CT Department of Mental Health and Addiction Services Strategic and Policy Direction

Pat Rehmer, MSN, Deputy Commissioner

Sabrina Trocchi, MPA, Chief of Staff

Department of Mental Health and Addiction Services
A Healthcare Service Agency

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Who are we? - We're

DMHAS
Department of Mental Health and Addiction Services
A Healthcare Services Agency

- 80,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs
- $650 million/year operating expenses
- Contracts with 175 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)
- **RECOVERY IS OUR BUSINESS**

OUR VISION

HEALTHLY PEOPLE,
HEALTHY COMMUNITIES…LET'S
MAKE IT HAPPEN!

Overall Health, Economic Opportunity, and the Fullest Quality of Life for all Persons Associated with the DMHAS Healthcare Service System

Strategic Goal 1

Quality of Care Management

Use of progressive strategies, innovative thinking and ongoing measurement of outcomes to foster continuous quality improvement and the integration and embedding of new initiatives into the fabric of what is currently being done well

Examples of Strategic Goal 1

- Manage by outcomes not simply process
- Emphasize the Institute of Medicine quality measures (1. Consumer/Family Driven, 2. Timely/Responsive, 3. Person-Centered, 4. Effective/Efficient/ Equitable, 5. Trustworthy/Safe, 6. Maximizes Naturalized Services/Supports)
- Focus on integrated service strategies and structures that strengthen and expand continuing care and recovery management models rather than disproportionate use of crisis and acute care services

Strategic Goal 2

Improved Service System

Provide comprehensive array of person-centered services—outreach, engagement, early intervention, clinical, recovery support and continuing care—that promote overall health, economic opportunity, social inclusion and sustain stability and growth in one's life

Examples of Strategic Goal 2

- Emphasize health promotion, disease management and wellness, not simply prevention
- Embed the language, spirit and culture of recovery throughout the service system
- Whenever possible, provide services within the person's home community
- Sharply increase opportunities for educational advancement, community service, and employment
- Target improved service models for young adults, seniors, persons now in nursing homes, persons caught in "gridlock", and for those presently under-served or not well-served in their journey into recovery

Strategic Goal 3

Workforce and Organizational Effectiveness

Improve workforce and organizational effectiveness by investing in people, recognizing consumer-friendly and high quality services, and highlighting what each of us does to enhance ourselves and the health of our work and home communities

Examples of Strategic Goal 3

- Heighten and reinforce the sense of urgency of DMHAS services and the importance of what we each do in support of the lives of others
- Maximize opportunities for change, improvement and for powerful positive leadership partnerships within and among staff, management, people in recovery and consumers/individuals in recovery
- Recognize and institutionalize good administrative and service practices
- Invest more in recovery coaches, health educators, and other credentialed peer positions
- Encourage peer-run businesses

Strategic Goal 4

Resource Base

Create a resource base to support DMHAS, services goals, expansions, and fiscally sound system investments

Examples of Strategic Goal 4

- Continue to invest in and advance a talented, trained and dedicated state/private nonprofit workforce
- Accelerate and sustain support and improvements in information technology infrastructure, information-based decisions and in innovative quality improvement approaches that promote good planning, service allocation and financing mechanisms based on truly improved services and enhanced capacity
- Continue the highly successful pursuit of federal, state, and private funds through collaborations with other state agencies, private service partners, individuals in recovery, and advocacy groups and by emphasizing the good brand recognition of our health promotion, clinical and recovery management services

Advancing DMHAS' Vision and Strategic Goals: How Do We Get There?

- Setting the tone through Commissioner Policies,
  - Co-Occurring Disorders (2007)
  - Individualized Recovery Planning (2007)
  - Recovery-Oriented Service System (2002, 2008)
  - Recovery Values and Principles (2000, 2008)
- Use technology transfer strategies, including practice improvement collaboratives, to identify develop, implement, and sustain "best practices"
- Incorporate existing initiatives (Culture, Co-Occurring, Gender, Trauma, Recovery)
- Re-orient all systems to support recovery
- Establishment of two Commissioner's Groups: Strategic Analysis/Implementation and Policy

Commissioner's Strategic Analysis and Implementation Group (CSAIG)

Charge: Implement and oversee a systematic strategic process to better understand and respond to the DMHAS environment, define organizational direction, identify options, implement strategies, and evaluate performance and outcomes. Two main components include:

1. Strategic Thinking—Based on immediate and intermediate measurable benchmarks (3-, 6-, 12-month deliverables)

2. Strategic Initiatives

- Budget option process as an ongoing process including reduction, expansion, reallocation/system reinvestment, re-bidding services, and rate methodology/bundling approaches;
- Coordination and increased linkages among new strategic initiatives and the interaction between various initiatives;
- Creation of new strategic initiatives and the evolution of concept to design to implementation to operational handoff; and
- Dissemination/communication of strategic initiatives to key internal/external stakeholders.

