



Promoting Wellness and Recovery

**Behavioral Health System of Care:
What does it look like?
What SHOULD it look like???**

July 23, 2014

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Background

- Progress in past few years with our various parts of the BH system collaborating to best meet patient needs
- Still a good bit of knowledge gap among different parts of the system
 - Promotes fragmentation
 - Creates animosity
 - Creates problems for patients
 - Perpetuates stigma
 - Reflects poorly on the system



- 6 Rights
- Right Patient
- Right Settings for Tx
- Right Providers
- Right Tx/EBP tailored to Person
- Right Duration

BH System

"From Fragmentation to Interdependence"

System Components:

Primary Care (backbone)

EDs Preventionists

Crisis Svcs.

State IP - MH In CM

Private IP - MH/AoD Freestanding

Residential (MH/AoD)

Housing Providers

CMHCs

C AoD providers

Private Clinics (MH/AoD)

Private Practices

Boards

MCD

My Great Co

MCOs

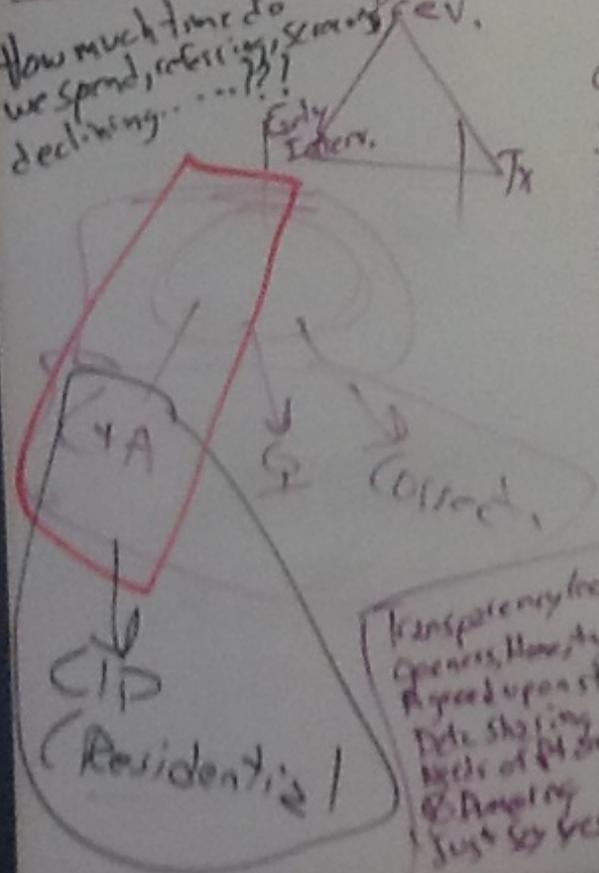
Private Payers

Genuine Collaboration among diff pieces of the system to genuinely & efficiently meet needs of population

If it works locally, it will work regionally. If it works regionally, it will work in the state.

Rights Respected

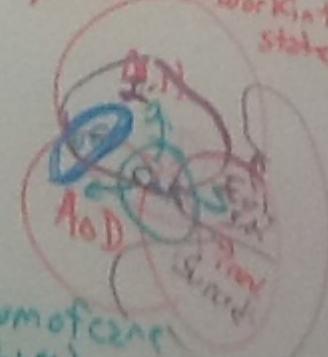
How much time do we spend, referring, screening, declining...???



Transparency in health care
 Openness, How, why
 Agreed upon standards
 Data sharing
 Levels of performance
 Disputing
 Just say yes

Law Enforcement
 Jails/Prisons
 NFs
 Schools
 ???

GA
 Continuum of care (GA)
 - Something else (law enforcement)



Hospital Services System of Care

- Still some variation in practice among sites
- Some appropriate, based upon needs of local region and referral patterns
- Other variation can be decreased to improve safety, efficiency and outcomes



**Any facility or provider is only ONE
component of the broader system of care**

No one is an island



Some components of the system of care

- **Primary Care**
- **Emergency Departments**
- Crisis Services
- State Inpatient
- Private Inpatient
- Residential facilities
- Housing providers
- CMHCs
- Community AoD Svcs
- Private clinics
- Private Practices
- Pharmacies
- Law Enforcement
- Jails/Prisons
- Nursing Facilities
- Schools
- Clergy
- Veteran Affairs

Others.....

- Boards
- Payers
 - Medicaid and MCOs
 - Private Payers
- NAMI
- Disability Rights
- SSI
- Joint Commission
- CMS
- Employers
- Private businesses
- Many others.....





Any particular facet is one PART of the System of Care

- What have we done individually to support the broader system of care?
 - Maintaining access
 - Adopting and shared evidence-based practices with other parts of the system

What can we learn from other parts of the system?

If something works locally, can it work regionally?

If it works regionally, can it work statewide?



Fine, Mark, what does this have to do with today?

- Concerns of any part of the system are collective concerns
- Anything affecting one part of the system has impact on the others
- Our system is fragmented, inefficient

Can we move from fragmentation to realization of our inter-dependence, to inter-reliance?



