



Mental Health Services in Pierce County

**Update Since LWV 2016 Study
& Position**

What was Included in the League's 2016 Mental Health (Services) Study

- Leigh's story: *Fictionalized story about impact of mental illness on a teenager and his family when they first engage with the "system"*
- What services were available in Pierce County in 2016?
- The roles of various agencies
- Adequacy of the available Services to meet County needs at that time

The Washington League's Position on Health Care – (1992)

League of Women Voters of Washington supports the following Policies, as part of comprehensive reform of the existing health system,

1. Ensure universal access for all residents to a comprehensive, uniform, and affordable set of health services.
2. These services shall be available regardless of one's health status (i.e., pre-existing conditions) or financial status.
3. Provide “seamless” coverage and continuity of care, to the extent possible, regardless of changes in life circumstances such as change in employment, marital status, financial status, or health status.
4. Establish a mechanism to adequately control total system expenditures for health services while maintaining quality standards of care.
5. Assure that no one shall be forced into poverty because of medical or long-term needs.

2015 Behavioral Health Addendum to LWVWA Position

Support for

- Behavioral Health as the normally accepted term that includes both mental health and substance abuse disorder
- Access for all people to affordable, quality in-patient and out-patient behavioral health care including needed medications and supportive services
- Behavioral Health care that is integrated with and achieves parity with physical health care
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence
- Early and appropriate diagnosis and treatment for children and adolescents that is family focused and community based
- Access to safe and stable housing for people with behavioral health challenges including those who are chronically homeless

2015 Behavioral Health Addendum – part 2

- Effective re-entry planning and follow up for people released from both behavioral health hospitalization and the criminal justice system
- Problem-solving or specialty courts, including mental health and drug courts, in all judicial districts to provide needed treatments and avoid inappropriate entry into the criminal justice system
- Health education – from early childhood throughout life – that integrates all aspects of social, emotional and physical health and wellness
- Efforts to decrease stigmatization of, and normalize, behavioral health problems and care

A Few Basic Facts about Mental Illness

- Mental Illness is a set of physical illnesses affecting the Brain. Like other illnesses they can be mild or more serious, chronic or acute; a single episode or life long
- About 25% of all individuals have had some Mental Health problems in their life; only 4-5% develop serious Mental Illness. Mental illness does not discriminate; it affects people of any ethnicity, IQ, social class or age.
- Serious mental illness most often presents itself between the ages of 15 and 25
- Most people with mental health problems live in our communities, hold jobs, and get their medical AND mental health treatment from their family doctor. Most likely you would not know they had a Mental Health problem unless they told you about it.
- A very significant percentage of individuals with mental health problems do not receive treatment. Why? Because they are ashamed or afraid, because treatment is not available to them, or because the effects of their illness are so severe that they are not able to seek or follow through with treatment.
- Recent News stories have focused on the dangerousness of individuals with mental illness. Scientific analysis of the statistics show that individuals with mental illness are much more like to be the victims of violence rather than perpetrators.

Key Findings of 2016 LWVT-PC Study

- People draw conclusions about Mental Illness and those living with Mental Illness from their personal observations & experiences. The homeless mentally ill are often the most visible so they become the “image” of mental illness. This is neither accurate nor helpful.
- While we use the words “Mental Health Services System” what exists today is a group of semi-autonomous services, providers and financing without unifying principles
- It is often very difficult for an individual with Mental Illness to get the treatment they need at the time they need it, not only because services are sparse but because there is no “road map” to show existing services, who provides them and who is eligible to receive them.

