

# Office of Consumer Partnerships Town Hall Notes

Spokane, WA April 30, 2019

### The forum consisted of:

- HCA updates
- Recovery review
- Strengths and needs assessment
- Open Mic

### Strengths and Needs Assessment

\*Highlighted items were mentioned several times

#### **Services**

<u>Strengths</u>	<u>Needs</u>
<ul> <li>Smooth managed care transition</li> </ul>	<ul> <li>More services in rural areas</li> </ul>
Peer conference	<ul> <li>Better coordination for people who are on a</li> </ul>
<ul> <li>Agency and community collaboration</li> </ul>	spend-down
Hot spotters	Support for tribal partnerships
<ul> <li>School-based services</li> </ul>	<ul> <li>Concerns for Medicare individuals in</li> </ul>
	integrated and wraparound care
	<ul> <li>Transitional programs that are seamless</li> </ul>

### **Providers**

<u>Strengths</u>	<u>Needs</u>		
<ul><li>Hard-working providers</li><li>Good partnerships between providers</li></ul>	<ul> <li>More medication managed providers (prescribers)</li> </ul>		
	Better relationship between government and community		
	<ul> <li>Immediate use of ROIs between providers</li> </ul>		

### **Substance Use Disorder (SUD)**

<u>Strengths</u>	<u>Needs</u>
Medication assisted treatments	<ul> <li>More MAT providers</li> <li>More SUD inpatient beds</li> <li>More SUD secure facilities</li> </ul>
	<ul> <li>Dual diagnosis disorder programs</li> </ul>



# **Community support**

<u>Strengths</u>	<u>Needs</u>
<ul> <li>Good community resources</li> </ul>	<ul> <li>Community directory needs to be update</li> </ul>
Community court	
<ul> <li>Variations of support groups</li> </ul>	
Envision center	
<ul> <li>Community support and education</li> </ul>	
<ul> <li>Community resource directory (needs</li> </ul>	
updating)	
• NAMI	

### Children

<u>Strengths</u>	<u>Needs</u>
• WISe	<ul> <li>Peers in schools</li> </ul>
	Children inpatient care

# Peer support

<u>Strengths</u>	<u>Needs</u>
<ul> <li>Peer supporters with good system</li> </ul>	<ul> <li>More peer supporters</li> </ul>
	<ul> <li>Peers in primary care</li> </ul>
	Peer respite

# Housing

<u>Strengths</u>	<u>Needs</u>
Homeless coalition	<ul> <li>Low income housing</li> </ul>
Warming centers	<ul> <li>High population of homeless</li> </ul>
	<ul> <li>Few vacancies for low income housing</li> </ul>

# Transportation

	<u>Needs</u>
•	More transportation in rural areas
•	Better access to public transportation

### Other

	<u>Needs</u>
•	More anti-stigma education recovery, SUD,
	and MH
•	Better re-entry services

# Community

		<u>Needs</u>
•	•	Better understanding of community
•	•	More support groups



# **Open Mic Comments**

#### **Eastern State Hospital**

- People are coming out of the hospital and relapsing too quickly. There is a gap, they come back in six days.
- Peer support is really making a difference, people are starting to graduate co-occurring or more difficult people are released before services are in place and they wind up in the streets.
- People need to be educated about how to stay safe; people are vulnerable and not prepared for discharge.

#### E&Ts

- E&Ts release AMA and people don't make it to Eastern
- Was having diabetic issues and was discharged the next day

#### **Medical Stigma**

- Incident as peer counselor walked into the room where a doctor was in a person's room and saying that they do not do their meds. The doctor was yelling about Frontier and said it's their fault.
- A person was discharged without all her clothes, a peer had to go find them and the facility did have them.
- Anything that's wrong with you is treated as a neurological issue, including someone that fell and was black and blue and went to the ER

#### Other

- People applying for housing vouchers but with a criminal history people are denied housing.
- Started planning for housing in November but there are still no resources. Is now looking for transitional housing and feels they are going backward to services.
- Continuity of care is not happening (discussion followed)
- MCOs don't take action until the beginning of the month, but people fall through the cracks. It's hard to get services and people are 10 times more likely to relapse. Theoretically planning should happen at institutions but isn't.
- Cannot find counselor, has 3 to 4 referrals. Works for a large agency in town, so that's not an option locally
- Jail benefit records are supposed to be updated every day, but they are often delayed

### Summary

The Spokane Forum included about 20 people, predominantly providers, peer counselors, BHO, ACH, and MCO representatives. Participants were positive about providers and services, integration had gone smoothly, and community support was highlighted.

The top concerns that were raised were 1) The needs for better preparation for people discharging from Eastern State Hospital, 2) more peer supporters in all areas, including respite and primary care, 3) the needs for additional SUD services and facilities, and 4) the need for broadened services.

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:

- Managed Care Organization Representatives
- The Health Care Authority
- Passages
- Bill Murray