



Human Services  
Research Institute

# Pierce County Behavioral Health System Study

A Report Delivered to the Pierce County Council  
September 27, 2016



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## 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:

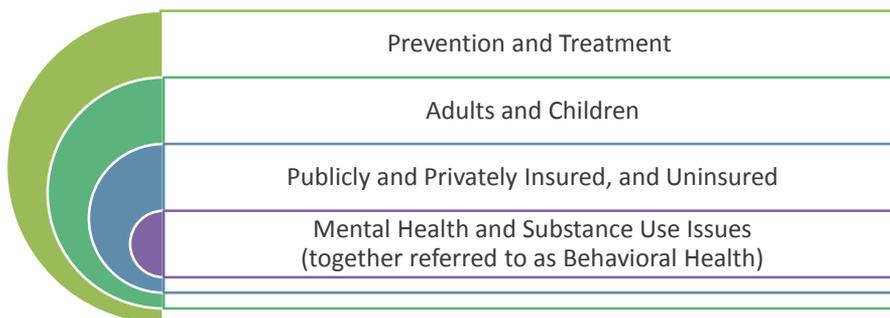
- Partner with leaders and change agents to identify best practices, add value, and solve problems
- Help design robust, sustainable systems based on qualitative and quantitative data—and we engage service users and other stakeholders early and often in our processes
- Identify and examine new ways to 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

