About HSRI

HSRI is a nonprofit organization located in Cambridge, MA and Portland, OR and formed in 1976. Across the fields of behavioral health, intellectual and developmental disabilities, and child welfare, we:

- Partner with leaders and change agents to identify best practices, add value, and solve problems
- Help design robust, sustainable systems based on qualitative and quantitative data—and we engage service users and other stakeholders early and often in our processes
- Identify and examine new ways to serve and support people by studying the viability of emerging practices
- Assist agencies to build the capabilities they need to sustain systems change
Presentation Overview

Study Scope and Aims
Prevalence of Behavioral Health Needs
Available and Planned Behavioral Health Resources
System Challenges
Community Vision for an Improved Behavioral Health System
Recommendations

Study Scope

Prevention and Treatment
Adults and Children
Publicly and Privately Insured, and Uninsured
Mental Health and Substance Use Issues (together referred to as Behavioral Health)
Study Aims

Understand behavioral health-related needs in Pierce County

Determine behavioral health prevention & treatment gaps

Examine available behavioral health resources

Recommendations for a comprehensive, cost-effective, recovery-oriented system that meets the unique needs of Pierce County

Data Sources

Community Listening Session and Follow-Up Survey
- Asked stakeholders across Pierce County to identify system priorities

Key Informant Interviews
- In-depth interviews with over 50 stakeholders with in-depth knowledge of the system

Extant Data
- Data from multiple sources generated a profile of prevalence and service utilization

Service Planning and Evaluation Survey
- Gathered information on services needed, services received, and reasons for discrepancies for adults with high service needs
### Prevalence of Behavioral Health Needs

#### Pierce County vs. Washington State vs. The Nation

#### How Do They Compare?

<table>
<thead>
<tr>
<th>Category</th>
<th>Pierce County</th>
<th>Washington State</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with a mental health condition</td>
<td>one in five</td>
<td>one in five</td>
<td></td>
</tr>
<tr>
<td>Youth 12-17 – major depressive episode</td>
<td>11%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>10th graders – so sad or hopeless</td>
<td>38%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Adults – mental health was “not good” for 2</td>
<td>17%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Suicide rate</td>
<td>18.5 per 100,000</td>
<td>15.4 per 100,000</td>
<td></td>
</tr>
</tbody>
</table>

#### Subsection - Prevalence of Behavioral Health Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Pierce County</th>
<th>Washington State</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth 12-17 – marijuana use in the past year</td>
<td>18.4%</td>
<td>13.4%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Trauma factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>5.1 per 1,000</td>
<td>3.2 per 1,000</td>
<td>3.2 per 1,000</td>
</tr>
<tr>
<td>Homicide rate</td>
<td>4.3 per 100,000</td>
<td>2.6 per 100,000</td>
<td>2.6 per 100,000</td>
</tr>
</tbody>
</table>

- **Pierce County** also has the highest domestic violence rate in the state, 1,000 per 100,000.

- There has been a 32.3% rise in opiate-related deaths (2002-2013).
Organization of Behavioral Health Services in Pierce County

Source: Optum Pierce

A Good and Modern Behavioral Health System

“
A modern mental health and addictions service system provides a continuum of effective treatment and support services that span healthcare, employment, housing and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective.”

Description of a Good and Modern Addictions and Mental Health Service System. 2011, Substance Abuse and Mental Health Services Administration: Rockville, MD.
Stigma has a negative impact on people with behavioral health conditions

Community education is a first step in promoting wellbeing

Prevent~Avert~Respond Initiative, 2016 to 2019 (includes many training, prevention, and public education strategies)

Mental Health First Aid
Coordination with Early Psychosis Initiative

Adverse childhood events (ACEs) have a significant impact on health, including behavioral health

Screening and early intervention are key

Tacoma Whole Child Initiative
KWA Screening Brief Intervention and Referral to Treatment (SBIRT)
PAR Initiative WIC screenings
CHI Franciscan’s Zero Suicide Initiative
Percentage of the Adult (18+) Population Who Received Any Publicly Funded Non-Crisis Outpatient Service, 2013 - 2015

Prevalence of Serious Mental Illness in Pierce County = 4.6%

Sources: SCOPE-WA and U.S. Census Bureau

Percentage of Children and Youth (0-17) in the Population Who Received Any Publicly Funded Non-Crisis Outpatient Service, 2013 - 2015

Prevalence of Serious Emotional Disturbance in Washington State = 7.0%

Sources: SCOPE-WA and U.S. Census Bureau
• Marijuana is the primary substance used among youth in treatment; Alcohol has steadily decreased

• Alcohol is the primary substance for adults, but heroin has steadily increased in the past three years
Peer support is delivered by individuals with personal experience receiving services. It is designed to help people develop self-advocacy skills and build confidence to pursue personal goals.

