterates the need for inclusion.
• It is important to have BIPOC representation and providers.
• Parents need more support and resources.
• One person from the BIPOC community shared that providers need to stop putting up barriers.
• A 14-year-old Hispanic youth who was experiencing symptoms of panic was taken to the emergency room by her grandparents who did not speak English well. The language barrier led to a profound misdiagnosis of bipolar disorder. Because of this, she was not allowed to join the military even though the diagnosis was disproved at a later date.
• One person said do not increase the barriers. Black and Brown individuals need to have more information so that decisions are easier to make, and the barrier decreased. Rather than say, “if you just do what I tell you to do”, explain the situation or decrease the barrier. Not creating 50 more hoops. If a black person presents for services, they are not believed: “you want disability, you don’t want to work”, etc. There is an assumption that BIPOC are presenting for reasons other than behavioral health needs and care.

These are just some of the comments received during recent forums. May, June and July were focused on May is Mental Health Awareness, June is Pride Month, and July is Minority/BIPOC Mental Health Awareness month.

The status of the Spokane Region Behavioral Health Advocate (BHA).

Currently the OBHA East Regions Program Director is also providing BHA services. With the increase in call volume, it is getting increasingly hard to meet all the needs of people who are calling. Some just need to be provided the right resources, but others are more complex and need more focus on getting their issues resolved.

Example: a person who is paying into a Medicaid plan under the Healthcare for Workers with Disabilities Act (HWD). At the new agency where he went for services, the person in billing insisted that the services he was receiving was not covered under HWD. The person knew differently but was frustrated that he was not believed. It took a lot of research and contacts with his MCO and HCA, but eventually it was worked out. The agency submitted the correct codes and received payment for services provided.
Unfortunately, the person and the therapist had both left by that time so they were not able to reap the rewards of getting the payments figured out.

A person is billed by AMR for the second ride to the transferring psychiatric hospital, despite billing Medicaid correctly for the first ride hours earlier. This has greatly frustrated the individual and she is fighting a bill for thousands of dollars.

A person is being titrated down from benzodiazepines but feels it is being done too quickly and even claims they experienced a seizure due to the withdrawal. At the same time, the agency is discharging them before the end of the titration period. Spokane BHA lost contact with this individual.

**On the Horizon for Spokane Region**

Once funding is secured a BHA will be hired for the Spokane region. In the future it is hoped that a second BHA can be hired to meet the rising needs of our communities.

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Office of Behavioral Health Advocacy