



Human Services
Research Institute

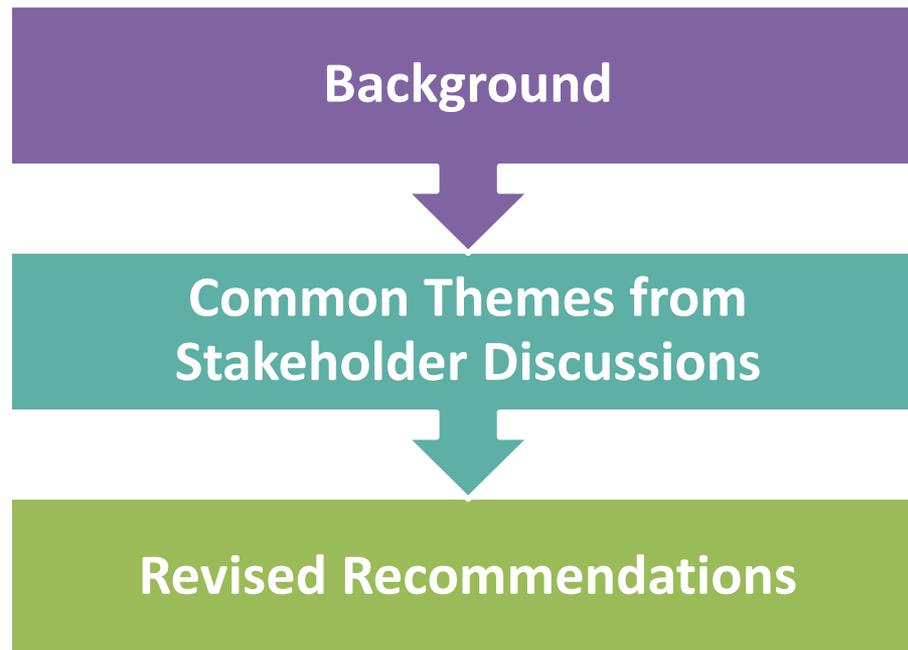
Pierce County Behavioral Health System Study

Addendum and Revised Recommendations

January 23, 2018

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Presentation Overview



Background and Process

Summer & Fall 2016



Interviews, data collection, and data analysis

Pierce County Behavioral Health Study released September 2016

- *Service and support recommendations*
- *Infrastructure recommendations*

Nov & Dec 2017



Two additional HSRI site visits and telephone conversations with stakeholders

Asked about:

- Progress and facilitators
- Challenges and barriers
- Relevance of 2016 recommendations

