



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Health and Recovery Services Administration, P.O. Box 45502, Olympia, Washington 98504-5502

May 8, 2009

TO: Health and Recovery Services Administration (HRSA) stakeholders
FROM: Doug Porter, Assistant Secretary
SUBJECT: Phase Two of HRSA's realignment and reform

I wanted you to know that we are taking another step forward on the path to integration and realignment that we began in 2005. By June 1, 2009, we are planning these changes:

- The components of three divisions will be condensed to two: Regional Support Network contracts and other RSN quality-monitoring components will be integrated with the managed care Healthy Options staff in the Division of Healthcare Services.
- Remaining Mental Health Division headquarters components will be merged with the current Division of Alcohol and Substance Abuse.
- Meanwhile, Richard Kellogg will take on a new role similar to that of Chief Medical Officer Jeff Thompson. Richard will supervise the three state psychiatric hospitals and maintain his legislative liaison role in mental health, as well as provide expertise across all division lines to enhance integration and quality care improvements. He also will serve as chief architect of mental health reform efforts.
- This week, I put together a workgroup to take a hard look at our administration with the realization that we are evolving into a different organization and a different time, one in which we need to position ourselves for upcoming health-care reform. We are asking the workgroup, which met Thursday for the first time, to start with clients—how can they be served more effectively and then how can we be better organized to support that service?

Why are we taking these steps? Several weeks ago when new DSHS Secretary Susan Dreyfus was introduced to the media, Governor Gregoire set down the top three items on her policy agenda: 1) We need to manage this budget crisis to the best of our ability and to seize the opportunities it presents to make lasting improvements in the system; 2) We must improve the child welfare system—and children's health will be part and parcel of this effort; and 3) She will support the national effort for health-care reform, and state health agencies will be major players in that effort. Secretary Dreyfus added that any meaningful reform will have to reach across boundaries and include mental health.

We are already moving in this direction. In 2005, medical assistance, mental health and chemical dependency began a new relationship, one that involved integration and shared services. That was a start. Now we need to look further ahead. We need to be the HRSA of the 21st century, not the 20th. In managing this budget crisis, we must look for efficiencies and synergies that will let us do our jobs less expensively and more effectively than before.

Effective June 1, all MHD headquarters office chiefs will have a new direct reporting relationship with either David Dickinson or MaryAnne Lindeblad. Shortly after that, other discrete reporting issues will be clarified. I have also asked Heidi Robbins Brown to oversee the planning effort that will be needed to flesh out the details for a comprehensive work plan and time frame as we move forward with these changes and others.

We will be interested in your feedback and your assistance as we take these steps. Please continue to deal with your regular contact points here, and we will keep you informed as this new phase at HRSA moves ahead.