

**PIERCE COUNTY HUMAN SERVICES
BEHAVIORAL HEALTH ADVISORY BOARD MEETING**

3:00 – 4:31 p.m.
September 20, 2021

Members: Cameron Birk, Absolute Ministries
Chris Ladish, MultiCare
Dana Orr, Pierce County Aids Foundation
Danelle Reed, Kwawachee Counseling
Elizabeth Grasher, JBLM
Hayley Smith, Metropolitan Development Council
Jeannie Larberg, Whole Child Counselor Services - excused
Kimberley Bjorn, Elevate Health
Chief Lauren Wallin, Pierce County Sheriff's Department - excused
Lovey Offerle, NAMI
Ronald Brightmon, Recovery Innovations - absent

Non-Voting Chair: Heather Moss, Director, Pierce County Human Services

Members: Dr. Anthony Chen, Director, Tacoma-Pierce County Health Department
Tiffany Speir, City of Lakewood
Vicky McLaurin, City of Tacoma

Staff: Richard VanCleave, BH Manager, Pierce County Human Services
Arrika Rayburn, BH Program Specialist, Pierce County Human Services
Becki Foutz, Administrative Assistant, Pierce County Human Services

Guests: Taffi Wheeldon, Pierce County Human Services
Elizabeth Hickman, Pierce County District Court
Joe Contris, Community Health Plan of WA
Elizabeth Allen, Tacoma-Pierce County Health Department

MINUTES

| TOPIC/ WHO | DISCUSSION | ACTION |
|-----------------------------------|---|---|
| Call to Order/ Welcome | <p>Heather welcomed all, especially new Cameron Birk! Jeannie Larberg is another new member who couldn't make it today but has provided her vote to Heather. Roll was called.</p> <p>Heather reviewed the agenda and asked for a motion to approve it. It was moved and seconded to approve the meeting agenda as presented. Members voted and the motion passed.</p> | <p>Welcome! Motion passed to approve the agenda as presented.</p> |

| TOPIC/WHO | DISCUSSION | ACTION |
|--|---|---|
| August Minutes Approval | Heather asked if there were any questions or comments about last month's meeting minutes? None. It was moved and seconded that minutes of the 8/16 meeting be accepted as presented. Members voted and the motion passed. | Minutes of the 8/16 meeting were approved as presented. |
| Public Records Training Reminder | Heather reminded members that they are required to take Public Records Training. | Please reach out to Arrika or Becki if you need the training information. |
| Today's Meeting | <p>Heather explained that the focus of today's meeting will be to discuss the BHIP plan and funding priorities, and vote on them.</p> <p>Heather acknowledged that Board members and staff received an email from Jim Friedman over the weekend. Heather will share it; she'd like to discuss with the group how they'd like to handle communications from stakeholders, and responses.</p> | Informational |
| Behavioral Health Improvement Plan Update | <p>Richard reviewed in detail the PowerPoint summarizing background and action required on the BHIP. (He shared it, along with the full BHIP, in an email to Board members last week.) The BHIP provides a background and future vision for BH in Pierce County, a BH needs forecast, a six-year plan to address BH needs in Pierce County, a timeline and funding priorities. "The Behavioral Health Improvement Plan required under this Chapter is intended to serve as an adopted policy document that guides County decisions related to BH system improvements, with particular emphasis on effective use of County-directed BH spending, such as the BH and Therapeutic Courts Tax."</p> <p>The Stakeholder Survey released in July received 60 responses!</p> <p>The plan is for the Board to review and vote on the draft plan today and Richard will polish it up and submit it to the County Council for approval.</p> | The PowerPoint and BHIP are included at the end of these notes. |

| TOPIC/WHO | DISCUSSION | ACTION |
|--|---|----------------------|
| <p>Behavioral Health Improvement Plan Update, continued</p> | <p><i>Vision for the Future of BH Services</i></p> <ul style="list-style-type: none"> ● Improved access to care for all regardless of insurance; ● Outcome-based funding; ● Better coordination of services through shared data, ● Culturally competent services, and ● Funding supporting a full range of services, including: Community Education, Prevention and early Intervention, Peer and Recovery supports, outpatient and community-based services, crisis and inpatient services, services for justice-involved population, and housing supports for those with BH needs. <p>The six-year plan includes funding priority recommendations based on the needs discussed, as well as principles on selecting providers, what to do with the existing program, timeline, and quality assurance. Highlights include: recommending that a competitive procurement process be used whenever possible, using value-based purchasing, basing payments on work completed, basing funding on community needs and using program effectiveness as part of decision-making around funding.</p> <p>Timeline: one goal is to align BH funding to correspond with the County’s budget process. Some programs are already in place. The County process requires us to know what we’re going to want to fund in August for the next year/biennium.</p> <p>In January, programs will reapply for a long-term contract if they choose. Trueblood programs are currently funded by the State, and they can also apply at that time. Any awards under the RFP process would result in contracts with effective dates of 7/1/22 - 12/31/23.</p> <p>In Spring 2023, the standard schedule will begin, issuing an RFP each Spring for the following year. Providers will be required to report on outcomes and the reports will be shared with the BHAB.</p> <p>Metrics are attached to each of the BHIP recommendations. They’re necessary and required by the Ordinance as a starting point.</p> <p>Prioritizing options:</p> <ul style="list-style-type: none"> ● Rank order the top funding priorities; or ● List the top priorities; or ● Leave the general priorities unranked. | <p>Informational</p> |

| TOPIC/WHO | DISCUSSION | ACTION |
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| <p>Behavioral Health Improvement Plan Update, continued</p> | <p><i>Priorities:</i> Expand School-Based Services Recovery Support & Peer Services *Co-Responder and Rapid Response Teams *WISE (Wraparound) Services for Youth *Cohen Veterans Clinic *Assisted Outpatient Treatment *School-based Services Fund SUD Treatment Housing Supports Fund Step-Down Facility Options Therapeutic Courts Single Entry Point / Closed-Loop Referral System Sobering Center or SUD Diversion Center Community Education Programs Prevention Programs Early Intervention and Screening</p> <p>*Indicates that these were approved to be funded through June.</p> <p>Heather invited comments on the report. Tiffany said that she shared it with some staff at the City of Lakewood and received positive feedback. She noted that this is an important area in which the funding is needed.</p> <p>Chris asked if the priorities arose from the survey data and the Steering Team is putting further prioritization around these priorities that raised to the top? Yes. Should we remove the items previously voted on? Did we get any data from the survey that went out, proportionally, that rated these in terms of importance? Heather noted that the Board approved the asterisked priorities through June, but the plan covers six years.</p> <p>Heather asked about the two different school-based services items. Currently funded school-based services cover nine school districts. Expanding school-based services would be to build them out.</p> <p>Any comments on the overall report? Chris asked if individuals on the autistic spectrum are included in early intervention and screening? Yes, it will be clarified that they are included.</p> | |

| TOPIC/WHO | DISCUSSION | ACTION |
|--|---|-------------------|
| <p>Behavioral Health Improvement Plan Update, continued</p> | <p>Lovey thanked Richard and Arrika for their work on the BHIP. She asked why the Trueblood programs aren't on the priority list; NAMI's interested in them. Richard considers Trueblood as a funding source and the programs they provide fit into the funding priority items included. Heather suggested clarifying that and cross walking with a list of programs currently funded by Trueblood. Lovey thanked them for including language on recovery and peer services.</p> <p>Dr. Chen commended Arrika and Richard for the great job and moving fast. He likes to think about where the problems are, and the way to fix them. Pierce County has a much higher rate of mental illness and suicide than the State of WA. He doesn't see a clear connector of the issues explaining why these programs are provided. For example, we have x number of children/teens who are suicidal, and here is the program that's going to assist them. Heather agreed that there's some fine-tuning to do - for example, Cohen Veterans Clinic is very specific while Housing Supports encompasses a whole slew of services. She feels that some of this clarification will evolve while going through the RFP process. Dr. Chen added that there are access issues for Veterans and service members, as well as the core population. He suggested connecting the dots in the final iteration (not necessarily the one voted on today). He also suggested including in the timeline how the plan is going to evolve. Themes and needs are key.</p> <p>Chris noted that Richard laid out the needs well. Heather added that we were all really excited about the tax being passed, and soon realized that the need far outweighs the funding. She noted that the idea of what they want to accomplish today is to get the top priorities from Board members. What's most important to you in this list of 16?</p> <p>Everyone was allotted three votes - they can be put all on one item or spread out. Any questions about what's on the list? Kim asked if the group feels that the currently funded items remain priorities? They are funded through June, so will need to be picked up on July 1 along with the other programs. Each item is described in the full plan. Kimberley asked if these would be fluid, since we will learn more as time goes by.</p> <p>Heather added that an option is to see each of the 16 as priority, issue an RFP asking for all services and see what's proposed.</p> <p>Dr. Chen noted that there's another level of complexity in that some services are paid for by Medicaid and/or Medicare, while some are not.</p> | <p>Discussion</p> |