Optum Pierce has been nationally recognized for its peer support services.* In fact, 500 Peer Support Specialists have been trained since 2009, and 200 are currently employed in the Optum network. Since adding peer support, Optum has achieved over $21 million in reduced hospitalizations, involuntary admissions, and readmissions.


Research shows that people with serious mental health conditions are capable of working, and they want to work:

13.9% of working-age adults who received publicly funded mental health services in Pierce County were employed in 2015.

SPES and key informants: High levels of unmet need for employment support services.

Employment supports not currently reimbursed by Medicaid.
Lack of housing was the most commonly cited challenge in key informant interviews.

Individuals discharged from residential or inpatient settings are less likely to recover without stable housing.

“Housing is the cornerstone for people to access services and sustain treatment programs” – key informant

“No one gets clean on the streets” – formerly homeless person

Percentage of Adult Outpatient Service Recipients Who Maintained Housing and Remained Homeless in 2015

- Pierce County (n=9,487)
- King County (n=12,252)
- Washington State (n=67,443)

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Capacity/Utilization</th>
<th>Approx. Yearly Cost</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>Scattered site and project-based housing connected to long-term supportive services (including MH and SUD treatment) for those who are chronically homeless</td>
<td>380 units per year</td>
<td>$13,000 per unit</td>
<td>Average housing retention of four years with the longest residencies over 10 years; 6% of PSH return to homelessness after leaving housing</td>
</tr>
<tr>
<td>Positive Interactions</td>
<td>24-hour hotline for businesses and outreach &amp; engagement to people who are homeless in Tacoma, financed by MHCD Tax</td>
<td>249 hours business outreach &amp; 119 hours client outreach in first half of 2016</td>
<td>$120,000 staffing costs</td>
<td>In first six months of 2016: 12 business property cleanups; 283 people connected to services; and 30 people connected with housing services</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH)</td>
<td>Outreach and support for individuals with serious mental health conditions who are homeless or at risk of homelessness, funded by SAMHSA</td>
<td>185 clients per program</td>
<td>$100,000 per program staffing costs</td>
<td>Between October 2014 and December 2015, 182 individuals received mental health services and 29 persons attained housing in one program</td>
</tr>
</tbody>
</table>

Source: Pierce County Community Connections, Comprehensive Life Resources, and Greater Lakes Mental Health Care
Crisis Intervention Team (CIT) Training supports officers in diverting individuals to treatment and lowering arrest rates.

- 8-hour CIT Training is now a requirement for all police officers.
- 40-hour training available to 25% of patrol officers.

Diversion Results from the Tacoma Police Department Co-Responder Program, April 2015 to June 2016 (n=267)

- Safety Plan, 76, 28%
- Not Diverted, 77, 29%
- Other Treatment, 51, 19%
- Recovery Response Center, 33, 12%
- Park Place, 30, 11%
- Other 3%

Source: City of Tacoma

In Pierce County, 8% of emergency department encounters are related to behavioral health issues, consistent with national trends.

Peer Specialists provide support in emergency rooms at three Pierce County hospitals.

Hospitalization rates after receiving peer support are between 4% and 13%.

The Recovery Response Center provides voluntary support through a “Living Room” model.

RRC has reduced inpatient and emergency admissions by 32.3% and readmissions by 26.5% over three years.
Pierce County’s inpatient bed ratio is 2.8 per 100,000 population, the lowest in the state.

Rates of inpatient hospitalizations among Pierce residents are higher than the state average. 52% of Pierce County residents’ inpatient hospitalizations were in Pierce County.

Psychiatric Inpatient Discharges per 100,000 Population by County and State, 2015 and 2014

Source: Comprehensive Hospital Abstract Reporting System (CHARS) and St. Joseph’s Hospital

Peer Bridgers provide short-term transition support for reconnecting with services after a hospitalization.

Associated with 30% reduction in inpatient days and cost savings of 24% in New York and Wisconsin.

Available to Medicaid enrollees only in Pierce County.

Percentage of Individuals Discharged from WA Hospitals Seen in Publicly Funded Outpatient Services Within 7 and 30 Days of Discharge in 2015

All WA Hospitals
- Seen Within 7 Days: 29.0%
- Seen Within 30 Days: 47.1%
  - Associated with 30% reduction in inpatient days and cost savings of 24%

Western State Hospital
- Seen Within 7 Days: 29.0%
- Seen Within 30 Days: 36.6%
  - Available to Medicaid enrollees only in Pierce County
In Pierce County, 54% of Medicaid enrollees booked into jail have a mental health treatment need, 58% have a substance use treatment need, and 37% have both.

Therapeutic Courts: Felony Mental Health Court, Felony Drug Court, Family Recovery Court

Services that support transitions back to the community are critical.

