

2022–2023

ANNUAL REPORT

Mobile Integrated Health

Prepared By :
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Arlington, WA 98223



TABLE OF CONTENTS

1	Introduction Statement
2	About Center for Justice Social Work
3	Meet the CJSW Team
4	Pilot Program Review - Overview, Successes
5	Pilot Program Review - Successes Continued
6	Pilot Program Review - Successes Continued
7	Pilot Program Review - Successes Continued
8	Pilot Program Review - Barriers
9	Pilot Program Review - Barriers Continued
10	Pilot Program Review - Barriers Continued
11	Pilot Program Review - Data
12	Pilot Program Review - Data
13	Pilot Program Review - Data
14	Pilot Program Review - Data Limitations
15	Pilot Program Review - Lessons Learned
16	Pilot Program Review - Lessons Learned Continued
17	Pilot Program Review - Possible Changes
18	Pilot Program Review - Startup Report Review
19	Pilot Program Review - Startup Report Review
20	Pilot Program Review - Startup Report Review
21	Success Story
22	Success Story Continued

INTRODUCTION

On behalf of our entire team, I extend a heartfelt thank you to each of our program partners for your support and dedication throughout the past two years. Your commitment and collaboration have been instrumental in driving the success of our initiative.

Together, we have reached new heights, achieved significant milestones, and positively impacted the lives of individuals in our community. It is through the strength of our partnerships that we have been able to overcome challenges and embrace opportunities with confidence. Your expertise, resources, and shared values have been vital in shaping our programs and empowering us to address pressing issues head-on.

As we move forward into the next phase of our partnership, we do so with optimism and renewed determination. Our program is a beacon of hope, and we firmly believe that by combining our strengths, we can catalyze even greater positive change in our community.

With sincerest appreciation,
Dr. Kaitlyn Goubeau, CEO & LICSW
Center for Justice Social Work

ABOUT CENTER FOR JUSTICE SOCIAL WORK



SERVICES/PROGRAMS:

- **MOBILE INTEGRATED HEALTH:** Building and implementing behavioral health crisis response programs, partnered with existing emergency response teams within different communities
- **STUDENT INTERNSHIP:** Training social work and behavioral health field students for clinical growth and fulfillment through on-site internship opportunities
- **COUNSELING:** for first responders, individuals and military spouses through our counseling branch, Soundview Wellness
- **NALAXONE COMMUNITY DISTRIBUTOR:** CJSW is a community distributor of Nalaxone (Narcan)
- **LUNCH & LEARN:** CJSW is here to teach your staff during a lunch & learn hour how to navigate uncomfortable situations with complex community members

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, CEO



Our founder and CEO is Dr. Kaitlyn Goubeau, LICSW. She received her Bachelor of Arts from Gonzaga University, Master's of Social Work from University of Southern California, and Doctor of Social Work from University of Southern California. Kaitlyn has practiced as a police social worker for the majority of her social work career both in the field, in leadership, and in program development. Kaitlyn has developed programs for six law enforcement agencies and has provided consultation services for many others.



**THE CJSW
PODCAST**

AVAILABLE ON:

GOOGLE PODCASTS 

APPLE PODCASTS 

SPOTIFY 

WWW.CJSW.ORG

MEET THE CJSW TEAM



SARAH TRAJANO, LICSW DIRECTOR OF CLINICAL SERVICES

Sarah is a licensed clinical social worker. Sarah graduated from Seattle University with her BA in Social Work and received her Master's of Social Work from Eastern Washington University.

JESSICA WILLMORTH, EA & CREATIVE DIRECTOR

Jessica earned her BAS in Information Technology & Administrative Management from Central Washington University in 2019 and has 8+ years experience working in Project Management.



**FORMER
INTERNS**

KIARRA WOODMAN, JUSTICE SOCIAL WORK- CANDIDATE

Kiarra is a former intern at CJSW who is now employed as a Justice Social Work - Candidate as of June 2023. Kiarra earned her BA in Social Work from Seattle University. She also received her associate's degree in Psychology and Criminal Justice Advocacy from Shoreline Community College.

ALYSSA CAMPBELL, JUSTICE SOCIAL WORK- CANDIDATE

Alyssa is a former intern at CJSW who is now employed as a Justice Social Work - Candidate. Alyssa is a MSW student at Walden University, and earned her BA in Society, Ethics & Human Behavior from University of Washington. She also is a Certified Trauma Support Specialist through Trauma Institute International.

**FORMER
INTERNS**



STUDENT INTERNS:

