

## **Guiding Principles for the Establishment of the new Department of Behavioral Health**

Goal: Deliver coordinated, integrated high quality services and supports from a recovery perspective to residents with mental health and substance use disorders. Behavioral health is essential to health. Treatment is effective and prevention works.

**Principle 1.** A substantial number of people in the public behavioral health system experience co-occurring disorders. When mental and substance use disorders co-exist, both must be considered “primary”.

**Principle 2.** Integrated prevention, treatment and support (screening, assessment, planning and treatment and recovery services) must be accomplished by preserving and enhancing the values, philosophies and core technologies of both the mental health and addiction treatment fields.

**Principle 3.** Build on existing strengths of the DMH, APRA, and the provider network and maximize current resources, and prepare for implementation of the Affordable Care Act in 2014.

**Principle 4.** Individualized services including assessments must be available and accessible whether the person seeks services for mental health or substance use disorder. Services are organized in an integrated fashion and should appear seamless to the individual.

**Principle 5.** There will be specialized services for individuals without co-occurring disorders.

**Principle 6.** Access to services and supports is timely. Treatment access may be complicated by criminal justice involvement, homelessness, or health status. A “no wrong door” policy should be adopted and obstacles that discourage entry to treatment for either mental or substance use disorders should be minimized. Services are provided in the least restrictive environment.

**Principle 7.** Consumers/Clients are active participants in their recovery. Integrate mutual self-help and peer support. Recovery support, including mutual self-help, peer support, self-help, the family, the faith community, and other resources that exist within the consumer’s/client’s community can play an invaluable role in recovery.

**Principle 8.** Open communication and transparency with consumers/clients and their families, employees, providers, advocates and the public. Timely information will be made available through different venues, including the website, public meetings, and newsletters.

**Principle 9.** Provider participation is essential to building a responsive, accountable, integrated system.

**Principle 10.** Services are congruent with the culture, race, sex, gender identity or expression, age, sexual orientation, health literacy, language, and communications needs of the individual being served.

**Principle 11.** There is a strong commitment to workforce development. Integrated specialists are trained to treat both substance use disorders and serious mental illnesses and understand the complexity of interactions between disorders. They are trained in skills shown to be effective in treating consumers with co-occurring disorders.

**Principle 12.** The infrastructure must support integrated services and supports, and financing. For example, an integrated data base.

**Principle 13.** Strengthen accountability in the new behavioral health system. The new department will monitor, certify, and regulate private providers.

**Principle 14.** Recognize that there are differences in terminology between the different areas of treatment (substance abuse versus mental health).

*(Adopted February 21, 2013)*