| TOPIC/WHO | DISCUSSION | ACTION |
|--------------------------------------|---|--|
| <p>Ranking Priorities</p> | <p>Cameron - two towards Step-down facilities - he has seen them work well to ensure that people don't go back to where they came from but puts supports around them - and one towards Co-Responder & Rapid Response Teams.</p> <p>Chris - School-Based Services, WISe, Step-down facilities</p> <p>Dana - Housing Supports, Step-down facilities, SUD unit</p> <p>Danelle - focused on prevention and early treatment - so School-Based, Prevention programs and Housing Supports</p> <p>Elizabeth - Recovery Support & Peer Services, Housing Supports and Therapeutic Courts</p> <p>Hayley - Housing Supports, SUD treatment, Sobering center</p> <p>Lovey - two on Recovery and Peer Services, one on Housing Supports</p> <p>Kim - School-Based, Recovery Support & Peer Services, and Co-Responders - she recognized that housing is very important but there are other entities funding that.</p> <p>Heather shared the voting matrix and asked the group what they thought. Kim said she'd rather not spread funding too thin; she needs a bit more information - housing supports is quite broad.</p> <p>Chris said that another option is to use a Resource to Impact grid. Heather felt that was a great idea and we should have time prior to the RFP to do that deeper analysis.</p> <p>Dr. Chen said that another option is to see what programs would serve the most individuals and rank them that way.</p> <p>Richard noted that Housing Supports is described more in the full plan. He added that we don't know who's going to apply, and that's a risk of being more specific in prioritizing. For example, if we make a step-down facility top priority and no one makes a proposal for that service, that would not be good.</p> <p>Heather asked if the group feels that it's important to include the ranked list? Now is our opportunity to influence the Council as they go into funding deliberations.</p> | <p>The BHAB Voting Matrix is included at the end of these notes.</p> |

| TOPIC/WHO | DISCUSSION | ACTION |
|---------------------------|---|--|
| Ranking Priorities | <p>Chris said that it's important to connect the needs with the priorities identified. Where are we not hitting the bar? Where is our community struggling?</p> <p>Liz said that attrition rates would be helpful, or any kind of data/numbers. Who's not coming back?</p> <p>Richard asked if the Board wants to prioritize these? They also need to vote on the plan.</p> <p>Danelle's not sure that she wants to prioritize them; she voted differently than others and what if the priority was, for example, housing, and we didn't receive any good proposals for housing services? She doesn't want to limit what proposals are considered.</p> <p>The group voted to not rank priorities, just list them.</p> | <p>Priorities will be listed unranked.</p> |
| Approving the Plan | <p>Heather asked if there was a motion to approve the draft plan to be polished up and sent to the County Council and the Board? Kim moved and Lovey seconded; the members voted and the motion passed.</p> | <p>The BHIP draft was approved. Richard will finalize it and send it to the Council and Board.</p> |
| Good of the Order | <p>The Board received an email over the weekend from Jim Friedman.</p> | <p>Heather will share the email.</p> |
| Adjournment | <p>The meeting adjourned at 4:31 p.m.</p> | |

The next *Behavioral Health Advisory Board* meeting is scheduled for Monday, October 18, 2021, at 3:00 p.m.

Respectfully submitted,

Becki Foutz, Administrative Assistant



Pierce County
Human Services

PIERCE COUNTY BEHAVIORAL HEALTH IMPROVEMENT PLAN

Behavioral Health
Advisory Board Final Review

September 2021

Behavioral Health Improvement Plan Discussion

- ▶ Highlights from the BHIP
- ▶ Select funding priorities
- ▶ Discuss any final changes
- ▶ Vote on changes/priorities and approve plan



Behavioral Health Improvement Plan

- ▶ Background and Future Vision for BH in Pierce County
- ▶ Behavioral Health Needs Forecast
- ▶ Six Year Plan to Address Behavioral Health Needs in Pierce County
- ▶ Behavioral Health Improvement Plan Timeline
- ▶ Funding Priorities: Overview and Rank Ordered



Behavioral Health Improvement Plan: Purpose

“The Behavioral Health Improvement Plan required under this Chapter is intended to serve as an adopted policy document that guides County decisions related to behavioral health system improvements, with particular emphasis on effective use of County-directed behavioral health spending, such as the Behavioral Health and Therapeutic Courts Tax.”



Behavioral Health Improvement Plan: Process

- ▶ Convened Pierce County BH Advisory Board—June 2021
- ▶ Released stakeholder survey for BH Forecast—July 2021
- ▶ Draft BHIP to BHAB for comment—August 2021
- ▶ Funding Priorities Survey sent to BHAB—August 2021
- ▶ Updated draft BHIP to BHAB for approval—September 10, 2021
- ▶ Final Discussion and Vote on BHIP—September 20, 2021
- ▶ Submit BHIP to Council for approval—October/November 2021





Vision for the Future of BH Services

Improved access to care for all regardless of insurance

Funding based on outcomes

Better coordination of services through shared data

Services will be culturally competent

Funding will support a full range of services, including:

- Community education
- Prevention and early intervention
- Peer and recovery supports
- Outpatient and community-based services
- Crisis and inpatient services
- Services for justice-involved populations
- Housing supports for those with behavioral health needs

Behavioral Health Needs Forecast





Behavioral Health Forecast

Community Education

- Funding for outcome and evidence-based programs aimed at educating the community on behavioral health. These efforts should include school-based training and education.
- Support for anti-stigma and behavioral health education campaigns, including for those from bi-lingual, BIPOC, LGBTQ+, and disabled populations.

Wellness, Prevention and Early Intervention

- Funding for existing programs that have shown success but have no long-term funding.
- Expansion of currently funded programs into other areas of the county.
- New and innovative approaches to wellness and prevention that include interventions at earlier ages, including support for at-risk parents and those caring for children with complex behavioral and developmental needs.
- A culture shift from focusing primarily on crisis and treatment and more on preventing SUD and mental health and overall wellness.



Behavioral Health Forecast

Outpatient and Community-Based Services

- Continued funding for school-based services to ensure all children and youth have access to behavioral health care.
- Improved access to SUD treatment to address the increasing number of overdoses and overdose deaths.
- More providers offering SUD treatment to youth.
- Supportive employment services to assist in obtaining and maintaining employment.
- Programs for the families of those in MH and SUD treatment.
- Transportation services for initial SUD assessments, and subsequent community-based treatment, as well dependable transportation to inpatient LOC when indicated.
- Step-down services for those leaving inpatient mental health or residential SUD treatment.
- Specialized crisis and behavioral health services for those with developmental disabilities and training for behavioral health clinicians around this topic.
- Funding for outpatient programs that provide MH and SUD treatment and supports for the uninsured and those services not covered by private insurance, Medicaid, Medicare, or the Veteran's Administration.
- Expansion of peer-based approaches to behavioral health.
- Telehealth and in-person services tailored to the needs and preferences of the individual.



Behavioral Health Forecast

Crisis and Inpatient Services

- Inpatient treatment facilities that provide specialized treatment to those who are medically unstable, have dementia or developmental disabilities, live with traumatic brain injuries, or have a history of violence.
- Funding for programs that provide co-occurring treatment.
- Step-down options for individuals exiting treatment.
- Programs that provide alternatives to voluntary and involuntary inpatient care.
- Support for diversion models that have shown success in other counties—like sobering center in King County or the SUD diversion center in Snohomish County.
- More Medicaid-funded step-down programs and fund similar programs for services that are not Medicaid-eligible.
- Continued support for crisis stabilization facilities while ensuring these centers continue to accept referrals from families, law enforcement, and other first responders.
- More providers offering medically managed withdrawal management.
- Improved care coordination by advocating for a single point of entry to behavioral health services.

Behavioral Health Forecast

Other Needs (Workforce, Housing, Data)

- Provide housing supports for those with behavioral health disorders, including co-occurring disorders.
- Coordinate efforts to improve behavioral health workforce training and development.
- Influence public policy around wages for behavioral health workers, including the Health Care Authority holding insurance companies accountable for a lack of network adequacy—a shortfall due to insufficient payments to providers, meaning inability to pay fair wages.
- Improve communication around coordination of care. Increase data sharing to determine the community's needs and which interventions are most effective.



Behavioral Health Improvement: Six-Year Plan



Six-Year Plan Overview

- ▶ Selection and review process
- ▶ Existing Programs
- ▶ Timelines
- ▶ Metrics and Quality Assurance
- ▶ Funding Priorities



Selection and Review

Competitive procurement process.

Value based purchasing.

Payments based on work completed.

Funding is based on community needs.

Program effectiveness is part of the decision making around funding.

Funding Award Timeline

- ▶ **January 2022:** Release RFP for BH Tax funds, targeting the funding priority areas described in this document.
 - ▶ The six programs under the BH Tax that are, pending budget approval, funded through June 30, 2022 could apply for continued funding at this time.
 - ▶ Behavioral health programs currently funded by Trueblood through June 30, 2022 could also apply at this time.
 - ▶ **Any awards under the RFP process would result in contracts with effective dates of July 1, 2022 through December 31, 2023.**
- ▶ **Spring 2023:** Begin the RFP process for BH Tax projects for calendar year 2024.
 - ▶ Contracts for established programs could be two year-contracts starting during this budget cycle.



Quality Assurance and Reporting

- ▶ All contracts and funding agreements will include output and outcome metrics.
- ▶ Contracts or funding agreements should include a value-based component.
- ▶ Any contract or agreement with organizations receiving behavioral health funds will include measurable outcomes reportable on a regular basis.
- ▶ Any program or county department receiving funds will report quarterly regarding progress on selected metrics. The report will include a short narrative addressing progress, challenges, or other topics identified by the department.