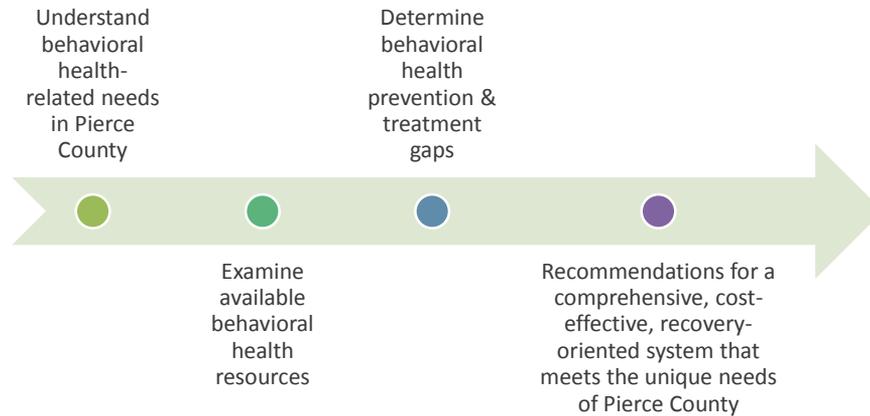


## Study Scope

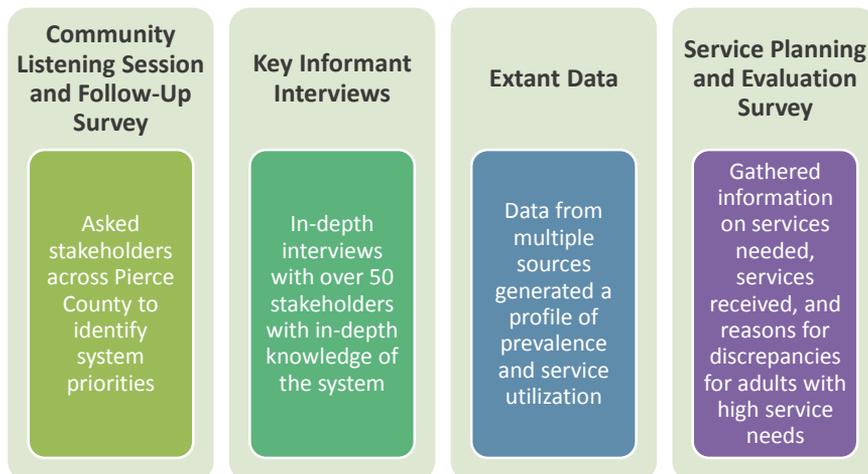


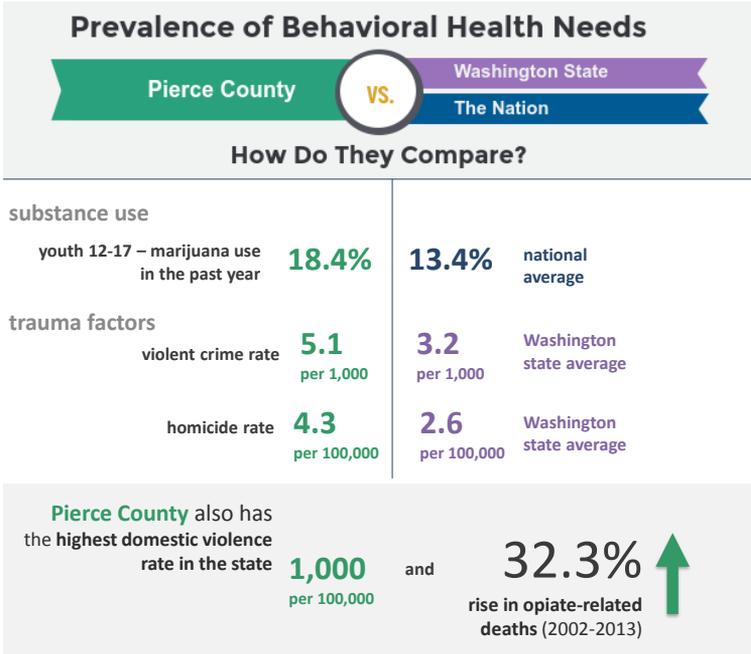
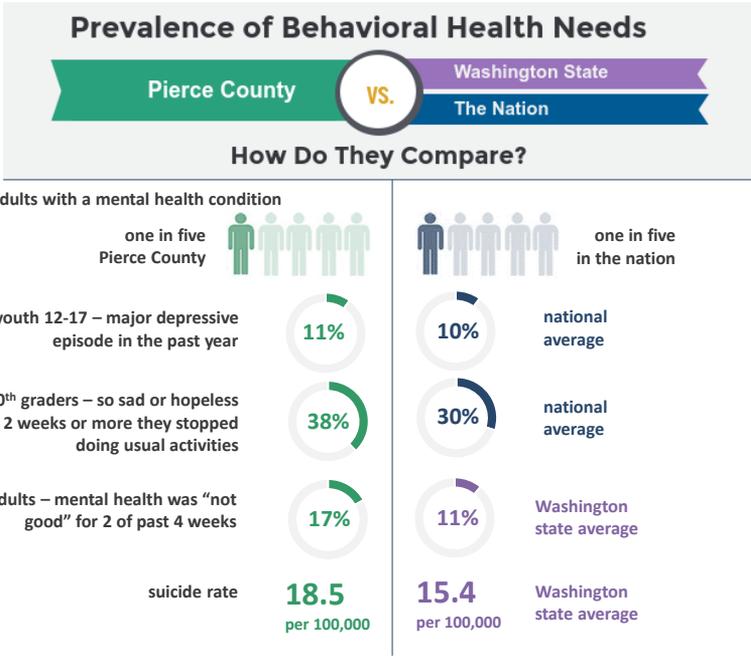


