2021-2022

ANNUAL REPORT

Mobile Integrated Health

Prepared By :
CJSW Admin
6231 188th St NE
Arlington, WA 98223

TABLE OF CONTENTS

MOBILE INTEGRATED HEALTH PROGRAM

HISTORY

In the fall of 2020, Arlington WA's Mayor, Barbara Tolbert, convened a group of leaders in the community to discuss the development of a Mobile Integrated Health (MIH) program. Our CEO, Dr. Kaitlyn Goubeau, assisted in the development of a proposal to Senator Wagoner. This proposal was added to a bill and funding to support this program was approved.

OVERVIEW

Today, CJSW works directly with Mayor Tolbert to implement the MIH program. CJSW receives referrals from Arlington Police Department and North County Regional Fire Authority to assist community members in need of behavioral health or social supports. Our social workers provide de-escalation, crisis intervention, biopsychosocial assessment, brief therapeutic intervention, case management, assist with ITA paperwork, coordinate with hospital and DCR staff, and coordinate services for the individual moving forward.

The goal of this program is to reduce the over-utilization of emergency services by addressing the root cause of the issues leading to consistent 9-1-1 calls. In turn, this reduction will lead to diversion from local jails and hospitals.

447
total referrals received

426
total referrals from Arlington Police Department

15
total referrals from North County Fire

6
total referrals from other sources

ABOUT CJSW

Center for Justice Social Work was founded in 2020 by Dr. Kaitlyn Goubeau, a licensed clinical social worker, and is dedicated to working with communities to enhance the way in which individuals receive emergency care during a behavioral health crisis. CJSW's headquarters is located in Arlington, WA.

DR. KAITLYN GOUBEAU, LICSW
PROGRAM MANAGER

SARAH H. TRAJANO, LICSW
CLINICAL SOCIAL WORKER

JESSICA WILLMORTH
PROGRAM SUPPORT

OLIVIA LAUZON
JUSTICE SOCIAL WORKER

STUDENT INTERNS:
- JILL MALONE
- JOSH KENT
- JONATHAN MORTENSON
- ALYSSA CAMPBELL (AUG)
- VIKTORIA RATCHFORD (OCT)

YEAR IN REVIEW Successes

The Mobile Integrated Health (MIH) program has seen great success in the first year of the pilot project. Our data indicates a decrease in the response to 911 calls as well as an overall decrease in severity of call type. We hypothesized that CJSW intervention would lead to diversion from local jails and hospitals. So far, our data has supported this. Our data does show an increase in 911 calls when comparing the number of 911 calls 60 days pre referral compared to 60 days post referral.

26.5%
decrease
in 911 calls one month post referral versus one month prior to referral

11%
increase
in 911 calls two months post referral versus two months prior to referral

However, we saw a decrease in 911s when analyzing the 30 day comparisons. This tells us that 911 call volume has the potential to increase over time but that these calls are resulting in a less severe response. We did expect an increase in calls as many community members are now learning that they can be offered additional support when they call 911. Additionally, we have seen excellent anecdotal evidence of clients satisfaction as CJSW clinicians are forming strong therapeutic relationships with not only their clients, but client families, other community providers, and the community at large.

CJSW had the opportunity to put various staff members and interns through the Designated Crisis Responder (DCR) Academy. This has led to improved responses related to mental health crises, involuntary treatment options, and necessary documentation.

Additionally, CJSW operates under a 'no closed door' approach to emergency services, consistent with SAMHSA crisis response recommendations that emergency services should be available to all regardless of ability to reimburse or pay for services. This has been incredibly powerful to see what can be accomplished from a behavioral health standpoint when cost is not a factor. Not only have we seen an increase in engagement due to a lack of financial responsibility, but we have also seen an increase in utilization of community resources that individuals of all income levels didn't know they qualified for prior to CJSW intervention.

CJSW received from the National Association of Social Worker's Washington Chapter when they were awarded the President's Award for the City of Arlington's MIH program.