Behavioral Health Tax Funding Priorities

- ▶ The general priorities section links the needs identified in the behavioral health forecast to specific activities and metrics.
- ▶ A note on **metrics**:
 - ▶ The metrics in the documents are a starting point for measuring program effectiveness.
 - ▶ Some broad community level metrics provide information about the needs of the community but not program success.
 - ▶ Our most effective metrics will be those specific to the programs we fund and will be included in contracts.
 - ▶ We are working with the county and other organizations to determine availability and timelines for metrics.



Rank Ordering Funding Priorities

- ▶ *“A six-year plan that prioritizes based on cost-effectiveness expenditure of County directed behavioral health resources, including any resources raised by the Behavioral Health and Therapeutic Courts Tax, with a focus on early intervention, crisis services, and services for justice-involved populations.”*
- ▶ **BHAB options for listing priorities:**
 - ▶ Rank order the top funding priorities.
 - ▶ Don’t rank order—just list the top priorities.
 - ▶ Remove priorities section altogether and just leave the general priorities section.



Funding Priorities

Expand School-Based Services

Recovery Support and Peer Services

*Co-Responder and Rapid Response Teams

*WISe (Wraparound) Services for Youth

*Cohen Veterans Clinic

*Assisted Outpatient Treatment

*School-Based Services

Fund SUD Treatment

Housing Supports

Fund Step-Down Facility Options

Therapeutic Courts

Single Entry Point/Closed-Loop Referral System

A Sobering Center or SUD Diversion Center

Community Education Programs

Prevention Programs

Early Intervention and Screening

*currently funded by BH Tax

Discussion



**Pierce County Behavioral Health
Improvement Plan
September 2021**

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Introduction

In December 2020, the Pierce County Council passed Ordinance 2020-138s, creating an additional sales and use tax for behavioral health and therapeutic courts. Consistent with RCW 82.14.460, revenue for this tax may be used to fund mental health, substance use disorder, and therapeutic court treatment programs and services.

The ordinance requires the Human Services department to develop a Behavioral Health Improvement Plan (BHIP) to guide funding priorities over the next six years. The BHIP is to be submitted to the Council and updated biennially. This document is intended to fulfill the BHIP requirements outlined in the ordinance.

Background and History

The behavioral health system in Pierce County has weathered several significant changes over the past two decades. Many of the county's community providers have been in operation since the 1970s or earlier. In the early 1990s the state moved mental health services to a managed care system under Regional Support Networks (RSNs), while Substance Use Disorder (SUD) funding remained within a separate county department.

In 2009, Pierce County decided not to renew its contract with the state to manage the RSN. After a competitive procurement process, Optum Health was awarded the contract. At that time, Pierce County also stopped providing direct mental health services—inpatient care, crisis triage, involuntary commitment, and crisis services. In 2016, SUD and mental health funding was combined under the Pierce County Optum Behavioral Health Organization (BHO).

Another significant change occurred a few years later, when the state moved to an Integrated Managed Care (IMC) model. Responsibility for behavioral health services was split between five Managed Care Organizations (MCOs) and the Administrative Service Organization (ASO), Beacon Health Options.

Due to concerns about the lack of oversight of behavioral health in Pierce County, the county contracted with the Human Services Research Institute (HSRI) in 2016 to develop recommendations for improving the county's system of care. The initial recommendations, updated in 2018, focused on creating a centralized coordinating body to address the county's behavioral health needs. The county developed the Integration and Oversight Board (IOB) to support and provide oversight of the transition to the IMC model. At the end of 2019, the IOB created a subcommittee, the Regional System of Care Committee (RSCC). The subcommittee, with membership from behavioral health providers, Beacon Health Options, the Health Care Authority (HCA), Elevate Health, and Pierce County, drafted the RSCC Behavioral Health Strategic Plan in 2020. Key recommendations from the RSCC report included:

- Create a Pierce County Accountable Care Organization (ACO) Medicaid Pilot to increase coordination and ensure local control of funding. This recommendation is not currently supported by HCA, and so is not considered an option at this time.
- Establish a regional data platform to collect and analyze data on social determinants of health, behavioral health, and physical health.
- Implement a local Behavioral Health Tax (1/10th of One Percent Tax).

In December 2020, the Pierce County Council approved the Behavioral Health Tax through Ordinance 2020-138s. The county began collecting the tax on July 1, 2021 and expects to collect an estimated \$12M in tax revenues per year.

Pierce County’s Behavioral Health System Today

Two years into the transition to Integrated Managed Care (IMC), Pierce County has worked to address many of the issues identified in the initial HSRI analysis. The county, Elevate Health, Beacon Health Options, and others have advocated for greater coordination among physical and behavioral health. The county and others have funded the Crisis Recovery Center, Mobile Outreach Crisis Team, the Recovery Café, and the Mobile Community Intervention Response Team. These partnerships have also enhanced coordination of child and adolescent service collaboration via the development of Kids Mental Health Pierce County, a partnership representing over 100 agencies serving youth.

Despite these efforts, many of the gaps identified before IMC still exist today. These gaps, identified in detail in the *Behavioral Health Needs Forecast* section of this document, include unmet needs across the prevention and treatment spectrum. *Appendix A* includes a list of behavioral health providers in Pierce County.

The Future of Pierce County’s Behavioral Health System

Behavioral health needs arise from and are influenced by several factors. Any system designed to address these needs must employ a “whole person” approach that includes healthcare, employment, housing, and education. Pierce County’s goal is to foster an environment where those with behavioral health needs will have access to a full range of innovative, effective, and culturally competent services, including:

- Community education
- Prevention and early intervention
- Outpatient and community-based services
- Crisis and inpatient services
- Services for justice-involved populations
- Housing supports for those with behavioral health needs

The following outcomes outline our vision for the future of the behavioral health system in Pierce County. These goals are described in more detail in the *Behavioral Health Needs Forecast* and *Six-Year Plan* sections of this document.

1. Those seeking behavioral health treatment will have access to services in a timely manner.
2. The behavioral health system will be responsive to the changing needs of the community.
3. Funding decisions will be based on assessments that involve local outcome data and stakeholder input.
4. Continued support for programs will be contingent on data showing interventions are evidence-based and effective.
5. Programs will be supported by a diverse collection of funders.
6. Interventions will be culturally competent and trauma informed.
7. Funders and providers will move toward data sharing and more integrated data systems.
8. Meeting housing needs will be an integral part of behavioral health interventions.
9. Access to employment services will be integrated into of all levels of care.
10. The system will include services tailored to the needs of veterans.
11. Funders and providers will support peer-operated services.
12. Funders will continue to support and expand effective school-based services and other interventions targeting youth.
13. There will be a greater focus on SUD treatment to address the increasing number of opioid overdoses deaths.
14. All citizens will have access to behavioral health treatment, regardless of their insurance coverage or ability to pay for services.
15. Funders will support new and innovative approaches to wellness and prevention that include interventions at earlier ages, including support for at-risk parents and those caring for children with complex behavioral and developmental needs.
16. Individuals will have access to inpatient facilities that provide treatment to those who are medically unstable, have dementia or developmental disabilities, live with traumatic brain injuries, or have a history of violence.
17. Funders will support programs that meet the individualized needs of all residents, including those operated by members from underserved populations, organizations focused on the needs of specific cultures and groups, and faith-based organizations.
18. There will be more options for step-down programs for those exiting inpatient care.
19. Funders will continue to support crisis stabilization facilities and other alternatives to hospitalization.
20. There will be continued support for and expansion of programs for justice-involved individuals.
21. Funders will seek opportunity to support overburdened systems such as county emergency rooms to provide safe, high quality and culturally competent triage services to individuals with high-risk behavioral health needs.
22. Behavioral health services will be equitable for all, culturally competent, and will take into account historical and systemic inequalities in our communities.

Behavioral Health Needs Forecast

Over the past five years, Pierce County has continued to advocate for quality behavioral health for its citizens. The county has supported studies, workgroups, and boards to assess the community's behavioral health needs. The needs assessment here builds primarily on two previous community evaluations—the Human Services Research Institute's (HSRI) 2016 study of the Pierce County behavioral health system (updated in 2018) and the Regional System of Care Committee's (RSCC) 2020 Strategic Plan for Behavioral Health.

The forecast below also includes significant updates informed by:

- Behavioral health data
- A behavioral health needs assessment survey completed August 2021
- Input from the Pierce County Behavioral Health Advisory Board
- Experience based on newly funded behavioral health programs in Pierce County

The resources and deficiencies identified in this forecast are generally organized using the categories suggested by the HSRI in their initial analysis of Pierce County's human services environment. Based on stakeholder feedback and discussion, some categories were arranged differently while some new sections were added. Areas of need are organized into the following categories for both mental health and SUD:

- Community education and wellness
- Wellness, prevention, and early intervention
- Outpatient and community-based services
- Crisis and inpatient services
- Services for justice involved populations
- Additional needs

Each category includes an assessment of current resources and needs followed by a forecast of those needs over the next six years.

Note on Funding Strategies

The gaps and needs identified in this forecast reach beyond those programs funded by Pierce County. No one funding source will be able to address the wide-ranging needs of our community. Many of the services are—or should be—covered by Medicaid or other grants. The solutions offered here and in the *Six-Year Plan* section require efforts and funding far beyond what the recently implemented Behavioral Health Tax can address.

Data on Behavioral Health in Pierce County

Untreated or insufficiently treated behavioral health disorders leave a lasting impact on individuals, families, and our community. Measuring the outcomes of interventions funded by grants is key to knowing which prevention or treatment options work. The *Six-Year Plan* section of the Behavioral Health Improvement Plan contains details on potential metrics to determine program effectiveness.