JILL MALONE

JONATHAN MORTENSON

TORI WEBER

ALYSSA CAMPBELL

VIKTORIA RATCHFORD

MELISSA NUESSEN

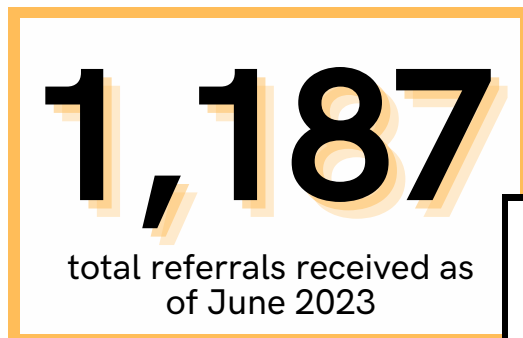
JOSH KENT

PILOT PROGRAM REVIEW

Overview

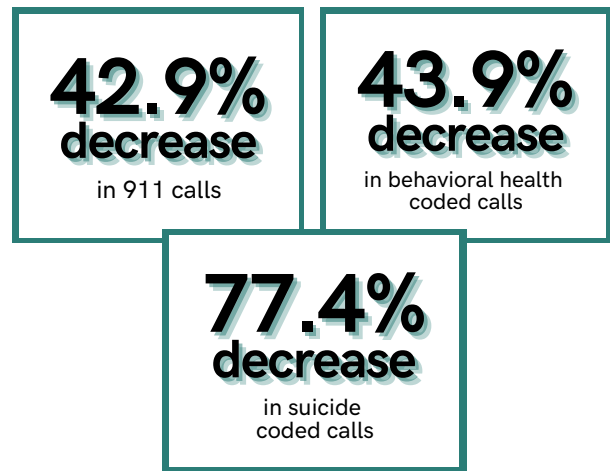
CJSW works directly with Mayor Tolbert to implement the Mobile Integrated Health (MIH) program. CJSW receives referrals from Arlington Police Department and North County Regional Fire Authority to assist community members in need of behavioral health or social supports. Our social workers provide de-escalation, 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.



Successes

The Mobile Integrated Health (MIH) program has seen great success throughout the pilot project. Our data indicates **a 42.9% decrease in overall 911 calls, a 43.9% decrease in behavioral health coded calls and a 77.4% decrease in suicide coded calls.**

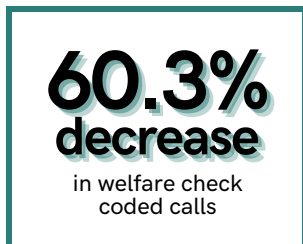


We hypothesized that CJSW intervention would lead to diversion from local jails and hospitals. Additionally, we projected that individuals referred to CJSW would have less behavioral health related calls to 911 and would require a lower level of response. During this two year pilot project, our data has supported this.

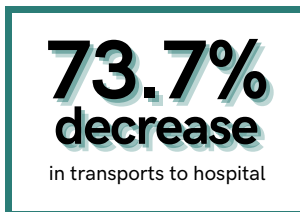
PILOT PROGRAM REVIEW

Successes Cont.

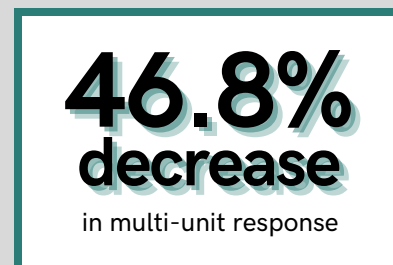
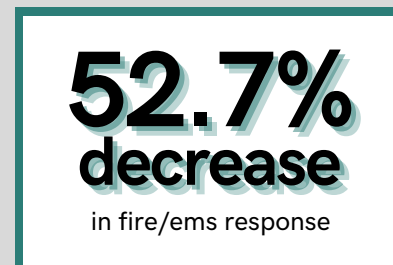
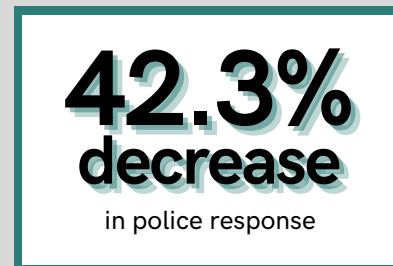
Additionally, of the individuals referred to CJSW, our data shows a **60.3% decrease in welfare check coded calls.**



Combined, these individuals were also less likely to be transported to the hospital, **73.7% decrease**, and to jail, **41.2% decrease** respectively. Additionally, **police response to these callers decreased by 42.3%, fire and EMS response decreased by 52.7%, and calls with multi-unit response decreased by 46.8%.**



911 System Addressing over-utilization



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.