Community Re-Entry Program
Jail Transition Services
District Court Behavioral Health Unit

System Challenges

“Behavioral health system” is a misnomer
- Many systems: Public/private, mental health/substance use, physical/behavioral health, criminal justice, schools, social services, housing

Many system change efforts are underway
- MH/SUD integration, Integration 2020, Accountable Communities of Health, numerous workgroups and committees

Current data provides only a partial picture of need, access, and service and prevention gaps
- No processes to facilitate and incentivize collaborative data sharing
System Challenges, cont.

Disparate access by payer type

- Few outpatient options for those who do not meet Medicaid Access to Care standards
- “They only cover you while you are in crisis. That is a serious problem.” —service user key informant
- 8.3% of Pierce County residents are uninsured, and they are more likely to be younger, Hispanic, and lower-income
- Individuals between 138% and 200% FPL no longer eligible for publicly funded substance use disorder treatment

Workforce shortages

- Lengthy recruitment periods to fill positions
- Many behavioral health employers vie for limited pool of professionals
- Insufficient reimbursement rates are a “major challenge to the system” —WA Adult Behavioral Health Task Force

Population-Specific Challenges

Racial and ethnic minorities
- Some groups overrepresented and others underrepresented
- Data are not sufficiently disaggregated

LGBTQ Community
- LGBTQ populations at elevated risk for behavioral health problems
- Need for provider education, particularly for transgender community

Rural populations
- Those in lower population-density areas report poor mental health
- Rural communities lack behavioral health resources
- Transportation barriers can result in restricted access
Population-Specific Challenges, cont.

Family members

“I have had to learn the hard way the tricks of the system. What to expect and what not to expect.”
—family member key informant

NAMI support groups are available but may be underutilized
Additional supports may be needed for crisis prevention and response

Veterans and Service Members

Veterans are at higher risk for behavioral health problems, including Post-Traumatic Stress Disorder and traumatic brain injury

Suicide is the second-leading cause of death among active service members
Existing resources may be underutilized; A new initiative sponsored by Give an Hour focuses on improving coordination

Balancing Inpatient vs. Outpatient & Community-Based Services and Supports

Inadequate outpatient and community-based services and supports contribute to an overreliance on crisis and inpatient services
Crisis, inpatient, and involuntary services result in a negative first touch with the system

Nationwide, systems focus on reducing inpatient and emergency services for two reasons:
- Service users prefer community-based supports
- Community-based supports are less costly
Utilization and Per Capita Cost for Outpatient and Inpatient Services Among Medicaid Population in Pierce County, FY 2014

- 583 individuals received treatment in state hospitals, costing an average of $115,346 per person in 2014

Toward a Person-Centered System

- Almost all individuals seeking behavioral health treatment have trauma histories
- Some services re-trigger trauma reactions and can be experienced as disempowering
- Some providers are committed to trauma-informed care, but these approaches aren’t yet supported throughout the system

Shared decision-making and service user engagement

- Most commonly cited reason for unmet need among case managers was “Person refused the service”; among service users, it was “I was not offered the service”
- Shared decision-making involves consensus-building between service users and clinicians; it can improve treatment participation and health status

Trauma-informed approaches
The Community’s Vision for an Improved Behavioral Health System

- An adequate supply of appropriate clinical services (providers and facilities)
- System navigation support with a central access point for all
- Addressing housing and homelessness alongside behavioral health
- Full access to needed services regardless of payer type
- Breaking down silos between MH, SU, and physical health services
- Coordination with first responders and the criminal justice system
- Improved support for families of people with behavioral health problems
- Strong leadership of a well-financed system that uses diverse funding streams
- Stigma reduction through increased community education
- Greater support for community integration (such as education, employment, transportation)
- More focus on prevention and early intervention
- Cultural competence throughout the system
- Strong, accessible peer services at all levels of care

Two Types of Recommendations

Service & Support Recommendations
- Expanding access
- Service array adjustments
- Building on best practices and promising initiatives
- Coordinating with other local, state, and federal entities

Infrastructure Recommendations
- Suggested course of action
- Creating a responsive, dynamic, data-driven infrastructure that:
  - Identifies and pursues funding sources
  - Sets priorities
  - Coordinates action
## 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 and Treatment

1.3 Expand Mental Health and Substance Use Disorder 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 Federally Qualified Health Centers 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
Service and Support Recommendations

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

Service and Support Recommendations

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
### Service and Support Recommendations

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 on 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**
The Importance of Planning

This report is one step in the County’s planning and analysis efforts.

Our bottom line:

- Service enhancements and investments in prevention will create a more equitable, effective, and efficient system.
- There is no single “cause” of the problems we identified, and no single “fix” for the system.
- Coordination and planning are prerequisites.

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