YEAR IN REVIEW Barriers

While focusing on serving the community and building a robust and replicable program, we have come across various barriers. First and foremost, we have worked tirelessly to come up with a system in which we can coordinate with first responders related to community members in mental health crises. Oftentimes, immediate collaboration is not possible, so we are tasked with communicating before and after the crisis occurs in order to plan and intervene in the most effective way possible. Laws pertaining to HIPAA and Public Disclosure, to name a few, limit this possibility. If our goal is to improve emergency access to behavioral health crisis, revisiting some of our most basic laws is a necessity.

The next major barrier to program effectiveness is the overall lack of available resources. Most service providers are full, have long waitlists, are short staffed, or don't accept insurance plans. When resources are available, the system is incredibly difficult to navigate independently. Additionally, there are a lack of caregivers to work with our older adult population, lack of appointments with Primary Care Providers (PCP) for routine and basic healthcare needs, and lack of accessible transportation for individuals outside of city limits, medically complex individuals with medicare, and those with a disability.

The availability for crisis stabilization care is also limited in the greater Arlington area as the closest facility is in Everett and not well utilized by our community. We must prioritize stabilization services to decrease the likelihood of individuals ending up in inpatient hospitalization. Not only is this cost effective ($300/day vs $1,000/day), but it also has much better outcomes.

One of CJSW's top priorities is data collection. This is essential to building effective programs that can be replicated in any community. Data collection tells us a lot about the intervention we are providing and how it can be adjusted to better serve the community. There are a few barriers related to information sharing that have impacted our ability to quickly respond to individuals in need. First, and arguably most important, is timely access to referrals. The MIH program works off of a referral based approach in that CJSW accesses their clients after the police or fire department send a referral. During this first year, we have seen long wait times between the time of the 911 call or incident to the time CJSW receives the referral. Often, clients aren't aware that they were referred for follow-up services and their crisis has since passed. Individuals who experience behavioral health crises need timely intervention and when this is not possible, prolonged negative outcomes are likely to arise.

continued on next page

YEAR IN REVIEW Barriers

While this program is focused on alleviating the emergency response system, there are other avenues for referrals that could improve our outcomes outside of just police and fire. Many of our colleagues in the hospitals, schools, and businesses come across individuals who over-utilize the 911 system, police, fire, hospitals, and jails, but are unable to send referrals to CJSW.

Finally, as expected, buy-in for programs such as these take time and active effort. As seen in the data, buy-in from the police department has been much more successful than that of the fire department. Throughout this year, CJSW has attended various meetings with our partners (APD, NCRFA, and City of Arlington) to work together in the creation of systems that foster collaboration. Despite these efforts, there tends to be a lack of follow through or prioritization of this program. Staffing, the pandemic, and organizational restructuring are a few of the reasons behind this lack of involvement. We are hopeful for continued efforts and active collaboration as we continue to build this program.

911 System

Addressing over-utilization

59%
decrease
in fire response

49%
decrease
in police response

59%
decrease
in multi-unit response

YEAR IN REVIEW Data

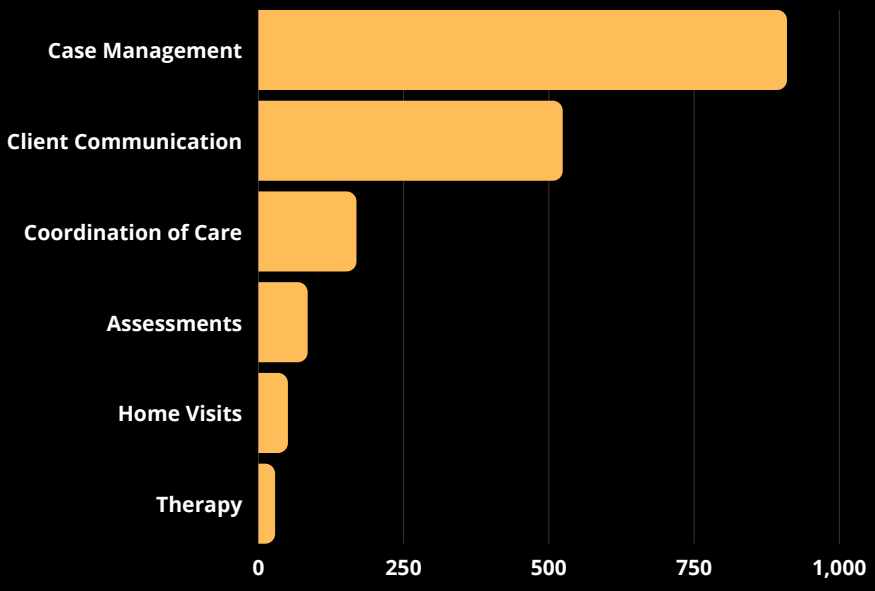
58.5%
decrease
in transports to hospital

