

Pierce County Behavioral Health Progress Report

January 2020

In 2016, the Pierce County Council hired Human Services Research Institute (HSRI) to evaluate the behavioral health system in Pierce County and provide recommendations on filling gaps in service and ideas for areas of growth. In 2018, HSRI updated their initial report and, based on significant improvements made within the system of care, updated their recommendations accordingly. Since that time, the behavioral health system of care in Pierce County has undergone many more changes, including implementing a statewide initiative to integrate physical and behavioral health care. This document is a response based on HSRI's 2018 updated recommendations and the progress of current behavioral health initiatives in Pierce County.

Section 1: Establish a central coordinating body. In progress.

The primary recommendation laid out in the 2018 report was to establish a central coordinating body “to promote the well-being of all Pierce County residents” and address the following priorities:

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| 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 |

As recommended, the Integration Oversight Board (IOB), in collaboration with Elevate Health (previously Pierce County Accountable Community of Health) and the Washington State Health Care Authority (HCA), stepped into this role.

- Membership of the IOB comprises 2 members from the Executive’s Office, 1 member from the Pierce County Council, 1 member from Elevate Health, 2 members from key behavioral health providers in the county and up to 2 (non-voting) members from the HCA.
- The initial work of the IOB has focused mainly on overseeing the integration of physical and behavioral health over the past year. Now that the integration effort is well underway, the IOB is shifting its focus to creation of the Regional System of Care Committee (RSCC) which will report to and function as a workgroup of the IOB. The first meeting was held January 2020.

- Membership of the RSCC:
 - Mental Health provider – rotating position
 - Substance Use Disorder provider – rotating position
 - Physical Health provider – rotating position
 - Managed Care Organization representative – rotating position
 - Pediatric Behavioral / Physical Health – rotating position
 - Health Care Authority Liaison (non-voting)
 - Administrative Services Organization – Beacon Health Options
 - Oversight Board co-chair
 - Elevate Health co-chair
 - Ad Hoc Sector Members
 - Federally Qualified Health Center (FQHC)
 - Affordable housing developer
 - Long-term care
 - Workforce development (clientele and industry)
 - Justice-related services
 - First responders
 - Tribal leadership
 - Developmental Disability community
- The responsibilities of the RSCC include:
 - establishing regional priorities for identifying and facilitating expansion of the care continuum
 - monitoring and aligning work with state and local initiatives
 - seeking out and aligning funding opportunities with regional goals
 - tracking progress on agreed metrics in partnership with Elevate Health
 - ensuring “full and active inclusion of service users and their families” in its work through partnership with Elevate Health and its Community Advisory Council

Section 2: Invest in prevention

2.1: Sustain broad-based, multifaceted community education efforts that promote better understanding and reduce stigma, discrimination, and marginalization. In progress.

- The HSRI report highlighted a few prevention efforts in Pierce County, including suicide prevention training and mental health first aid training mainly sponsored by the [Prevent-Avert-Respond \(PAR\) Initiative](#), a 3-year grant-funded initiative targeted at reducing “mental health crises in Pierce County, through a full population approach that benefits residents with all types of mental conditions, socioeconomic background, age, cultural needs, and insurance.” The PAR initiative ended July 2019.
- The Tacoma-Pierce County Health Department (TPCHD) stepped in to provide a limited number of mental health first aid training classes through the rest of calendar year 2019, all of which were fully attended.
- With funding from Elevate Health, the TPCDH is also working on a behavioral health anti-stigma social media campaign for youth which will be rolling out in 2020.

2.2: Adapt and expand school-based prevention and treatment. In progress.

- Within Tacoma School District the Whole-Child Initiative has been successful. The report recommended expanding to other districts, however, a lack of resources outside Tacoma School District limits this expansion. Though we have not implemented this specific recommendation, effective prevention work continues in other districts in the county.
- The Bethel School District and local community health provider Community Health Care have created a school-based health center with on-site behavioral health services including intermediate and long-term counseling from a licensed social worker, diagnosis consultation with an off-site psychiatric provider, and medication prescribing.
- Another provider, Consejo Counseling, is working with multiple schools in cities like Eatonville and Orting, providing on-site counseling and treatment groups for both mental health and addiction services for youth and after-school programs and volunteer opportunities to connect the kids to their communities.
- Washington State funds four prevention coalitions throughout the county, two in Tacoma and one in each Lakewood and Spanaway. These locally organized coalitions, the [Community Prevention and Wellness Initiative \(CPWI\)](#), all focus on substance use prevention for youth and provide training for parents and kids as well as prevention fairs.