Those community behavioral health measures currently available demonstrate the need for new and expanded services within Pierce County. The county trends higher than state or national averages on several behavioral health measures.

- From 2015-2019, the rate of drug overdose deaths in Pierce County was 17.2 per 100,000 people, higher than the state average of 15.3 (Washington State DOH). In the first six months of 2021, there were 55 fentanyl related deaths in Pierce County, already surpassing a total of 34 in 2020 and 11 in 2019 (Tacoma-Pierce County Health Department). This coincides with a similar pattern statewide.
- In 2019, Pierce County had a suicide rate of 20.1 per 100,000 people, while the state average was 16.4 (Washington State DOH).
- Pierce County's rate of individuals with a Serious Mental Illness (SMI) in 2019 was 24% higher than the state average (2019 Pierce County Needs Assessment).
- According to the most recent Healthy Youth Survey (2018), Pierce County youth reported receiving less education about suicide than the state average and one in five sixth graders in Pierce County seriously considered suicide in the last year.
- In 2017, Pierce County had 59.6 mental health counselors per 100,000 people. Though we don't have updated numbers as of 2021, we know that workforce shortages have increased for most every provider of public behavioral healthcare in Pierce County, particularly in higher level positions such as mental health professionals, psychologists, and psychiatrists (Washington State Behavioral Health Workforce Assessment, 2017).
- The American Academy of Child and Adolescent Psychiatry (AACAP) suggests that 47 child and adolescent psychiatrists per 100,000 is required to meet US community mental health needs. In 2018, Pierce county had 6.5 child and adolescent psychiatrists (CAAP) as compared to Washington state which had 10 per 100,000.
- Between 2015 and 2018, Mary Bridge Children's Hospital Emergency Department saw a 400% increase in children presenting to the emergency room with primary behavioral health needs (Mary Bridge Hospital).

Community Education

Community education efforts are key to an effective behavioral health system. Efforts to decrease stigma around behavioral health increase the likelihood that families and individuals will reach out for help. At the same time, increasing community awareness of mental health and SUD resources ensures people will know where to turn when help is needed.

While there are several evidence-based approaches to increasing community education around behavioral health, few programs receive long-term funding. Examples of previously funded programs include Mental Health First Aid and the Prevent-Avert-Response (PAR) initiative for

suicide prevention. The National Alliance on Mental Illness (NAMI) also provides community education and support for individuals and families affected by mental illness.

Community Education: Projected Need Over Six Years

Most state and federal behavioral health funding continues to target treatment and crisis intervention, while community education funds remain scarce. Current and projected needs in this area include:

- Funding for outcome and evidence-based programs aimed at educating the community on behavioral health. These efforts should include school-based training and education.
- Support for anti-stigma and behavioral health education campaigns, including for those from bi-lingual, BIPOC, LGBTQ+, and disabled populations.

Wellness, Prevention and Early Intervention

Wellness, prevention, and early intervention services are designed to reduce adolescent and adult serious mental illness and substance use disorders. Prevention strategies range from general health promotion (wellness) to targeted prevention interventions for those who have been or may be at risk of developing a substance use or mental health disorder.

Tacoma-Pierce County Health Department Wellness and Prevention Programs

The Tacoma-Pierce County Health Department (TPCHD) provides and supports several prevention and wellness programs, including:

- Alcohol and drug use prevention
- Youth resiliency programs
- The Pierce County Prevention Collaborative
- Community education including Mental Health First Aid and information on trauma-informed care

TPCHD also provides community education on a number of topics that address whole-person wellness. In addition to the programs above, TPCHD works to address social determinants of health and improve health equity.

Infant/Early Childhood Mental Health (IECMH)

The Early Support for Infants and Toddlers (ESIT) program is a set of services available through Pierce County Human Services (PCHS) to families with children under the age of three who are experiencing a developmental delay. Pierce County and the ESIT provider community have been leaders in WA State embedding Infant/Early Childhood Mental Health (IECMH) into the system by focusing on building early and secure attachments between caregivers and children to help regulate stress, build early life resilience, and reduce the impact of adverse childhood experience (ACEs). Children can now qualify for ESIT based solely on social-emotional needs, which has dramatically increased the availability of mental health support to children and families early in life.

Bi-directional Clinical Integration

Elevate Health, through the Whole Person Care Collaborative, contracted with the University of Washington AIMS (Advancing Integrated Mental Health Solutions) Center to support strong partnerships between physical and behavioral health providers. The Bridge of Hope is one such partnership between HopeSparks and Pediatrics Northwest. This program is the first pediatric collaborative care model in the nation to create truly bi-directional integrated care.

Behavioral Health Screening in Primary Care

Behavioral health needs are often first identified during appointments with physical health providers. There are several tools available to medical providers for screening and identifying behavioral health disorders during regular office visits. Many providers already integrate these screenings into annual check-ups. Regular screenings can be expanded to other settings where individuals encounter health care providers or social service professionals. Once a behavioral health need is identified, providers need to know where to refer the individual. A strong outpatient network and effective care coordination are key to ensuring people get the help they need.

Wellness, Prevention, and Early Intervention: Projected Need Over Six Years

Despite the demonstrated effectiveness of wellness, prevention, and early intervention programs, funding for these programs will continue to be limited as more state and federal dollars are focused on treatment. Prevention dollars available to local jurisdictions are usually limited and have severe restrictions on how the funding can be utilized in the community. Projected needs in this area over the next six years are:

- Funding for existing programs that have shown success but have no long-term funding.
- Expansion of currently funded programs into other areas of the county.
- New and innovative approaches to wellness and prevention that include interventions at earlier ages, including support for at-risk parents and those caring for children with complex behavioral and developmental needs.
- A culture shift from focusing primarily on crisis and treatment and more on preventing SUD and mental health and overall wellness.

Outpatient and Community Behavioral Health Services

Pierce County is home to a dedicated group of mental health and substance use disorder providers. Many agencies continue to pursue evidence-based practices and improve care despite the challenges presented by changes in payment models, increased need for behavioral health services, and the COVID epidemic.

Community behavioral health services encompass treatment modalities that support individuals at risk for inpatient mental health or SUD levels of care. Where possible, individuals needing behavioral health treatment should have access to care at the lowest level of care available. When someone is hospitalized, a robust support system including step-down services can help prevent a return to inpatient care.

Pierce County has funded hospital diversion modalities like the Crisis Response Center, Mobile Outreach Crisis Team (MOCT), MCIRT, and the Assisted Outpatient Treatment (AOT) pilot project. Additional efforts to provide community-based supports have included increasing the number of Program for Assertive Community Treatment (PACT) teams in the county. Some of these programs are described below. County collaboratives have also developed innovative and effective models to bring crisis resource to our youth via Kids Mental Health Pierce County (KMHPC).

MCIRT is staffed by mental health professionals, peer advocates, registered nurses and psychiatric ARNPs who provide support to divert high utilizers of emergency and law enforcement services into more appropriate care. In 2019, MCIRT served 409 unique individuals with roughly 85% of those referred by police and EMS.

Community Behavioral Health Clinics (CBHC) address a range of clinical services delivered in the least restrictive environment and offer social determinants supports (e.g., housing, employment, social inclusion). Most CBHCs operate a multidisciplinary team which provides services in the community or, if funding allows, in a client's home to bridge the gap between traditional outpatient treatment and more intensive inpatient treatment.

WISe (Wraparound with Intensive Services) is an evidence-based crisis prevention program focused on youth. It uses a team approach to provide comprehensive behavioral health services and supports to individuals up to 21 years of age with complex behavioral health needs and their families. The goal of WISe is for youth to live and thrive in their homes and communities and reduce costly and disruptive out-of-home placements in hospitals and residential treatment facilities. The county began funding a WISe team for non-Medicaid individuals in July 2021.

School-Based Behavioral Health Treatment

During the school year, children and adolescents spend more time at school than any other single location besides home. An effective school-based behavioral health system includes partnerships with local treatment providers, streamlined referral processes, and on-site interventions. Early identification and treatment of behavioral health disorders can lead to long-term prevention and a reduction in criminal justice system involvement.

The level of behavioral health intervention available in each of Pierce County's 15 school districts varies. Some services are only available to those youth enrolled in Medicaid. Starting in July 2021, the county began funding school-based mental health and SUD services in nine districts for those youth not covered by Medicaid.

The barriers to accessing outpatient services in Pierce County are similar to those affecting other regions of the state:

- A workforce shortage across all behavioral health services, resulting in increased wait times for services and diminished access to care.
- Medicare-only individuals receive no coverage for most SUD services and access to only limited MH providers.

- Veterans and active-duty personnel face similar challenges in access to care due to a limited number of providers.
- No centralized coordinating entity for services, especially Medicaid-covered treatment.
- Many high-intensity outpatient services, such as WISe and PACT teams, are not covered by private insurance.

Services to Veterans

Nearly ten percent of Pierce County residents are Veterans, and the county is home to Joint Base Lewis-McChord, the fourth largest military base in the United States. The American Lake VA Medical Center is a hub for physical and mental health treatment for many of the region's Veterans. Veterans have disproportionate rates of substance use, behavioral health disorders, and deaths by suicide. Addressing the needs of this population in Pierce County should be part of any behavioral health system plan.

The county currently funds the Cohen Center in Lakewood, helping veterans and their families overcome behavioral health and other issues, including depression, anxiety, parenting concerns, and transition-from-service issues.

