

October 3, 2016

Reflections on HSRI Pierce County Behavioral Health System Study

General thoughts

- No continuum of care in private sector
- Need to acknowledge the fragmentation of our system – resources available but not enough to meet the needs
- Need more collaboration than is cited in report
- More complete outpatient system could reduce bed demand
- Need to focus BH system on coordination of care
- Under reporting of the impact of Western State Hospital on Pierce County services
- Report addressed long term strategies
- Diversion from crisis services not happening
- Racial minority / limited English speaking data not fully utilized or studied
- Limited mention of tele health
- Report lays out system of care; Pierce County focus is on crisis; Need to move system more toward prevention/early intervention
- Need continuing education for medical professionals to fully understand BH issues

What's missing from report?

- Concept of wellness as a whole
- No mention of current BH services
- Role of Fire Dept/EMS
- Limited information about impact state hospital has on BH service system
- Making comparison to King County system which is fully funded is not an accurate comparison
- Information about jail diversion and issues of EMS about diversion
- Didn't address cost saving measures specifically triage using EMS and fire
- Didn't address children's mental health specifically wrap around services and children's crisis team
 - No FYSPRT
- Not enough info about evidence-based practice
- Veteran's issues not fully addressed
- A focus on 1/3 of population (200,000) when 600,000 people are within service system
- No data for 600,000
- Limited mention of 1/10 of 1% programs that are in Tacoma
- The problems of our BH system are not under control – only meet part of need
- Voices of people that receive services

Gaps

- Declining network of service professionals; at same time increasing case loads
- No solution or discussion about unserved communities

- Medicare coverage
- Medicaid vs non-Medicaid focus; system focus on acute care
- Overutilization of ER
- Continuum of care in private sector
- We don't have a full picture of the BH service system
- Integration of BH and physical health not present
- Reimbursement rates are difficult to scale to current system
- MH and substance use disorder collaboration
- Workforce development/people leaving the field

Bridging the Gap

- A focus on Housing & Employment for people receiving services
- Develop real collaborative system
- A common understanding of the system; Develop collaborative system to deal with BH system

What we want to communicate

- Cost of misuse of the system – misusing the system
- Message idea of creating a system of integrated care
- Leveraging 1/10 of 1% monies by using existing and new resources within the system
- Highlight what's working in the system
- Highlight gaps and what's not working in system
- Tell stories about our experiences of how system meets or doesn't meet the needs of people and the associated costs
- Share stories that relate to prevention and starting upstream
- Speak to council members that are undecided
- Effectively communicate the concept of one system of care in 2 worlds – those who have services and those who do not; Access to care
- Focus your statement on recommendations that the county can address
- More outreach to the (public larger community so they can understand the issues of BH

Recommendations for Oct 12 meeting

- What are benefits on coordination and integration – efficiencies and effectiveness? Strategic initiatives. Look at gaps 1/10 could help us fill.
- Single point of entry/front door – jail is not the best place if chronic MH. To get needed treatment first.
- Accountability for the investment – cost reduction, efficiencies, how were \$\$ reinvested to seek out more efficiencies.
- Communicate the parity needing to be created between individuals / families eligible for publically funded care and those needing more coordination/warm handoffs to services for those with privatized benefits
- Prevalence! 1 in 5 families affected by gaps.

- Recognize the fiscal responsibility to pass 1/10 of 1%
- The state is responsible for care and allows/empowers the county to pass this measure in order to address gaps in service
- We have a positive track record for responsibly and innovatively utilizing funding
- Long term investment toward cost savings to county; short term need to help long term
- Only county on I-5 that have not had tax passed.
- Demonstrate self-sufficiency by allowing families to directly communicate the impact of current services that work well. Also barriers to access (public Medicare/Medicare; private services) how funds could help
- Youth services – journey of lack of care/coordination
- Share talking points council members could use with constituents
- Capitalize on their passion – military members, sex t3trafficking
- Immediate response – out to home; not ED, night time, broader availability
 - Direct contact, time to contact, location of services, centralized organized, resources address what they are meant to address
- Lack manpower – pay
- Services not well known
- Education piece – Google, 911, ED; easy access
- Tax money – productive member; Where do I go, When I go there are there going to be services, is there room for me?
- Show them wasted \$\$\$. Every time 911 called = \$30 tax payers; hear about ED costs when people come in repeatedly. Contact Carolyn at Lakewood PD for information about money. (find link at PierceTogether.com)
- Bringing success stories to the meeting so they see they are now a working member of community. Saves costs.
- Logistics – making information well known regarding where services are; central phone line, website. Person in need can access. Services available.
- Financial Costs
- EMS services offer information about high utilizers; cost information
- Medicare population has nothing regarding MH services.
 - PCPs cannot manage complex older adult’s psychiatric medications
 - Highest rate of suicide is in elderly adults (19.3%)
 - Recommendations: providers funded for Medicare
- EMS High utilizers
- Business
- County Services (EMS, Police) co-responder diverting people away from jails, cost savings
- Make it personal perspective; resonate home; means something to people.
- Double bottom line; fiscal prudence and human suffering
- NAMI and folks in blue will have resources; individual stories are compelling (i.e., Housing Authority – evictions) Each can contribute story
- Financial, political issues – if you spend locally you get to fund locally. Direct and control where this money is going. Focus on problems in your locality.

- Long term investment result in savings to: 911, Courts, jails, ER/EMTs, sheriff department, next generations (reduce use/need for Foster Care)
- Medicaid people get good care; Medicare not a good thing; uninsured fall through cracks (rural)
- Good MH model - Slide 10, page 5; "Good and Modern BH system"- could be amplified and made more compelling
- Poor distribution of services within county population (see slide 9 from HSRI presentation). There is a huge gap between Medicaid case and non
- Western state follow up – 4 month wait for medication appointment (anyone not Medicaid); 2 weeks' worth of medication given; guaranteed hospital
- Big picture – build on things that are working and buy things that don't exist
 - Oversight and coordination top priority – infrastructure combined with data; we need to bring our efforts together and measure for results
 - Expand access to Specialty Behavioral Health to non –BHO covered population
 - Purchase parity to dollars and impact on people
 - Reduce Emergency room use/cost, jail costs
 - Need to pull together umbrella to help people in Piece
 - We need to support social determinants of health to end homelessness and support BH treatments that helps people stay housed
 - Co-responder/robust and stagnate education efforts
- Background:
 - Avoid phrase "not working"
 - 75% county not covered by Medicaid
 - Using "not sufficient" = not enough
- Report:
 - Report tells us what we know
 - complimentary to work of this body
 - Report good but not perfect; not comprehensive; broad brushed; only peels a few layers from onion; no specificity.
 - Measurements slide at council – City of Tacoma done a good job;
 - *Bring us a plan including measurements and outcomes; data*
 - Highlights inefficiencies and gaps; does not provide local solutions (i.e., does not address geographic dispersion)
 - Strong mechanism for continuing to hear those that are receiving or not receiving services

What do you need to bring with you on Oct 12?

- 1 pager to be shared
- 3 minutes or less
- Not prescribing script; deliver succinctly; hear from those receiving services, those that got out and are on way to bigger and better things; bring people with you.