

**Testimony**  
**Department of Human Services**  
**Health Services Committee**  
**Senator Judy Lee, Chairman**  
**January 10, 2012**

Chairman Lee and members of the Health Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse Services for the Department of Human Services. I am here today to provide information on the Department's combined behavioral health plan.

The Division has developed an annual plan for mental health and substance abuse for many years, but in 2011, the Substance Abuse Mental Health Services Administration (SAMHSA) streamlined the application and reporting procedures for both the Community Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant. 2011 was the first time a combined plan was developed and submitted reflecting both mental health and substance abuse. While tied to the block grants, the plan reflects a broad view of the entire public behavioral health system. It is a high-level plan for system improvement.

The plan includes a description of the current system of care, a needs assessment, a description of activities tied to federal and state legislation, changes in technology, and advances in research and knowledge. It provides a summary of policy, program and technology advances in health and behavioral health care. The plan identifies strengths, needs, and service gaps. The intent of this plan is to set a clear direction for system improvements over time.

The plan summarizes the various efforts to engage and obtain information from stakeholders through meetings, surveys, and councils. It is comprehensive in that it reflects access to physical medical services, dental services, employment supports, indigent defense services, collaboration with military support organizations, guardianship services, and workforce demands. It reflects the Department's collaboration with the Department of Health (with their statewide suicide prevention coalition), the work of the Autism Disorder Task Force, and homelessness outreach, to name a few examples. Environmental influences such as the oil boom, workforce shortage areas, and transportation challenges are reflected.

The steps used to develop the plan were:

1. Assess the strengths and needs of the services system
2. Identify the unmet needs and critical gaps within the current system
3. Identify and describe the Department or other agency actions to address the issues
4. Prioritize state planning activities tied to SAMHSA's strategic initiatives
5. Develop objectives, strategies, and performance indicators

The Department uses this plan to help shape budget-building priorities and program focus. Public, state agency partners, and stakeholder involvement and input is obtained in preparing this plan. Members of the Mental Health Planning Council and the Substance Use Disorder Recovery Council are involved in shaping the plan. Membership in these councils include representatives from the Department of Public Instruction, Division of Vocational Rehabilitation, Department of Corrections and

Rehabilitation, County Social Services, Medicaid, State Housing and Finance, Protection and Advocacy Project, Mental Health America, Federation of Families, consumers of behavioral health services and their family members, private sector service providers, and the faith-based community.

Reporting of outcomes within the plan will take place in December of this year. The plan will then be adjusted for 2013 and a new complete plan will be developed in 2014.

I am available to answer your questions.