Employment Services

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), two-thirds of individuals with a serious mental illness want to work, yet this population has historically had unemployment rates as high as 85%. Research has demonstrated wide-ranging positive effects of employment among those receiving behavioral health treatment, including decreased symptomology, increased confidence and independence, and reduced usage of higher levels of care. To realize the benefits of supportive employment, the county's behavioral health system will need to support evidence-based programs like Individualized Placement and Support.

Recovery Support and Peer Services

While recovery support services help individuals in all stages of recovery, one often overlooked aspect of these services is their effectiveness in helping people maintain recovery. Feedback from the community included concerns that most behavioral health funding is focused on crisis or inpatient services, yet individuals will spend the majority of their time in recovery—not in crisis. When individuals facing behavioral health problems have adequate support systems, they are less likely to need more expensive interventions. Supporting recovery leads to crisis prevention.

According to SAMHSA, there are four major dimensions that support recovery:

- Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home—having a stable and safe place to live.
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- Community—having relationships and social networks that provide support, friendship, love, and hope.

Peer services have been shown to improve the quality of life, reduce treatment costs, and lower rates of involuntary commitment. Peers can be employed in a variety of roles including peer respite programs, peer bridgers (assisting people in transitioning from inpatient care), recovery cafés, and crisis centers.

Outpatient and Community Based Services: Projected Need Over Six Years

- Continued funding school-based services to ensure all children and youth have access to behavioral health care.
- Improved access to SUD treatment to address the increasing number of overdoses and overdose deaths.
- More providers offering SUD treatment to youth.
- Supportive employment services to assist in obtaining and maintaining employment.
- Programs for the families of those in MH and SUD treatment.
- Transportation services for initial SUD assessments, and subsequent community-based treatment, as well dependable transportation to inpatient LOC when indicated.
- Step-down services for those leaving inpatient mental health or residential SUD treatment.
- Specialized crisis and behavioral health services for those with developmental disabilities and training for behavioral health clinicians around this topic.
- Funding for outpatient programs that provide MH and SUD treatment and supports for the uninsured and those services not covered by private insurance, Medicaid, Medicare, or the Veteran’s Administration.
- Expansion of peer-based approaches to behavioral health.
- Telehealth and in-person services tailored to the needs and preferences of the individual.
- A single access point for behavioral health services to navigate, refer, make appointments, and see client history and treatment plan.

Crisis and Inpatient Services

Crisis and inpatient mental health and SUD services are the highest level of care for individuals experiencing a behavioral health crisis. Services in this category include:

- Crisis intervention teams
- Crisis triage or stabilization
- Inpatient mental health (voluntary and involuntary)
- Residential SUD treatment
- Withdrawal management (including secure withdrawal management)

Crisis and inpatient behavioral health services are the safety net for the most vulnerable and seriously ill. Pierce County has a robust set of crisis services. However, the crisis system utilization is often a proxy for determining the health of the entire system and Pierce County relies too heavily on crisis services. According to Beacon Health, the rate of ITA requests from the community has increased from 247 per month in July 2019 to 285 per month July 2020. The number of involuntary placements increased from 90 to 142. Pierce County has too few

residential respite services to act as a diversion from these crisis services or as step-down services after hospitalization to help reduce recidivism.

Inpatient Care

The lack of inpatient mental health beds in Washington State has been a long-standing problem, resulting in extended stays in hospital medical units or emergency departments. When individuals in need of the highest level of care are not able to access treatment, there is an increased likelihood they cycle through emergency department admits, have increased interaction with law enforcement, and suffer the consequences of a lack of adequate treatment.

In the last few years, the region has invested in short-term (up to 90 days) inpatient crisis services. Pierce County now has four 16-bed evaluation and treatment (E&T) facilities offering acute treatment almost exclusively for those detained under the Involuntary Treatment Act (ITA) for a mental health condition. Voluntary inpatient options for stays of up to 14 days include the 16-bed Recovery Response Center (RRC) in Fife, and the 16-bed Crisis Recovery Center (CRC) in Parkland. When fully operational, Wellfound Behavioral Health Hospital will offer an additional 120 inpatient beds, bringing the region close to 39 beds per 100,000 people, more than almost any other region in the state.

But Pierce County is still missing key categories of inpatient care, particularly for those who are medically unstable, have dementia or developmental disabilities, live with traumatic brain injuries, or due to a history of violence cannot be in a group care setting such as the Crisis Recovery Center or a residential treatment facility. The lack of beds for these populations will be compounded by the state's plans to phase out long-term beds at Western State Hospital. The loss of these beds will place additional pressure on all levels of the county's behavioral health system.

Crisis Intervention Teams

MultiCare operates the county's Mobile Outreach Crisis Team (MOCT). This team is responsible for crisis services via phone and in-person. In-person services include both crisis intervention counseling and ITA investigations. While response times have been an issue in recent years, data from early 2021 has shown quicker response times from the team. Partnerships between crisis response teams and emergency departments in our county have also been helpful in reducing emergency room use.

The Telecare Community Alternative Team (T-CAT) funded by Beacon Health Options is a short-term wraparound service that helps minimize inpatient stays and emergency room visits. This team offers transportation, case management, medication management, and crisis services.

Crisis Facilities

There are two crisis stabilization facilities in Pierce County. The Recovery Response Center in Fife has been operating for several years and the Crisis Response Center in Parkland opened in August 2021. These crisis centers provide a safe alternative for individuals in crisis. The centers are staffed by mental health professionals, psychiatrists, nurses, and peer counselors.

Over-reliance on the Crisis System

Over-reliance on the crisis system results in unnecessary visits to emergency departments, law enforcement involvement, and worsening of behavioral health conditions for those lacking adequate care. In many cases, crisis system involvement correlates with a lack of effective less restrictive treatment alternatives. At the same time, a dearth of step-down options for those leaving the hospital or residential SUD treatment increases the likelihood of recidivism. The county should consider supporting organizations that are certified (e.g., through the Washington Alliance for Quality Recovery Residences) to provide safe housing for those leaving treatment.

Additional feedback from the community indicated that many individuals taken to crisis centers by law enforcement are instead in need of a sobering center. King County recently reopened its sobering center using American Rescue Plan funding. Another promising model is the SUD Diversion Center in Snohomish County, where individuals are diverted away from incarceration and referred to treatment.

Crisis and Inpatient Services: Projected Need Over Six Years

While the gaps identified above are expected to continue over the next several years, there are potential interventions available to prevent over-reliance on the crisis system and reduce recidivism:

- Inpatient treatment facilities that provide specialized treatment to those who are medically unstable, have dementia or developmental disabilities, live with traumatic brain injuries, or have a history of violence.
- Funding for programs that provide co-occurring treatment.
- Step-down options for individuals exiting treatment.
- Programs that provide alternatives to voluntary and involuntary inpatient care.
- Support for diversion models that have shown success in other counties—like sobering center in King County or the SUD diversion center in Snohomish County.
- More Medicaid-funded step-down programs and fund similar programs for services that are not Medicaid-eligible.
- Continued support for crisis stabilization facilities while ensuring these centers continue to accept referrals from families, law enforcement, and other first responders.
- More providers offering medically managed withdrawal management.
- Improved care coordination by advocating for a single point of entry to behavioral health services.

Services for the Justice Involved

Pierce County is dedicated to coordinated, timely, and effective treatment for justice-involved individuals in need of behavioral health treatment. The Sheriff's Department and Human Services have worked with local agencies to fund and support programs aimed at jail diversion and reducing recidivism. The county's diversion program is based on the SAMHSA GAINS Center's Sequential Intercept Model (SIM). This model helps communities create interventions that divert individuals from involvement in the justice system and decrease recidivism by addressing gaps and needs at each point in the justice process:

- Community resources that prevent initial law enforcement involvement
- Actions taken by law enforcement once the individual has contact

- Interventions at the initial court hearings/detention period
- Jail and court programs
- Reentry programs
- Community corrections

Crisis Intervention for Justice-Involved Individuals

Law enforcement agencies regularly encounter individuals in crisis. Social service agencies and law enforcement agree that, with adequate intervention in place, the number of unnecessary interactions with police or sheriff could be reduced. Toward this end, the county launched the Pierce County Sheriff's department co-responder program in 2017. This program pairs a Designated Crisis Responder (DCR) with a deputy to respond to behavioral health calls to law enforcement, with the goal of diverting individuals from the jail or emergency department.

Any services for the justice involved should take into account the changing role of law enforcement in community outreach due to E2SHB 1310. The safety of behavioral health clinicians, the individuals they serve, and the community must be considered when designing outreach programs.

Therapeutic Courts

Pierce County has a long history operating therapeutic court programs. These courts include:

- Felony Drug Court
- Felony Mental Health Court
- Pierce County District Court Drug Addiction Reduction Team (DART)
- Veterans Treatment Court
- Family Recovery Court
- Assisted Outpatient Treatment

The felony courts and DART offer substance use disorder and mental health treatment as an alternative for those with non-violent felony charges. The treatment programs use evidence-based treatment approaches and require participation in court-monitored activities.

Veterans Treatment Court provides life skills, treatment, and supervision for justice-involved veterans. The family recovery court offers treatment for substance-using parents subject to dependency cases. The Assisted Outpatient Treatment program offers court-monitored outpatient behavioral health treatment.

