

# Pierce County Behavioral Health System Study Addendum: Revised Recommendations

*Human Services Research Institute, January 2018*



In 2016, the Human Services Research Institute (HSRI) conducted a study of the behavioral health system in Pierce County for the Pierce County Council. The final *Pierce County Behavioral Health System Study* report identified significant behavioral health-related needs in the County. And though HSRI identified many unique strengths and promising initiatives, there were also gaps between community need and available resources.

Over one year since the HSRI report, the County has made significant improvements in its behavioral health system, and a sweeping initiative to integrate physical and behavioral health care through Medicaid is on the horizon. Yet some gaps remain unfilled, and some challenges have persisted.

In the winter of 2017-2018, HSRI reengaged Pierce County stakeholders for further consultation on facilitators and barriers to progress toward the 2016 recommendations. HSRI identified four common themes from the stakeholder interviews:

- ❖ *Entities in Pierce County have made significant positive changes, but demand for behavioral health services far exceeds current supply.* In the past year, the Pierce County Council has made significant investments in behavioral health services, particularly in the areas of crisis response and services for individuals with the most complex needs. Using Trueblood funds, a range of new services for justice-involved individuals are also in development within the criminal justice system. While Pierce County's investments have focused on services for those with intensive needs, other entities in Pierce County have made advances in more upstream activities such as wellness promotion, prevention, and ensuring access to high-quality and evidence-based outpatient and community services and supports. Although there are a range of effective community-based services and supports in the County, the demand for these services far exceeds the supply.
- ❖ *Behavioral health workforce shortages and a lack of affordable housing for people with behavioral health issues continue to pose significant challenges.* Workforce shortages have made it difficult for community-based service providers to maintain consistent and high-quality services, and to innovate and expand to meet community need. The shortages appear to be driven by professionals leaving for higher-paying positions in hospitals and health systems. This turnover results in position vacancies and means community providers must spend additional resources on staff training and development. Individuals with complex needs in Pierce County are caught in a cycle in which they are discharged from the crisis service system back to homelessness, only to cycle through the crisis service system again. Unless housing needs are addressed for those in the County who are unstably housed, crisis response services—no matter how

robust—will not result in long-term wellness for these individuals, and the system will continue to bear the high costs of these often-unnecessary services.

- ❖ *Stakeholders are concerned about ensuring the complex needs of people with significant behavioral health conditions are met as integration takes place.* As a Medicaid Financial Integration mid-adopter, Pierce County is embarking on a major shift in the delivery of Medicaid-funded physical and behavioral health services. Stakeholders voiced numerous concerns related to: preserving innovative services currently supported through the behavioral health organization; ensuring physical health providers and payers adhere to recovery principles and offer a full service continuum that addresses the social determinants of health; financial sustainability of community-based behavioral health services in the long and short term; and addressing the needs of non-Medicaid Pierce County residents. Ensuring that people with significant behavioral health-related needs don't "fall through the cracks" will take careful planning, coordination, and leadership in the coming year.
- ❖ *Now more than ever, there's a need for a central coordinating body.* Almost universally, stakeholders said the need for coordination is stronger than ever, particularly as the County is taking a larger role in behavioral health and as integration moves forward. At the same time, stakeholders expressed concern about duplication of efforts and "committee fatigue." Given the broad scope of behavioral health needs in the County and the complexity of the County systems, all stakeholders endorsed the need for a central coordinating body that:
  - Takes a population health perspective, responsible for the social and emotional well-being of all 844,000 Pierce County residents, regardless of payer type and diagnosis
  - Aims to increase direct communication between County stakeholders and promote streamlining and simplification throughout the system
  - Engages in strong communication and coordination with the State legislature and Health Care Authority
  - Has a process for engaging with stakeholders – including people with lived experience of the behavioral health system – and incorporating their feedback in meaningful ways
  - Aligns with relevant local and state initiatives whenever possible
  - Has resources and capacity to identify and respond to funding opportunities—or to coordinate responses with other County entities
  - Has leverage to effect policy change, but keeps unfunded mandates to a minimum

The following recommendations, which use the recommendations from our 2016 report as a starting point, have been revised based on our follow-up and findings from 2017. The first recommendation is related to establishing the necessary leadership infrastructure to adopt, execute, and monitor progress toward the recommendations that follow.

These recommendations are intended to serve as a roadmap for improvement efforts. We do not expect, nor do we suggest, that Pierce County will endeavor to implement these recommendations at once. We also understand that some of these recommendations overlap with the strategic initiatives of the Pierce County Accountable Communities of Health, the Tacoma-Pierce County Health Department, and others. Our purpose is to present a starting point for the strategic process of the central coordinating body, based on our identification of community needs in the original HSRI study and in our follow-up.

## Primary Recommendation

### 1. Establish a central coordinating body

- 1.1. Establish a charter and membership
- 1.2. Ensure a process of community engagement that includes full and active inclusion of service users and their families
- 1.3. Adopt a process for prioritization, implementation, and continuous monitoring, review, and refinement of behavioral health system changes
- 1.4. Ensure alignment of all activities with relevant local, state, and federal initiatives
- 1.5. Align with state and local efforts to ensure a culturally competent and trauma-informed system
- 1.6. Identify and pursue sustainable funding sources
- 1.7. Support and enhance current efforts to integrate provider data systems
- 1.8. Develop system metrics to track progress on key goals

## Behavioral Health System Recommendations

### 2. Invest in prevention

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

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

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

### 4. Increase outpatient and community-based service capacity

- 4.1. Employ strategies to attract and retain a well-qualified behavioral health workforce in community-based behavioral health
- 4.2. Expand access to specialty behavioral health care for non-Medicaid populations through public-private partnerships
- 4.3. Ensure behavioral health is “at the table” in all bi-directional Medicaid integration efforts
- 4.4. Join in efforts to ensure behavioral and physical health parity

4.5. Address housing needs alongside behavioral health needs
4.6. Promote employment among behavioral health service users
4.7. Support a robust peer workforce through training and professional development
4.8. Expand the scope of peer services within and beyond Medicaid
4.9. Foster the development of and partnerships with peer-run organizations
4.10. Sustain and expand support for caregivers of people with behavioral health conditions
4.11. Expand the use of remote health interventions
<b>5. Target resources strategically to reduce inpatient utilization</b>
5.1. Preserve and expand current evidence-based practices and initiatives that reduce hospitalization
5.2. Establish a centrally located behavioral health diversion center
5.3. Develop and expand peer-delivered crisis alternatives
5.4. Continue to study the MCIRT, and expand the program if it is successful in meeting community need
<b>6. Enhance service user engagement, activation, and self-management</b>
6.1. Promote shared decision-making
6.2. Track and promote patient activation
6.3. Encourage establishment of Mental Health Advance Directives
<b>7. Develop and implement a criminal justice system strategy building on existing resources and best practice</b>
7.1. Promote behavioral health training among first responders and other criminal justice professionals
7.2. Continue to expand the Mental Health Co-Responder Program using national best practice models for collaboration and coordination
7.3. Ensure Pierce County has stable, long-term funding to provide a full array of diversion and treatment services at the intercept of behavioral health and criminal justice
7.4. Support state efforts to expand behavioral health services for incarcerated individuals
<b>8. Foster coalitions to meet the needs of veterans and service members</b>