2.3: Expand mental health and substance use disorder screening in primary care and social service systems. In progress.

- Pierce County has made great strides in this area. Specifically called out in the report is the work of Korean Women's Association, with funding from Elevate Health, in spreading the use of [SBIRT](#) (Screening, Brief Intervention and Referral to Treatment) in the Asian American community. [SBIRT](#) is an evidence-based model "used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs" and can be utilized by layman and professionals alike.
- The PAR Initiative's work in implementing depression and anxiety screening at CHI Franciscan WIC clinics was very successful. Though the PAR initiative has ended, the work implemented is still in use.
- In addition to the above projects, many other providers, such as MultiCare, SeaMar and Community Health Care, are making progress toward more integrated physical and behavioral health through increased BH screenings in their primary care clinics.
- Youth behavioral health provider Hope Sparks and primary care provider Pediatrics Northwest have succeeded in co-locating a behavioral health provider at the primary care clinic and are working on building a shared electronic health record for managing shared patients.

2.4: Add evidence-based services for first-episode psychosis. Implemented.

- Research has shown that the earlier interventions are provided in the life cycle of an individual's illness, the better chance that individual has of improving symptoms and even altering the course of their illness for years to come.
- In 2019, Comprehensive Life Resources announced that, through funding from Beacon Health Services via the HCA, they would open a first-episode psychosis (FEP) treatment

center called New Journeys. The FEP program is an evidence-based outreach model giving clients the option to come to the office or have therapists meet them in their home.

- The program serves 30 patients at a time aged 15 to 40 began accepting clients January 1, 2020. Offices are located at Comprehensive Life Resources main office in downtown Tacoma.

Section 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. On hold for further assessment.

- Funded in part by the PAR Initiative, the MHRN program included a dedicated Mental Health Navigation Specialist at United Way’s 2-1-1 resource call center. When the PAR Initiative ended in June 2019 funding for this position also ended. Efforts to fund this position through the Pierce County Council and to expand it to include SUD treatment and prevention services are being discussed though no decision has yet been made.

3.2: Establish a universal ‘front door’ for behavioral health, physical health, and social services. Planning in progress.

- Pierce County has no entity acting as that universal front door. The two resources that come closest to meeting this need are our Crisis Line provided through Crisis Connections and the Elevate Health Care Continuum Network (CCN) which connects individuals to community-based care coordination services (previously known as the Community HUB).
- As of January 1, 2020, Crisis Connections, already serving King County for 20 years, began running the crisis line (like 911 for behavioral health) in Pierce County. While they will provide much-needed referral and connection to behavioral health resources for patients in our region, the program is tailored for those already in a behavioral health crisis and therefore is not ideal as the foundation for a system working to provide access to all types of care for all Pierce County residents.
- Elevate Health’s Care Continuum Network is more promising than Crisis Connections in providing a universal front door but also has some limitations. The CCN focuses on a very specific population of patients who are dual-eligible/fee-for-service and Medicaid or Medicaid-eligible. Elevate Health CCN programs include Health Homes, for individuals with complex physical and/or behavioral health needs, Pathways Community HUB, connects a client with a community health worker to address social needs, and Community Health Action Team (CHAT) to support individuals with social, physical, behavioral health and substance use disorder needs. The vision for the CCN is to eventually connect all Pierce county residents to health resources, both physical and behavioral. Currently, the population served is too small a microcosm of the system to serve our purposes, but more discussion is warranted to consider future possibilities of the CCN to create a “cohesive information and referral system” across Pierce County.

3.3: Ensure timely and accessible crisis response services. In progress.