## Study Aims

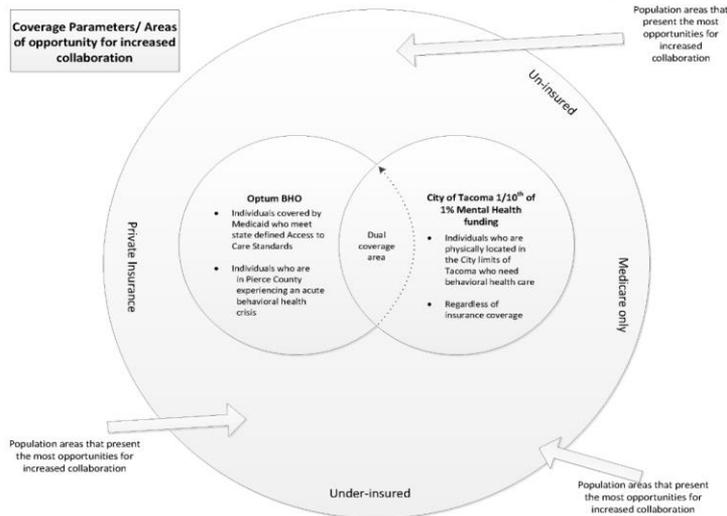


## Data Sources



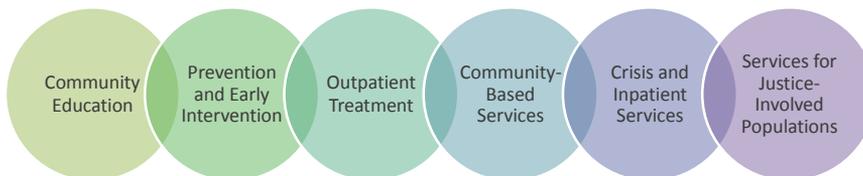


## Organization of Behavioral Health Services in Pierce County



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.  
Available from: [http://www.samhsa.gov/sites/default/files/good\\_and\\_modern\\_4\\_18\\_2011\\_508.pdf](http://www.samhsa.gov/sites/default/files/good_and_modern_4_18_2011_508.pdf)



*Stigma has a negative impact on people with behavioral health conditions*

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

*Community education is a first step in promoting wellbeing*

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

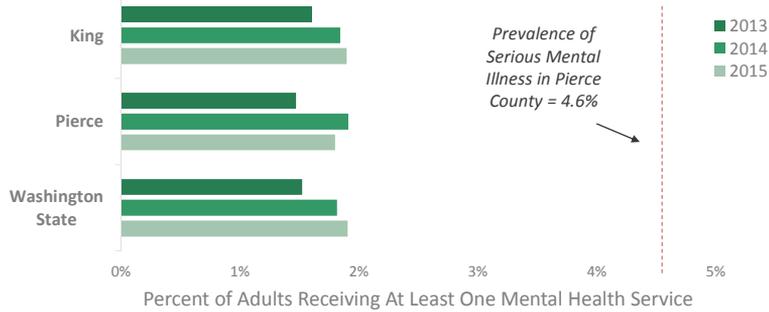
KWA Screening Brief Intervention and Referral to Treatment (SBIRT)

PAR Initiative WIC screenings

CHI Franciscan's Zero Suicide Initiative



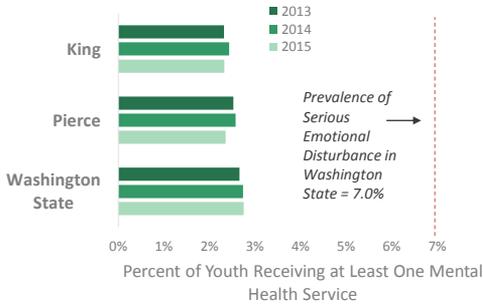
Percentage of the Adult (18+) Population Who Received Any Publicly Funded Non-Crisis Outpatient Service, 2013 - 2015



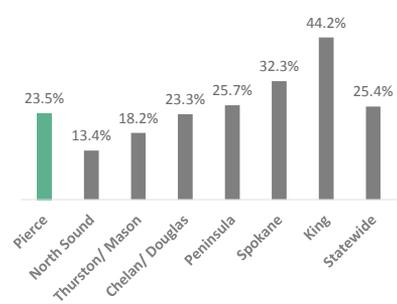
Sources: SCOPE-WA and U.S. Census Bureau



