

**Review of
Behavioral Health Proposal for Pierce County
By Liz Knox
November 2020**

In October 2020, a report was issued to the Pierce County Council that had been commissioned to inform its decisions regarding raising additional funds for behavioral health. The report is entitled *Strategic Plan for Behavioral Health System Improvements (submitted by the Regional System of Care Committee)*.

In summary, the report reviews the need for improved and coordinated behavioral health services in Pierce County. Needs cited in the plan include Pierce County's rates of Serious Mental Illness, drug overdose deaths, and suicide rates—all significantly higher than the state average. In addressing these concerns, the report recommends following a model developed by the Substance Abuse and Mental Health Services Administration as a guide to creating "a continuum of effective treatment and support services that span healthcare, employment, housing and educational sectors [and include] a modern addictions and mental health service system [which] is accountable, organized, controls costs and improves quality, [while being] accessible, equitable and effective."

The plan is organized into five sections: a summary of current care, some recent improvements, gaps that remain, a proposed new model, and how the new model might be funded. The areas of care identified are: Community Education, Prevention and Early Intervention, Outpatient Treatment, Wraparound Services, Crisis and Inpatient Treatment, Justice-Involved Services, and Additional Needs such as housing, access to services, and workforce development.

The plan identifies gaps in each of the areas of care, and in each one emphasizes a 'silo effect' which separates the various segments of care and hampers coordination of services. Several community groups are described that provide parallel services to other groups, and there is little communication from one sector to another. Individuals seeking help can easily become lost and lose hope in this poorly coordinated and disjointed system.

It is disappointing that the information presented regarding these various sectors is largely descriptive, with little data to substantiate some of the claims. The lack of data is one of the issues that implementation of this plan would attempt to correct. The proposed remedy to the negative effects of the separation of services and absence of data is to create an over-arching 'Accountable Care Organization' (ACO) that would be linked through a Data Strategy Collective (DSC) across all participants in all areas of care.

While the DSC would address the data deficiency, the ACO would help to provide consistency and a continuum of care and act as the much needed 'universal front door' for clients. It would utilize Medicaid funds and, through its efforts to streamline and improve coordination is projected to provide significant savings from better management and integration of mental health care, improved prevention and wellness, better management of chronic disease, innovation, electronic health information sharing among sectors, and value-based payments.

Those savings would be used to help fund services to non-Medicaid recipients and others and also to help fund additional affordable housing, crisis services, and care for the uninsured.

The plan stresses that funded programs should be held accountable for reducing suicide rates, use of emergency services, recidivism, jail rates for the mentally ill, and youth emergency admission to Mary Bridge. The DSC would be used to gather this data and a committee called the 'Measurement Advisory Committee' would review the data.

The ACO model proposed is in keeping with the Tacoma-Pierce County League of Women Voter's recommendation for a coordinated system for delivering services to those with serious/disabling mental illness. It does not directly address the League's recommendation for the adoption of the 0.1% sales tax for mental health and chemical dependency services or the 0.1% tax for affordable housing with support services, nor does it address the League's recommendation regarding expanded training specifically for all personnel who come in contact with mentally ill persons such as 911 and police, although this could potentially fall under the umbrella of Community Education.

While the Strategic Plan does suggest a way forward for Pierce County, no data related to the success of a similar plan in other areas was presented. The proposal for the overarching Accountable Care Organization could provide the much-needed coordination that has been sorely lacking. A concern would be that, at its worst, the ACO as a coordinating vehicle could result in an expensive bureaucracy that in the end has little effect and doesn't improve the existing problems. While moving ahead with this plan seems appropriate, regular oversight by the Pierce County Council, clear accountability for the Measurement Advisory Committee, and regular data collection and reporting will be key to its success.

*Link to the full Strategic Plan for Pierce County Behavioral Health System Improvements:
http://tacomapiercelwv.org/files/pcouncil_briefing_10-19-20.pdf

*In a recent article, Matt Driscoll in the Tacoma News Tribune calls for action on this plan by the Pierce County Council. You can find the link to that article here:
<https://www.thenewstribune.com/news/local/news-columns-blogs/matt-driscoll/article246815502.html>