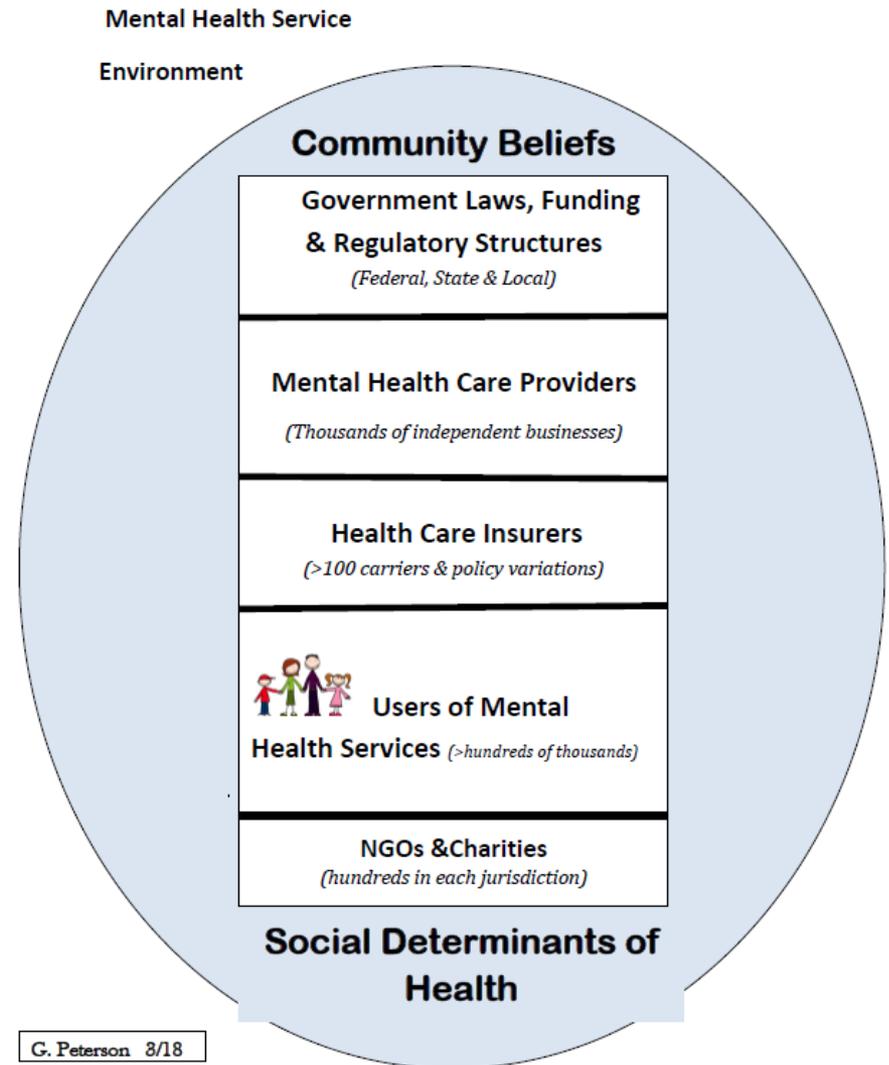
Since 2016

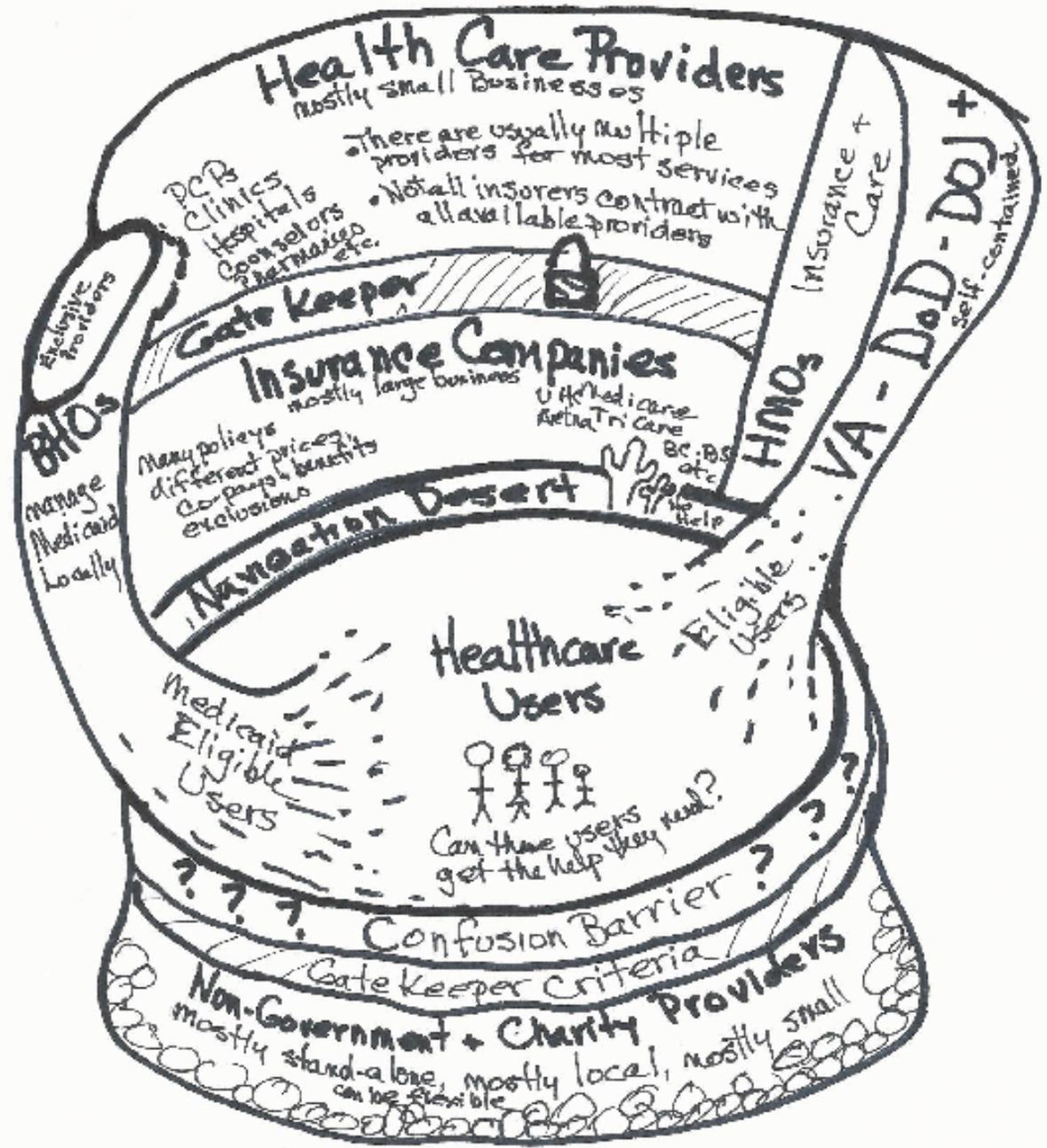
What has changed in 2 years?