Trueblood Programs

The Trueblood settlement was borne out of a 2014 lawsuit against DSHS challenging delays in competency evaluations and the restoration process. Pierce County has used settlement funds to support the following innovative programs:

- In-jail assessments for diversion
- Referrals to out-of-custody mental health and SUD treatment
- Release and re-entry planning
- Housing navigation and subsidies
- Forensic Projects for Assistance in Transition from Homelessness (PATH)

- Forensic Housing and Recovery through Peer Services (HARPS)
- Enhanced mobile crisis team through MOCT
- Pierce County co-responders

The Trueblood funds can only be used to serve individuals who have waited in jail for competency evaluation or restoration services. Because access to this funding source will end on June 30, 2022, the county will need to find other revenue sources if these services are to continue.

Other Pierce County Programs for the Justice-Involved

Pierce County offers other justice-involved diversionary behavioral health services, including medication management and group therapy for those with a substance use disorder incarcerated in the Pierce County Jail.

Justice Involved Services: Projected Need Over Six Years

The need for behavioral health interventions for justice-involved individuals is not expected to decrease over the next six years. Recent changes to state law regarding law enforcement activities is expected to significantly increase dependence on behavioral health programs for those who are or are at risk of being involved with law enforcement. Specific needs include:

- Continued funding for programs previously funded by Trueblood where the program has been found to be effective.
- Continued support for therapeutic courts. Cost savings from incarceration and prosecution could be used for new diversion programs or expansion of therapeutic courts.
- Continued funding for and expansion of co-responder programs.

Additional Needs in Pierce County

Three additional areas of need for the behavioral health system in Pierce County are housing and support services, workforce development, and access to data for care coordination.

Housing and Support Services

Lack of stable housing for individuals with behavioral health disorders hinders their ability to fully engage in treatment, reduces their chances of success, and all but guarantees the over-utilization of higher-cost services, such as emergency departments.

While there has been an increase in funding for housing-based projects during COVID, the behavioral health system must play a role by providing supportive services for individuals with mental health or substance use disorders who are facing homelessness. The department estimates more than 1,100 individuals experiencing homelessness need behavioral health services at any given time—up to 5,000 unique clients each year.

Workforce Development

Pierce County has a significant behavioral health workforce shortage. Community-based behavioral health providers have had difficulty attracting and retaining well-qualified therapists

and mental health professionals. One major cause is competition with hospitals and major health systems able to pay their employees higher wages.

The reliance on Medicaid funding through the Managed Care Organizations (MCOs) is one key difference between the community behavioral health system and other providers. As long as MCOs continue to pay low rates to providers, those agencies will not be able to pay high enough wages to attract or retain staff. These low wages relative to the amount of education, licensure, and training required will continue to discourage many from entering the behavioral health treatment field. There are significant shortages in all areas of the crisis system, from therapists and prescribers to Designated Crisis Responders. Any workforce initiatives should include efforts to increase the number of providers from diverse cultural backgrounds while ensuring wages are adequate to attract qualified clinicians.

Data Access Challenges

As this plan is implemented and investments are made in the behavioral health system, Pierce County needs to be able to track outcomes, not only for the programs funded by the Behavioral Health Tax, but region-wide to ensure the investments are meeting the goals set forth in this plan. Pierce County has access to some system-wide data points but is missing, among other things, comprehensive data on wait times, recidivism, housing, and employment status outcomes.

One limitation we face in accessing this data is the lack of a central entity with authority over the regional behavioral health system. Prior to 2019, Pierce County's publicly funded behavioral health services were managed by one organization, Optum Behavioral Health. As the managing organization, Optum had access to all member information including service usage, inpatient stays, housing status and employment status. What was once a central repository for managing the effectiveness of the behavioral health system is now split between six payors with no one entity able to assess all data.

Another challenge we face as a region is the lack of a closed-loop referral system. This is related to the lack of a central organizing entity but has even more practical implications. A closed-loop referrals system would allow a resident of Pierce County who has need of behavioral health services or treatment, to contact a central entity to initiate a referral for services or be referred by whichever agency they are working. Once that referral was made, the initiating entity would see the progress of the referral and if/when that individual successfully accessed services. A referral system of this kind would not only improve access to behavioral health services, but could aid the region in screening individuals, assessing the capacity of various sectors of the behavioral health system.

Although Pierce County has no entity with access to comprehensive system-wide data, there are several organizations whose data we have access to which can act as proxy for the data we lack. For instance, Beacon Health Options, the administrator of the publicly funded behavioral health crisis system, tracks and makes available data about crisis system usage such as number of ITAs (youth and adult) and lengths and number of hospitalizations. Mary Bridge Children's Hospital also makes youth data available such as the number of youths accessing the ED for behavioral health complaints. Other partners with access to data are Elevate Health, the Tacoma-Pierce County Health Department and the Medical Examiner's Office. So, although system-wide data is

no longer available to track outcomes in real time, through strategic metrics and effective partnerships, Pierce County strives to secure the data the needed to assess the effectiveness of its behavioral health services.

Other Needs: Projected Need Over Six Years

- Outreach, advocacy, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention and referrals for individuals and families who are struggling with substance abuse and mental health issues.
- On-site behavioral health services at shelters using a model that integrates the expertise of mental health, substance use, and primary care.
- Intervention and outreach to homeless youth struggling with substance abuse and mental illness to foster long-term stability and educational and career success.
- Clean and sober housing options for those leaving residential treatment.
- Improved behavioral health workforce training, development, and retention.
- Advocate for HCA to hold insurance companies accountable for a lack of network adequacy. Failure to ensure accountability allows MCOs to continue paying insufficient treatment rates to providers. As a result, behavioral health providers cannot pay adequate wages, resulting in a workforce shortage.
- Improve communication around coordination of care. Increase data sharing to determine the community's needs and which interventions are most effective.

Six Year Plan to Address Behavioral Health Needs in Pierce County

A plan to address the needs identified in the six-year forecast must involve participation from the providers, stakeholders, and community members that make up the Pierce County behavioral health system. No one system or funder can solve the behavioral health needs of Pierce County.

It is the diversity of our system that will be the key to addressing these issues. Through a competitive procurement process, we can foster innovative and efficient approaches to behavioral health. Because funding for behavioral health services is limited and the community needs far outweigh available resources, the county and other funders should follow the guiding principles outlined below.

Selection and Award Policies and Processes for Behavioral Health Grants

1. Available funds should be released through a Request for Proposal (RFP) process that targets the specific funding priorities outlined below. Applicants will be asked to propose innovative and efficient programs that meet the identified needs. This allows organizations with expertise to identify solutions rather than funders prescribing a specific approach.
2. Contracts or funding agreements should include a value-based component—requiring programs to meet targets to earn additional funding.
3. Contracts or funding agreements should be based on work completed or costs expended (e.g., staff and admin costs). If a contractor does not expend and invoice all funds attached to an award, those funds will remain with the county for reallocation during the next RFP cycle.
4. Whenever possible, the award process should be competitive. A competitive approach fosters efficiency and ingenuity.
5. Because no single organization can meet the community's behavioral needs, when funds are available, awards to multiple organizations should be considered while balancing budgetary and economy of scale concerns.
6. Awards should not supplant services covered by other funders. For example, if a treatment is covered by Medicaid, BH Tax funds would not pay for those services. Instead, providers and local organizations are encouraged to hold managed care organizations accountable for paying fair rates that cover the cost of providing treatment.
7. To ensure long-term viability, programs are encouraged to seek funding from multiple sources.

8. Programs should include outcome and/or evidence-based treatment approaches.
9. Funding should target the most vulnerable populations while maintaining a focus on the full continuum of care, including prevention and early intervention.
10. Available funds should be fully awarded each year, with the exception of a two-month operating reserve. Unspent funding will be allocated to new programs through the RFP process described above.
11. Initial awards will result in one-year contracts. Requests to extend funding outside of a single year should follow a formal application process which will be reviewed. Once a program has demonstrated effectiveness with BH Tax funding, contracts may be extended to two years.
12. Funding will consider the needs of underserved populations in Pierce County and seek to address treatment inequalities due to demographics or location. The selection process should encourage applications from those organizations with a unique ability to reach traditionally underserved populations.

Existing Programs

BH Tax Programs Funded in 2021

There were six funding priorities initially authorized under the Behavioral Health Tax. These were funded through December 31, 2021. The Pierce County Behavioral Health Advisory Board (BHAB) voted to recommend funding these programs through June 30, 2022. That request was included in the Human Services program budget for 2022.

Trueblood Programs

Some interventions addressing behavioral health in the justice system are currently funded by the DSHS Trueblood lawsuit. Trueblood funding will end on June 30th, 2022. A portion of these programs may qualify for funding under the county's Behavioral Health Tax. Other aspects of existing programs may need to be supported by other funders.

Per Pierce County Ordinance 2020-138s, any awards under the Behavioral Health Tax should be allocated through the selection process identified in this BHIP and should be based on the BHIP needs assessment. The BHIP is expected to be approved by the end of 2021 and the department will be prepared to release an RFP for programs under the Behavioral Health Tax. At that time, programs currently funded by Trueblood can apply for Behavioral Health Tax funds through the competitive RFP process. Those programs could apply for funding for their current interventions or newer, more innovative ones. Awards should focus on direct behavioral health services or supports. There may be aspects of Trueblood programs (rent subsidies, for example), that could be funded through other sources.

