

# Mental Health & Substance Abuse Workgroup Summary Notes January 7, 2004

## I. Participants

Dr. Margaret McCahill, Workgroup Chair	St. Vincent de Paul Village
Don Berk, Sub-Committee Chair	Sharp Mesa Vista
Sara Barnett	Aging & Independence Services (AIS) LTCIP
Arlene Cawthorne	Palomar Pomerado
Alison Cook	Adult Protective Services, Inc.
Viviana Criado	County Older Adult Mental Health
Anne DeMeules	LCSW/Consumer Advocate
Betty London	AARP State Campaign Lead/LTC
Donovan Myers	Clergy, Hospice & Consumer Advocate
Gary Stephany	Consumer Advocate

## II. Informal Group Discussion

The meeting began with an informal group discussion regarding experiences and challenges in integrating physical and mental health care for older adults. Dr. McCahill described St. Vincent's integrated model of care as unique in that the care team is comprised of approximately 14 family physicians who are also psychiatrists. This streamlines care by allowing clients to receive both physical and mental health services at the same time and by the same practitioner. While this may not be possible in many care settings, close proximity of the primary care physician and mental health and/or substance abuse practitioner can greatly improve and streamline care coordination and integration for persons with severe and persistent mental illness and/or substance abuse issues who often have difficulty in navigating the system, accessing services, etc.

## III. Draft Recommendation Discussion

The workgroup discussed and revised the suggested recommendation for including mental health and substance abuse services and populations in LTCIP, which was originally drafted and voted on by the smaller working committee on December 18, 2003. The following revised recommendation will be forwarded to the Planning Committee for further discussion and consensus development:

***We support the integration of health and social services and funding for persons with mental illness and/or substance abuse issues. We recommend that the Planning Committee pursue an implementation plan that follows these guiding principles:***

- 1. Mental health and substance abuse services be included in LTCIP, beginning phase-in with the 65 year old and older population.***
- 2. Persons under 65 with severe and persistent mental illness and/or substance abuse issues are phased in to LTCIP at a later date when the collection of stakeholder concerns has been addressed satisfactorily.***
- 3. Depression, mental health and substance abuse screening be included in LTCIP risk screening.***

- 4. Research on successful behavioral health models is continued for the 65+ to insure a policy of parity for behavioral health services at initial implementation and for the under 65 when phase-in for this group is implemented.**
- 5. LTCIP funding is consistent with protecting existing funding principles for physical, mental health and substance abuse services.**
- 6. State contracting language allows psychiatrists to be designated as the primary care physician for persons with a primary diagnosis of mental illness.**

Explanation of changes: Following the January 7<sup>th</sup> meeting, LTCIP staff, in conjunction with the workgroup chairs, further modified the recommendation to address additional concerns from the mental health/substance abuse community and to eliminate duplication of recommendations and guiding principles already developed and voted on by other LTCIP workgroups and the Planning Committee. The previously proposed recommendation that read, "Legislation at state and federal level be tracked and explored for using new funding combinations..." is already addressed in the list of guiding principles developed in the Planning Committee's initial planning phase (1999-2000). The previously proposed recommendation that read, "Develop a continuous quality improvement plan..." already exists as a recommendation from the LTCIP Quality Assurance Workgroup, which met during Planning Phase II. Recommendation #3 was modified with the understanding that many robust screening tools already exist and that a committee will be convened to select the most appropriate tool for LTCIP when it becomes necessary.

#### **IV. Next Steps**

**The above recommendation will be forwarded to the larger Planning Committee for further discussion and consensus development at the March LTCIP Planning Committee meeting on**

**Tuesday, March 9, 2004  
10:30 to Noon  
County of San Diego  
Conference Room 1A & 1B  
8965 Balboa Avenue  
San Diego, CA 92123**

**Please note the change in date and location from our regularly scheduled Planning Committee meetings. Beginning in April, the Planning Committee will resume its regular meeting time on the 2<sup>nd</sup> Wednesday of the month, 10:30-noon, Sharp Healthcare Operations Center.**

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)