

North central Wenatchee peer town hall

Town hall notes August 24, 2018

The Wenatchee Office of Consumer Partnerships Town Hall was attended by about 30 people, with a peers, parents, and providers. Jennifer Bliss facilitated the event. The agenda included:

1. Jason Bergman and Samantha providing regional updates and answering questions from the group.
2. A significant portion of the agenda was given for “open mic”, inviting participants to share their perspectives and experiences with services. The notes from these conversations are attached.
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3. An activity called Future Visioning, inviting participants to describe strengths and needs in the region.

Future Visioning

The issues listed as 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. Areas of widespread support are in bold.

Regional Strengths

Providers

Involvement of MCO's

Parkside

North Central Accountable Community of Care

MCOs

Spirit of collaboration

Willingness to wear various hats as a provider

Good intentions

DCRs

Services

Increased peer involvement (2020 mandate to include peer services)

Integrated program model

PACT

Systems

Local law enforcement responses

Jail liaison

Drug court

Children's services

WISe

Housing

Peer support

Peer Bridgers

Substance use

MAT services in jail

Community support

Organizations take initiative

Involvement of families and communities

"Unofficial" peer support because of rural setting

Community networking

Region committed to success

Other

People committed to change

PCAP program

Access to vouchers

Regional Needs

Providers

Gap between crisis stabilization facilities opening and closing

Parkside opening

More communication about available supports within plans

Lack of providers

Accountability

More mental health professionals

Pediatric psychiatrists

Services

Long-term treatment for adults and children

Local ABA therapy

More beds for psych treatment

More mental health services in Grant County

Coordination with ER services

Need more psychiatric crisis services

Children's services

Child therapy inpatient and outpatient

Availability of higher acuity treatment for children

Availability of long term inpatient treatment for children

Children's resources

Housing

Homeless housing for youth

Affordable housing

Grant County homeless shelter

Long-term supported housing

Substance use

No SU units to detox youth

More beds for SUD treatment

Peer Support

Increased number of peer supporters

Using peer support for outreach

Peer employee retention incentives

More value on peer one-to-one services

Community

Communication in the community

Other

Transportation, especially expanded Medicaid transportation

Autism needs

More culturally appropriate inclusion with tribes-- both healthcare providers and tribal members

More cultural competency

More diverse groups

Lack of funding

Need for support groups

Town Hall “Open Mic” Notes

1. A parent described going to a pediatrician multiple times and because the rest of the family was in another plan being asked to re-enroll. The identified plan representative offered to resolve this issue.
2. A parent described custody of an AK/AN who is not adoptable and in kinship care. The child is 11 and has been in custody since he was 18 months. The child has not been eligible for services. He has been very violent and the parents have been unable to find an acute setting that can manage his behaviors. The parents finally went out of area to get help. Stated that Grant services was the hub and if services are not adequate there are no other options in Grant County. They exhausted out-of-pocket private pays and paperwork did not connect with other providers. The child was in CLIP for two years and did well there. He is currently in a DDA facility which is not able to manage his violent behavior. The home did not read other notes or listen to parent concerns and recommendations. There needs to be long-term safe environments for children who need them.
3. A peer worker said she met people at their sickest point who don't feel they can trust anyone. She felt services can go farther and provide help when they reach out the first time, not in crisis but in primary care and avoid the ER. She has seen people who needed to go back to the hospital and the only one who did was one who threatened violence. There should be more resources and not people sitting in hallways at Central Washington Hospital. The attitude seems to be if they are healthy enough to get there they don't need help as badly. If someone is reaching out for help to the ER they should be discharged with at least a phone number. Peer worker said three parents had not come today but had lost children to suicide. Over and over they had said, “if they had just listen the first time.”
4. The area is losing resources. Catholic charities has a new 14 bed facility starting up, but shouldn't shut a facility down until the new one is available. There are people with nowhere to go. The managed care organizations have been a blessing. They have always paid attention, answered the phone, and taken concerns seriously. People are still afraid of care and there needs to be good engagement. The focus needs to be on getting more resources in the community.
5. (Provider) Facilities are trying to manage care but often do not have places to send people. Units are for ages 16 and over for people with dementia as well as mental health. The system is failing kids. The facilities are full and people are being warehoused.
6. Still gaps in what differing plans offer and being able to qualify for services. NAMI provides help for parents. Peers can discuss issues and not feel alone, with a level of trust. There has been a widespread success of peers. People get their power taken away and feel broken and sick, peers help them get their power back.
7. (Provider) Having behavioral health not going through the BHO has made integration easier. PCPs can coordinate more easily, are more efficient and stabilization is quicker. Treatment for opioid and diabetes for example. Our better coordinated.
8. Suicide prevention is essential. Very young people commit suicide without getting treatment early enough.
9. MCO's have opened a lot of doors and people are not aware of everything plans can do. People come to peer counselors and they try to explain resources, but the plans should be doing more education about resources. People should walk out of services having MCO phone numbers.