ODADAS- ODMH Functions Policy Discussion
Staff - November 5, 2012, and November 7, 2012

Introduction by Director Hall and Director Plouck:

External partners have been engaged since the internal joint staff meeting to see what makes sense in terms of a functional array for the new department. We recognize that there is some degree of overlap between the two departments but with two separate delivery systems, and the main concerns when drafting the document were to make sure the department is offering what people need, whether they are a client, board, provider, or other. The long-term rationale was not focused on distinct AoD and MH functions, but on true integration over time. Stakeholders gave feedback on the document on October 29th, and it will inform decisions around the new department's table of organization (TO). We need to show that both systems are valued in terms of what we are offering in the functional array, and we want to make sure that there are opportunities for leadership from both areas. Director Hall hopes to bring the culture of a small department to a large one, with an open communications structure to encourage creativity and team building while focusing less on hierarchy. There needs to be a fully integrated department to deal with co-occurring issues, but uniqueness needs to be respected without working in silos. The collective focus of the new department will be on the client and the functions will support sobriety, recovery and resiliency. The two departments will continue to work on educating staff on what organizations do, such as emailing weekly highlights or continuing brown bag lunches. There will be a vision statement created to show priorities, with external volunteer input along with staff from both departments.

Brief Summary of Draft Functions:

- Medical Director: This position will be made more robust as the two departments merge. The Directors are considering that, along with the psychiatric background already required in statute, the position have mandatory addiction background as well, which Dr. Hurst has. The administrative burden was removed from the medical director position to allow department transcendence by informing policy. After the merger there will be two additional policy positions added to work with the medical director to provide clinical guidance on mental health and addiction policy and ensure that the uniqueness of two different service delivery approaches is respected.

- Special populations: This is not a comprehensive list of special populations, and cultural competency will be removed as it transcends the department as a whole. There will be distinct points of accountability and advocacy for special approaches, as SAMHSA channels ODADAS in this direction, while ODMH is not as used to working with specific populations.

- Criminal justice: ODADAS has three therapeutic communities and ODMH has grants initiative and policy, along with forensic populations in hospitals. The 10/01/2012 budget submission included a proposed line item from GRF for criminal justice, which may lead to more investment over time in areas of need. There will be SMEs from each of the fields to represent more topical areas as a task force.

- State/local partnership: This function focuses on relating to the community and stakeholders in general, and is not all inclusive. This function will be renamed.

- Physical/behavioral health integration: ODMH has an office that focuses on interfacing with Medicaid and this will continue regardless of Medicaid expansion, as the department will continue to guide policy.

- Prevention: ODADAS has a standalone office and ODMH does not, which is an opportunity to expand what is working at ODADAS, include elements of mental wellness and from the broader arena of behavioral health.

- Research & evaluation: Director Hall chairs the consolidation team in this area, which has a broader list of functions. There is a need to reinvest in research to guide policymakers, show the difference that the department has made, and be able to change practices that are not working. Providers want more access to data across the state to make changes in business practices and be able to compare other providers and boards.

- Hospitals: The six psychiatric hospitals will continue to be MH-specific and will not include AoD treatment services.

- Legal & regulatory: PASRR is pre-admission screening and resident review for individuals moving into an institutional setting to confirm that they have a psychiatric condition and should not be in a community.

- Fiscal: The co-location last fall has turned into full consolidation.

- Human resources: There is an opportunity to enhance workforce development in the field through HR.

- Office of support services: This is an MH non-GRF offering where food and supplies are purchased on behalf of institutional departments, mostly for DRC. Other major line of business is related to the central pharmacy, and OSS is on a path to operate all of the pharmacies in the prison system and do procurement and distribution of drugs not only for prisons but for community-based providers. This could eventually lead to purchasing AoD medication assisted treatment (MAT) options as well. A board will have the ability to use the community medication subsidy resource to purchase MAT-related pharmaceuticals if the general assembly approves the budget line item.