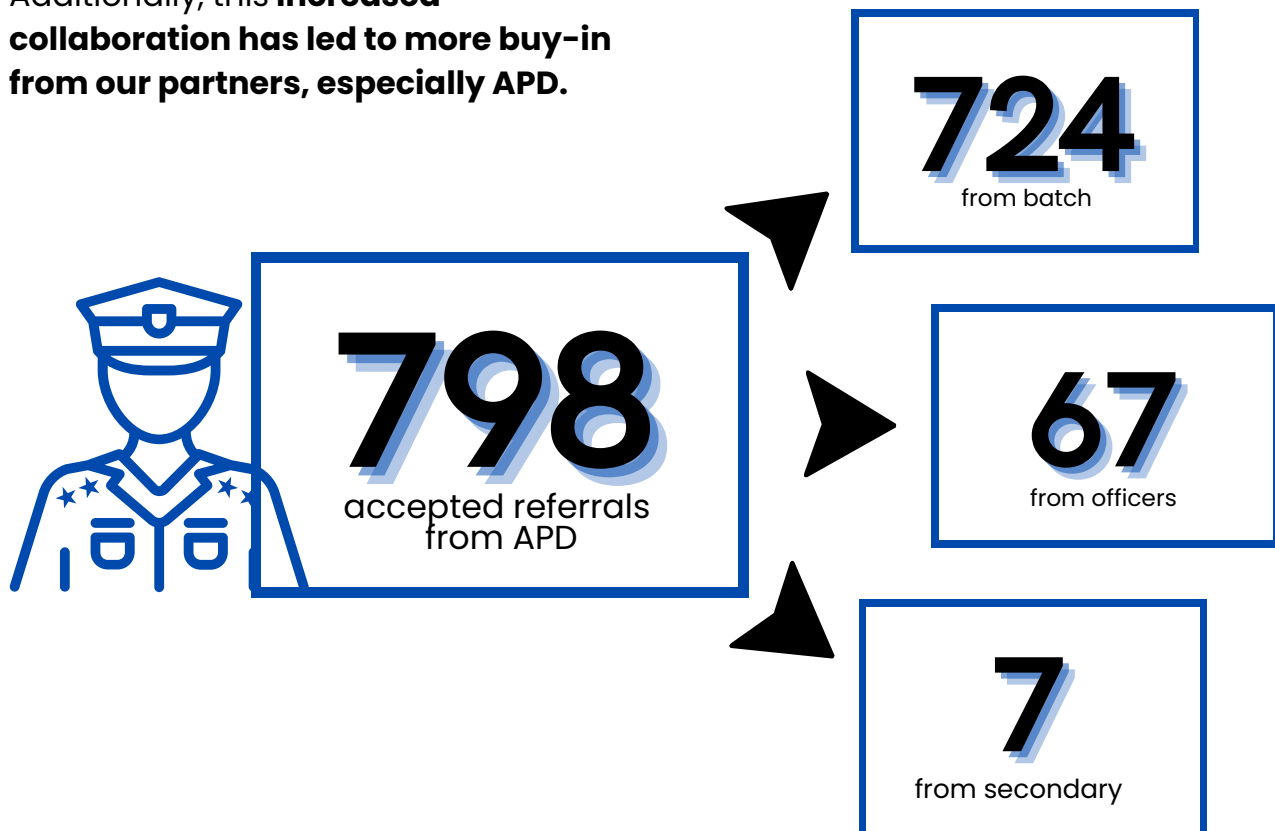
PILOT PROGRAM REVIEW

Successes Cont.

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.

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.

Additionally, this **increased collaboration has led to more buy-in from our partners, especially APD.**



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PILOT PROGRAM REVIEW

Successes Cont.

CJSW has been invited to various national platforms to share best practices related to this pilot project, below are the events that CJSW has participated in:

Past Events

- 2022 Mental Health America's Annual Conference in Washington DC
 - CJSW presented "Psychological First Aid" by Josh Kent
- 2022 National Night Out in Arlington, WA
- 2022 Co-Response Research Symposium in Boston, MA.
 - CJSW presented: data collection, analysis, best practices and pilot project outcomes by Dr. Kaitlyn Goubeau
- 2022 Night out for Mental Health in Arlington, WA
 - Hosted by CJSW
- 2022 NASW *Virtual* Forum
 - CJSW presented: "Ethical Considerations in Co-Response Programs" by Dr. Kaitlyn Goubeau and Jill Malone

Future Events

- 2023 National Night Out in Arlington, WA (Aug 2nd)
- 2023 5th Annual PAARI Law Enforcement Summit in Boston, MA (Dec 4-5th)
 - CJSW to present: "Social Work and Policing: The Importance of the Clinical Skillset" by Dr. Kaitlyn Goubeau

Community Collaborations

- Stilly Valley Chamber of Commerce
 - Dr. Kaitlyn Goubeau took role of President of the Chamber which has increased the community's awareness of the program and of the various resources available



PILOT PROGRAM REVIEW

Barriers



We acknowledge the remarkable achievements of our organization, but we also recognize the challenges that we faced. While our commitment to serving the community remains steadfast, there are certain limitations that have impacted our ability to reach our full potential and deliver comprehensive and long-lasting services:

- **Staffing Challenges:** One of the biggest challenges we encountered this year was staffing. Despite our best efforts to engage interns to support our initiatives, we faced difficulties in finding individuals who could seamlessly integrate into our organization's mission with special consideration for this program's objectives. As a result, we had to make the difficult decision to let go some interns who did not align with our values and vision. Additionally, schools of social work expressed concern for the distance of our program from many of their student's residences. This ultimately led to a reduction in interns to fill our positions.
- **Reach Limitations:** The limitations of our service region also posed a challenge. Some of the individuals referred to CJSW do not have a primary residence in Arlington, were passing through, or were moving. When individuals needed services outside our area of coverage, we worked to find them and connect them with other case management services. However, this often took time away from the clients and resources in our catchment area. ***Further collaboration with other MIH programs is in process.***
- **Access to Data and Reporting:** Access to timely and accurate data is crucial in efficiently carrying out the program objectives. Unfortunately, we continue to face obstacles in obtaining records and reports from law enforcement entities. This has been an active project of high priority for the team as the impact results in delays on many levels. The absence of historical data on previous contact attempts and violent or erratic behaviors posed safety challenges. This information is crucial in ensuring the well-being of both clients and staff. Having a smoother process to access essential data would greatly enhance our effectiveness.

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PILOT PROGRAM REVIEW

Barriers Cont.

- **Housing Referrals:** While we could refer clients to other agencies for housing services, there was a consistent lack of availability, engagement, and true low-barrier services. As there is such limited affordable housing and a significant needs, many clients were not able to secure shelter through housing services. In some situations, CJSW clinicians had to be the pass-through of information and assist housing providers various tasks to move the process along. It proved challenging to ensure that our clients were adequately connected to housing resources, hindering progress in addressing homelessness.
- **Outside Staffing Challenges:** We observed that many other service providers also struggled with staffing. This led to long waitlists and a lack of inpatient bed availability. This has had the biggest impact on us when we are working with a client with more complex needs. As a result, CJSW staff had to take on additional responsibilities, affecting our overall service capacity.
- **Client Onus:** Client onus has been a common theme through service providers as of late. Some social service agencies place the burden on clients to complete certain steps, which are often unattainable due to the complex issues and symptoms they faced. These individuals required more hands-on assistance to navigate the process effectively.
- **Communication:** Communication across professional sectors has been an ongoing issues from the beginning of the pilot program. We quickly identified barriers related to HIPAA and public records laws. While these laws are imperative for the privacy and accessibility of healthcare and emergency services, they have not evolved with the current demands of mental health-emergency services collaborations. As such, efficiency has been compromised by the lack of access to data systems that have streamlined clients' services. Many individuals could have been farther along in the process of obtaining long-term support but regulations limited that. Additionally, sharing information with referents and providers in an ethical and client-centered manner is a necessity for effective and efficient emergency behavioral health support. Difficulties with this has hampered our efforts in providing comprehensive and timely care.

