

**Is it feasible to integrate mental
health promotion and addiction
prevention within the Indiana
Division of Mental Health and
Addiction?**

Transformation Workgroup

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The rest of the title

Desirable, yes. Feasible, yes. Necessary, yes.

Quick overview

- Environmental scan/literature review
- 25 (+ 1 pilot) structured telephone interviews with key informants both in and outside of Indiana
- Supported as a Technical Assistance project through CSAP

Key Points: Environmental Scan

- Prevalence of co-occurring disorders on treatment side with primacy of mental health disorders reinforces logic for integration
- Common state, national, and international level issues: e.g., silos, funding, collaboration, fragmentation, public policy, workforce development and training, cultural issues, evaluation, consumer and family involvement

Key Points: Environmental Scan (con't)

- Mental health promotion more central international discussions
- Evidence-based practice legitimize promotion and prevention efforts
- No explicit discussions for integrating.
- Integration may be implicit in public health model
- SAMHSA National Advisory Council minutes may lead to more intentional discussions of integration
- No “How to” manual to accomplish integration

Key Points: Key Informant Interviews

- All interviewees support integration
- Funding, silos, cultural differences, etc. are highlighted barriers to integration
- Treatment drives the DMHA system
- Leadership and recognition that change takes time are fundamental
- Challenge of Workforce Development is integral

Feasibility Recommendation

- Desirable, yes. Feasible, yes. Necessary, yes.
 - ✓ Start with population served
 - ✓ Delivery of services—a continuum of care
 - ✓ Improve the quality of life for Indiana's citizens
 - ✓ Tie change to outcomes, including NOMs
- Adopt a public health wellness model rather than a disease-oriented treatment model
- Develop concomitant policy and organizational development that overcome funding-based, but artificial, silos
- Barriers are nontrivial but can be addressed with sufficient commitment and leadership

Workforce Development is Essential

- Integrated environment requires new roles for providers
- New knowledge and skills are necessary
- To overcome existing work-related cultural differences requires a spirit of cooperation and collaboration as well as mutual respect and patience

Possible immediate steps for DMHA: Mission and Vision

- Review and, as necessary, align mission and vision with an integrated services model
- Establish immediate, intermediate, and long-term goals within context of mission and vision.
- Communicate to and engage stakeholders

Possible immediate steps for DMHA: Build Ownership

- Identify leadership and establish commitments and responsibilities
- Continue to develop stakeholder vesting
- Communicate, engage, ... communicate
engage

Possible immediate steps for DMHA: Structural Considerations

- Review and make recommendations with regard to the current structural organization of DMHA to determine compatibility with an integrated services model (For example, the State of Washington has proposed, within a public health model, an organization based on five age-related populations: Children Birth to Five, School-Age Children, Youth in Transition to Adulthood, Adults, and Older Adults.)

Possible immediate steps for DMHA: Identify and Evaluate the Barriers

- Is the barrier policy-based, culture-based, habit-based, or legal-based?
- Prioritize the barriers to address in terms of effort, expense, and risk vs. potential gain
- Funding barrier is a major challenge.
Creative braiding, blending, etc of funding may be an intermediate step. However, the funding sources, especially the federal government, must set the expectations for integrated services

Possible immediate steps for DMHA: Evaluation

- Establish outcomes, including NOMS where available, and an evaluation framework as an ongoing DMHA function

Intermediate Steps for DMHA

- Align programming with structural organization of DMHA
- Support through funding, staffing, and organization
- Incorporate evaluation as an ongoing DMHA function