90%
decrease
in transports to jail

7
too acute for diversion

YEAR IN REVIEW Data cont.

Services Provided by CJSW



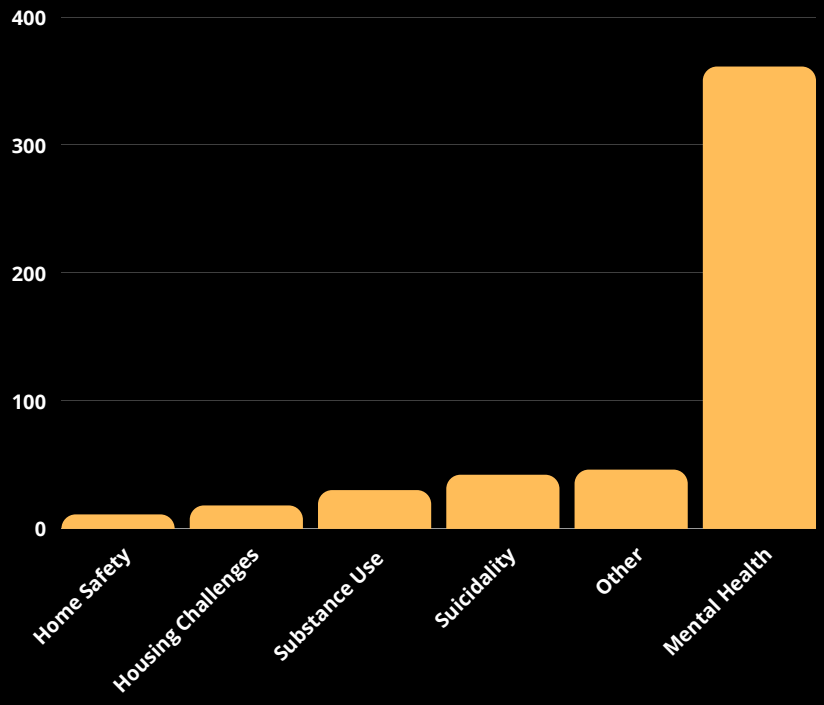
1762
total services provided

59
service calls abandoned

27
referrals declined by CJSW

32
# of services declined by client

Primary Concerns of Clients



YEAR IN REVIEW Data Limitations

When it comes to analyzing data, CJSW strives to be transparent about the data collected and what it means. As such, below are limitations to our data that we felt needed to be shared:

1. When a referral is received it doesn't always have a name or any identifying information on it as it is automatically sent to CJSW after a BHC call occurs.
    a. This limits our access to the individual in need of services.
2. When requesting data from Sno911 to gather pre and post referral call history, we are not receiving consistent sets of information.
    a. Information shared depends on the staff member completing the records request.
    b. We have to request data based on a report number which we don't always receive, the number could have multiple people associated, the number could have multiples addresses or phone numbers associated, and the names could be misspelled.
3. When data is collected for a client that lives at an apartment complex or the call associated with their referral was a public location, we get hundreds of entries that are not necessarily associated with the client.
4. There are often large delays between when the call occurred and when the referral is sent to CJSW which impacts response time.
5. All data is based off of the date that the referral was accepted by CJSW.
    a. This was done to ensure consistency across data sets.
6. In some situations, clients had multiple data sets with varying information. In an effort to reduce duplication and errors, data with inconsistent or obviously inaccurate information was deleted so as to not skew the data one way or another.
7. Data is based on 60 days pre and post referral accepted.
    a. Longer measurements will occur overtime, however there were major limitations to measuring changed based on the data received from Sno911.