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PILOT PROGRAM REVIEW

Barriers Cont.

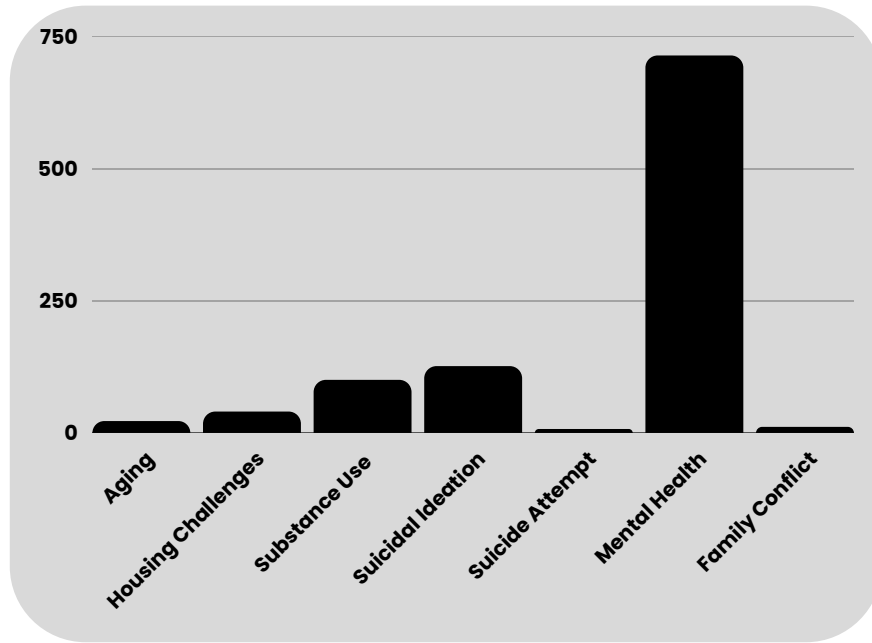
- **24 Hour Expectation with Limited Staff:** From a more programmatic perspective, the expectation of 24/7 coverage by CJSW has been incredibly challenging. Since interns are unable to work alone, this requires one of two staff members to be onsite and available 24/7. If funding was increased and additional clinical staff could be hired, this would allow for the implementation of call-out services during non-business hours which would enhance our ability to assist more clients and referents during crises.
- **Fire Department Underutilization:** Finally, despite our multiple attempts to coordinate with North County Regional Fire Authority, we have received very few referrals from them. This limited collaboration had impacted our ability to reach those in need in that region. NCRFA is the only agency that we are partnered with that services community members outside of Arlington. As such, those communities are not able to access these important services. The fire department's underutilization resulted in our inability to access individuals who might not be using 911 for police related issues but do have complex medical needs.

CJSW recognizes the areas where we faced limitations and challenges. Acknowledging these obstacles helps us to strategize and plan for the future more effectively. We will remain committed to overcoming these hurdles and continue providing vital services to the community we serve. Through perseverance and dedication, we aim to enhance our impact and improve the lives of those in this community.



PILOT PROGRAM REVIEW

Data - per referral



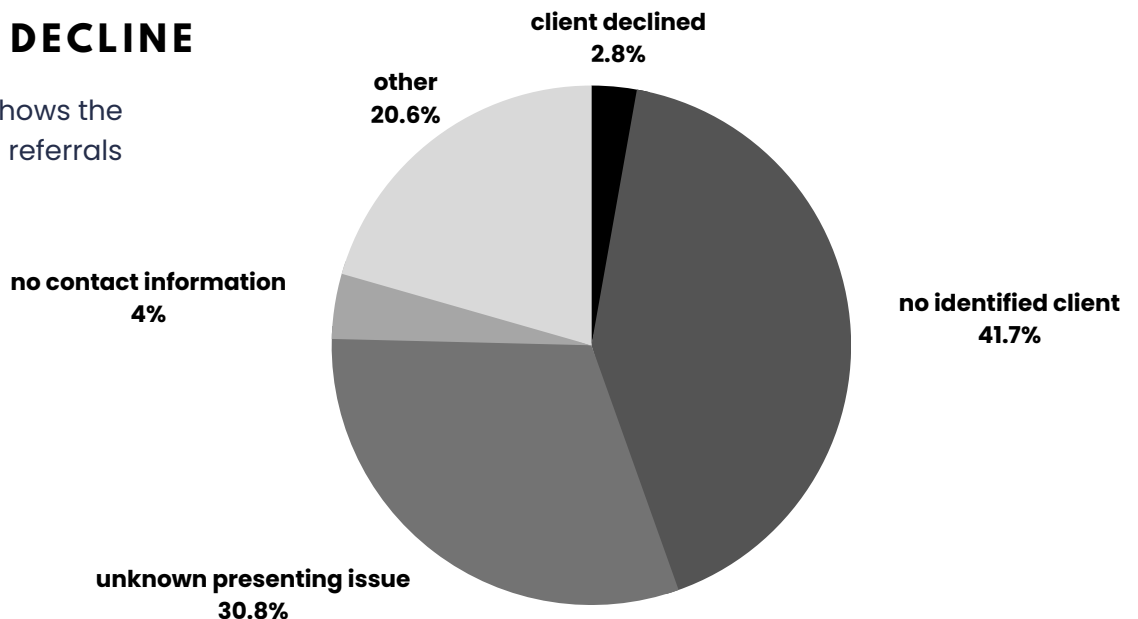
PRIMARY CONCERNS PER REFERRAL

The graph to the left shows the primary concerns stated or inferred from the received referrals