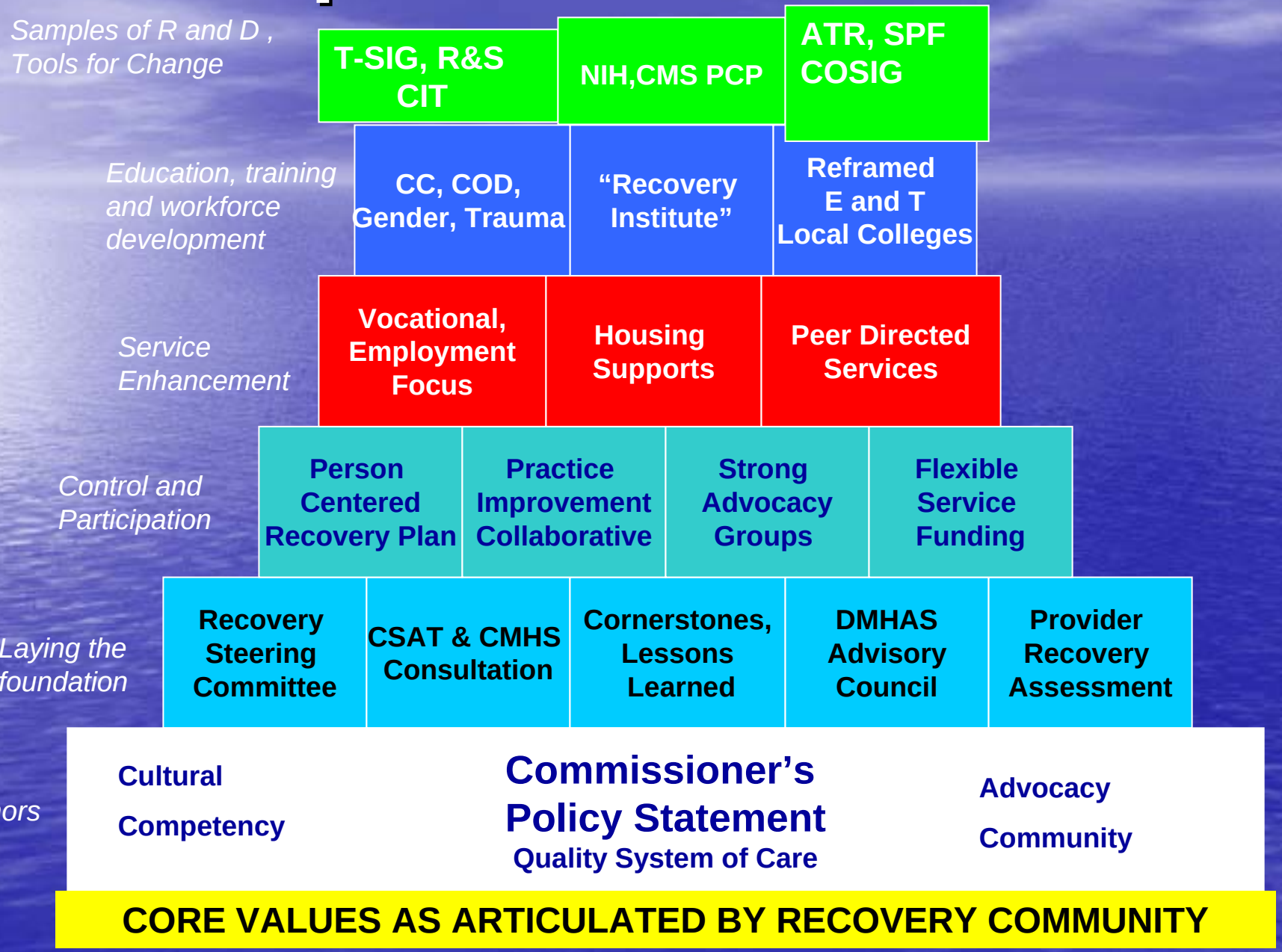
Commissioner's Policy Analysis Group

Charge:

- Respond to emerging issues and raised questions, that require decisions of a department-level policy nature; and

- Provide guidance and clarity to DMHAS staff, contracted providers and other stakeholders regarding the department's position on matters brought forth with political, resource, clinical, interdepartmental, philosophical and similar implications.

CT Implementation Process



FOR FURTHER INFORMATION

Pat Rehmer

860-418-6676

Pat.Rehmer@po.state.ct.us

Sabrina Trocchi

860-418-6648

Sabrina.Trocchi@po.state.ct.us