- Pierce County's adult mobile behavioral health crisis response is managed by MultiCare through their Mobile Outreach Crisis Team (MOCT). Members of the MOCT include Certified Peer Specialists, Crisis Intervention Technicians (CITs), and Designated Crisis Responders (DCRs). Peer Specialists and CITs provide crisis intervention and initial assessment but only a DCR can assess someone for involuntary detention based on the severity of their behavioral health crisis (i.e.: danger to self, danger to others, gravely disabled).

As of October 2019, the average response time for MOCT was 206 minutes while the response time for Designated Crisis Responders (DCRs) alone was up to 240 minutes. Many factors influence the mobile crisis response times including staff shortages, increased demand for ITA evaluations, and decreased bed availability.

- Another issue, lack of effective triage capabilities, is expected to improve in 2020 when Beacon, funder of regional crisis services, transitions Pierce county's Crisis Line from ProtoCall to Crisis Connections. Crisis Connections' extensive telephone triage service can save the MOCT DCRs valuable time in responding to calls that don't require DCR assistance, leaving them open to respond to those that do.
- Further discussion is underway, led by Beacon and Pierce County, to find other solutions to the long response times including building more wraparound services to support severely mentally ill patients, hiring more DCRs to respond to evaluation requests, and restructuring the DCR program to increase efficiency. No solutions have yet been implemented.

Section 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. Future work planned.

- The study cites competition with hospitals and major health systems, able to pay their employees higher wages than community organizations, as a significant factor in workforce shortages.
- The study suggests the central coordinating body work with Elevate Health in their workforce development initiatives. At the time of this report, Elevate Health is restructuring its workforce development department and the RSCC plans to support this work once it begins in earnest.
- In addition to the work of Elevate Health, the University of Washington is currently working on implementing a program intended to increase access to outpatient care by building capacity with a program called *Improving Access to Psychological Therapies* (IAPT). The vision of the program is to create a pathway for baccalaureate level providers to deliver low-intensity but much needed services which currently can only be provided by masters and doctorate level providers. Though only in the planning stages, the RSCC will stay connected to this work so that Pierce County can benefit from the program.

4.2: Expand access to specialty behavioral health care for non-Medicaid populations through public-private partnerships. In progress.

- The non-Medicaid population includes the uninsured, the privately insured, or those with Medicare only. Of these three, the Medicare-only population is the most difficult to connect to services.
- Much of the behavioral health services for the non-Medicaid population are funded through state dollars but the need is always higher than available funding.
- Particularly for Medicare patients, increasing access to services is a larger, statewide problem which needs to be solved beyond the local level. No initiatives are currently underway, but it remains an issue which the RSCC plans to address sometime in the future.

4.3: Ensure behavioral health is “at the table” in all bi-directional Medicaid integration efforts. Implemented.

- Elevate Health, with the support of the University of Washington AIMS (Advancing Integrated Mental Health Solutions) Center, has led many of these conversations in Pierce County and supported strong partnerships between physical and behavioral health providers to create truly bi-directional integrated care. See section 2.3.
- The IOB has also strongly supported this work by advocating for behavioral health providers as they transition to integrated payment and service delivery.

4.4: Join in efforts to ensure behavioral and physical health parity. In progress.

- The fourth recommendation in this section was for the county to lobby state and federal legislators regarding better enforcement and oversight of behavioral health parity. Much of this lobbying work is being done through the work of the Behavioral Health Workgroup of the Association of County Human Services, of which the county is an active participant.
- The Children’s Behavioral Health Workgroup is actively tackling this issue in the children’s arena through legislative efforts. A key member of the RSCC is also an active member of this group ensuring Pierce County’s efforts are in line with the larger statewide work being done.

4.5: Address housing needs alongside behavioral health needs. In progress.

- Affordable housing, particularly for those with a behavioral health diagnosis, is a significant and well-known unmet need in our community. The largest, and most costly, factor contributing to this gap in the continuum is a lack of adequate housing stock. In 2019 the state legislature passed House Bill 1406, authorizing local entities to keep a portion of the sales tax and use it for affordable housing. In response, Pierce County Human Services convened a workgroup of local stakeholders, both public and private, to write a plan for how this new funding stream will be spent to provide the greatest impact to our county. Though this workgroup is not part of the RSCC, many of its members are closely connected and will provide updates to the RSCC.
- Aside from building new housing, Pierce County Human Services is also contracting with local non-profit Associated Ministries to expand current housing offerings through

the [Landlord Liaison Project](#) (LLP). The purpose of this program is to provide support to landlords and property owners willing to work with housing agencies to rent to high-barrier households. The LLP provides incentives for property partners such as access to Risk Mitigation Funds, rent-ready tenants, educational tools for tenants and property partners, and 24-hour support services. By building relationships with landlords, the LLP hopes to expand affordable housing availability in the region. Since September 2018 the LLP has built relationships with 42 property partners plus 49 individual owners and has housed 61 households.