Timelines for Awarding Grants Under the Behavioral Health Tax

In order to create an efficient and consistent contract process, RFPs for funding under the BH Tax should occur on a regular schedule. This allows for consistency in contracting and more

specific and accurate information during the county’s budgeting process. Achieving this consistency will require the county to stagger some contract timelines during the initial implementation phase. The contract timeline would include the following steps:

- January 2022: Release RFP for BH Tax funds, targeting the funding priority areas described in this document.
 - The six programs under the BH Tax that are, pending budget approval, funded through June 30, 2022 could apply for continued funding at this time.
 - Behavioral health programs currently funded by Trueblood through June 30, 2022 could also apply at this time.
 - Any awards under the RFP process would result in contracts with effective dates of July 1, 2022 through December 31, 2023.
- Spring 2023: Begin the RFP process for BH Tax projects for calendar year 2024.
- Summer 2023: Funds awarded for calendar year 2024 funds and placed into 2024 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

Quality Assurance and Reporting

1. All contracts and funding agreements will include output and outcome metrics.
2. Contracts or funding agreements should include a value-based component.
3. Any contract or agreement with organizations receiving behavioral health funds will include measurable outcomes reportable on a regular basis.
4. Any program or county department receiving funds will report quarterly regarding progress on selected metrics. The report will include a short narrative addressing progress, challenges, or other topics identified by the department.

Funding Priorities: Overview

Based on the needs identified in the forecast section of the BHIP, funding for behavioral health programs in Pierce County should focus on the areas outlined below. This section includes an overview of funding priorities identified through the BHIP assessment process. The following section lists the top priorities as identified by the BHAB.

The metrics described under each priority are a starting point for determining the effectiveness of interventions and understanding the county’s behavioral health needs. **More specific metrics will be developed with individual contractors based on the goals of the program and available date.**

Community Education

Priorities:

- Fund evidence-based programs aimed at educating the community on behavioral health and decreasing stigma. These efforts should include school-based training and education.
- Support anti-stigma and behavioral health education campaigns, including for those from bi-lingual, BIPOC, LGBTQ, and disability populations.

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| Proposed Metrics: Community Education |
| Number of individuals trained through an evidence-based approach to community education (e.g., Mental Health First Aid). |
| Number of trainings provided to schools, students, parents, or other community members regarding mental health and SUD awareness and reducing stigma. |

Wellness, Prevention, and Early Intervention

Priorities:

- Support county-wide screening and intervention for school-age youth.
- Fund existing programs that have shown success but have no long-term funding.
- Expand existing wellness, prevention, and early intervention programs into other areas of the county.
- Support new and innovative approaches to wellness and prevention that include interventions at earlier ages, including support for at-risk parents and those caring for children with complex behavioral and developmental needs.
- Support behavioral health screening in primary care and social service settings.

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| Proposed Metrics: Wellness, Prevention, and Early Education |
| Number of in-school behavioral health services provided in schools, by district. |
| Improved scores on evidence-based outcome measures for those participating in the program. |
| Number of individuals receiving an SBIRT (SUD) screening. |
| Rates of suicide in Pierce County by age, educational district, and veteran status. |
| Increase in parental involvement in academic and social activity from baseline using the DLA-20. |
| Multiple metrics from the Healthy Youth Survey. |
| Number of individuals receiving screening for behavioral health. |

Outpatient and Community Based Treatment

Priorities:

- Continue funding for school-based services to ensure all children and youth have access to behavioral health care.
- Improve access to SUD treatment for adults and youth to address the increasing number of overdoses and overdose deaths.
- Support programs for the families of those in MH and SUD treatment.
- Fund transportation services for initial SUD assessments, and subsequent community-based treatment, as well dependable transportation to inpatient LOC when indicated.
- Fund multidisciplinary programs, including those costs not covered by traditional insurance or Medicaid (transportation, outreach, case management).
- Support step-down services for those exiting inpatient mental health or residential SUD treatment.
- Create specialized crisis and behavioral health services for those with developmental disabilities. Many of these services could be covered by Medicaid or state funds, but there is a lack of training for behavioral health clinicians around this topic.

- Fund outpatient programs that provide services for the uninsured and those not covered by private insurance, Medicaid, Medicare, or the Veteran’s Administration.
- Support and expand employment programs for those with behavioral health disorders.
- Expand peer counseling and peer operated programs.
- Support programs that reduce out-of-home placements for children.
- Support parents caring for children with complex behavioral and developmental needs.
- Consider the merits of a single access point for behavioral health services.

| Proposed Metrics: Outpatient and Community Based Treatment |
|--|
| Improved scores on evidence-based outcome measures for those participating in the program. |
| Percentage of youth in BH programs that graduated high school. |
| Number of individuals served and services provided by zip code, age, insurance status, and veteran status. |
| Average time from request for services to first outpatient BH appointment. |
| Number of individuals served under trauma-informed/trauma-focused programs. |
| Number of individuals receiving services through an evidence-based treatment. |
| Number of individuals initiating SUD or MH treatment. |
| Number of individuals receiving SUD treatment. |
| SUD treatment penetration rate (12-17 age range, 18-64 age range) |
| Increase SUD treatment penetration rate (Opioid) (18-64 age range) |
| Number of peer specialists employed. |
| Percentage of individuals in behavioral health treatment that are employed. |
| Number of individuals in behavioral health treatment who received an employment service. |
| Number of individuals receiving an employment service that obtained employment. |

Crisis and Inpatient Services

Priorities:

- Support and advocate for inpatient treatment facilities that provide treatment to those who are medically unstable, have dementia or developmental disabilities, live with traumatic brain injuries, or have a history of violence.
- Fund and support programs that provide co-occurring treatment.
- Encourage more Medicaid-funded step-down programs and fund similar programs for services that are not Medicaid-eligible.
- Continue supporting crisis stabilization facilities and other alternatives to inpatient care while ensuring these centers continue to accept referrals from providers, families, law enforcement, and other first responders.
- Increase the number of providers offering medically managed withdrawal management.

| Proposed Metrics: Inpatient and Crisis Services |
|--|
| Number of referrals from 211 to BH by type of referral. |
| Number of individuals presenting to the emergency department for behavioral health issues. (by department, age, and reason for visit). |

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| Number of individuals receiving an ITA eval who were referred to a less restrictive level of care. |
| Number and location of single bed certifications (SBCs) and average number of days individuals are on SBCs in Pierce County per month. |
| Average response time from request to face to face by crisis type by month. |
| Percentage of individuals presenting to the emergency department for a behavioral health concern who received a follow-up service after discharge (7 days and 30 days). |
| Percentage of individuals exiting inpatient MH or residential SUD treatment who received a follow-up service after discharge (7 days and 30 days). |
| Percentage of individuals exiting inpatient MH or residential SUD treatment who were readmitted after discharge (7 days and 30 days). |
| Number of calls to the crisis line by month. |
| Number of crisis services provided per month by type of service and age range. |
| Number of youth in crisis requiring in-home services to prevent emergency department usage. |
| Number of individuals with comorbid disorders, autism spectrum disorder, dementia, or a neurocognitive disorder receiving long-term inpatient care or on an SBC due to a lack of appropriate placement. |
| Number of individuals in crisis whose presenting problem was primarily due to a need for housing services. |
| Number of individuals in crisis whose presenting problem was primarily due to a need for sobering services. |
| Total number of ITA investigations conducted via telehealth |
| Percentage of emergent mobile crisis outreach service requests/referrals that were responded to within two hours. |
| Percentage of urgent mobile crisis outreach service requests/referrals that were responded to within twenty-four hours. |

Services for Justice Involved Populations

Priorities:

- Consider funding programs previously funded by Trueblood when the program has been found to be effective. Funding should be limited to direct behavioral health services.
- Fund therapeutic courts. Consider transferring cost savings from incarceration and prosecution to other programs or for expansion of therapeutic courts.
- Continue funding for and expansion of co-responder programs.
- Consider additional Crisis Intervention Team (CIT) training for law enforcement.
- Increase coordination between law enforcement and behavioral health providers.

| Proposed Metrics: Services for those Involved in the Justice System |
|--|
| Improved scores on evidence-based outcome measures for those participating in the program. |
| Pre-intervention jail bed days versus post-intervention jail bed days. |
| Number of 911 calls (and time spent on the call) due to a BH concern. |
| Number of people diverted from jail or hospital through mental health responders. |
| Recidivism rates for individuals involved in BH programs for the justice involved. |

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|--|
| Graduation rates for individuals in therapeutic courts. |
| Number of individuals served by the co-responder program, including percentage diverted from jail. |

Behavioral Health Housing Supports

Priorities:

- Fund housing support programs that provide outreach, advocacy, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention and referrals for individuals and families who are struggling with substance abuse and mental health issues.
- Provide on-site behavioral health services at shelters using a model that integrates the expertise of mental health, substance use, and primary care.
- Support intervention and outreach to homeless youth struggling with substance abuse and mental illness to foster long-term stability and educational and career success.
- Provide step-down programs for those exiting inpatient treatment, including clean and sober housing.

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| Proposed Metrics: Housing and Behavioral Health |
| Number of individuals in behavioral health treatment receiving housing vouchers. |
| Number of individuals in behavioral health treatment receiving housing support services. |
| Percentage of individuals in behavioral health treatment who maintained housing for at least six months. |

Behavioral Health Policy and Advocacy

Priorities:

- Improve behavioral health workforce training, development, and retention.
- Advocate for HCA to hold insurance companies accountable for a lack of network adequacy. Failure to ensure accountability allows MCOs to continue paying insufficient treatment rates to providers. As a result, behavioral health providers cannot pay adequate wages, resulting in a workforce shortage.
- Continue to foster increased collaboration among providers. Collaboration ensures individuals get the care they need in a timely manner while reducing the overall cost of care.