Jan 2018



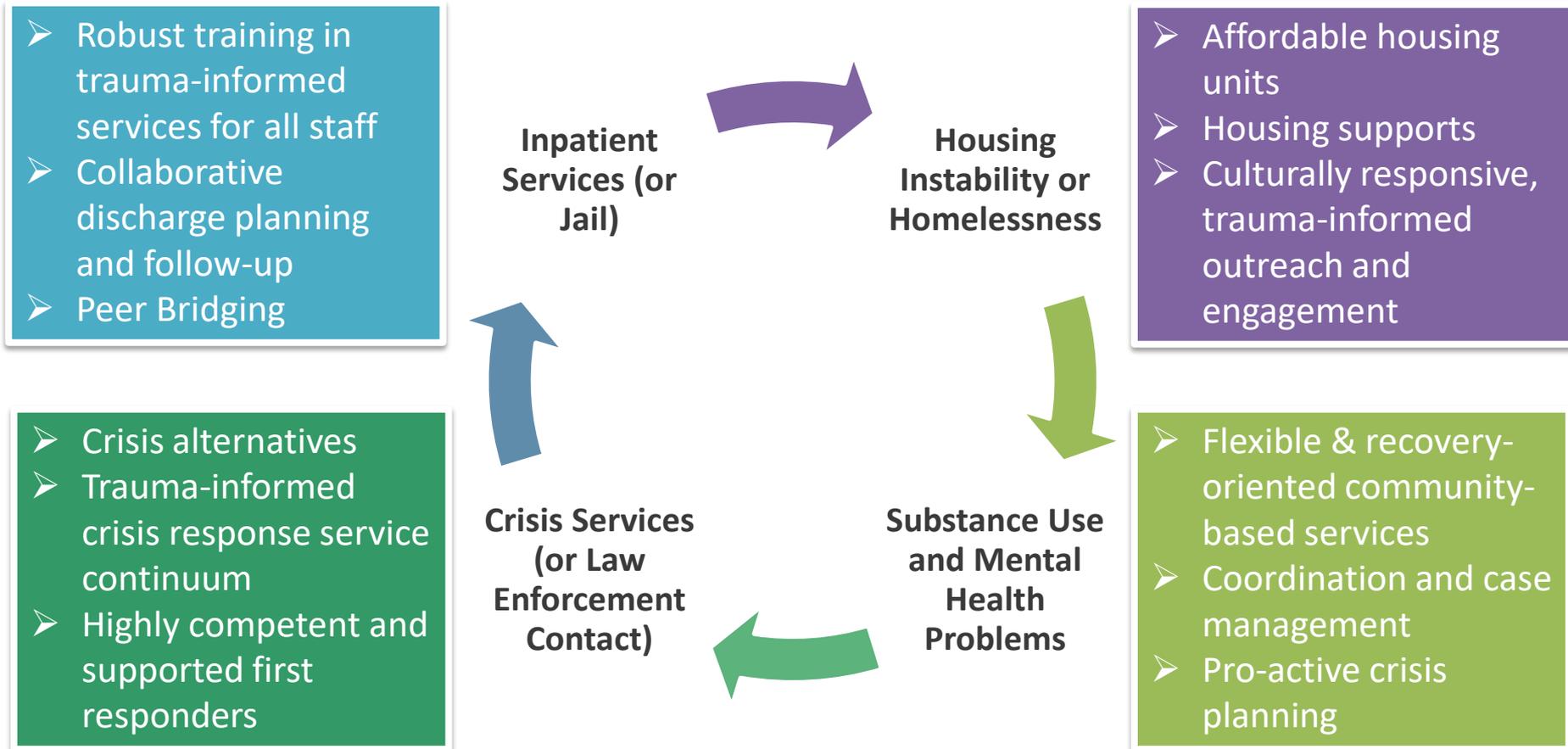
HSRI develops Report Addendum
Revised recommendations



Common Themes from Stakeholder Conversations

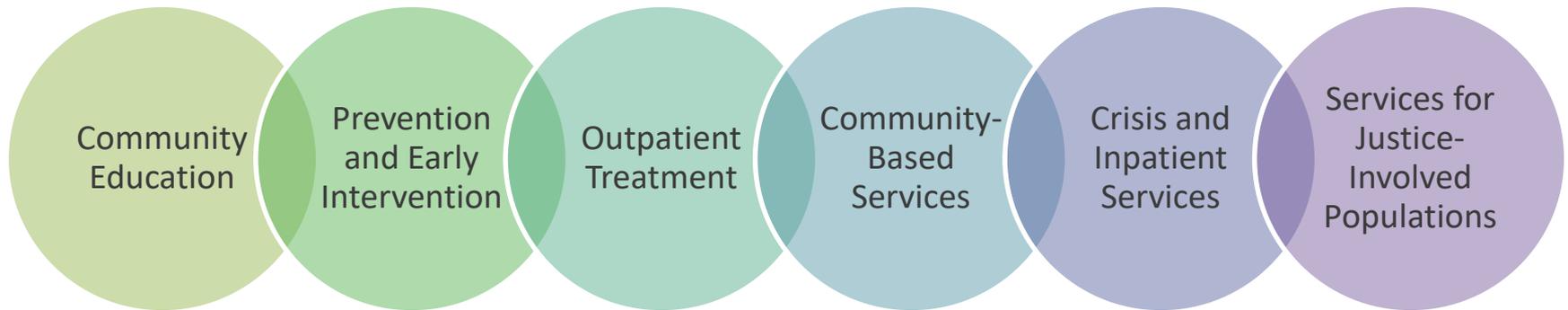
1. Entities in Pierce County have made significant positive changes, but demand for behavioral health services far exceeds current supply.
2. Behavioral health workforce shortages and a lack of affordable housing for people with behavioral health issues continue to pose significant challenges.
3. Stakeholders are concerned about ensuring that the complex needs of people with significant behavioral health conditions are met as integration takes place.
4. Now more than ever, there's a need for a central coordinating body.

A Vicious Cycle and What Breaks It



...and PREVENTION and EARLY INTERVENTION ensures people don't enter into this cycle to begin with.