- As of July 1, 2019, [peer support services](#) are included in both the mental health and substance use sections of the Medicaid State Plan. Service providers can now provide a wider array of billable housing support services not only for those with severe behavioral health needs but also for those with lower level needs as well who would benefit from the support of a certified peer specialist.
- Pierce County currently has many successful programs underway which support the housing needs of those with behavioral health issues such as the PATH (Projects for Assistance in Transition from Homelessness) and Community Builders. The report recommended the central coordinating body expand these programs and the RSCC plans to take up this recommendation in 2020 by further assessing existing programs and available resources to grow the programs.

4.6: Promote employment among behavioral health service users. In progress.

- As discussed earlier, workforce development among behavioral health workers is a critical part of building out the care continuum in Pierce County. Equally as important, but from the other end of the continuum, are employment support programs for consumers of the behavioral health system.
- The inclusion of peer supports in the state Medicaid plan will continue to open new employment opportunities for certified peers and is a step in the right direction.
- The report recommended partnering with the State Division of Vocational Rehabilitation to develop these employment support programs.

4.7: Support a robust peer workforce through training and professional development.

In progress.

- In 2018, looking ahead to the integrated managed care model, with a single entity no longer providing oversight for our peer programs, the community was concerned for the health and sustainability of these programs. Since the implementation of integration in January 2019, and with the inclusion of peer supports in the state Medicaid plan, peer services have thrived.
- Several regional providers employ peers and are likely to expand peer services in the coming year. The HCA is also providing training toward peer licensure which should further increase the number of certified peers in our system whose services are eligible for Medicaid reimbursement.

4.8: Expand the scope of peer services within and beyond Medicaid. In progress.

- As mentioned above, peer services in Pierce County have continued to thrive under integration and the inclusion of peer supports in the state Medicaid plan has further strengthened peer services in the region.
- With input from providers who sit on the RSCC, the committee will continue to support and improve how Pierce County uses and enhances peer support services.

4.9: Foster the development of and partnerships with peer-run organizations. In progress.

- Though Pierce County has a robust array of peer services, most of the peers are employed by behavioral health organizations. The report recommended that the county support bringing in more peer-run organizations such as Recovery Café, which is operated mainly by people with lived experience. Though this is not currently a focus of the RSCC, it is possibly an initiative they would support in the future.

4.10: Sustain and expand support for caregivers of people with behavioral health conditions. In progress.

- As integration was implemented, many in the community were concerned to maintain wraparound respite services such as “Wraparound with Intensive Services” (WISe) and the “Family Assessment and Stabilization Team” (FAST). Post-integration, these services are as strong as ever and Beacon, the entity funding and overseeing these services, is currently working to strengthen and enhance them further.
- Both programs mentioned above are youth focused. Pierce County has a gap in adult respite services.

4.11: Expand the use of remote health interventions. In progress.

- Pierce County is a mix of urban and rural areas. For those in rural areas accessibility to behavioral health services is particularly difficult. The University of Washington has several remote and telepsychiatry initiatives to help fill this gap. The first is the PALS program, a telephone consultation service where primary care providers, emergency departments, and jail behavioral health providers can call 877-WAPSYCH and consult with a psychiatrist about their patient’s behavioral health needs at no charge.
- In addition to the PALS program, the University of Washington offers the “Telepsychiatry Access Program” (TAP), which contracts with community hospitals to provide psychiatric patient care via televideo.

Section 5: Target resources strategically to reduce inpatient utilization.

5.1: Preserve and expand current evidence-based practices and initiatives that reduce hospitalization. In progress.