- The short answer is that a lot of new things are being explored or put into motion, but not much progress has been made in actually delivering sufficient, timely services to individuals who are handicapped by their illnesses. Progress seems to be happening in through small “tweaks” at numerous points throughout the system.
- The more distant any change is, the longer it will take for its effect to be beneficial at the point of treatment delivery.
- Part of the current difficulty seems to be that there is no one understanding of the extremely complex mental health care delivery system that currently exists. In creating this “*What has changed*” presentation, our first step was to attempt to map the process.
- The next several slides show the main parts of the system in varying degrees of detail. They still don’t capture the whole system, but they should give you a feel for the various pieces and the level of complexity that exists in all of health care delivery but is especially difficult for those who need mental health care to navigate.

Basic Parts of the Health Care System

- **Government** (provides)
Laws, Regulations & Funding
 - Federal, State, Local
- **Health Care Providers**
- **Insurance Companies**
- **Healthcare Users** - the customers of the Health Care System
- **Non-Government & Charity Service Providers**
- **The Greater Community**





Are you Confused yet????



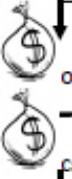
**We still have to talk about how
Government influences things!**

Ways the Government Influences the Medical (& Mental Health) System

- **In general, Government can change things 2 ways.**
 - By adding, deleting or changing Laws (or the Regulations to implement the laws) or
 - by allocating (or failing to allocate) money for programs, construction or staff. (*Budgets speak a thousand words!*)
 - By licensing businesses and Providers (or failing to)
- **These mechanisms operate at all levels of Government**
 - Federal
 - Washington State
 - Pierce County or its municipalities

How does the Government fit into our picture?