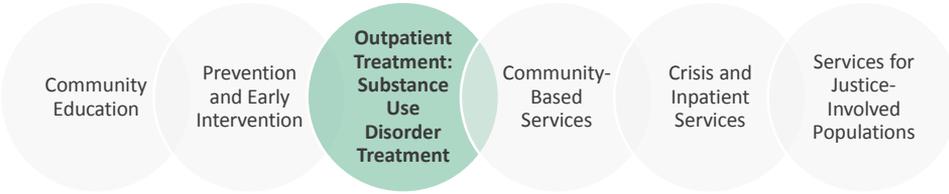
Percentage of Children and Youth (0-17) in the Population Who Received Any Publicly Funded Non-Crisis Outpatient Service, 2013 - 2015



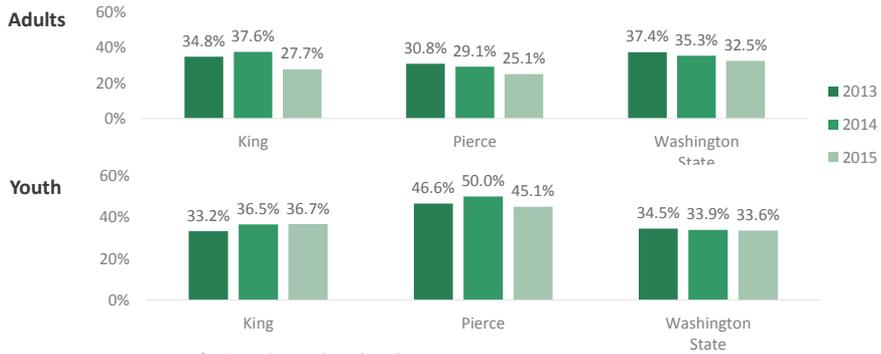
Proportion of Medicaid Community Outpatient Service Users Ages 0-17 Who Received Mental Health Services in School in 2015, by Region



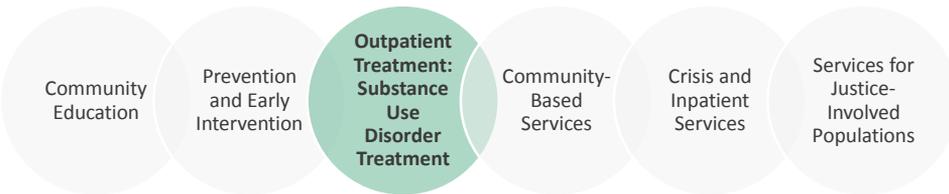
Sources: SCOPE-WA and U.S. Census Bureau



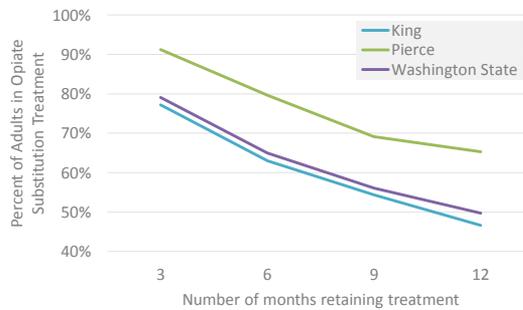
Percent of Youth (under Age 18) and Adults (Age 18+) Completing Publicly Funded Outpatient Treatment, 2013-2015



Source: SCOPE, WA State DSHS DBHR/Looking Glass Analytics (2016)



Opiate Substitution Treatment Retention by Number of Months Retaining Treatment, 2014



- 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

Source: SCOPE, WA State DSHS DBHR/Looking Glass Analytics (2016)



*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.

*Peer support is associated with improved quality of life, hopefulness, activation, and therapeutic relationships and reduced hospital use*

*"There's much more that we could do." ~Peer Specialist*

46% of service users and 69% of case managers identified an unmet need for peer support in the Service Planning and Evaluation Survey

\*An Assessment of Innovative Models of Peer Support Services in Behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions. December 2015, Westat Available from: <https://aspe.hhs.gov/report/assessment-innovative-models-peer-support-services-behavioral-health-reduce-preventable-acute-hospitalization-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



