



From the Director's Desk

January 2010

"We will open the book. Its pages are blank. We are going to put words on them ourselves. The book is called Opportunity and its first chapter is New Year's Day". ~Edith Lovejoy Pierce

As we begin the New Year, we are called to reflect on all that was 2009 and look to the promise and challenges that 2010 will invariably bring. The Addiction and Prevention Services team was called on repeatedly throughout the year to practice "adaptive" leadership. Adapting to a new Director was one of their first major tasks of 2009. As we all became reacquainted and reunited in our passion to serve Kansans, we resolved to set our course together.

The team had already made considerable progress, prior to my arrival, on identifying goals by which to report their individual and collective efforts. We continued to develop and refine that work under my direction. A few examples of our 1st quarter, FY10, results for the goal of "Positive changes in customers and communities" are listed below:

1. Licensing Site Visits: Critical violations have decreased over the past year; more providers are receiving multi-year licenses; there were 22 new licenses issued in 2009.
2. Pre-Paid Inpatient Health Plan (ValueOptions):
 - a. Provider survey results – 82.4% of providers were satisfied with ValueOptions. 84.4% of providers responded that ValueOptions had gotten better.
 - b. Member Survey results-overall satisfaction with ValueOptions was 94.77%. Members satisfaction with their counselor scored above the performance goal of 85% with most categories in this area between 93-99%. Almost 86% of members reported that the distance traveled to their counselor is not a problem. 89% of members reported they were able to get a first appointment as soon as they wanted.
3. Prevention:
 - a. Core Services – 40% Community based processes; 10% environmental changes; 31% prevention education; 5% information dissemination; 3% problem identification and referral; 9% drug free alternatives, 1% other.
 1. Timeliness available 2nd quarter
 2. Target - increase in % devoted to environmental changes for FY2011
 - b. Synar results – 91.7% (Cigarette and Tobacco Enforcement 87.48%)

Next, we created new Mission, Vision and Value Statements which will guide our Strategic Plan development for fiscal years 2011 - 2013. We will be collecting your input on our draft document and releasing a final version of the plan in the coming weeks. While we call the plan “new”, the priorities that follow were already embedded in the philosophy, policy and practices of Addiction and Prevention Services.

- Consumer and Community centered system of care
- Evidenced based practices
- Performance measures and outcome driven
- Recovery Oriented Systems of Care
- Workforce Development Strategy

These goals will serve as the framework by which we will set policy, allocate resources and ensure transparency and accountability regarding our efforts. These priorities will lay the foundation to meet the needs of customers now and in the coming years.

From the passage of Health Care Reform, to the increasing need for a compatible, flexible and reliable data system, we are a system in flux. In 2007, The National Quality Forum published the National Voluntary Consensus Standards for Treatment of Substance Use Conditions. These standards outline a set of effective organizational and clinical practices that should be required of treatment organizations and clinicians in order to improve quality of care. While our understanding has increased significantly in the past decade regarding the use of effective, evidence-based therapies for treating people with substance use conditions, this increased knowledge has not been accompanied by the widespread implementation of these proven methods of treatment.

“These consensus standards represent a defining leap forward in the effort to improve treatment of substance use conditions,” said Elaine Cassidy, PhD, MEd, program officer at the Robert Wood Johnson Foundation. “They give visibility and credibility to evidence-based treatment practices and create momentum for further advances.”

There is little doubt that a “new world” for the field of substance use prevention and treatment is emerging. The paradigm is changing from that of acute care to recovery management across the life span. The use of social media and technology, as a means of service delivery, will become routine. Customers will experience better outcomes as systems coordinate service delivery through enhanced data sharing. Public and private funding will be ever increasingly tied to improving customer outcomes.

In conclusion, I’ll leave with you with some timely remarks from our former Governor and current Health and Human Services Secretary, Kathleen Sebelius. Her comments speak to the innovative ways mental health and substance abuse services will be transformed in the coming years.

“One of the things Pam (Pam Hyde, new SAMHSA Secretary) and I have talked about is the huge opportunity we have in the next couple of years to make some big improvements in the lives of Americans with mental illnesses and substance abuse disorders. There are a lot of

changes happening right now that could have a big impact on behavioral health: parity, health insurance reform, the growing popularity of integrated care models, an increased focus on prevention, huge gains in our understanding of the science behind mental illness and substance abuse.

Thanks to parity, millions of Americans with mental illness and substance abuse disorders will get the care they need. It's going to help people afford their medicines. It's going to make them less likely to put off important care. And it's also an important symbolic step. For years, we thought about mental illnesses and addictions in terms of its costs for the rest of us who weren't sick. Then we slowly began to acknowledge, "okay, maybe we can help some of these people." And it's only been recently that we've contemplated the possibility of full recovery. A broader definition of parity would encompass investments in prevention, investments in health care delivery reform, investments in support services like housing that can affect behavioral health outcomes, and investments in treatment and service system research. And it's this fuller version of parity that we should be striving for.

One idea we've talked a lot about is integrated care. The idea here is that providers deliver higher quality care when they work as a team. Mental health and addiction professionals can serve as what are called "recovery navigators," helping to connect patients with health screening, as well as counseling, medication management, housing, and job training.

We already have several successful examples of how to provide this kind of integrated care. Health care systems like Cherokee Health, Intermountain Health, and the Veterans Administration have all successfully included mental health into their primary care systems. Now the challenge is to spread these models, especially to smaller practices that may not have the same experience dealing with mental health and substance abuse problems.

Another idea that we need to borrow from our work to improve our physical health care system is investing in prevention... We know for example that kids between the ages of 12 and 17 who were depressed in the past year were twice as likely to take their first drink or use drugs for the first time as those who did not experience depression.

*As much progress as we've made, there is still a long way to go. We need you to be advocates not just for more resources for mental health and substance abuse prevention and treatment, but for smarter use of those resources. We have a better understanding than ever before about the kind of programs that are most effective, and we need to apply that knowledge to get the best results."**

*Access the full text of Sec. Sebelius remarks at <http://www.hhs.gov/secretary/speeches/sp20091215a.html>