

Town Hall, Olympia

September 4, 2018

Notes

The Town Hall in Olympia was a full house of about 35 very passionate people, most peers and peer supporters. Jennifer Bliss from the HCA Office of Consumer Partnerships facilitated, with Jason Bergman and Collette Rush also representing the Health Care Authority.

The agenda included updates and information about integration in Thurston Mason, an “open mic” for people to talk about their experiences with services, sharing their stories and any concerns about present or future services, and a group activity discussion regional strengths and needs. This fairly informal summary is an attempt to capture a very rich three-hour conversation and touches only on major points expressed by several or agreed upon by the group. Anyone who would like a more complete transcription of the conversation can email jennifer.bliss@hca.wa.gov.

Summary of Issues from “open mic” comments

- A HUGE amount of support for Capital Recovery Center and peer support
- Concern about stigma in care coordination teams
- MCO provider lists are up-to-date or accurate, which is making finding providers very difficult
- Peer support should be part of integration
- Peer run organizations need to be funded
- Some agencies other than CRC are forcing people to “graduate” from services, even when they feel they still need services. People are being told there is a time limit to their services (1.5 years). Standing appointments are not being allowed, they need permission to schedule even three appointments.
- People on the streets need more help
- Peer Bridgers are making a huge difference in helping people come out of the state hospitals and not returning.

- In spite of HCA's efforts, communications are too complicated and hard to understand.
- Care coordination may be available, but you don't know you have a care coordinator or can get one unless you ask or someone tells you, so people don't always get the service.
- Provider Issues: contracts are not being signed because rates are too low and no effort is being made to actually integrate, it is just a change of payer. No one is talking to providers about integrating services.

Summary of Strengths and Needs Activity:

Services: *Needs:* more stable funding, continue to reduce stigma. Need an understanding that person centered no barrier care is a right. Discharge and transition support. Understandable organization of services. Less emphasis on profit and medical care (related to a conversation about the 3% profit margin in MCO's and whether it is ethical)

Housing: *Needs:* We need an increase in housing subsidies and we need to address the homeless issue and low-income folks who can't find affordable housing. Let people know there are agencies that possibly can help them find housing. Strengthen tenants' rights laws.

Jail Services: *Strengths:* mental health and diversion court systems are evolving. *Needs:* Better transition services for those coming out of jail. Where do you get a job? Where do you get your meds and your doctor, and how?

Misc: *Needs:* Reinforcing ADA laws including service animals and other issues. One of the girls said you can get the service animal and they aren't necessarily properly trained. TBI training lacking here. More money is needed, for food and for people. Social benefit specialist trainings around issues of health.

SUD: *Strengths:* Services exist, and that's a huge thing. *Needs:* There aren't a lot of detox units in Thurston County.

Community: *Strengths:* I came up with NAMI, I'm a real big advocate of NAMI, and they have personally saved my family a lot of sorrow and have been very educational.

Providers: *Strengths:* There are people with heart dedicated to providing services to mental health, mobile crisis team and transitional diversion program.
Needs: More training for providers is needed. More trauma-informed care. More resources for peers. Classes such as Voices and Visions.

CRC (Capital Recovery Center, a peer-run agency) *Strengths:* Many comments. It's a wonderful place. They feel that they are understood there. A welcoming environment, and the people just care, both participants and staff care about each other, not just a one-way street. A sense of togetherness and family. Peers develop strong relationships. A mentorship culture. People care, participants and staff. Great connections between peers and their communities. Validation of lived experience.

Peer Support: *Strengths:* peer support is very highly supported *Needs:* more peer support, peer support in all agencies, not just CRC, peer respite, Peers need to get paid. There's more need for CPCs. More case management with peer supports, they felt that peer support, which could improve connections with case managers.

Mason County specifically:

Strengths: services have grown in the last two years. WISE program, free bus, HOST program, libraries. Northwest Resources, an ETU coming. Mobile outreach in law enforcement have good relationships. Intensive care coordination through MOT and use of peers in that program. HARPS, Oxford House, community involvement, and short waiting lists at agencies.

Needs: affordable housing, youth shelter. Recreational opportunities for youth, more youth partners, more adult peers, more services in North Mason, anywhere outside Shelton. There are no rural bus services, it would be nice to have a monthly bus pass from Thurston to Mason, cross-county transit. Youth groups are needed, and more women and children transitioned to housing. Peer respite and clubhouses needed. Outreach and education about getting involved in advocacy, direct service requirements for peer support programs should take travel into account, more

money for art supplies, more time for play and relationship-building in WISE programs. Events like this in Mason County.

-Jennifer Bliss, HCA Office of Consumer Partnerships, jennifer.bliss@hca.wa.gov, 360-725-3709, from transcription provided by Ann Rider.