YEAR IN REVIEW Lessons Learned

With successes and barriers come many lessons learned. First, we discovered that community members were unaware of CJSW's involvement with local police and fire departments. Individuals were confused and sometimes frustrated by CJSW outreach. As such, we created materials that first responders could provide to community members when they are on-scene of a behavioral health (BHC) coded call or when they are actively referring the individual to our program. We also established a complaint process in an effort to give the community a voice about the care they are receiving through the MIH program.

Due to the overwhelming demand and lack of outside resources, our plan to utilize social work interns has led to various challenges. While this is a very cost effective option, it does not provide the level of consistency and availability for the ongoing care that many of the clients need.

A key component to crisis care in emergency services is to not operate in isolation. As such, CJSW has made an active effort to collaborate closely with various community providers to ensure the clients' are getting the best possible care. In response to this lesson, we have started to conduct home visits with APD officers or NCRFA's CRP. This has led to an increase in engagement when performing warm handoffs from one professional to the next. Additionally, this increased collaboration has led to more buy-in from our partners.

When CJSW receives referrals, much of the information obtained is coded with unknown acronyms and formats that are unfamiliar to the average mental health professional's eye. CJSW staff have learned various dispatch codes, dispatch formatting, and first responder 'lingo' in order to understand the information in the referral and obtain an accurate assessment of the situation and potential needs.

Possible Changes

With all that we have learned thus far, CJSW is actively working on possible changes to improve the level of care provided to the community. We are hoping to increase co-response efforts to allow for more warm handoffs as well as coordinated responses to familiar clients. Efforts are also being made to improve the closed loop communication between CJSW, APD, and NCRFA. A need for access to emergency mental health or substance use assessment appointments has been presented multiple times and as such, CJSW is working to form relationships with these providers. A close collaboration with 911 dispatch and Cascade Valley Hospital is something that must be done moving forward. Our clients are in constant contact with these two organizations and communication with them is imperative. CJSW will continue to explore all options for flex funding as there is a high need for assisting clients with emergent expenses.

START UP REPORT Review

Providing Services Citywide- Addressing Urban and Rural Needs

The City of Arlington as well as the regions in which Arlington Police Department and North County Regional Fire Authority serve have a very unique set of needs. This community is made up of multiple urban areas as well as vast amounts of rural land. As a result, CJSW has made an effort to connect with various community groups both in the town of Arlington, in Smokey Point, and in the town of Stanwood. Additionally, we have coordinated with groups in Granite Falls, Marysville, Oso, Darrington, and Camano Island. Individuals who reside in the more rural areas might access services and resources outside of the city limits of Arlington. Immediate efforts were made in all places that our community might determine is convenient for them, to connect with and learn about those service providers.

A major aspect of the Arlington community is the small town feel that many community members have known all their lives. CJSW wanted to ensure that we connected with all members of the community in a way that felt warm, inviting, and like you would expect from a small farming town. As a result, CJSW clinicians make every effort to meet with clients where they are most comfortable, whether that be in their home, the community, our office, or somewhere else. Clients are not declined services if they live or stay outside of Arlington, rather we accept all clients so long as they were referred by our partners.

Our data indicates that some of our most chronic 911 utilizers are individuals who have lived in this community most of their lives.

All of this data is collected in our electronic health record in an effort to monitor the number of clients served, where services were rendered, and to establish patterns or themes that can improve interventions and outcomes. Additionally, CJSW admin closely monitor individuals who reside in rural areas to ensure they don't receive a different level of care or involvement. Access to timely intervention is imperative to effective behavioral health crisis services. As such, individuals residing in more rural areas have the right to access the same care as those in more urban environments.

