



Orman Hall, ODADAS Director • John R. Kasich, Governor • Tracy J. Plouck, ODMH Director

ODADAS-ODMH Department Consolidation Evaluation Workgroup | Monday, August 6, 2012

Attending: Director Orman Hall, ODADAS; Tammy Collins, ODADAS; Lori Criss, Ohio Council; John Ellis, Summit ADAMH Board; Tom Grande, Summit ADAMH Board; Kirk Halliday, Erie/Ottawa ADAMH Board; Kraig Knudsen, ODMH; Nicole Marx, ODADAS; Scott Rasmus, Butler ADAS Board; Tom Sherba, ODADAS; Sandy Starr, ODADAS; Helen Anne Sweeney, ODMH; Cheri Walter, OACBHA.

I. Scope of Work

Develop an over-arching approach to the governance of mental health and addiction services that will allow for the classification of need, determination of program and client outcomes and overall efficiency of services.

The purpose of this group is to systematically evaluate the services ODADAS and ODMH provide from both treatment and prevention standpoints. The consolidation presents us with an opportunity to renew our commitment to needs assessment and evaluation. Lori Criss says providers are interested in measurements that are simple and emphasize administrative efficiency and efficacy, especially since the national measures are in flux. For example, providers need to know for a housing indicator what the definitions of stable housing and unstable housing are, which needs to be developed by the two Departments. John Ellis thinks streamlining data and access to services are key issues, and dealing with symptoms reductions issues in mental health are struggles for federal NOMs. It is also advised that providers need to have direct access to data to extract it for their own usage without having to go through multiple systems barriers. Lori also has concerns that behavioral health data does not have context on the person the data is collected from; for example, going from living with a family member to homeless would be considered a downgrade even though it may be better for the person's recovery if the family member was dealing or using, which is why context is important.

Kirk Halliday recently had a system integration meeting to discuss these issues and one of the striking points was to remember that this is a public healthcare system, not just a healthcare system, so if clients are not brought to a healthy state then the community at large is affected. He thinks this workgroup should encourage measurements of impact on the greater community for services that are funded, and also measure the degree to which urgent needs are being met. Halliday saturated his community with an anti-stigma public relations message in the impact areas and increased property value where HUD had failed in Port Clinton, which raised demand for behavioral health services by forty percent. At the end of three years, the demand had dropped to fifty percent of what it was initially because so many people were in recovery, which saved more money in one year than what had been put into the program in three years. As an operational principle, organizations with a stake in the populations served need to participate in our determination of urgent need measurement.

II. Group Membership

The goal for this workgroup was to have balanced representation from providers and Boards, and to achieve this we will add more people from the provider level. Lori Criss will ask the ADAS committee from

the Ohio Council about their interest, and Nicole Marx will reach out to Ed Hughes of OARP to ask their membership. John Ellis thinks there should be representatives from both large and small providers because of the different evaluation demands and asks about university participation in the workgroup.

III. Consolidation Matrices

The two documents were produced to show non-department participants what constraints the departments are under and to determine possible new long term objectives. Sandy Starr and Kraig Knudsen will be revising these documents and also looking over them to find department similarities, where there should continue to be separation, and find any current efforts that can be discontinued.

IV. Dr. Gillette's Ethics of Scarcity Principles

The framework lends itself to becoming a paradigm to evaluate what our healthcare system does. We can look on a macro level to see what the urgent needs are, then develop an approach to evaluate the effectiveness of interventions in place, and lastly look at the cost efficiency of services rendered. Lori Criss thinks this approach makes sense for ADAS and MH clients with the most urgent need and who cost the most money, but she also wants to see how this approach can be extended into a chronic care model instead of an acute care model, and eventually transition into a prevention wellness model. Director Hall thinks we need a credible framework to sell to political decision makers, one that is not too complicated or inaccessible, and that minimizing the field's work is a key point in order to not place a burden on the community. He thinks we should start by having a core set of measures to collect data with and start the feedback loop (possibly OHBH), and then have a number of demonstration measures to yield insight about additional core measures. Funding special studies about overall performance of specialized levels of research that providers would engage in would be the final step. Another idea is to include an analysis of cost savings after one year in treatment compared to the year before, especially in ER visits.

Director Hall thinks measuring urgency of need should involve looking at the degree to which a prospective client or client population is at risk of harming themselves or others and how much cost will be incurred for these situations. The workgroup needs to think of additional elements to constitute urgent need.

V. Next Steps

By August 27th this group will produce a draft paper of recommendations based on priority populations, needs assessment, outcomes evaluation and cost efficiencies for the new department. The next tasks for this group are to invite additional participants and select the official framework. The next meeting will be held on Friday, August 17, 2012, from 10:00 a.m. – 2:00 p.m. in the Training Room on the sixth floor of the BWC building – 30 W. Spring Street.

Attachments: EvaluationOutlineDRAFT: Outline of Evaluation Scope of Work (PDF – 1 page)
EvalAttachments1: 8/6 agenda, Consolidation Team spreadsheet, Gillette principles (PDF – 4 pgs.)
MH ADAS Functions: ODADAS & ODMH Matrices (PDF – 7 pages)
OHBH Summary: link <<<http://www.odadas.ohio.gov/public/ContentPage.aspx?ContentID=204f25dd-c94d-4d2e-b7b8-535e689b292c>>>