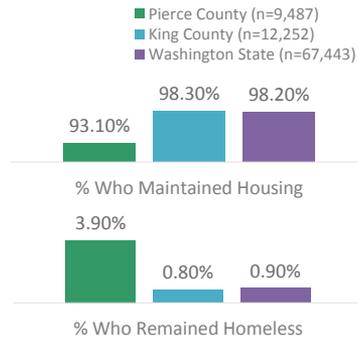
Lack of housing was the most commonly cited challenge in key informant interviews

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



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

Source: Pierce County Community Connections, Comprehensive Life Resources, and Greater Lakes Mental Health Care

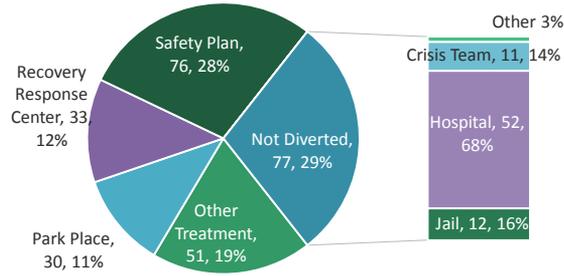


**Crisis Intervention Team (CIT) Training supports officers in diverting individuals to treatment and lowering arrest rates**

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)



Source: City of Tacoma



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

The Recovery Response Center provides voluntary support through a "Living Room" model

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

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

RRC has reduced inpatient and emergency admissions by 32.3% and readmissions by 26.5% over three years

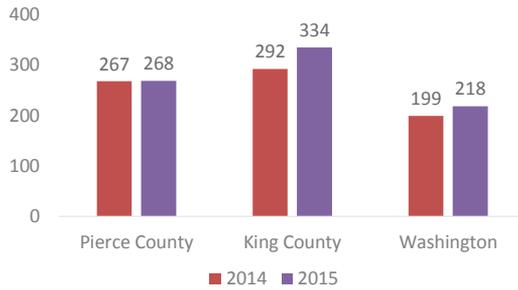


**Pierce County's inpatient bed ratio is 2.8 per 100,000 population, the lowest in the state**

**Rates of inpatient hospitalizations among Pierce County residents are higher than the state average**

**52% of Pierce County residents' inpatient hospitalizations were in Pierce County**

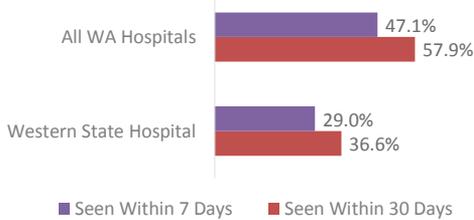
Psychiatric Inpatient Discharges per 100,000 Population by County and State, 2014 and 2015