- IT: This division has been functionally consolidated with a shared internal work plan and support for the field.

- Public affairs: Communications and legislation divisions have been consolidated and clients' rights will be included in this function as they relate to external outreach.

- Housing & capital: Technical assistance around MH housing will be expanded to include recovery housing. There will be staff assigned to form AoD housing policy and put together a work plan, as this has been a critical deficit in the AoD field for years.

- Workforce: Mary Miller and Vince Conner chaired this workgroup of the consolidation team, which focused on two prongs of needed investment: Internal workforce for professional development and external workforce for training current providers. ODADAS currently has the E-Based Academy, which has external offerings, and ODMH uses Netsmart University for internal development.

Feedback and Discussion:

- Will staff with expertise in multiple function areas be dispersed into different offices? Functions are integrated at the department level while recognizing unique functions at the community level. Parity was the key thought in looking at these functions so that every step requires thinking about MH and AoD systems in tandem. There will not be a separate AoD carve-out, and staff should consider this as an integration instead of a colocation, similar to what we are trying to do with physical and behavioral health.

- Does the process encompass functional integration of departments and support unique contributions at the community level? Dr. Hurst suggests thinking of it as having behavioral health generalist skills, and sharing these skills will positively impact the department and community stakeholders. As we integrate offices no matter where specific people land, we will pull expertise and utilize the knowledge base of individuals as issues arise.

- How will the new department avoid silos of the categories, such as state/local, which has no present link to the hospital continuum of care and the crossover board communication throughout the commitment process? Many responsibilities transcend areas. How will system linkages occur? Within a senior team there will be regular and ongoing communication, and the new department will try to move past cultural dysfunction and departmental differences while anticipating vulnerable areas.

- Would peer supports and recovery-oriented systems of care be functions of the new department? Yes.

- Any thought about focusing on transitioning from addiction as an acute event as opposed to a chronic disease and developing a focus on recovery-oriented systems of care? The new department will advocate being realistic about recovery as a chronic, relapsing disease instead of episodic. We need to improve provider and board processes and hold ourselves to higher standards.

- Are there any plans for dually diagnosed individuals and/or a treatment model? There are dually certified unique providers, and Anita Lieser is working on administrative options to make it easier for providers to do one or the other. The department needs to offer a range of options for our consumers, and we need to identify best practices, with a focus on effective intervention and increased understanding.

- Providers frequently complain about the OHBH data set being antiquated and that gathering data is burdensome. With the creation of the new department, is this the time to take a long-term strategic look at where we are going research-wise, and decide what the bottom line is for a data set? We receive mixed messages on the importance of measuring outcomes and confidence in the resources offered, so we need to dramatically improve OHBH and discuss strategy going forward with providers on data gathering.

- Where does the position of grant writer fit into the new department? The grant writer will not just work on writing new grants and managing ongoing grants, but will also engage the community and work on influencing policy.

- Did stakeholders give any feedback on what they need instead of what we are currently doing? The new structure should reflect how providers offer services and how to make the department more customer-friendly and responsive.

- Suggestion: Have weekly meetings in the new department to keep awareness at even levels and continue motivation, which would increase morale and have full expertise available. Missy Craddock and Stacey Frohnapfel-Hasson will work on pushing information out regarding operational activities.

- Suggestion: Do not use the word “division” in the new department’s table of organization as it promotes silos.

- Volunteers for vision statement creation: Melinda Norman, ODADAS Prevention, Drew Palmiter, ODADAS Treatment. Everyone will have a chance to see and reflect on the draft statement.

- The next meeting dates are Tuesday, December 11th at BWC and Wednesday, December 19th at Rhodes. Feel free to participate in either meeting because they are interchangeable and informal. For more information on the consolidation, visit http://adamh.ohio.gov/, and for more information on the Treatment & Community Supports workgroup select it from the “Consolidation Team Work” pull down menu on the home page. Please contact Nicole.Marx@ada.ohio.gov for more information or for questions for the next meetings.