REASONS FOR DECLINE

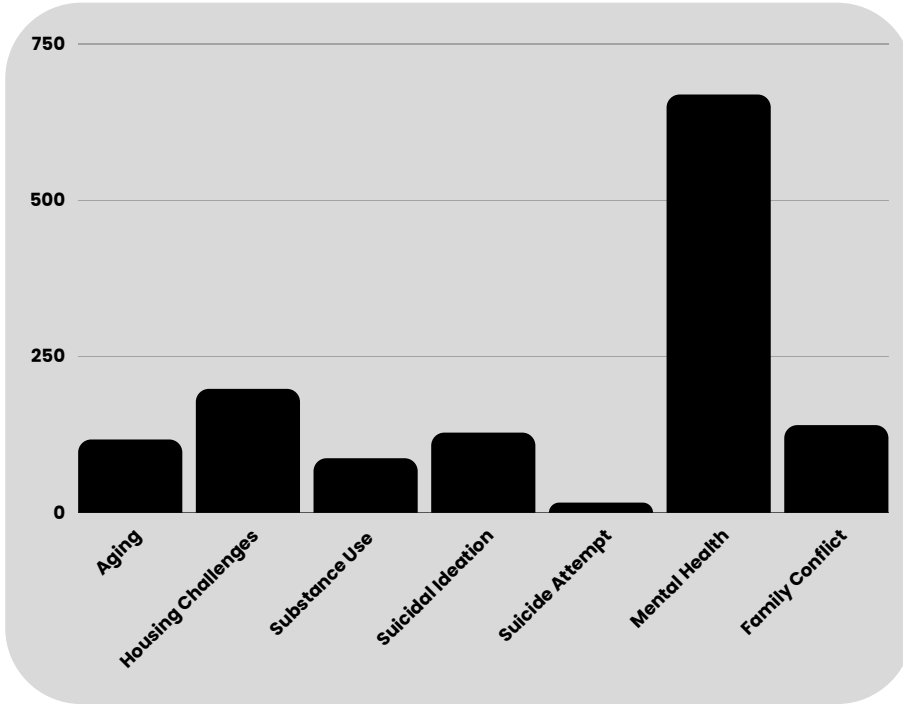
The graph to the right shows the reasons CJSW declined referrals

366
total declined referrals



PILOT PROGRAM REVIEW

Data - per client



PRIMARY CONCERNS PER CLIENT

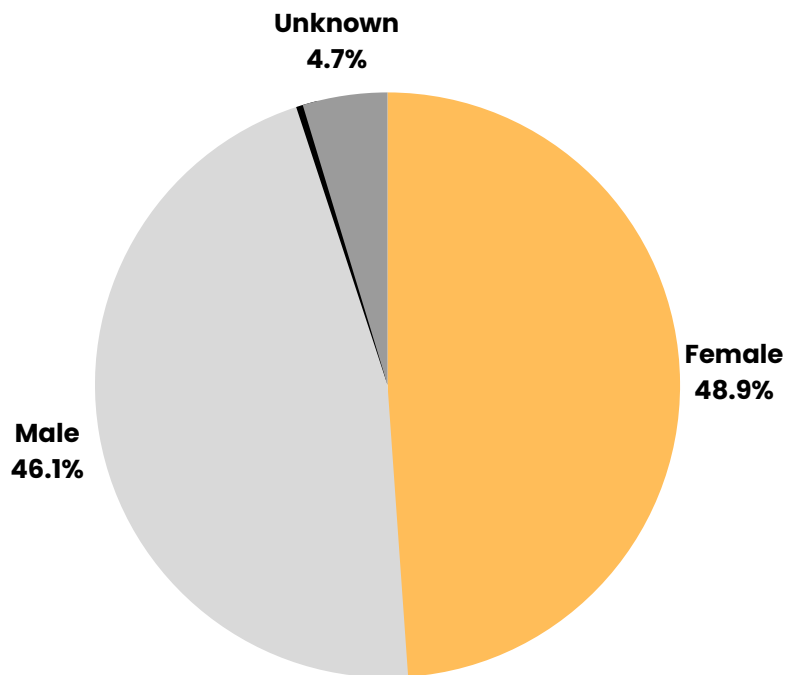
The graph to the left shows the primary concerns stated by clients directly