START UP REPORT Review

Low Barrier - 24/7 Access

Individuals who are struggling with their mental health, substance use, housing, etc. experience symptoms regardless of the day or time. Access to support and intervention in the moment is imperative to healthy outcomes. CJSW monitors all lines of communication 24/7 through a HIPAA secure, cloud-based platform. On-call staff members monitor this for emergent communication from police, fire, and active clients. When communication is made or a referral is received, CJSW initiates intervention as soon as possible. Many behavioral health programs require an intake appointment in order for the client to access services at their location. This is not a requirement of CJSW and is not inline with the City of Arlington's MIH program. CJSW makes an active effort to be a low barrier service provider to the community. Due to this, CJSW has partnered with various emergency providers and clients overnight and on the weekends to ensure access to immediate care is received.

Enhancing Reporting Capabilities

In March, CJSW developed their own electronic health record (EHR) specific to the work being done in the MIH program. After five months of program building, client intervention, staff growth and training, CJSW staff identified that a major barrier to reporting was the lack of flexibility within the original EHR. CJSW worked with Salesforce to create a basic foundation and CJSW developed the rest. This system is now uniquely tailored to the data necessary to track and manage referrals, response times, interventions, outcomes, and many others. Additionally, CJSW is actively working with Sno911 to develop a system in which we can quickly access 911 call history information to measure our outcomes as timely as possible.

START UP REPORT Review

Collaboration with Community Providers

Immediately after beginning this pilot project, CJSW began meeting with various community providers to establish a line of communication, and provide them with information about the MIH program in video, presentation, and handout form. See below for the specific work being done with these groups:

CRISIS TEAMS: CJSW Admin connected with Compass Health Impact program manager and social worker. Compass Impact shared that they are in a staffing crisis and do not have the capacity to serve the Arlington area at the level that is necessary. To ensure that CJSW and the Impact team didn't overlap in their duties but could still provide support and collaboration when needed, CJSW developed a collaborative working relationship. We adjusted the existing referral process slightly which allowed all referrals submitted by Arlington Police Department to be sent to both teams and the appropriate staff would triage which organization would be most appropriate for accepting the referral. This has eliminated confusion on the part of Arlington Police Department of where and whom they should be submitting a referral.

BEHAVIORAL HEALTH PROVIDERS: CJSW clinical staff remain connected with community providers and collaborated on openings for mental health providers caseload for providers accepting medicaid, medicare, and commercial insurance as well as providers not currently paneled with insurance providers. Clinical staff participate in a consult group with other community mental health providers, attend various behavioral health focus coalition meetings, and have had one-on-one meetings with various providers on a consistent basis to ensure active and open communication.

LAW ENFORCEMENT AGENCIES: CJSW has worked on fostering a relationship with Arlington Police Department. We are working toward having quarterly meetings to address our work together and strategize improvements going forward. We continue to have regular contact with the records department and individual officers as they provide referrals and any additional information not included on the original referral. Arlington Police Department has gone through several staffing changes and has been experiencing staffing shortages leading to limited time to commit to collaborating on work. This has caused some challenges at times, however there is a strong mutual respect which has been very helpful. Requesting records, collaborating on referrals, and consistent communication has put a strain on their records department however we have not been able to identify an alternative form of accessing necessary records at this time.

continued on next page

START UP REPORT Review

Collaboration with Community Providers cont.

EMERGENCY DEPARTMENTS: CJSW has collaborated with local hospital social workers on shared clients. The hospital social work team has expressed interest in being able to refer clients to CJSW that they often see come through the emergency department and struggle to get connected to appropriate ongoing outpatient services. This collaboration continues to be an active project.

CRISIS SETTINGS: The city of Arlington does not have their own crisis stabilization center, the closest stabilization center is in Everett. CJSW toured the facility and had a chance to meet with management who reported that they often do have bed availability and would be willing to accept referrals from the City of Arlington, however they do not see many referrals from Arlington. They suspect because of the distance in getting clients to the facility and the challenge in planning for transportation at time of discharge. CJSW continues to meet with various programs which offer crisis support to include hospitals, drop-in centers, groups, among others.

LOCAL TRIBES: CJSW administration met with Stillaguamish Behavioral Health department to discuss the challenges they have noted within their community and the resources available. As a group, it was determined that the Stillaguamish Tribal Police have many chronic 911 utilizers who could benefit from ongoing case management and field response. The Behavioral Health program offers services to individuals regardless of their tribal membership.

