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Behavioral Healthcare System Position Paper

System pressures, budget challenges, changing community needs, and new professional information have challenged us to do better. For political, financial, clinical, and ethical reasons we can no longer offer the behavioral healthcare services that were once available. With community resources diminishing, limited funds must be used for the most effective and efficient interventions.

The voice of consumers and family members is critical in design, implementation and monitoring of the system. Behavioral health is a community service and an integrated community behavioral health system will require expanded public partnerships, blended funds, and coordinated care.

Informed mental health practice depends on clinical judgment, knowledge of evidence-based interventions, and knowledge of how to implement interventions in a specific context. Because services should be community-based and consumers should be served where they live, outreach and culturally responsive services are an important component of the service delivery system.

Consumers often have multiple diagnoses and outcomes are improved with coordinated care. Roughly two-thirds of consumers with a serious mental health disorder also have a serious substance abuse disorder. An integrated treatment program for co-occurring substance abuse and mental health disorders produces better outcomes rather than sequential or uncoordinated treatment. Other consumers have serious medical concerns or developmental disabilities where comprehensive care coordination is also vital.

Cascadia strives to:

- Serve all people who are appropriate
- Provide all essential treatment or facilitate interagency partnerships that build a comprehensive and coordinated treatment plan.
- Provide pre-treatment, treatment, transition, and maintenance services
- Provide outreach and proactive case management for consumers at risk of hospitalization
- Offer crisis stabilization services 24 hours a day, seven days a week
- Integrate psychiatric care and medication management
- Integrate mental health and addiction services for a holistic approach to behavioral health
- Reduce hospitalizations and share risk for hospital costs

The behavioral healthcare system is challenged by dynamic tensions and competing values. When change does not occur in response to these tensions the system is

stuck. If change occurs too quickly the system is chaotic. By identifying the existing tensions, choices can be made on how to respond. Dualities include:

Priority mental health consumers: Serious and persistently mentally ill versus others who need services and supports?

While we need to provide access to appropriate services to all consumers, we are most responsible for individuals with severe disorders who are unable to care for themselves, or consumers who pose a risk to themselves or others. Treatment for these consumers is often long term and expensive. If timely treatment is not provided these individuals might enter the criminal justice system, which is detrimental to the consumer and costly to the system.

In order to reduce the number of individuals who experience a crisis or whose condition deteriorates, it is important that the community provide outreach, prevention, access to early intervention, and short-term mental health treatment.

Service location: Facility-based or community-based?

Children and adults with complex mental health concerns generally benefit from services that use a community-based, wraparound approach rather than facility-based programs. Some consumers are less interested in office-based treatment with a therapist and prefer interventions that support them in their natural environment, helping them to achieve personal goals. Laws require that mental health consumers be served in the least restrictive environment.

Services that emphasize proactive case management, facilitating team meetings, and community linkages are supported. Often, treatment has been an office-based, clinical intervention provided from a therapeutic perspective. Research shows that a more proactive case management and patient support orientation achieves better outcomes. Having a single case manager who has frequent contact and can respond immediately when disruptions occur can help maintain a consumer in the least restrictive environment.

Treatment providers: Professionals versus natural supports?

Services that integrate paraprofessional and consumer-operated mental health supports with professional activities are encouraged. Paraprofessionals and trained and supported consumers can provide services that link consumers with natural supports, reduce social isolation and build on individual strengths.

Treatment approaches: Individualized with consumer choice versus medically or program directed?

Consumers and family members are involved in identifying strengths, needs and goals; developing the treatment plan, and selecting the preferred supports and interventions. Professionals are effective educators and consultants, linking individuals to information and resources.

Change occurs in stages over time, appropriate interventions differ during each stage. Treatment services that incorporate a stage approach to treatment and incorporate a variety of stage-appropriate services will be emphasized. This will include pre-treatment activities to engage the potential mental health consumer and help educate them so they are ready for treatment; an appropriate course of treatment based on the individual situation; and a long term plan built on natural supports and consumer self-management.

While individual treatment can be an effective service, other treatment approaches are often more effective and less costly. Cascadia supports programs that employ a brief therapy orientation, rely less on individual treatment approaches, and use more family, group and psycho-educational services.

Length of treatment: Short-term fostering independence versus long-term treatment needs?

Cascadia supports effective services that address the needs of the child, family, or adult consumer. Services that promote rehabilitation, recovery and independence by developing social connections and wellness self-management are emphasized. Treatment can have the unintended outcome of client reliance on service providers. A full range of innovative and alternative interventions and services that target consumer education, personal skill development and self-management is a priority.

Conclusion: Many counselors have posted in their office the ideogram for “crisis” in Chinese characters. The figures represent “danger” and “opportunity.” By further developing our system in the indicated ways, we will seize the latter outcome, providing a behavioral healthcare system that is welcoming, competent, and fair for all.