A Good and Modern Behavioral Health System



“A modern mental health and addictions service system provides a continuum of effective treatment and support services that span healthcare, employment, housing and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective.”

Description of a Good and Modern Addictions and Mental Health Service System. 2011, Substance Abuse and Mental Health Services Administration: Rockville, MD.

Available from: http://www.samhsa.gov/sites/default/files/good_and_modern_4_18_2011_508.pdf

Behavioral and Physical Health Integration in Medicaid Is Coming

Hopes

- Better access to physical health services for people with serious behavioral health conditions
- Better access to behavioral health services for people who only get services through primary care
- Drive integration and improve access beyond the Medicaid-funded system

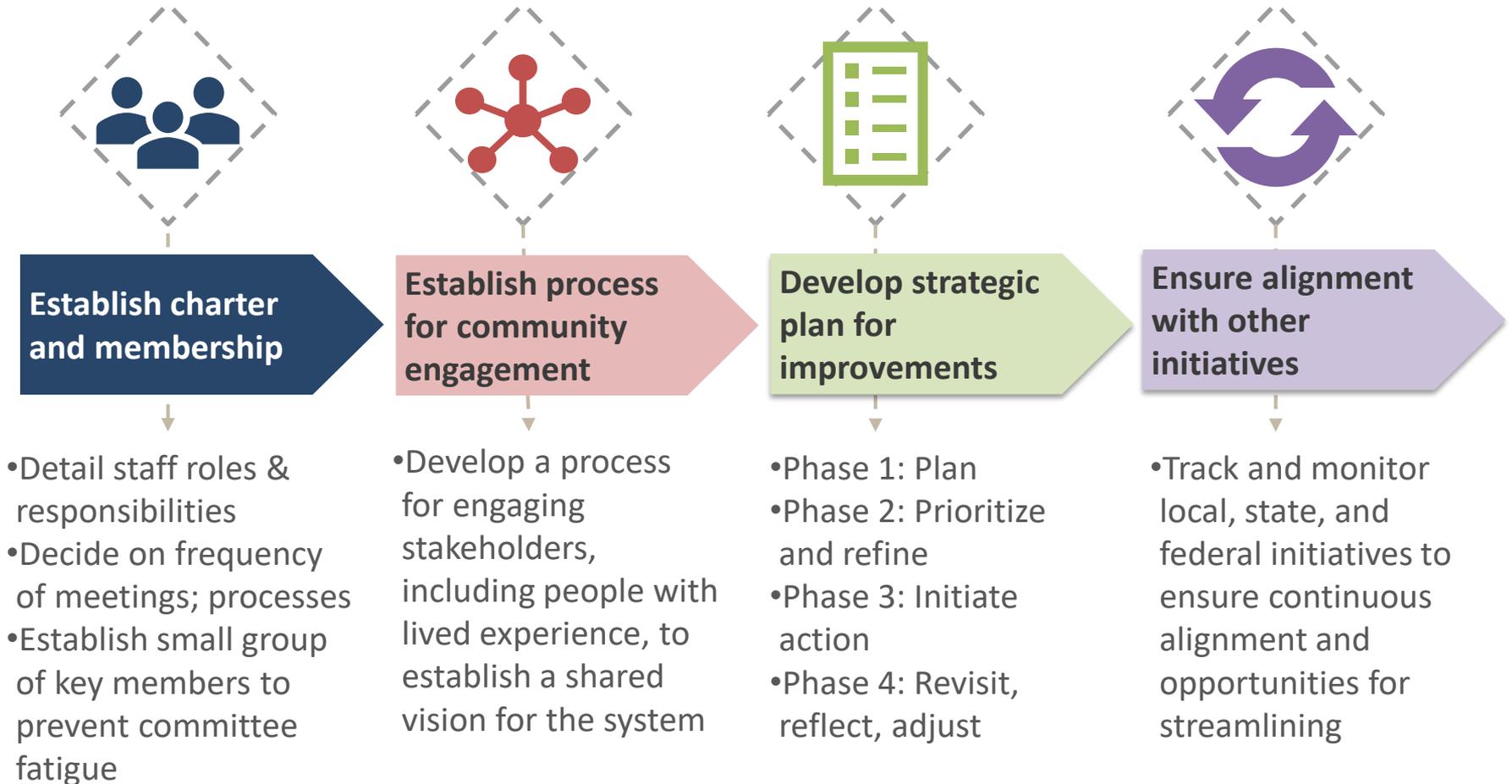
Concerns

- Preserving innovative BHO-developed services
- Ensuring physical health providers and payers adhere to recovery principles and social determinants of health
- Sustaining community-based behavioral health services in the short and long term
- Addressing needs of non-Medicaid Pierce County residents

