The Context for Collaboration:
Behavioral Healthcare 2006

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What is the Context for Collaboration?

• Our concern and focus has shifted beyond the specialty mental health system
  – In 2004 we asked “Is the ‘mental health system’ relevant any more?”
  – In 2005 we examined “transformation”
• What has changed? What remains the same?
A First Proposition:
While the Specialty/Public System Remains Robust, The Substantial Challenges *Demand* Collaboration

- **Criminal justice, corrections**
  - 66% of juvenile offenders have a mental illness
  - Millions of jail detainees
  - Prisons: 16% of inmates have serious mental illness
- **Schools**
  - Behavioral, social-emotional development problems are the leading cause of school failure and the most serious health challenges for adolescents?
  - Kids with “SED” have worst outcomes in special ed.
- **Homelessness**
  - 50%+ of “chronically homeless” people have SMI
- **Disability**
  - $20B in SSI/SSDI payments; largest and fastest growing population in public and private disability programs
A First Proposition:
While the Specialty/Public System Remains Robust, The Substantial Challenges Demand Collaboration

- **Welfare/TANF**
  - 30-40% of population has depression + ; major contributor to un/underemployment, parenting problems

- **Health care**
  - Mental illness a major “driver” of morbidity in heart disease, all chronic illnesses
  - 30-50% of all inpatients have co-morbid mental disorder; most undetected and untreated; adds one inpatient day to every such hospital stay
  - Shortages in competent acute care and community treatment, housing, lead to problems in ER’s and LTC
The Impact of Behavioral Disorders Illustrated: Suicide is the Leading Cause of Violent Deaths Worldwide (World Health Organization, 2002)

- Suicide: 49%
- Homicide: 32%
- War-related deaths: 19%
A Second Proposition: The Context for Collaboration is Challenging

• The status of people with mental illness is “Better but not well” (Frank and Glied, forthcoming)
  – The lot of people with mental illness is somewhat better over the past 50 years
  – Improvements in life quality are due less to advances in mental health care…
  – And more to inclusion in the mainstream, and mainstream programs: SSA, Medicare, Medicaid
  – Reducing the leverage of mental health specialists?
Things Used to Seem So Much Simpler…
The ’70’s Model of Mental Health Care

Federal level

SAMHSA-CMHS

State level

DMH

Local level

County

Coordinated Care

M.H. Care

Case Mgt.

Child

Social Services

School

Meds

Income Support

Court

Clinic

Funding?
But They Got Complicated After Reform…
A Second Proposition: The Context for Collaboration is Challenging II

- The national and global environment is challenging:
  - National priorities
    - Tax Policy
    - War
    - Budget
  - A “Flat World” (Freedman)
    - The globalization of commerce and communications
  - Health care is still an expensive mess
A Third Proposition:
We Can Co-Create Collaborative Competence

• We have great models of collaboration, no integrating solution/theory
  – What is the goal?
  – Which collaborations are necessary? Possible?
  – What tools will we use?

• Themes for collaborative change are emerging:
  – Stephen Covey: Seek first to understand, then to be understood
  – Meg Wheatley: It is more about relationships than structures
  – Peter Senge: Uncover the systems dynamics, create shared vision; make mental models conscious
  – Adam Kahane: Go deep, and go inside, before proposing fixes
A Final Proposition:
THIS is the Best Time, Place to Advance our Aims

• Diverse expertise and experience
• Emergent, shared commitment
• No nomothetic agenda
• Mellow environment
Let’s Go