- Pierce County has many successful programs aimed at reducing inpatient utilization—Program for Assertive Community Treatment (PACT), Telecare Community Alternatives Team (TCAT), Mobile Community Intervention Response Team (MCIRT), Assisted Outpatient Treatment (AOT), Tacoma Fire Department CARES, and Northwest Physicians Network High-Utilizer Group, among many more. These programs vary in

their approach to lowering utilization rates and all are successful and necessary to a complete continuum of care.

- Despite these programs, the rate of potentially avoidable inpatient utilization continues to rise and the HSRI report recommended expanding these services. For this reason, the IOB has proposed a new program focusing on those discharging from Residential Treatment Facilities (RTF). The client's existing care team at the RTF would provide them with wrap-around care from their existing team at the RTF for up to 90 days to stabilize them during a stressful transition period and keep them from decompensating so far that they end up inpatient again, whether voluntarily or involuntarily. This program is still in the planning stages and will be rolled out as a pilot program with one RTF.
- These services must also be expanded to non-Medicaid clients. For instance, 30% of service users of the MCIRT program are Medicare clients. While MCIRT is equipped to serve Medicare clients, most community service providers are not. (See Section 4.2).

5.2: Established a centrally located behavioral health diversion center. Implemented.

- The Recovery Response Center (RRC) in Fife has been an effective resource to reduce inpatient utilization, but a significant barrier identified by the community was its non-central location. The county saw this as a significant need as well and through a mix of federal, state and local monies, is funding the building of a new facility in southeast Pierce County. Recovery Innovations, the same provider operating the Fife facility, will operate the new facility. Construction began October 2019 with an expected completion date of Summer 2020.

5.3: Develop and expand peer-delivered crisis alternatives. In progress.

- Another effective resource in reducing inpatient hospitalizations and re-hospitalizations in Pierce County has been the many peer programs we offer including the Peer Bridgers and ED Peer Support through TCAT. The RRC and many of our wraparound programs use peer supports, but the HSRI report recommended that the community consider investing in peer-run programs called peer respites. According to the report, peer respites “are voluntary, short-term residential programs for individuals experiencing or at risk of experiencing a psychiatric crisis.” There are no plans to build a facility of this type.

5.4: Continue to study the MCIRT and expand the program if it is successful in meeting community need. Implemented.

- Since release of the January 2018 HSRI report, MCIRT has continued to be a successful and well-used intervention in our community. In a sample of 56 of the high-utilizers in the central Pierce County area between January and October 2018, the average cost for emergency services (911 calls, ED transports, and ED costs) per individual was \$60,088. The average cost per individual for an MCIRT intervention is around \$2,600. MCIRT was only funded to serve a portion of Pierce County but is expanding in 2020 to Lakewood and the Key Peninsula. And, with such clear cost savings, the county and Comprehensive Life Resources (provider partner for MCIRT) are working on creative funding opportunities to expand the service to all of Pierce County.

Section 6: Enhance service user engagement, activation, and self-management

6.1: Promote shared decision-making. In progress.

- Shared decision-making is defined as “a process through which service users and providers work with one another to understand a person’s needs and preferences and ensure service users are active participants in their care.”
- SAMHSA maintains an online list of resources to support communities and providers in promoting and implementing shared decision-making. Good work to implement this recommendation is being done through the Community Advisory Council at Elevate Health.

6.2: Track and promote patient activation. In progress.

- Patient activation “refers to the skills and confidence that patients use to engage in their healthcare.” Patients who are more engaged in their own care have been shown to cost the system much less than those who do not possess the skills or confidence to take charge of their own health.
- The Patient Activation Measure, the primary tool for tracking this kind of engagement, will require significant provider buy-in.

6.3: Encourage establishment of Mental Health Advance Directives. In progress.

- Like a traditional medical Advance Directive, the Mental Health Advance Directive is a legal instrument used to communicate instructions for future care, particularly in the event of someone losing the capacity for informed consent due to a mental health crisis. Though Washington State has a statute permitting the use of legally binding Mental Health Advance Directives, the study calls out multiple barriers to putting the statute into action such as: “lack of awareness among service users and family members, administrative burden for providers, and data limitations.”