Data Needs

Priorities:

- Identify proxy data for the county-wide data to which we don't have access and identify agencies/organizations who can give us that data.
- Work with law enforcement, first responders and South Sound 911 to obtain aggregated data on system usage by those with behavioral health struggles.
- Obtain data that helps determine whether individuals diverted from higher levels of care were able to access needed services.
- Work with MultiCare to come up with crisis system recidivism data.

- Research a closed-loop referral system and begin talking with providers about the best way to implement county-wide. Partner with organizations who may already be engaged in this work such as Beacon Health Options and Elevate Health.

Funding Priorities: BHAB Rank Ordered

1. Continue to Fund Existing Behavioral Health Tax Programs

In 2021, the County Council authorized the department to contract for services within six funding categories. The authorization was for funding through December 31, 2021.

The Pierce County BHAB voted in August 2021 to recommend to the Council that these funding priorities be extended through at least June 30, 2022:

- Crisis Co-Responder/Pierce County Sheriff
- Wraparound with Intensive Services (WISe) program for youth
- School- Based Behavioral Health Services
- Cohen Veterans Clinic
- Assisted Outpatient Treatment
- Rapid Response Team/Pierce County Sheriff

Due to contract timelines and the time needed to start these new programs, many are just now starting services. Six months of partial services is an inadequate period to determine the program effectiveness. For those providers serving youth, ending the contracts in December would mean terminating treatment in the middle of a school year.

2. Expand School-Based Services

Excluding Tacoma, there are 14 school districts in Pierce County. School based services for those without Medicaid or other insurance are currently available through the BH Tax in nine districts. These programs could be expanded in both geography and scope of services. Expanded programs could include additional screening, anti-stigma education, and prevention services.

3. Recovery Support and Peer Services

Recovery support and peer services are an integral part of a complete behavioral health system. These services are not currently funded by the BH Tax. Awards under the tax would pay for services not currently funded by Medicaid.

4. Fund SUD Treatment

Currently funded BH Tax programs address a variety of gaps, but community needs around SUD treatment and prevention have yet to be addressed. Services could include:

- Supportive employment services to assist in obtaining and maintaining employment.
- Early intervention and screening for substance use disorders.
- Clean and sober housing options for those leaving residential treatment.
- Transportation services for initial SUD assessments, and subsequent community-based treatment, as well dependable transportation to inpatient LOC when indicated.

5. Housing Supports

Without safe and stable housing, individuals in behavioral health treatment are more likely to experience re-hospitalization, continued substance use, and law enforcement involvement. The BH Tax should address behavioral health treatment and outreach for those experiencing homelessness. Services funded by the tax would coordinate with other programs that provide shelter, housing services, rental assistance, and other housing supports. Behavioral health supports should include:

- On-site behavioral health services at shelters using a model that integrates the expertise of mental health, substance use, and primary care.
- Supportive employment services to assist in obtaining and maintaining employment.
- Intervention and outreach to homeless youth struggling with substance abuse and mental illness to foster long-term stability and educational and career success.

6. Fund Step-Down Facility Options

Community input included several mentions of the need for step-down facilities or services for those individuals exiting inpatient SUD or mental health treatment. Treatment provided in a safe setting with adequate supports significantly decreases the chances of recidivism to inpatient care.

Additional Priorities

1. **Therapeutic Courts:** Pierce County has several therapeutic courts that divert individuals from further involvement in the justice system. A new court could be supported by the BH Tax.
2. **Single Entry Point:** Research a closed-loop referral system and begin talking with providers about the best way to implement county-wide. Partner with organizations who may already be engaged in this work such as Beacon Health Options and Elevate Health.
3. **A Sobering Center or SUD Diversion Center:** Community input indicated a need for a sobering center or SUD diversion to divert individuals from incarceration and reduce inappropriate usage of crisis facilities.
4. **Community Education:** Evidence-based programs aimed at educating the community on behavioral health and decreasing stigma. These efforts should include school-based training and education.
5. **Prevention:** Support new and innovative approaches to wellness and prevention that include interventions at earlier ages, including support for at-risk parents and those caring for children with complex behavioral and developmental needs.
6. **Early Intervention and Screening:** Support behavioral health screening in primary care and social service settings.

Behavioral Health Improvement Plan Timeline

Year One: (First six months) July 1 to December 31, 2021

- Convene Pierce County BH Advisory Board—June 2021
- Release stakeholder survey—July 2021
- Finalize contract negotiation/execution for programs previously authorized under the BH Tax—July-August 2021.
- Begin meeting with Performance Audit Committee—August 2021
- Draft BHIP to BHAB for comment—August 2021
- Updated draft BHIP to BHAB for approval—September 2021
- Submit BHIP to Council for approval—October/November 2021

Year One: (Second six months) January 1, 2022 to June 30, 2022

- Finalize auditing, quality assurance, and quarterly reporting process.
- Update existing Pierce County funded BH contracts to include more performance-based payments. Require output and outcome metrics in all amendments and new contracts.
- Early 2022: Release RFP based on the BHIP needs assessment and six-year plan.
 - Programs funded through existing programs may apply for BH Tax funding during this time too.
 - **Contracts awarded will have effective dates of June 30, 2022 through December 31, 2023.**

Year Two: July 1, 2022 to June 30, 2023

- Review outcomes and metrics for existing programs and make decisions about continued funding. Determine available funds and funding targets for the coming year.
- Adjusts metrics and reporting based on program experience and community needs.
- Spring 2023: Release RFP for CY 2024 programs.
- Summer 2023: Funds awarded for calendar year 2024 funds and placed into 2024 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

Year Three: July 1, 2023 to June 30, 2024

- Performance Audit Committee biennial audit for BH Tax.
- July-September 2023: Complete biennial update the BHIP based on stakeholder and BHAB input and program experience.
- Review outcomes and metrics for existing programs and make decisions about continued funding. Determine available funds and funding targets for the coming year.
- Adjusts metrics and reporting based on program experience and community needs.
- Spring 2024: Release RFP for CY 2025 programs.
- Summer 2024: Funds awarded for calendar year 2025 funds and placed into 2025 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

Year Four: July 1, 2024 to June 30, 2025

- Review outcomes and metrics for existing programs and make decisions about continued funding. Determine available funds and funding targets for the coming year.
- Adjusts metrics and reporting based on program experience and community needs.
- Spring 2025: Release RFP for CY 2026 programs.
- Summer 2025: Funds awarded for calendar year 2026 funds and placed into 2026 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

Year Five: July 1, 2025 to June 30, 2026

- Performance Audit Committee biennial audit for BH Tax.
- July-September 2025: Complete biennial update the BHIP based on stakeholder and BHAB input and program experience.
- Review outcomes and metrics for existing programs and make decisions about continued funding. Determine available funds and funding targets for the coming year.
- Adjusts metrics and reporting based on program experience and community needs.
- Spring 2026: Release RFP for CY 2027 programs.
- Summer 2026: Funds awarded for calendar year 2027 funds and placed into 2027 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

Year Six: July 1, 2026 to June 30, 2027

- Performance Audit Committee comprehensive assessment of BH Tax.
- Deadline to extend sunset of taxing authority: October 1, 2027
- Review outcomes and metrics for existing programs and make decisions about continued funding. Determine available funds and funding targets for the coming year.
- Adjusts metrics and reporting based on program experience and community needs.
- Spring 2027: Release RFP for CY 2028 programs.
- Summer 2027: Funds awarded for calendar year 2028 funds and placed into 2028 budget.
 - Contracts for established programs could be two year-contracts starting during this budget cycle.

**(Appendix A Placeholder:
Behavioral Health Provider
Inventory)**

DRAFT

| | C. Birk | R. Brightmon | C. Ladish | D. Orr | D. Reed | E. Grasher | H. Smith | J. Larberg | L. Offerle | K. Bjorn | L. Wallin | |
|--|---------|--------------|-----------|--------|---------|------------|----------|------------|------------|----------|-----------|---|
| *School-based Services | | | 1 | | 1 | | | 1 | | 1 | | 4 |
| *WISE | | | 1 | | | | | | | | | 1 |
| *Co-Responder/Rapid Response | 1 | | | | | | | | | 1 | | 2 |
| *Cohen | | | | | | | | | | | | 0 |
| *AOT | | | | | | | | | | | | 0 |
| Recovery Support and Peer Services | | | | | | 1 | | | 2 | 1 | | 4 |
| SUD Treatment | | | | 1 | | | 1 | 1 | 1 | | | 4 |
| Housing Supports | | | | 1 | 1 | 1 | 1 | | | | | 4 |
| Fund Step-Down Facility Options | 2 | | 1 | 1 | | | | | | | | 4 |
| Therapeutic Courts | | | | | | 1 | | | | | | 1 |
| Single Entry Point/Closed-Loop Referral System | | | | | | | | | | | | 0 |
| A Sobering Center or SUD Diversion Center | | | | | | | 1 | | | | | 1 |
| Community Education Programs | | | | | | | | | | | | 0 |
| Prevention Programs | | | | | 1 | | | | | | | 1 |
| Early Intervention and Screening | | | | | | | | | | | | 0 |
| | 3 | 0 | 3 | 3 | 2 | 3 | 3 | 1 | 3 | 2 | 0 | |

Non-voting members:

- T. Speir
- V. McLaurin
- A. Chen
- H. Moss
- (Puyallup?)