I note in the **Productivity Commission- Mental Health Inquiry Draft Report** the attention devoted to the challenges, and potential for improved outcomes, associated with co-occurring mental health - substance use concerns and other complex needs. That focus aligns with my own work as a cross-sector (MH and AOD) dual diagnosis, capacity building, worker with the **Victorian Dual Diagnosis Initiative** (VDDI). I was gratified to note the Interim Report's recognition of:

- The extraordinary prevalence of people experiencing co-occurring mental health-substance use disorders in the general population and amongst people receiving treatment – i.e. that in treatment environments people with co-occurring substance use-mental health concerns are the *expectation not the exception*
- The array of well-documented *harms and unwanted outcomes* strongly associated with experiencing co-occurring mental health-substance use concerns compared to experiencing only one of the concerns
- In the section devoted to *Substance Use Comorbidities* (pp 323- 328), the *potential to influence better outcomes* for people experiencing either a mental health or a substance use concern, by developing systemic capability to respond effectively to co-occurring concerns and other complex needs.

The $64 question of course is ***how to efficiently develop our service systems, in alignment with the evidence, in context of limited resources, to be effective with people experiencing co-occurring mental health-substance use concerns and other complex needs?***

A critically important influence, in Victoria, in Australia and internationally has been the system design work of Dr Ken Minkoff & Dr Christie Cline & their *Comprehensive Continuous Integrated System of Care* model (CCISC- profile below). Victoria's first state-wide Minkoff-Cline-CCISC forum was in 2007, they have visited Australia several times since, consulting in multiple states and nationally. Currently planning is in train for a May 2020 visit, fora, media & consultations. I have wondered whether it may be possible for the Commissioners to meet with them during that visit – my opinion is that it would be valuable.

In the past decade Minkoff/Cline's work on broad system redesign has proceeded well beyond application of CCISC to co-occurring MH-Substance Use. This week I had the opportunity to view some recent materials they have been working on:

- The first is a slide set for a state level project where they provide a visual (slide 2) and discuss the elements of an '**Ideal Behavioural Health System'** (attached)
- The second, a subset of the above, is a much more detailed initial draft report by a Committee that Dr Minkoff chairs, describing the standards and criteria for an **Ideal Behavioural Health Crisis System**. N.B- this is an unpublished, review draft only – a final version will be available in coming months. Dr Minkoff has given me permission for limited circulation of this document. I attach the Exec Summary & can forward the whole document if of interest. As above I'd be grateful if it wasn't published or disseminated beyond the confines of the Productivity Commission- Mental Health Inquiry

The Crisis System document '*offers detailed criteria for defining, developing, and measuring criteria for implementing a value-based, clinically comprehensive and cost-effective behavioural health crisis system in any community*'.
I am more than enthusiastic, both about the comprehensive, integrated central vision and the pragmatic details /measurable criteria, in this document and wanted to forward them to you for their utility in envisaging and designing a system that responds effectively to people experiencing co-occurring mental health and substance use concerns.

Best wishes, Gary Croton