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

The recommendations in Section 7 focus on building out the current system with resources to address those within the criminal justice system with serious behavioral health issues. The study suggests using the SAMHSA GAINS Center Sequential Intercept Model (SIM) as a conceptual framework to understand and organize our work. The SIM model presents 5 separate criminal justice intercepts where communities can intervene to divert someone with serious behavioral health needs from penetrating any deeper into the criminal justice system.

7.1: Promote behavioral health training among first responders and other criminal justice professionals (SIM 1: Law Enforcement). Partially implemented.

- Crisis Intervention Training is behavioral health training which equips law enforcement and first responders to recognize and deal appropriately with those experiencing a behavioral health crisis.

- In Pierce County, CIT has already been implemented as mandatory for some deputies and corrections officers with funding through the Trueblood lawsuit settlement funds, NAMI (National Alliance on Mental Illness), and the Washington State Criminal Justice Training Commission.

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

- Not only does Pierce County provide their deputies and corrections officers with CIT, but the Pierce County Sheriff's Department now has a thriving and successful co-responder program. A co-responder is a mental health professional (all are Designated Crisis Responders in Pierce County) who responds with a law enforcement professional to emergency calls with a suspected behavioral health component to divert the individual from jail or the emergency department into appropriate treatment.
- Beginning in 2017, the Pierce County Co-Responder program has increased from one co-responder to six positions. The next step to strengthen the co-responder program, as recommended in the report, will be to assess outcomes for those who are assisted by the co-responders by asking questions about their access to treatment, wraparound services, and other supports outside the crisis system.

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.

Partially implemented/In progress.

- Founded 25 years ago, our felony drug court was one of the first in the country and is the second largest in the state. It continues as a national model for success.
- Pierce County's felony mental health court is another therapeutic court providing diversion and treatment for those with behavioral health. Participants receive wraparound services such as 24/7 mental health services, medication management, 1:1 weekly therapy, substance abuse treatment, regular UAs, peer support and housing assistance provided by the Forensic Program for Assertive Community Treatment (FACT) through Greater Lakes Mental Health.
- The report specifically names the Community Re-entry Program and Jail Transition Services as other promising services, which prior to integration were funded by the BHO. Many feared that as Pierce County moved to an IMC funding model, these programs would disappear. However, after over a year with the new funding system, these programs remain intact and continue to be a funding priority for our system.
- Though not specifically mentioned in the report, Pierce County also has an array of diversion services funded through the Trueblood grant, named for the class-action lawsuit whose contempt fines and settlement monies provides funding for the grants. All services funded by these monies are directed at those involved or at risk of involvement with the criminal justice system due in some part to their unmet behavioral health needs. Services offered are in-jail assessments for diversion and referrals to out-of-custody treatment, as well as release and re-entry planning and housing navigation and subsidies. Sustainability is an important aspect of these grant funds and the committee charged with finding solutions is led by Senior Counsel for Justice Services through the Criminal Justice Steering Committee.

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

- Previously, when an individual was incarcerated for more than 24 hours, Medicaid was terminated completely. Since the HSRI addendum report was released in 2018, the state mandated that though Medicaid cannot pay for services provided while an individual is incarcerated, instead of terminating Medicaid, it would be suspended until release. This policy change has improved access to services for individuals released from jail.
- As to expanding behavioral health services while incarcerated, current services include medication management through a Psychiatric ARNP and access to suboxone and group therapy for those with a substance use disorder. The jail does not provide formal mental health treatment to inmates while incarcerated, though they do provide referrals for services once the inmate is released.

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

In progress.

- In 2019, with the partnership of behavioral health provider Valley Cities, Pierce County was instrumental in bringing nationally recognized non-profit, [Cohen Veteran's Network](#) (CVN), to Lakewood. CVN provides “high-quality mental healthcare services accessible to all post-9/11 (including National Guard and Reserves), their families, and the families of active duty service members including spouse or partner, children, parents, siblings, caregivers, and others.”
- Pierce County Human Services also convenes the Veteran's Advisory Board, a monthly meeting to advise the county on the needs of, resources available for, and programs benefiting the needs of local veterans and their families.
- Pierce County Human Services Veteran's Assistance and Homeless Programs have also convened a taskforce to assess local housing and services for veterans. The work will focus on filling gaps in service.