Chelan-Douglas
Regional Support Network
For Mental Health

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06/11/2014

Dear Senator Parlette, Representative Moeller, Co-Chairs, and Adult Behavioral Health System Task Force members:

At the Chelan Douglas Regional Support Network (CDRSN), in the last 18 months, there has been significant effort made to improve the governance, and leadership, in order to develop a high quality/high-value mental health system for the residents of this area. This is especially for those in mental health crisis, and those on Medicaid, who have chronic mental health conditions.

As I think we all recognize, the development of a high quality/high-value system is a difficult, time-consuming process. There is no "cow path" to pave, and the indicators to use as a proxy for outcomes are hard to identify. In addition, for a truly high-quality/high-value healthcare system, mental health cannot be in a silo. It must be thoughtfully integrated with both medical care, and chemical dependency care. With much medical care now being provided regionally, it would seem that looking at both mental health, and chemical dependency care in the same regional perspectives is imperative.

In addition there are outside pressures attempting to help, but have had the unintended consequence of making the job more difficult. There have been conflicting expectations, slowly provided conflicting verbal and written answers to questions, and conflicting regulatory requirements, from different State of Washington governmental agencies.

Some examples include:

1). Questions have been submitted to DBHR, and the answers have been slow to be received, and lacking in detail. It is very difficult to make educated business decisions regarding development of a sustainable program in this environment. As an example, during a phone call on May 27 the CDRSN was told that the number of Medicaid coverage lives required for a Regional Service Area would be 75,000. When this was questioned by Sen. Parlette with legislative staff, she was told that 5 RSNs would not meet that requirement, so DBHR "backtracked", and we have not now formally heard what the number requirement will be, or if there will be one.
2). During the same phone call on May 27, the CDRSN was told that our performance was in the "lower quartile" of RSN's. When we asked for the metrics that we were being judged upon, none were forthcoming, and we were told that new performance metrics were being

developed. We have not seen those performance metrics, or the old ones. By some metrics we follow, we feel we are doing as well as other RSNs, though we can certainly improve.
3). The issue of how to be sure that medical care regions and mental health care regions "overlaid each other" was discussed during the 05/27/2014 phone call, but no answers have been received.
4). The CDRSN received notification that "state only" dollars were being reduced effective 07/01/2014, due to the Medicaid expansion. However the permitted uses for the dollars in the two funding "silos" are different, and this discrepancy has not been addressed.
5). The CDRSN has over the last several months had a "bed sharing agreement" with the Greater Columbia RSN. We recently received a letter stating that this was no longer allowed, which essentially increases the cost of inpatient mental health services for CDRSN beneficiaries. In the letter, there was no explanation, or justification. This destroys the development of a trust that we are all working together to develop a high quality/high-value mental health system to meet the needs of our State and County residents.
6). The CDRSN was awarded some funds for capital, and operational funding in the 2014-2015 biennium through Senate Bill 5480. It has been very difficult to get answers as to exactly what these operational funds can be utilized for.

Please understand that the primary mission of the CDRSN is to lead and enhance quality mental health services, and our vision is to lead with our partners in the achievement of comprehensive sustainable health services for our communities. As the governing board of the CDRSN, we also feel that local leadership is best. It is more responsive to our communities, as we live here too. As we move forward, we ask that the discussions and planning look to the goals of a viable, sustainable, high-value service.

Thank You:

Dale Snyder

Dale Snyder, Vice Chair, CDRSN Governing Board

Cc: Eric Johnson Washington State Association of Counties
Abby Murphy Washington State Association of Counties