
CONFERENCE ABSTRACT

Organizing financial resources in the municipality: a case study on integrated services provision to persons with dual diagnosis.

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Introduction

There is a risk of fragmentation of services for persons with concurrent drug addiction and mental health challenges (dual diagnosis). The services are primarily given in separate systems with separate funding streams and budgets. This can lead to structural barriers, and we presume that this division of work and the structure and flow of funds can affect various aspects of integrated services. In this study, we view integration as a coherent set of methods and models on the funding, administrative and organisational levels designed to create connectivity, alignment and collaboration within and between the government agencies and departments in Norwegian municipalities. The aim is to investigate how the organising of financial resources in Norwegian municipalities affect integrated service provision to persons with dual diagnosis.

Method

This is a case study, using three municipalities as units of analysis. The case is how the organising of municipalities' financial resources affect integrated municipal services to persons with dual diagnosis. We conducted in-depth interviews with employees and managers. In addition, we made observations of meetings where services to persons with dual diagnosis were discussed, assessed and allocated. The data was analysed with a Stepwise- Deductive Inductive approach.

Results

Preliminary findings point at the tendency to shift responsibility for the financing of individuals' services between the different government agencies and departments in the organisation. This applies for both municipal services, as well as admissions in private institution units. The government agencies and departments have separate budgets, and none of them has admissions in private institution units as a budget item in their main budget. When the severity and complexity in the service recipients' situation requires such an admission, the participants describe this responsibility shift as a way to avoid these kinds of high-price solutions. In practice, this leads to discussions regarding which of the

service recipients challenges that are most dominant, in order to place responsibility at the most suitable municipal service. There existed no unwillingness to collaborate once the responsibility was clarified. These processes throws persons with dual diagnosis back and forth in the system, and can lead to complex needs not being met.

Discussion

The results point at the framework conditions in the organisation, the silo-budgets and keeping the costs as low as possible. The responsibility shift becomes a structural barrier where the patients` issues are explained as more or less dominant in order to force other departments to “pay the bill”, instead of joining up to address the persons complex needs together in an integrated manner.

Conclusions

There is a need to evaluate the organizing of Norwegian municipalities' financial resources in order to find solutions that integrates mental health-, social- and somatic services.

This is a case study, which can lead to challenges when it comes to generalising the findings.

There is a need for further research on how funding solutions can promote integrated care to persons with dual diagnosis.