



## Department of Mental Health

John R. Kasich, Governor  
Tracy J. Plouck, Director

December 4, 2012

TO: Public and Private Psychiatric Hospital Leadership  
ADAMHS Board Executive Directors  
Community Mental Health and Addiction Services Providers

FR: Tracy J. Plouck, Director 

RE: Next Steps following our Nov. 16<sup>th</sup> Public/Private Psychiatric Leadership Conference

As you may be aware, the Ohio Department of Mental Health (ODMH) partnered with the Ohio Hospital Association, the Ohio Association of County Behavioral Health Authorities and the Ohio Council of Behavioral Health & Family Services Providers to convene a one-day event focused on potential improvements to Ohio's hospital/community system – the system in which we all operate "component parts" but could be doing more collaboratively in support of the individuals we serve. We are delighted that more than 250 people from across Ohio participated in order to share information and develop an actionable work plan. I would like to take this opportunity to share next steps and explain how you and your organization can be engaged in these activities.

### **Aligning Available Inpatient Capacity with Demand**

There was significant interest in the Franklin County electronic bed board concept, particularly as a regional resource. Our department will work with the three associations to provide further education on this topic within the next 60 days. The format will include an overview of the concept, technical considerations including cost, timeframe, and other necessary planning; followed by a regionally focused discussion. We are currently evaluating whether to host an in-person meeting in Columbus or do a statewide webinar immediately followed by facilitated in-person discussions in each area of Ohio. If you have thoughts on these options, please contact your trade association.

### **Sharing Relevant, Time-Sensitive Materials**

During our conference, it became apparent that folks may not have been made aware of changes underway within the broader health care arena and how that impacts our ability to improve services to individuals with severe and persistent mental illness. For example, a number of hospital administrators requested more details regarding the Medicaid health homes initiative, which has the potential to reduce the number of hospitalizations that a person may require. Similarly, many people were unaware of the new, increased care coordination expectations that Ohio has for Medicaid managed care plans and how that relates to individuals served in the community mental health system.

In order to improve the value and timeliness of our collective communication, ODMH will establish a specific section on our website related to community and hospital coordination and collaboration. Targeted information to the types of organizations represented at our conference will be provided in an effort to explain WHY a specific policy change – not otherwise on your radar, perhaps – is important to your role in Ohio's health care arena. We are working with the three partner associations to identify topics that will be of the most interest to their member organizations and will provide follow-up

correspondence to the field when this enhanced area of our website is released. (To view all of the presentations from the conference, please go to <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/latest-news-for-hospital-providers.shtml>.) If you have specific topics that would be helpful to include, please contact your association lead (copied below). You can also receive this information by signing up for the *BH e-Update* newsletter via [www.adamh.ohio.gov](http://www.adamh.ohio.gov).

### **Locally Led Approaches to Improvement**

I often say that there is no "one size fits all" in Ohio's community mental health system. If you attended the event, you are aware that we want to support regionally-identified priorities to affect improvements in the continuum of care. Our afternoon breakout sessions were geographically aligned with the six state hospital catchment areas. (Attachment #1 illustrates the map.) Each group identified one or more priorities on which they would like to focus and committed to meeting again by the end of January in order to move things forward. (Attachment #2 contains a general summary of topics discussed in each of the sessions.)

#### **Action steps:**

- 1) ODMH staff is obtaining more detailed information from each breakout session, including future meeting times/dates and will post that information on our website.
- 2) In order to ensure that the momentum continues, we want to identify a leadership team for each catchment area. This team will include at least one representative from an ADAMH board, a community provider, a private hospital and a state hospital. If you want to see improvements in your local system of care, this is your opportunity to help ensure that it happens. Please indicate your interest by December 11 by contacting [Debbie.Marcum@mh.ohio.gov](mailto:Debbie.Marcum@mh.ohio.gov).

### **Learn More**

Materials from the conference are available under the "featured news" section of our website: <http://mentalhealth.ohio.gov/>.