15
too acute for diversion

CLIENT GENDER

The graph to the right shows the gender percentages of clients

535
of clients



PILOT PROGRAM REVIEW

Data - Cases

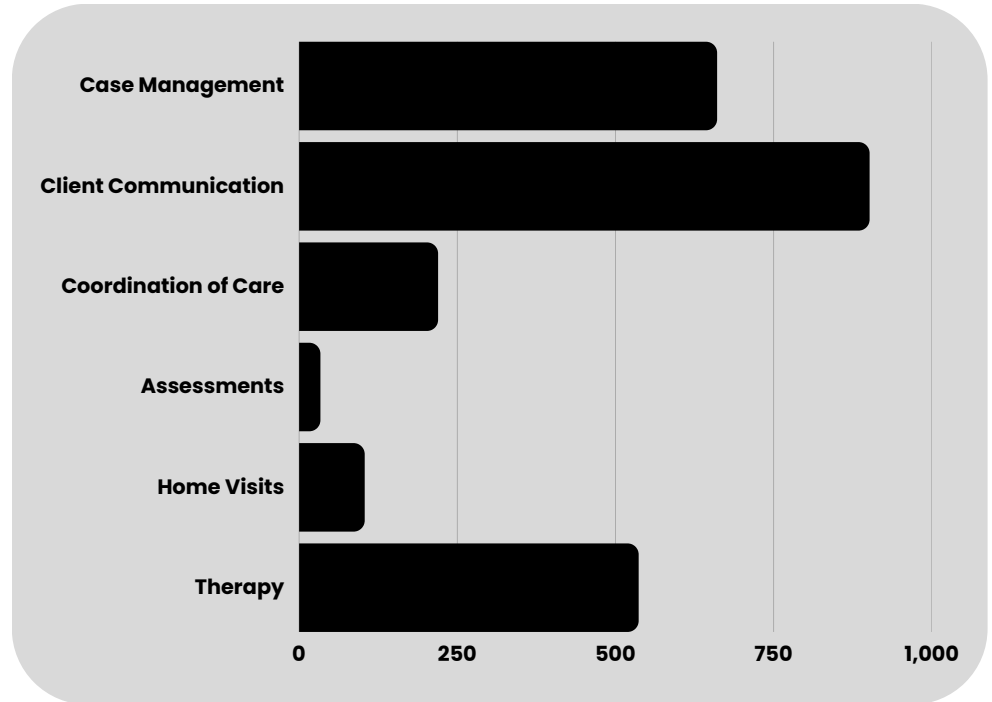
SERVICES PROVIDED

The graph to the right shows the services provided by CJSW to clients

>3,400
total services provided

50

of services declined by client

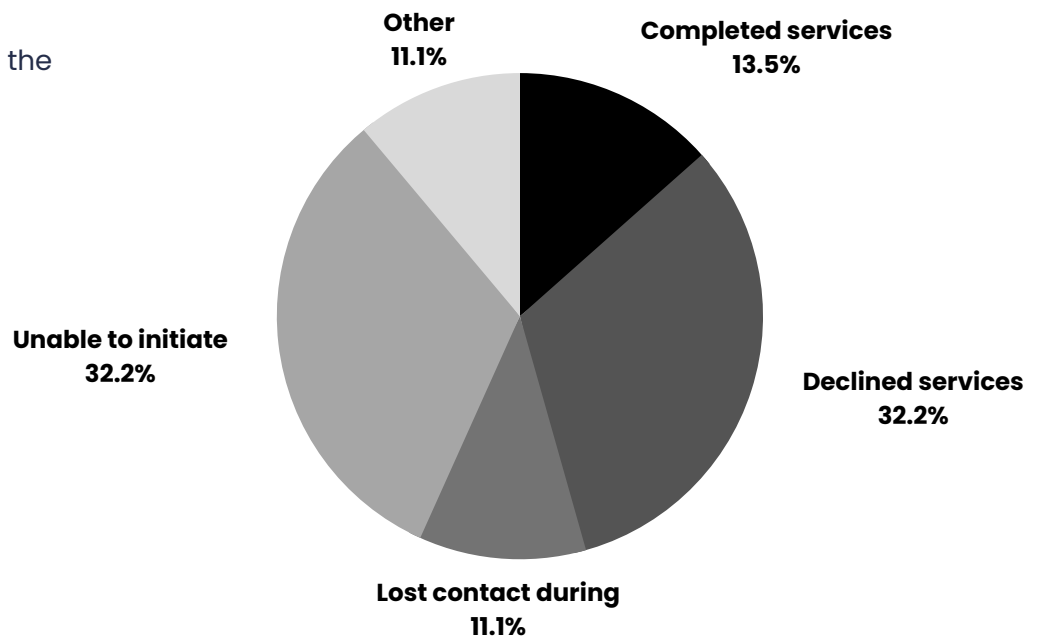


CASE CLOSURE

The graph to the right shows the reasons for case closures

100
of active cases

171
of closed cases



PILOT PROGRAM REVIEW

Data Limitations

CJSW strives to be transparent about the data collected. Below are limitations to our data that we have come across:

- 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, SUIC, SUICW, WELC coded call occurs.
 - This limits our access to the individual in need of services and can impact accuracy of data.
- When requesting data from Sno911 to gather pre and post referral call history, we are not receiving consistent sets of information.
 - Information shared depends on the staff member completing the records request.
 - These records are based on CAD narrative data only. As such, calls that have a misspelled name are sometimes missed.
- Attempts were made to collect the associated reports from the specific law enforcement agencies as this would greatly improve the reliability of the data. However, records departments were extremely backlogged which resulted in very long wait times. Additionally, our dataset was quite large which cause a strain for all records staff.
- All data is based off of the date that the referral was accepted by CJSW.
 - This was done to ensure consistency across data sets.
- Data is based on 1 year pre and post referral accepted.



PILOT PROGRAM REVIEW

Lessons Learned

As we reflect on the past year, our annual report serves as a platform to share the valuable lessons we have learned. These insights have shaped our approach, guiding us towards becoming a more effective and impactful organization and enhancing community well-being.

Client-Centered Approach: This program has proven that when we empower individuals and guide them toward the resources necessary to take control of their lives, remarkable transformations can occur. Through this program, we have witnessed clients unlocking their true potential and making positive changes that ripple through their lives and the lives of those around them.