Characteristics of a Central Coordinating Body

- Takes a population health perspective for the social and emotional wellbeing of all Pierce County residents, regardless of payer type and diagnosis
- Aims to increase direct communication and promote streamlining and simplification
- Includes representation from key groups with strong communication and coordination with State legislature
- Has a process for engaging with stakeholders, including people with lived experience of the system
- Aligns with relevant state and local initiatives
- Has capacity and dedicated resources to identify and respond to funding opportunities
- Has leverage to effect policy change, but keeps unfunded mandates to a minimum

Primary Recommendation: Establish a Central Coordinating Body





Support culturally competent trauma-informed care

- Commit to addressing disparities in access and outcomes; establish cultural competency framework or plan
- Support approaches that recognize the signs, symptoms, and impacts of trauma and respond appropriately (resist retraumatization)



Pursue sustainable funding

- Invest staff time in investigating and pursuing a wide range of funding sources



Support data integration

- Support efforts to align data monitoring systems and encourage agencies to adopt shared data conventions



Establish metrics to track progress

- Select performance and outcome indicators based on specific system goals; include service users, families, providers, advocates, and other key stakeholders in the process
- Include short-term and long-term outcome measures

Behavioral Health System Recommendations

2. Invest in prevention

- 2.1. Sustain broad-based, multifaceted community education efforts that promote better understanding and reduce stigma, discrimination, and marginalization
- 2.2. Adapt and expand school-based prevention and treatment
- 2.3. Expand mental health and SUD screening in primary care and social service systems
- 2.4. Add evidence-based services for first-episode psychosis

3. Ensure all Pierce County residents have timely access to appropriate behavioral health services

- 3.1. Promote, sustain, and expand the Mental Health Resources Navigation program in 2-1-1
- 3.2. Establish a universal “front door” for behavioral health, physical health, and social services
- 3.3. Ensure timely and accessible crisis response services

Behavioral Health System Recommendations

4. Increase outpatient and community-based service capacity

- 4.1. Employ strategies to attract and retain a well-qualified behavioral health workforce in community-based behavioral health
- 4.2. Expand access to specialty behavioral health care for non-Medicaid populations through public-private partnerships
- 4.3. Ensure behavioral health is “at the table” in all bi-directional Medicaid integration efforts
- 4.4. Join in efforts to ensure behavioral and physical health parity
- 4.5. Address housing needs alongside behavioral health needs
- 4.6. Promote employment among behavioral health service users
- 4.7. Support a robust peer workforce through training and professional development
- 4.8. Expand the scope of peer services within and beyond Medicaid
- 4.9. Foster the development of and partnerships with peer-run organizations
- 4.10. Sustain and expand support for caregivers of people with behavioral health conditions
- 4.11. Expand the use of remote health interventions

Behavioral Health System Recommendations

5. Target resources strategically to reduce inpatient utilization

- 5.1. Preserve and expand current evidence-based practices and initiatives that reduce hospitalization
- 5.2. Establish a centrally located behavioral health diversion center
- 5.3. Develop and expand peer-delivered crisis alternatives
- 5.4. Continue to study the MCIRT, and expand the program if it is successful in meeting community need

6. Enhance service user engagement, activation, and self-management

- 6.1. Promote shared decision-making
- 6.2. Track and promote patient activation
- 6.3. Encourage establishment of Mental Health Advance Directives

Behavioral Health System Recommendations

7. Develop and implement a criminal justice system strategy building on existing resources and best practice

7.1. Promote behavioral health training among first responders and other criminal justice professionals

7.2. Continue to expand the Mental Health Co-Responder Program using national best practice models for collaboration and coordination

7.3. Ensure Pierce County has stable, long-term funding to provide a full array of diversion and treatment services at the intercept of behavioral health and criminal justice

7.4. Support state efforts to expand behavioral health services for incarcerated individuals

8. Foster coalitions to meet the needs of veterans and service members