

**Unified Long-term Care Systems
Integration and Care Management Subcommittee
Special Behavioral Health Meeting
July 23, 2010**

MEMBERS PRESENT:

Sarah Curtin, HCCQC/ODI; Judy Patterson, ODA; Angie Bergefurd, ODMH; Dushka Crane Ross, ODMH; Hilary Stai, Office of the SLTCO; Sara Abbott, JFS/OHP, Subcommittee Co-leader; Mary Haller, ODJFS; Nilu Ekanayake, ODADAS; Douglas Day, ODADAS; Diane Dietz, OHCA; Marc Molea, ODA, Subcommittee Co-Leader; Janet Grant, CareSource; Betsy Johnson and Terry Russell, NAMI; Suzanne Dulaney and Jim Adams, OACBHA.

DISCUSSION:

Marc reviewed the purpose of the meeting and the charge of the Integration and Care Management Subcommittee. He noted that it was important that the subcommittee's recommendations included opportunities to improve integration between behavioral health and long-term care systems.

Prior to the meeting Marc solicited potential recommendations from the ULTCS Work Group and I and CM subcommittee members. Only Susan Ackerman provided potential recommendations prior to the meeting. In addition, Marc crafted potential recommendations prior to the meeting based on several current initiatives.

The recommendations presented to start the discussion included:

- Support use of depression screening and self-management tools (e.g., Healthy IDEAS) at transition points (e.g., primary care practices). Submitted by Marc Molea.

Summary of Comments/Next Steps: In general representatives at the meeting were supportive of the recommendation, but would like to see it be inclusive of all behavioral health issues, including alcohol and drug addiction. Several members noted existing tools and initiatives already being used in Ohio. The recommendation will be revised to reflect these additions.

- Provide expanded and sustained access to evidence-based disease prevention programs (e.g., Chronic Disease Self-Management Program) to persons with severe and persistent mental illness. Submitted by Marc Molea.

Summary of Comments/Next Steps: Again, several representatives would like this recommendation to reflect the needs of persons with alcohol and drug addiction. The recommendation will be revised to reflect these additions.

- Reduce Readmissions by Adding Step Down Care to Better Stabilize Patients Following a Hospital Stay. Submitted by Susan Ackerman.
- Better Maintain the Health of Individuals in the Community by Improving the Medicaid-Funded Mental Health Benefit. Submitted by Susan Ackerman.

- Successfully Deinstitutionalize Inappropriately Housed Individuals by Increasing Capital and Operating Support and Supportive Services for Housing. Submitted by Susan Ackerman.

Summary of Comments/Next Steps: The group agreed that these three recommendations reflect valuable ideas and are worth further discussion. Several representatives noted that components of these recommendations are already being worked on by ODMH and that the deinstitutionalization recommendation had been discussed by the Balancing and Funding subcommittee. These recommendations will be referred to the Service Array, and Balancing and Funding subcommittee for further discussion.

The representatives also discussed additional recommendations including:

- The need to identify shared consumers (e.g., between county behavioral health services, MCOs, acute care and long term care) and to provide tools and education to support this coordination.

Summary of Comments/Next Steps: All were supportive of this recommendation and noted that implementation could include short (e.g., education of currently available options) and long term strategies (e.g., HIT). The subcommittee's current recommendations addressing identifying shared consumers and education will be updated to reflect coordination with behavioral health.

- The need to develop professionals in the field to better serve today's consumers and to implement evidence-based interventions.

Summary of Comments/Next Steps: All were supportive of this recommendation. This recommendation will be deferred to the workforce subcommittee.

The recommendations and discussion from this meeting will be forwarded to the Integration and Care Management subcommittee and, if appropriate, to other subcommittees for consideration.