

Pierce County Behavioral Health System Study – List of Recommendations

In 2016, the Pierce County Council commissioned HSRI—an independent, nonprofit research organization—to study the prevalence of behavioral health issues in Pierce County and the extent of services available to address them. The Council also asked HSRI to identify services, policies, or practices that would address gaps in the system and provide the best return on investment.

We conducted a study across several months in 2016, reviewing existing data, speaking with key informants, surveying case managers and service users, and gathering community viewpoints via a community listening session and follow-up survey. Based on our findings, we developed the following list of recommendations. These recommendations are divided into two types: 1) Service and Support Recommendations relate to the service array, promising and evidence-based practices, and ease of access to services; 2) Infrastructure Recommendations include a suggested course of action for creating a responsive, dynamic, data-driven infrastructure that can identify and pursue funding, set priorities, and coordinate action across the various agencies that strive to improve the well-being of County residents. Full details are available in the *Pierce County Behavioral Health System Study Final Report*.

Service and Support Recommendations
1. Invest in Prevention
1.1. Sustain Comprehensive and Robust Community Education Efforts
1.2. Adapt and Expand School-Based Prevention Activities
1.3. Expand Mental Health and SUD Screening in Primary Care and Social Service Systems
1.4. Add Evidence-Based Services for First-Episode Psychosis
2. Extend and Expand the 2-1-1 Behavioral Health Specialist Services to Establish 2-1-1 as a Universal “Front Door”
3. Increase Outpatient and Community-Based Service Capacity
3.1. Improve Provider Recruitment and Retention and Expand Access to Specialty Behavioral Health Care for Non-BHO Populations
3.2. Support and Coordinate with Efforts to Enhance Availability of Behavioral Health Outpatient Services in Primary Care
3.3. Partner with FQHCs and Similar Health Centers as Participants in the Delivery of Behavioral Health Outpatient Services
3.4. Join in Efforts to Ensure Behavioral and Physical Health Parity
3.5. Develop and Expand Crisis Alternatives
3.6. Address Housing Needs Alongside Behavioral Health Needs
3.7. Promote Employment among Behavioral Health Service Users
3.8. Support State Efforts to Align SUD and Mental Health Services in the Medicaid State Plan

3.9. Coordinate with the State Efforts on Medicaid Benefit Plan Options
3.10. Expand the Scope of Peer Services, Particularly for Non-BHO Populations
3.11. Target Resources Strategically to Reduce Inpatient Utilization
4. Expand the Use of Remote Health Interventions
5. Enhance Service User Engagement, Activation, and Self-Management
5.1. Promote Shared Decision-Making
5.2. Track and Promote Patient Activation
5.3. Encourage Establishment of Mental Health Advance Directives
6. Develop and Implement a Criminal Justice System Strategy Building on Existing Resources and Best Practice
6.1. Ensure Collaboration and Communication between Criminal Justice and Behavioral Health Service Systems
6.2. Promote Behavioral Health Training among First Responders and Continue to Expand the Mental Health Co-Responder Program
6.3. Build Upon Local Best Practices for Behavioral Health Criminal Justice Partnerships
6.4. Support State Efforts to Expand Behavioral Health Services for Incarcerated Individuals
7. Expand Support and Education for Families of People with Behavioral Health Conditions
8. Foster Coalitions to Meet the Needs of Veterans and Service Members
Infrastructure Recommendations
1. Establish a Central Coordinating Body
1.1. Ensure Full and Active Inclusion of Service Users in All Planning and Oversight Activities
1.2. Capitalize and Build upon Current Initiatives
1.3. Develop an Organized System for Identifying and Responding to Funding Opportunities
2. Support Current Efforts to Enhance and Integrate Provider Data Systems
3. Develop System Metrics to Track Progress on Key Goals
4. Conduct Further Data-Driven Assessments of Need and Access
5. Ensure a Culturally Competent and Trauma-Informed System