FIRE DEPARTMENTS: CJSW has an active working relationship with North County Regional Fire Authority. The MIH program works in conjunction with NCRFA's Community Resource Paramedic. The Community Resource Paramedic position was recently filled which has increased CJSW's involvement with NCRFA. This partnership has continued to improve throughout the year and will continue to grow as the CRP settles into his new position.

DSHS-DCYF-HCS-APS: CJSW has had active involvement with many DSHS programs. Several of our clients are engaged in one or more of the departments under DSHS which has led to knowing the care providers in our service area. We have a great working relationship with APS and HCS workers. CJSW has also fostered a relationship with the local CPS office and is providing an inservice to the local CPS staff meeting to address psychological first aid and vicarious trauma.

continued on next page

START UP REPORT Review

Collaboration with Community Providers cont.

COMMUNITY TOWN HALLS: CJSW has presented to the Stilly Valley Chamber of Commerce, Arlington City Council, North County Regional Fire Authority Commissioners, National Association of Social Workers Annual Conference, and various community organizations. CJSW has been in active communication with Representative Rick Larsen's office, Senator Murray's HELP Committee, The Department of Justice's Bureau of Justice Association's community policing team, the Co-Responder Outreach Alliance (CROA), among others. CJSW makes an active effort to be involved in the community on a micro and macro level. CJSW is hosting a 'Night out for Mental Health' which will provide an opportunity to learn about overdose prevention and suicide awareness as well as meet various community providers.

OBJECTIVES ACHIEVED

Arlington's Mobile Integrated Health program is meeting its objectives through active engagement with community members, service providers, and clients. CJSW utilizes both innovative and evidence-based approaches to complex behavioral health crises. This MIH program is unique in the sense that is brings police and fire together through the lens of improving emergency response to uncommon healthcare concerns. CJSW's belief is that most social problems impact one's health and often leads to crisis situations. CJSW works to address the underlying root cause of 911 calls and subsequent involvement with first responders and even involvement with the criminal justice system. CJSW always incorporates the unique characteristics and cultures of Arlington in all that is done to decrease stigma and improve the lives of our community members.

SHOUT OUTS

"[CJSW] is doing awesome work. Thank you so much for stepping into this space to help our citizens. It's nice to have some progressive folks making a difference in the community!"
- First Responder

"Thank you for sharing this service. Many don't know where to turn for help." - Community Member

"Thank you for sharing this service. Many don't know where to turn for help." - Community Member

"You guys have been a life saver to me and I can't express how appreciative I have been for your support and understanding . . . I feel like I have my [family member] back . . . Truly, thank you." - Community Member

"This [program] is amazing! I work at a local clinic and would love to partner."
- Service Provider

"[CJSW] is great. This service is much needed!"
- Community Member

SUCCESS STORY

Thomas was referred to CJSW 116 times in 5 months. Thomas had consistent interaction with 911 dispatchers, patrol officers, and detectives.

CJSW had no success connecting with Thomas for months. However, in March, CJSW received a call from a community partner who provided us with Thomas' mother's contact information. Quickly after, CJSW made contact with Thomas' mother, Judy. Judy facilitated a phone conversation between CJSW and Thomas. Judy shared that Thomas' mental health symptoms had increased in severity and frequency as of lately. Thomas ultimately agreed to meet with CJSW clinicians and would be open to accepting help.

The next day, Judy reached out in a panic. She reported that Thomas was experiencing delusions and they had become increasingly paranoid and persecutory resulting in aggressive threats toward her. CJSW clinicians advocated with emergency services to have police and a designated crisis responder (DCR) dispatched to their home. This initial dispatch of the DCR did not result in a detainment but coordination with APD officers on scene was wonderful. Thomas continued to escalate and become physically aggressive with his parents over the next couple days. Again, CJSW coordinated with APD and the DCR team to relay additional information and share clinical insight. CJSW advocated for Thomas to be properly evaluated by a DCR as he appeared to meet criteria for detainment as he was a clear risk to his family and community members. CJSW observed a gap in the system and took the opportunity to both address it and connect with the DCR leadership team. After this, Thomas was evaluated by a different DCR who was able to fully understand the gravity of the situation and the safety risk he posed.