Uhhh....Ok, but you're still not getting there.....

- The landscape has changed fairly dramatically in recent years
 - ✓ Increased service demand
 - ✓ Workforce issues
 - ✓ Merger to create Department of Mental Health AND Addiction Services
 - ✓ Medicaid Expansion
- Need to consider these factors as we attempt to establish a genuine collaborative system of care.



What would collaboration look like?

Genuine collaboration would involve different parts of the system working together and individually to effectively meet the needs of the whole population of Ohio



Components of a collaborative system

- Needs of the patient are foremost
- Transparency in real time
- Openness, honesty
- Data sharing
- Sharing of successes and failures, with mission to disseminate
- Standards of practice are agreed upon
- Successes are system successes
- Failures are system failures (i.e. suicides)
- “Just say yes”
- Eliminate redundancies (assess....assess...assess...)

Focus on what is “Right”

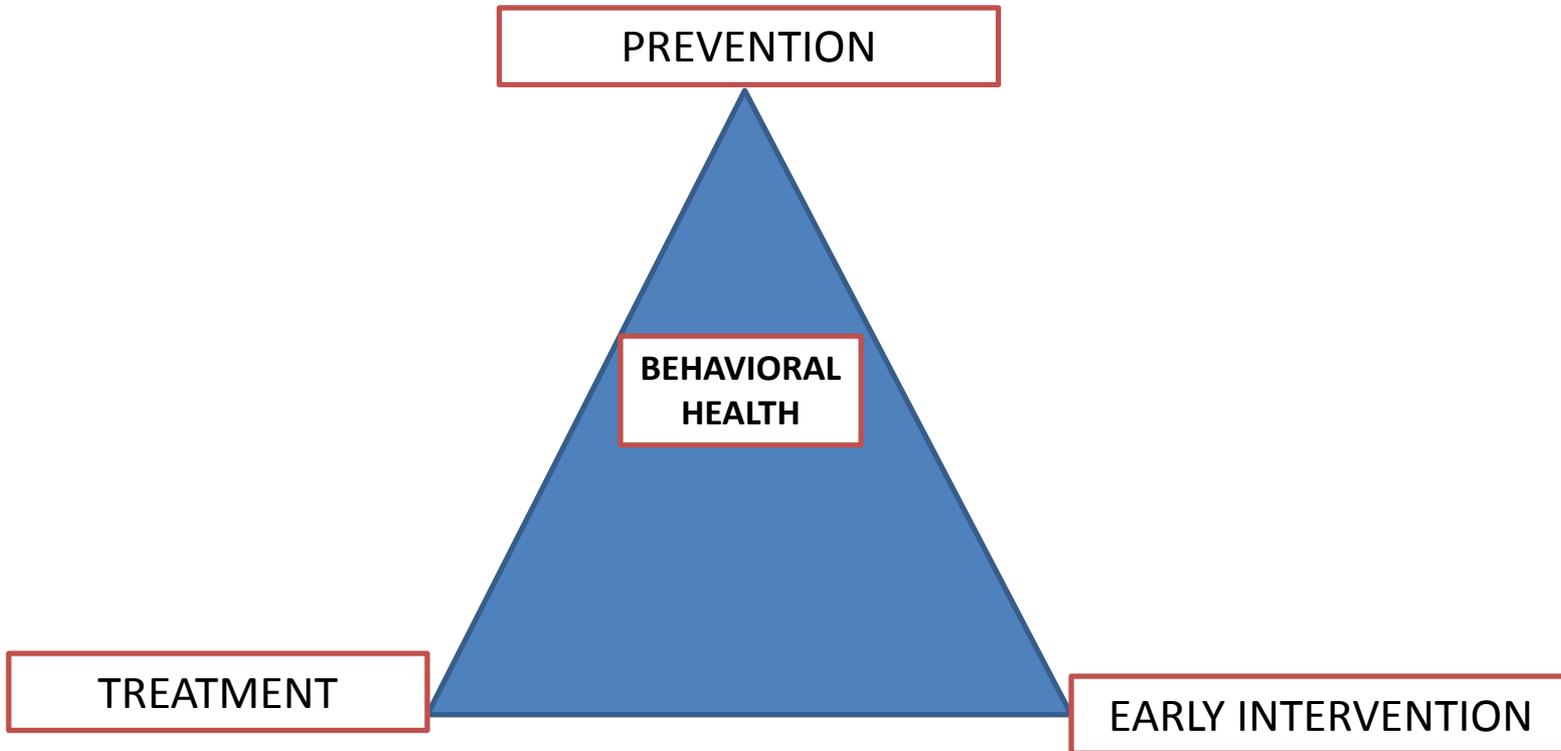
- RIGHT patient/person
- RIGHT setting for treatment
- RIGHT providers
- RIGHT treatment (person-centered EBP)
- RIGHT timing
- RIGHT duration (not too long, not too short)
- RIGHT intensity
- RIGHTS of the patient respected

- Leading to: the RIGHT OUTCOMES

“DO THE RIGHT THING”



Components of a collaborative system



Sooooo.....



Trust me



I'm a Doctor