ODADAS-ODMH
Consolidation Team
Individual Workgroup Summaries &
Recommendations

April 17, 2013

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Introduction

Stakeholders representing ODADAS, ODMH, providers and Boards met for intensive sessions on August 17, 2012, and August 24, 2012, to discuss the mission, principles, and functions of planning, research and evaluation within the combined behavioral health department. There was broad agreement among the group that needs assessment technology should play a pivotal role in determining how scarce resources are allocated. There was also strong support for the use of program evaluation as a means to estimate the effectiveness of services. The following guiding principles were identified by the workgroup:

1. Establish a process to understand need, resources available and readiness for change across systems, organizations, and at the individual level.
2. Create an evaluation system that justifies the cost and effort of its implementation.
3. Ensure useful data collection and timely distribution of relevant reports and findings to the field and stakeholders.
4. Establish an information exchange for sharing of applied research and evaluation findings to enable policy makers, practitioners, and stakeholders to make informed decisions at multiple levels.

Mission Statement

To assess and improve the quality and effectiveness of behavioral health services and inform policy and resource allocation decisions through validated processes.

Subject Matter Expertise: (Future division emphasis – not necessarily what the current activities are now)

Epidemiology	Literature Review	Quality Improvement
Evaluation Design	Planning	Report Preparation (Focus on science to practice)
Geocoding and Mapping	Presentation Graphics	Statistical Analysis
Grant Writing	Project Management	Survey Development
Healthcare Economics	Qualitative Research	Behavioral Health Services Research

IT Expertise (Focus on programming, application development, data mining & data extraction)

RECOMMENDATIONS FOR CONTENT AREAS:

1. Planning
   - Needs Assessment
   - Capacity to Address Needs
   - Prioritization for Treatment and Recovery Services, Prevention and Infrastructure
   - Identify Collaborative Efforts (for results)
   - Goals/Objectives/Measures (related to priorities)
   - Evaluation of Plan

- New & Emerging Trends for SA and MH
- Prevalence Surveys
- YRBS Involvement
- SEOW/OSAM
- OFHS
- Other Relevant Data

3. Outcomes & Process Improvement
   - Outcome Studies
   - Systematic Efforts at Improving Efficiencies & Effectiveness
   - Best Practices Studies
   - OHBH
   - Benchmarking

4. Technical Assistance
   - To Boards & Providers (process improvement, program evaluation)
   - To Universities (research questions, design, access, dissertation design)

5. Research and Evaluation
   - OHBH
   - Analysis of Existing Administrative Data Systems (including data connectivity)
   - Original Internally Driven Research Projects
   - Externally Funded Research Projects
   - Externally Funded Evaluation Projects
   - Research Grants Program

6. Grants Support
   The office will draw on the needs assessment and evaluation resources of the division to identify and pursue funding that enhances the mission and goals of the department. Specific responsibilities of this office will include:
   - Review funding plans of federal agencies and foundations.
   - Promote grant initiatives aligned with the strategic plans and interests of the department.
   - Support boards and agencies in their efforts to obtain competitive grant funding.

Acronyms

- CQI: Continuous Quality Improvement
- MOE: Maintenance of Effort (non-Federal expenditures to treat & prevent substance abuse)
- NOMs: National Outcome Measures as defined by SAMHSA
- OHBH: Ohio Behavioral Health data
- SAPT: Substance Abuse Prevention & Treatment Block Grant
- SEOW: State Epidemiological Outcomes Workgroup
- SPF: Strategic Prevention Framework
- TEDS: Treatment Episode Data Set – annual substance abuse treatment admissions collected by SAMHSA

DEFINITIONS

<u>Epidemiology</u>

World Health Organization definition of epidemiology:

"Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Various methods can be used to carry out epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to study determinants."

Bonita, Ruth. (2006) <u>Basic epidemiology. 2nd edition.</u> World Health Organization.

<u>Needs Assessment</u>

Needs assessment is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants". The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency.

Kaufman, R., & English, F. W. (1979). Needs assessment: Concept and application. Englewood Cliffs, NJ: Educational Technology Publications.