Thomas was successfully detained and went to inpatient mental health treatment for about 3 weeks. During that time, CJSW worked with Judy to ensure the treating providers had all the necessary information and history to outline the progression of his mental health symptoms and the ongoing difficulty he faces with engaging in ongoing mental health treatment.

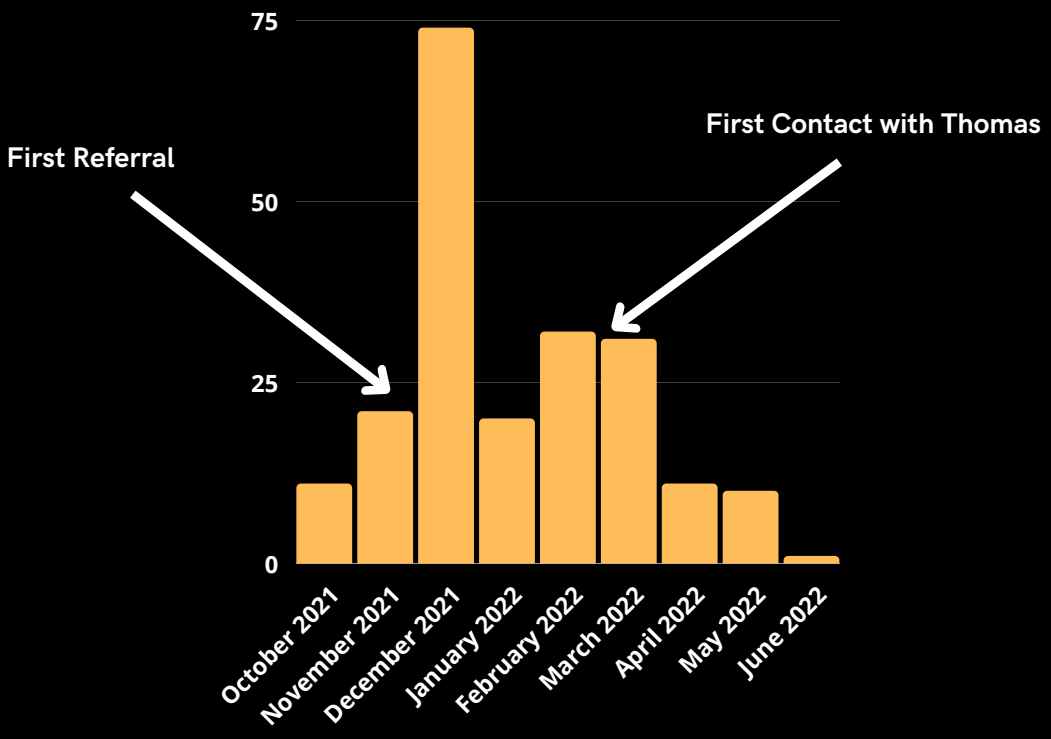
ALL NAMES AND IDENTIFYING INFORMATION HAS BEEN CHANGED TO PROTECT CLIENT PRIVACY

SUCCESS STORY Cont.

CJSW helped Judy navigate the system and advocated when issues presented. Judy reported that she has felt that she has been on her own for so long and she felt as though there were no supports for her and her son. Judy stated that through the knowledge and expertise of CJSW clinicians, the mental health diagnoses, treatment, systems advocacy, and case management services they received, both she and her son were able to get the help they needed.

Thomas has gone on to be treated for his chronic and serious mental illness as well as for subsequent addiction issues that arose out of a lack of treatment and need for self-medicating.

To share the gravity of the situation from the perspective of measured change, see the chart below which shows Thomas' 911 call volume over time. You can see a substantial decrease in call volume. So far, for the month of July, he has not called 911 and is actively engaging in services to address various aspects of his health.



ALL NAMES AND IDENTIFYING INFORMATION HAS BEEN CHANGED TO PROTECT CLIENT PRIVACY