Readiness for Change: While we strive to offer every possible tool and resource, we have learned that individuals may not be ready to make changes immediately. Recognizing and respecting their readiness for change is crucial, and we approach our clients with patience and understanding.

Navigating Complex Dynamics: Working with various agencies can be a challenging aspect of our operations. Navigating the intricacies of agency politics, roles, and gaps in services requires adaptability and

persistence. By collaborating and forging strong partnerships, we have begun to overcome these challenges as a collective whole of community providers.

Family Involvement: Involving family members in the process has had significant impacts. We have been able to approach family involvement with sensitivity, recognizing the potential challenges and benefits it brings to our client's well-being and the likelihood of long-term successful outcomes.

Adaptability in Service Delivery: Clients' needs and acceptance of services may not always align with initial expectations. Flexibility and adaptability are essential as we cater our approach to meet the evolving needs of each individual. We have seen clients reach out to us months after we attempted to engage with them. We are able to begin services when it feels best to them which has resulted in more positive and intentional engagement from the client.

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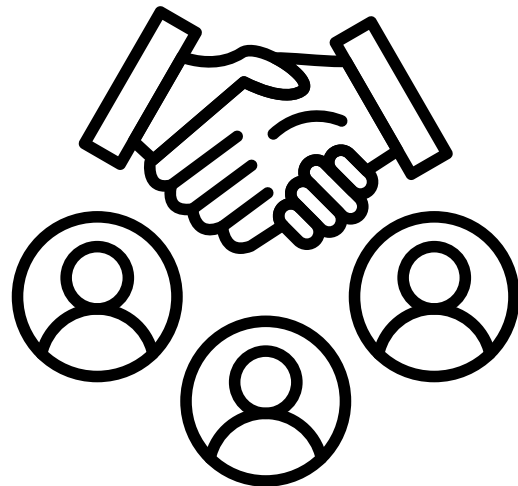
PILOT PROGRAM REVIEW

Lessons Learned Cont.

Accessibility Barriers: The lack of ongoing service providers has consistently posed as a challenge throughout the pilot program. We learned to adapt our processes to meet the additional needs that arise due to these limitations. This problem is not unique to individual without insurance or with limited benefits, rather it is a widespread issue that greatly impacts everyone in the community. We have had to make these adjustments to ensure clients aren't having to go outside of their community or bear out-of-pocket expenses to access the care they need.

Communication with Referring Officers: Balancing informative communication with privacy laws is essential when collaborating with referring officers. Maintaining open and effective channels of communication is key to providing the best possible care. We have adapted our processes to include specific steps to ensure we are operating within the expectation of the law while also being mindful of collaboration with our partners and ethical practices.

Strategic Partnerships: Through monthly meetings, attending conferences, gathering community insight, and seeking client feedback, we have actively sought to build strategic partnerships and continually improve our services.



PILOT PROGRAM REVIEW

Possible Changes

CJSW explores the exciting possibilities for the future to provide even more comprehensive and effective services:

Increasing the Budget for Greater Impact: We aim to secure a higher budget. This increased funding will enable us to hire additional staff with master's level education, bringing a wealth of expertise and specialization to our organization. With a larger team, we can more effectively address the diverse mental health challenges faced by our clients.

Ongoing Development of Internship Program: Recognizing the value of fresh perspectives and constant movement, we plan to make adjustments to our partnerships to increase access to larger intern pools. Additionally, we will begin to move away from reliance on these positions toward utilizing them as a supplement to full-time employed clinicians.

Embracing Additional Collaborations: Building a network of support within the community. Collaborating with organizations such as Cascade Valley Hospital, Arlington District Court, and Christmas Wish are some of our upcoming collaborations.

This will enable us to bridge gaps in care and ensure seamless transition of care.

Strengthening Ties: Two essential pillars of our community are the schools and the senior center. We aim to increase collaboration with these institutions to better support students and older adults.

Enhancing Engagement with the Courts and Criminal Justice System: Continuing our wraparound efforts in criminal justice and client engagement, we seek to establish a more robust relationship with the courts that will allow us to provide more comprehensive support to individuals within the criminal justice system, offering therapeutic services and alternative pathways for rehabilitation.

As we look to the future, we are excited about the possibilities for our program. By implementing our newfound knowledge of changes needed and lessons learned, we aim to provide even more impactful and comprehensive behavioral health services to the residents of Arlington. Through these strategic changes, we hope to create a healthier, stronger, and more connected community, where everyone has access to the support they need to thrive.

PILOT PROGRAM REVIEW

Start Up Report – Review

Providing Services Citywide – Addressing Urban and Rural Needs

CJSW continued to work on educating the community about the services we offer and the various initiatives we undertook to expand our reach and impact. We accomplished this through attending and participating in various community events such as National Night Out. At these events we host an informative and engaging table that provides program education, and information related to 988, mental health first aid, psychological first aid, Naloxone distribution, among others. CJSW has also been an active participant in the Stilly Valley Chamber of Commerce. This platform has allowed us to share information about the program, the various initiatives, and the importance of mental health services within the community.



Low Barrier – 24/7 Access

Individuals who are struggling with 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. Additionally, CJSW rolled out a backline number specifically for use by Arlington Police Department officers to use which will be answered 24/7 and is only used specifically for this program.

Enhancing Reporting Capabilities

CJSW developed their own electronic health record (EHR) specific to the work being done in the MIH program. This platform was built internally which has allowed the team to adjust it as the program has evolved.