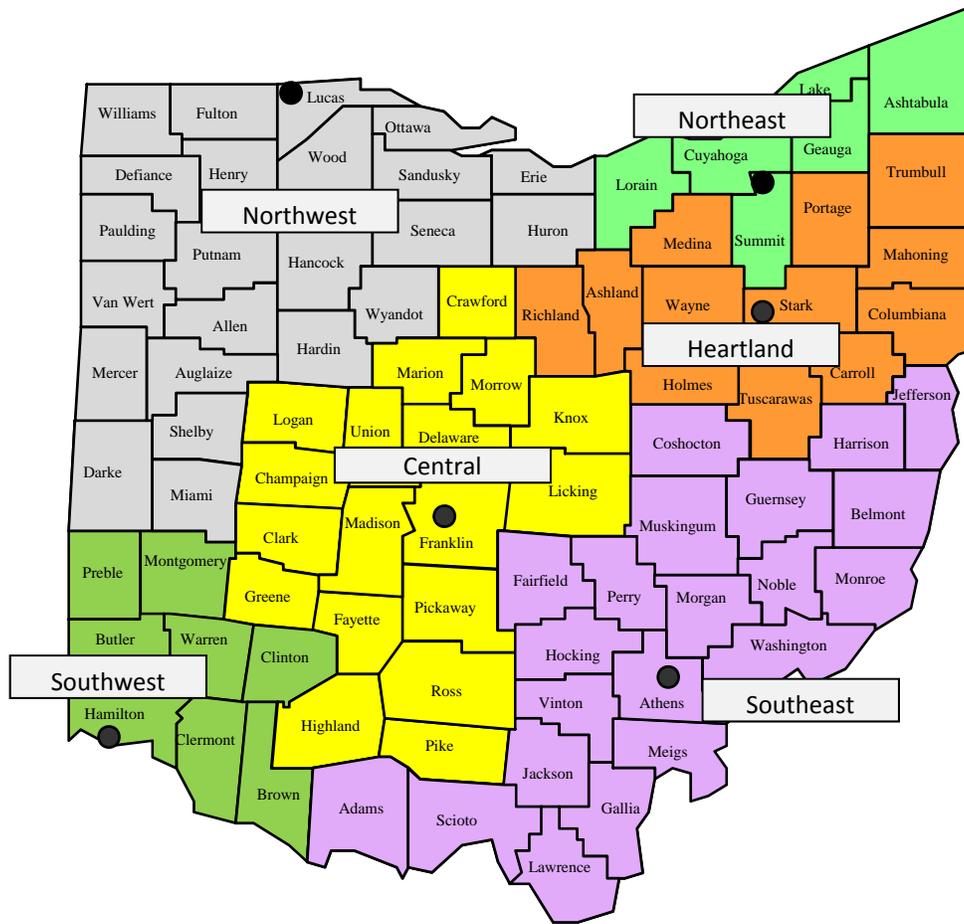
### **This is OUR Opportunity**

As I said at the conference, each of us has a finite opportunity to lead and help make improvements in Ohio's system. The development of an actionable plan was one of the key objectives of our recent conference, and we want to continue the momentum of that day.

On behalf of ODMH and our partnering associations, I want to thank you for your participation in our initial planning session – but, more importantly – in the exciting work ahead. I would also like to encourage and welcome those folks who were not involved in the conference to get involved and be in on the ground floor as we move forward.

cc: Cheri Walter, OACBHA  
Hugh Wirtz, Ohio Council of Behavioral Health & Family Services Providers  
Berna Bell, OHA  
Mark Hurst, M.D., ODMH  
Bob Short, ODMH  
Greg Moody, Governor's Office of Health Transformation  
Kim Kutschbach, Cabinet Secretary

# Attachment 1: Public - Private Breakout Areas



## Attachment #2

### General Highlights from November 16<sup>th</sup> Psychiatric Conference Breakout Sessions

#### Heartland (Massillon area)

- Standardize guidelines for Medical clearance
- Care navigation
- Peer support and NAMI local chapter engagement on the unit
- For difficult to serve individuals, use a specialized treatment plan that is shared among providers

#### Cleveland area

- Improve communication among providers who interact with an individual
- Bed board
- Rapid access to community mental health centers for discharge planning
- Need more discussions on services for kids and how to make progress
- Explore whether the Center for Health Affairs may invite adjacent counties to participate

#### Central Ohio

- Housing bed board
- State hospital should share info on its employment of peers with other hospitals
- Telemedicine
- Medicaid managed care as it relates to freestanding psychiatric hospitals

#### Northwest Ohio

- Mechanism for communication in the region (data sharing—especially between state hospital and private providers, partners expectations, understanding patient flow and system of care)
- Decrease readmission
- Evaluate bed board on a regional basis
- Telemedicine expansion
- Role of health homes in system to avoid readmission

#### Southwest Ohio

- More effective disposition of clients from the emergency department – potential strategies might include a bed board (Dayton is already starting this); more crisis stabilization; more self management skills development for clients; expanded/more responsive hours for community MH centers; care navigator
- Level of Care - MH extended care community with multiple levels of support; step down facilities
- Rules, laws and revenue streams that make it difficult to serve clients

#### Southeast Ohio

- Explore bed board concept
- More collaboration on access to crisis beds - match demand with vacancies throughout the region