To: Sunset Commission

From: Mental Health/Substance Abuse Integrated Outcomes Subcommittee, Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders.

Date: 6/6/14

Subject: Comments on recommendations for DSHS

Dear Sunset Commission:

Thank you for your recent work reported in the Staff Report, Department of State Health Services. I chair a CAP Subcommittee on Mental Health/Substance Abuse Integrated Outcomes. Our subcommittee is especially interested in findings and recommendations from Issue 2, as our work over the past six months has focused on the critical matter of person level outcomes reflecting quality of life improvements associated with services, especially for persons with both mental health and substance abuse challenges. We would like to offer some comments on two recommendations from Issue 2. The following issues/recommendations are the focus of our comments:

From Issue 2:

The Sunset review revealed a number of ongoing challenges with DSHS' delivery of these services. On a basic level, 11 years after consolidation, DSHS has still not integrated "front door" assessment, screening, and referral services for mental health and substance abuse, allowing people with complex, co-occurring issues to more easily fall through the cracks. DSHS has also struggled to develop an effective approach to funding and delivering behavioral health services that encourages best practices and provides clear outcomes-based information on which to base critical system decisions. Without a more integrated, streamlined, and performance-based approach to delivering mental health and substance abuse services that supports innovation, collaboration, and measureable results, DSHS will not be able to best move the state's behavioral health system forward.The Sunset review revealed a number of ongoing challenges with DSHS' delivery of these services. On a basic level, 11 years after consolidation, DSHS has still not integrated "front door" assessment, screening, and referral services for mental health and substance abuse, allowing people with complex, co-occurring issues to more easily fall through the cracks. DSHS has also struggled to develop an effective approach to funding and delivering behavioral health services that encourages best practices and provides clear outcomes-based information on which to base critical system decisions. Without a more integrated, streamlined, and performance-based approach to delivering mental health and substance abuse services that supports

innovation, collaboration, and measureable results, DSHS will not be able to best move the state's behavioral health system forward.

2.1 Require DSHS to integrate mental health and substance abuse hotline, screening, assessment, and referral functions.

2.3 Direct DSHS to evaluate and improve its behavioral health performance measurement and contracting processes.

Our work over the past six months has been led by the idea that system design should be guided by desired outcomes. Thus, our work has focused on establishing person based outcomes as the initial starting point. Outcomes should not be program based; neither should they be disease based. ***Person level, quality of life outcomes*** should apply to the person no matter what disease the person has and where ever the person is receiving services.

Our concern with your recommendations is that they appear to be guided by focus on program integration or service integration. A focus on integrated, person level quality of life outcomes would result in changes in function such that service and program integration would follow outcome requirements. Form would follow function.

Our group appreciates the direction of your work, but feels that it does not reach to the basic foundation of integration. A true integration would be one that began with a focus on person level, disease independent, quality of life outcomes. These outcomes would guide service design and implementation.

Please contact us if additional clarification is needed.