The Mental Health Services "System" EXCLUDING Social Determinants of Health

Jurisdiction	Taxes & Budgets	Laws & <i>What must be done or must not be done?</i>	Regulations <i>How will these things be done or prevented?</i>	Self-contained Health Care Providers <i>(\$ + Laws + Regs)</i>
Federal		Taxation Insurance Law ACA (Obamacare) Medicare Medicaid HHS Courts	HIPAA Medicare Medicaid Obamacare FDA HHS Law enforcement	Federal Military (DoD) Veterans Adm DOJ Federal Prisons, ICE
Washington State (& 49 others)		Taxation Tribal Treaties State Courts State Medicaid Law Enforcement Professional Licensing Business Licensing	Ins. Commissioner Law enforcement DSHS - Medicaid - BHO Regs Professional & Business Licenses	State WSH, ESH State Schools State Prisons
Local Communities, Cities, Counties, BHOs		Taxation Zoning Business Licensing	Law enforcement Local Courts & Diversion Courts Jails Emergency Services	County In Washington most BHOs are part of County governments
Direct Medical Services	<p>Community Medical Care is provided by Commercial Medical Enterprises and small businesses such as: MDs, ARNPs, Clinics, Hospitals, Psychiatrists, Psychologists, CD Trmt providers & Facilities, Counselors, Social Workers, Pharmacies, Nursing Homes, Rehabilitation facilities, PTs, OTs, Medical Imaging Providers, Clinical Labs, etc., etc.</p> <p>These Providers contract with BHOs, Health Insurance Companies, unions and businesses to deliver contracted amounts and specific types of health care services at negotiated prices. Some of these medical enterprises also provide direct-pay care for individuals.</p>			<p><i>The facilities of captive providers may exist in local areas but are "walled off". They do not provide services to the Public at large. They operate under separate budgets and rules.</i></p>

What's changed Nationally in the last 2 years ?

- **Laws:**

- ACA enacted, partially rescinded (what happens to Users going forward?)
- Omnibus Mental Health Bill: Regs being developed (several years lag time)

- **Regulations:**

- Medicaid Expansion under ACA (Will newly covered retain insurance going forward?)
- HIPAA regulations given flexibility

- **Financing:**

- Increased funding for MH in most recent budget, especially for children's services
- More funding for VA and Military MH services
- Uneven Federal program funding year-to-year leaves agencies unable to plan

- **Providers:**

- Major corporate consolidations among Provider firms and Insurance companies

Some of What's Changed in Washington

- **Laws:**

- Remodel of Medicaid Delivery System
- Trueblood “boarding” crisis ; \$42M in fines*

- **Regulations:**

- 3 new mental hospitals received “Certificates of Need”
 - Smokey Point open, Lacey and Tacoma under construction
- Mission changes at WSH; RFPs for In-Community Long Term Care
- Mental Health RFP/RHQ process for Medicaid Delivery System

- **Financing:**

- State Budgets: Capital vs Operations; Year to Year Variation
- Medicaid Services Waiver = new ACH structure

- **Providers:**

- Provider, clinic and Hospital consolidations
- WSH still in danger of losing Federal approval (and therefore Federal funds for patients)

Some of What's Changed in Pierce County

- **Laws:**
 - 1/10th of 1% County Tax failed*
- **Regulations:**
 - New County Exec, new attitude toward MH; Increased services
 - MH adjuncts in Sheriff Dept & Tacoma PD +
 - Law enforcement CIT Training
- **Financing:**
 - Spanaway E&T funded (State Capital Budget)
- **Providers:**
 - Number of Medicaid Healthcare providers will shrink in next 2 yrs.
- **Charity/NGO services:**
 - *No expansion of Emergency & Youth Services beyond Tacoma
 - CHI Franciscan 3-yr Anti-Stigma Grant [MHFA, Family Classes, MH Ed in Jr/Sr HS, Post-partum depression screening,+]
 - Local community disagreements over provision of Emergency Social Services

LWVUS has adopted a Position on Mental Health

Given that our traditional League roles have been

Advocating for

Policy Improvements

Funding Improvements and

Being a Watchdog over Local agency efforts

What should our League do to improve local mental health services?

The LWVT-PC Position on Mental Health

The League of Women Voters of Tacoma-Pierce County supports enhancement of the existing services for the mentally ill to create a full system of services for the severely and chronically mentally ill in Pierce County. At minimum, the League supports the following enhancements:

- Broad community input into the delivery of mental health services by Pierce County's Regional Support Network (currently OptumHealth);
- Adoption of the 0.1% local option sales tax countywide for mental health and chemical dependency in Pierce County to enhance mental health services available in the county;
- Adoption of the 0.1% local option sales tax for affordable housing with support services in Pierce County to improve housing options for the mentally ill; and
- Expanded training for all personnel who come in contact with mentally ill persons: 911 professionals, police officers, first responders, home care workers, adult family home care workers, primary care providers, home health care coordinators, community health workers, people who work at shelters, food banks and open tables, librarians, families.

What do you think? What Should we do as a Local League???

