

### Notes on the Great Rivers Regional Strengths and Needs Conversation

The Centralia Forum was comprised of about 25 people, with predominantly peers and peer counselors. Provider, BHO, and MCO representatives also attended.

It is clear that peers and peer counselors have a positive view of services in the Great Rivers region. During a conversation about recovery, many peer said their agencies were recovery oriented and strengths-based. There was a general concern that recovery orientation could be lost during integration, that peer support would not be maintained, and that large managed care organizations would not be responsive to people's needs.

Representatives from the Health Care Authority addressed questions about integration and discussed the timeline. The HCA stressed that services would remain the same, although some people may be changing plans because the Great Rivers region will have only three MCOs. The plans will be United, Molina, and Amerigroup, with Coordinated Care covering foster care.

The issues listed as regional strengths and needs were consistent across most of the groups. The following is a summary. Every comment is not represented, but the major points are included. (Bolded items were mentioned multiple times)

#### Strengths

##### Services

There is growth in services  
Choice of services  
MHFA training  
Mobile crisis/RST  
Jail services  
Employment services  
Medication access  
Pharmacy  
Good prompt services with prescriptions  
Trueblood and regional stabilization team

##### Providers

Collaboration between providers  
Training is available  
Choice of providers  
**\*More agencies are available**  
Passion, empathy, compassion

##### Children's

WISe teams  
Strong parent guardian support

### **Peer Support**

Peer support is billable  
*\*Peer support agencies*  
*\*More peer support is available*  
BHO sponsored peer trainings

### **Community supports**

*\*Social support center*

### **Other**

Transportation  
Cultural supports  
Community meetings and events  
Diversity

## Needs

### **Housing**

*\*Permanent and supportive housing*  
Sobriety focused and mental health housing

### **Cultural considerations**

Cultural diversity

### **Providers**

*\*Need more psychiatric prescribers*  
*\*Training for receptionists in dignity and respect is needed*  
Provider education  
More caseworkers  
All professions are short staffed  
Sharing resources

### **Children**

Childcare

### **Services**

More holistic care funding  
Mobile DRC's to dispatch to community  
Step down services for youth  
Reentry program  
Law enforcement training and education  
Local training  
Updated information on resources-- a guide

### **Peer counseling**

Need for more peer support regardless of acuity  
Peer led leadership roles in BHA's  
More continuing peer education  
WRAP training for peer counselors and in agencies  
Internships  
Peer support in the SUD  
**\*Supervisors who are peers**

### **Chemical dependency**

Need more harm reduction training  
Opioid treatment in area (MAT)

### **Employment**

Supported employment

### **Other**

Lack of parity for Medicaid and private insurance  
Expanded transportation including bus passes and extended hours for routes  
**\*More social activities-- support centers**  
Support groups other than twelve-step  
Support services for youth such as big brother, big sister

## Summary

The conversation at the forum focused in large measure on:

1. The growth in peer support and the continuing needs of the workforce
2. The need for additional community resources and supports
3. Well respected and dedicated providers
4. Strong services in the area, with variety and accessibility
5. A need to focus on rural areas

Thank you to all who participated! I look forward to further events in the area next year--*Jennifer Bliss, Senior Manager, Office of Consumer Partnerships* Special thanks to:

*-The Managed Care Organization Representatives*

*-The Health Care Authority*

*-Cascade Pacific Action Alliance*

*-Mary Jadwisiak*