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PILOT PROGRAM REVIEW

Start Up Report – Review

Communication with Partners

CJSW actively participates in various meetings such as the North County Providers meeting, Snohomish County Outreach meeting, and Co-Response Outreach Alliance meeting. To ensure active efforts are made to reach the more rural parts of the community, CJSW has worked with Fire District 21, to explore the possibility of a partnership. This partnership would provide access to individuals with complex medical issues in the east end of the community.

CRISIS TEAMS: CJSW coordinated with DCRs in the field as well as in the Emergency Department. Within the last year, the Compass Impact crisis team is no longer available. Since this time, CJSW has seen an increase in call-outs and direct referrals.

BEHAVIORAL HEALTH PROVIDERS: CJSW remains connected with providers and collaborates on availability, waitlists, and specialization. Additionally, staff participate in a consult group with other community mental health providers, attend various focus coalition meetings, and have had one-on-one meetings with 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 have monthly meetings with two Lieutenants and attend shift briefings with patrol officers. We strategize improvements going forward, complex cases, and pertinent trends. We continue to have regular contact with the records department and individual officers as they provide referrals and any missing information

EMERGENCY DEPARTMENTS: CJSW has collaborated with local hospital social workers on shared clients. CJSW also met with Cascade Valley Hospital administration to explore how to partner more closely. We are working on creating a multi-disciplinary team meeting to discuss complex individuals who have increased utilization of emergency services.

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PILOT PROGRAM REVIEW

Startup Report Updates

CRISIS SETTINGS: Unfortunately, the crisis settings that were once available to this community have closed. CJSW is actively seeking similar services to utilize.

LOCAL TRIBES: CJSW continually connects with Stillaguamish Behavioral Health department to discuss the challenges they have noted within their community and the resources available. This program has been and continues to be one of our most reliable referral sources for ongoing treatment options.

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. However, we have carrier the burden of their staffing shortages at times. CJSW has also fostered a relationship with the local CPS office and provides guidance and support for CPS staff during critical events or client deaths.



SUCCESS STORY SUSAN

CJSW received a referral from North County Fire and Arlington Police in December 2021 to assist Susan in getting treatment for alcohol use. Susan had 6 calls to fire crews in the 90 days leading up to the referral made to CJSW and 6 calls to police in the last two years. When Susan was referred to CJSW, she had been transported to the hospital and, from there, was transferred to a detox and treatment facility. When she was released, she returned home and, shortly after, relapsed. After her return home, CJSW received yet another referral from the APD embedded social worker.

CJSW staff had difficulty getting in touch with Susan during the first month as she was hesitant to engage with anyone. She was feeling down about her relapse and the challenges she was facing with her personal relationships. CJSW was able to connect with her after the APD social worker provided a warm handoff. This extra effort increased Susan's willingness to engage. CJSW was able to talk with Susan, build rapport, and begin working on supporting her. It was quickly discovered that Susan had struggled with alcohol use throughout her life and had very few coping skills to reduce or eliminate her use. Additionally, she struggled with symptoms of depression and thoughts of suicide. Susan had various services involved in her life however, very few of them were communicating with each other. She had difficulty understanding who could help and what they could provide. As such, she had stacks of pamphlets and letters from services offering to help but the overwhelm, depression, and intoxication limited her ability to engage.

When CJSW first began working with Susan, she struggled to remember medical appointments, when to take her medication, and how to manage important life tasks. She was struggling with excessive alcohol use, managing her finances, and maintaining her housing. Susan was also chronically falling which led to frequent visits by NCRFA as well as transports to the Emergency Room.

It was quickly determined that Susan was becoming unable to cognitively and physically care for herself. CJSW also discovered that she was dealing with injuries that couldn't heal due to her lack of consistent medications and minimal nutritional intake. Due to the complex nature of her situation, CJSW connected with Susan's family, primary care provider, social security, Adult Protective Services, and others to assist in planning for long-term care.

SUCCESS STORY Cont.

Through months of coordination and advocating, CJSW was able to slowly begin to secure Susan's basic needs and long-term plan. CJSW worked with The Everett Clinic who organized home healthcare visits, the food bank for nutritious meals, and meals on wheels for consistent food delivery. Additionally, CJSW advocated on her behalf to assisted living facilities which has helped Susan with her anxious and depressive feelings about managing her life on her own.

Throughout the life of Susan's case, she continued to decompensate both physically and mentally. Susan had been displaying symptoms similar to dementia and she had experienced many situations in which she was in danger or at high risk of harm and even death. Her alcohol use had fluctuated excessively and was often unpredictable. Due to the severity of her alcohol use, she would have likely experienced life threatening withdrawal symptoms.

In the fall of 2022, Susan was transported to the ER due to chest pain after an incident that occurred likely as a result of memory challenges and cognitive decline. She remained in the hospital for nearly a month, some of which was not medically necessary. However, Susan was not cognitively or physically stable enough to return to her home. CJSW worked closely with the hospital social worker and the DSHS social service worker to obtain the necessary assessments for placement in an adult family home. During her stay, she became more willing and able to sort out many of her outstanding tasks such as addressing her finances, housing issues, and social service benefit errors. After she was discharged to her new home, she continued to be actively engaged in her treatment as much as she could. While her overall health improved, she continued to struggle cognitively.

After nearly 18 months of consistent coordination and advocacy, CJSW was able to assist Susan in getting into more supportive housing, getting sober, consistent medical and dental care, assistance with financial resources, durable power of attorney, and more. All follow-up case management tasks have been handed off to her family and caregivers. Since closing Susan's case, she has not utilized 911.