

## **ODADAS/ODMH Department Consolidation Prevention Consolidation Workgroup Summary and Recommendations**

More than fifty prevention/promotion stakeholders from boards, providers, coalitions and organizations, along with various staff members from ODMH and ODADAS, participated in the work to inform consolidation efforts.

The Prevention Team's objective was to discuss opportunities to align – to the extent appropriate – various areas of policy and operations regarding prevention services. The initial team scope was provided to start our discussions. It included the following items:

- General policy approach
- External partnerships
- Population-specific approaches
- Workforce development
- Technical assistance
- Sharing best practices
- Opportunities for improvements
- Staffing
- Funding

A core group of eight stakeholders and eight staff members from ODMH and ODADAS attended the first meeting on August 3, 2012, to discuss a general direction and further define the scope of the workgroup.

Numerous stakeholders volunteered to attend subsequent meetings. In particular, members of various prevention workgroups were encouraged to provide input. These groups included the Prevention and Wellness Roundtable, the Interagency Prevention Council, the Prevention Reporting System Workgroup and the Strategic Prevention Framework Advisory Council. These meetings were held August 14, 2012, August 23, 2012, and August 29, 2012.

The qualitative research method of unstructured interviewing was used by the facilitator to gather input. Notes were taken by two different staff members to provide both an immediate, visual presentation of the input on flip charts and an electronic record of the data. Focus questions were used to start the discussion during the first meeting, and the notes were analyzed for themes to provide broad areas to guide the next meeting's discussion. The themes included: Guiding Principles, Services, Structures, Funding, Outcomes and Workforce. This iterative process was used for the three initial meetings. This process resulted in a list of 46 initial recommendations that the Team attending the last meeting prioritized. The prioritization process entailed each attendee reviewing the recommendations within each topic area and choosing the three that were most important to them. The items were numbered according to the number of votes they received. This critical review also reduced the number of recommendations through consolidation of items to 36. Various informational documents were also provided to the Team to read in between meetings to inform the discussions. The final recommendations are provided on page two by theme in priority order.

At the final meeting, the Team was also asked to provide input on the specific functions they want the new Department to consider, and what expertise they would like prevention/promotion staff to have to ensure these functions are carried out effectively. A list of these items is provided on page three.

## **Recommendations:**

### **Guiding Principles for Policy**

1. Follow the science for implementation:
  - Be outcome-based
  - Support cultural competence, including linguistic and geography (urban, rural)
  - Focus on positive norms
2. Provide consistent messaging and branding.
3. Use data for decision making.
4. Support true integration of mental health/substance abuse at the state, board and community levels.
5. Support true collaboration among state agencies for prevention/promotion.
6. Support wellness across the lifespan.
7. Integrate individual and community strategies.
8. Close the gap in the continuum of care.
9. Support informed families and family-centered approaches.

### **Services**

1. Direct prevention education services to indicated and selective populations and population-based and environmental strategies at universal population.
2. Support the capacity to provide mental health and substance abuse specific services when needed.
3. Invest in science-based prevention/promotion which includes planning that is informed by assessment and community values. This drives a seamless system of services integrated across systems and the lifespan.
4. Integrate prevention/promotion into primary care, and utilize the medical health home model for prevention awareness and education related to trauma for the whole family.
5. Ensure the inclusion of multiple community sectors in building and operating coalitions and encourage their connection to other related coalitions.

### **Structures**

1. Ensure boards promote common messages and have a broad understanding of prevention/promotion.
2. Ensure boards effectively address prevention/promotion in community plans and include multi-sector representation on local boards, e.g. education, law enforcement, mental health, prevention, business, health care, public health, consumers/customers/participants, etc.
3. Facilitate the information dissemination process for key messages.
4. Encourage/ensure notation in legislation that levy dollars could be used for prevention (include example of prevention/promotion).
5. Educate regarding and encourage the use of social media and marketing.
6. Educate administration and health care in prevention principles and specific wellness promotion messages.
7. Support engagement of community members in prevention.

### **Funding**

1. Change the method and billing of prevention/promotion to allow for differences from treatment.
2. Allocate and grant funding using data-driven assessment through community plans.
3. Recognize prevention and intervention in Medicaid codes.
4. Provide allocations and grants for multiple years (minimum of two years).
5. Be explicit in how funding can be used for administrative, evaluation and coalition work.
6. Incrementally implement incentive funding based on outcomes (consider public/private, higher education partnerships in this model).
7. Implement a process for on-going communication with federal and state policy makers.

## Outcomes

1. Support a reporting system that captures all reporting requirements, includes program evaluation and quality improvement, and provides the information back to the users in a straightforward, uncomplicated format (at the provider, county, board and state levels).
2. Implement a flexible statewide youth survey.

## Workforce

1. Implement a state training system, similar to the prevention academy in Kentucky, and include/develop competencies in program evaluation and quality improvement.
2. Ensure a minimum amount of dollars set aside by boards for prevention/promotion workforce development.
3. Provide support to increase the number and quality of prevention/promotion professionals:
  - Develop core competencies for various levels of work with basic state-of-the-art knowledge of all staff providing services
  - Introduce prevention/promotion in higher education in a variety of majors
4. Consider both mental health and substance abuse in credentialing and licensing.
5. Reinstate the prevention consultant credential.
6. Provide cross systems training to support consolidation.

## Desired Functions in Department around Prevention/Promotion

- Engage Stakeholders:
  - Sustain processes for stakeholders to provide input and feedback
  - Sustain processes for valuing consumers and families
  - Model inclusive processes and products during integration/consolidation work
- Provide Leadership:
  - Explicitly recognize prevention/promotion as a priority through policy and practice
  - Model and provide expertise in state-of-the-art prevention for stakeholders within and adjunct to our service system
  - Reduce duplication and streamline services across the lifespan in various systems
  - Ensure all regulation is prevention-based and simplified
  - Make focus areas a priority by dedicating staff and resources to provide and promote training and technical assistance (Examples: mental health promotion, youth-led prevention, etc.)
  - Provide support for a technical assistance structure to ensure timely accessibility to staff knowledgeable about prevention/promotion science and the service system
  - Integrate mental health, substance abuse and physical health systems without diluting services
  - Manage the organizational structure and roles of various components of the service system
- Encourage on-going and shared learning by creating a sustainable training infrastructure.
- Strategically communicate/coordinate messaging/branding to ensure consistent evidence-based practice.

## Desired Expertise of Prevention/Promotion Staff

- Cultural competence
- Social media and marketing
- Planning and agenda setting
- Evaluation
- Prevention knowledge
- Understanding various populations:
  - Urban
  - Rural
  - Families
  - Suicide
  - Workplace
  - Youth (Early Childhood, School age, Adolescence)
  - Adults (18-25, 26-55, older adults)
  - Criminal Justice