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



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



**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**



*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*

*Services that support transitions back to the community are critical.*

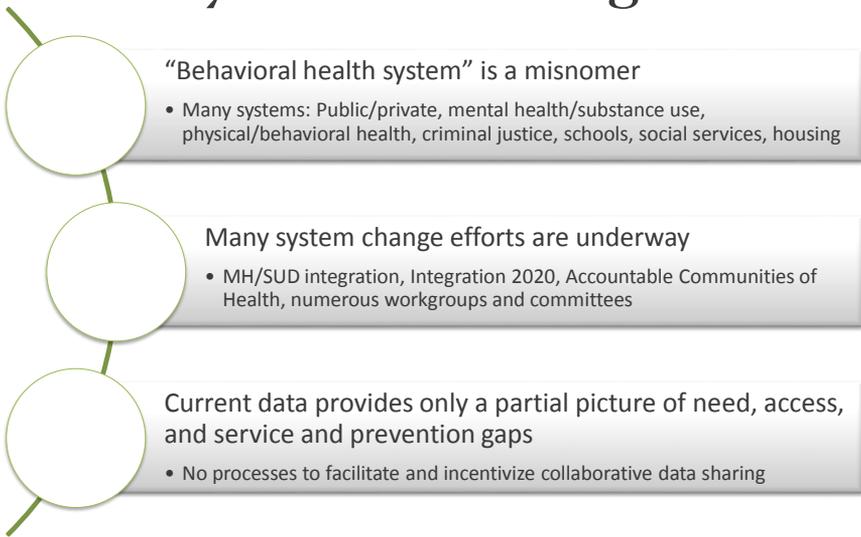
Community Re-Entry Program

Jail Transition Services

District Court Behavioral Health Unit

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

# System Challenges





## 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

Evidence-based practices aren't always culturally appropriate

### LGBTQ Community

LGBTQ populations at elevated risk for behavioral health problems

Need for provider education, particularly for transgender community

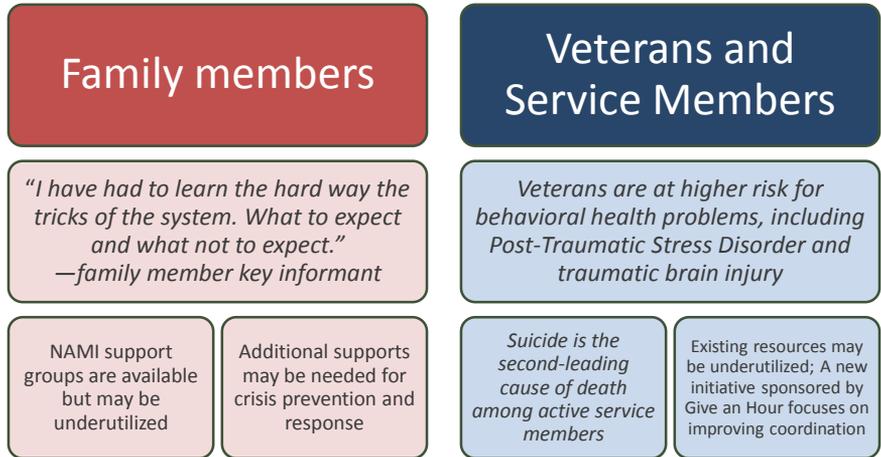
### Rural populations

Those in lower population-density areas report poor mental health

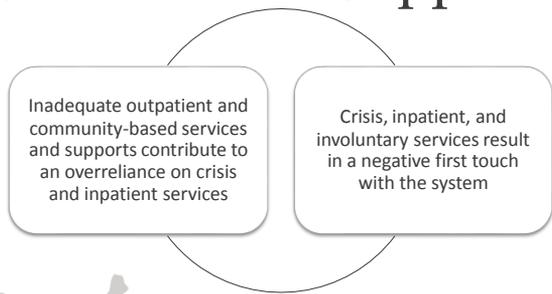
Rural communities lack behavioral health resources

Transportation barriers can result in restricted access

## Population-Specific Challenges, cont.



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

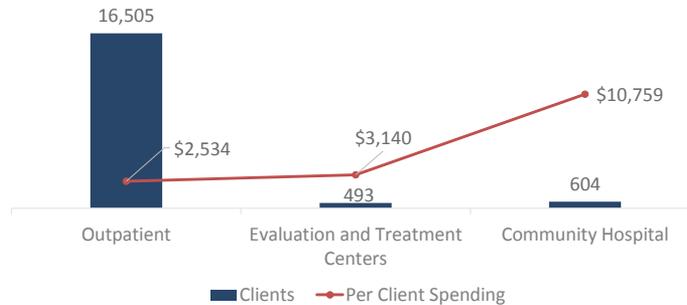


Nationwide, systems focus on reducing inpatient and emergency services for two reasons:

- 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



Source: WA DSHS Client Data

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



## Toward a Person-Centered System

- 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

Shared decision-making and service user engagement



- 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

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

<b>1. Invest in Prevention</b>
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
<b>2. Extend and Expand the 2-1-1 Behavioral Health Specialist Services to Establish 2-1-1 as a Universal “Front Door”</b>



## Service and Support Recommendations

<b>3. Increase Outpatient and Community-Based Service Capacity</b>
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



## Contact

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