<u>Program Evaluation</u>

Program evaluation is directed at how well a program or initiative is being implemented and to determine whether that program or initiative is achieving the desired results.

Milstein, R. & Wetterhall, S. (1999). <u>Framework for Program Evaluation in Public Health</u>. Center for Disease Control and Prevention, 48(RR11); 1-40.

<u>Process Improvement</u>

Utilizing a set of tools to improve organizational processes leading to greater efficiencies and/or effectiveness.

Cook, Sarah (1996). <u>Process Improvement: A handbook for managers</u>. Gowler Publishing Ltd.

<u>Research</u>

The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

Primary Research - efforts which involve collecting new data
Secondary Research - efforts utilizing existing data sources

Gauch, Jr., H.G. (2003). Scientific method in practice. Cambridge, UK: Cambridge University Press. 2003

ODADAS/ODMH Department Consolidation
External Relations and Client Involvement Consolidation Workgroup Summary and Recommendations

Scope

Develop recommendations for programmatic and operational alignment between ODADAS and ODMH in the following areas:

- Advocacy;
- How we support and engage;
- Opportunities for improvement;
- Consumer issues/stigma;
- Communicating with the field; and
- Change management

Process

- The workgroup met three times:

  - July 24, 2012: Initial group convened to brainstorm process for moving forward, including additional membership and topics to be addressed. Initial inventory of functions developed.
  - August 24, 2012: Feedback received on inventory, consolidation challenges were identified, clients' rights issues discussed.
  - September 6, 2012: Recommendations finalized, feedback received on potential new agency names, discussion on format for input from stakeholders and other block grants.

- Participation in the group included representatives from:
  - ODADAS and ODMH (various divisions)
  - Boards (association and clients' rights)
  - Provider trade organizations
  - Consumers and families

Next Steps

- Outreach to the field at upcoming events using a survey tool based on the inventory to help prioritize the new agency's external relations activities
- Encourage the field to work together and develop relationships AoD/MH – Have a party!
- Work together to combat stigma issues

Challenges of consolidation and recommendations for moving forward

1. Terminology: Use of the words client and consumer – offensive to some
   - Recommendation: We need to ask the people we serve regarding their preferences and use "People First" language.
2. There are multiple versions of clients' rights (ADA – DMH – accreditation – JFS)
   - Recommendation: We need to take the strengths of all versions and streamline into one version for ADA and DMH. (See tool from clients' rights office)
   - Recommendation: We need to have clear communication that illustrates clients' rights to the people we serve – can be produced by the new state agency by working with providers and boards.
   - Recommendation: Need to figure out where prevention falls with regard to clients' rights. This issue comes up most often around certification. Rules and Policy has previously discussed responsibilities here, and it is important to be sure that the department's expectations are reasonable and clearly communicated.
3. Continuity of care is an issue on the AOD side due to 42 CFR
   - Recommendation: Need training for providers in the context of information sharing and the rest of the field so they understand their rights and responsibilities.
4. Written publications in consumer-friendly language that incorporates AoD and DMH issues
   - Recommendation: OLRS has a good example document for MH.
   - Recommendation: Use other tools like videos, social media.
5. There is a need for a clients' rights network
   - Recommendation: New agency can work to put together resources useful for clients' rights officer tools and a network for the exchange of information.
6. Need to keep a user friendly approach to consumers doing grievance follow-up
   - Recommendation: Agency needs to be able to summarize grievances received and share information with the field.
   - Recommendation: Cross check this with the work of the provider regulation group
7. Improve outreach to families dealing with addiction – similar to the NAMI organization.
   - Recommendation: Agency will find ways to encourage and strengthen advocacy and build on to family engagement groups.
8. Timeliness of communication with the field can always be improved
   - Recommendation: Consolidation website has been a best practice.
9. Two separate advisory bodies are employed by the two agencies to get feedback for block grant and other agency policy
   - Recommendation: Merge the two groups into one with a balanced representation of stakeholders.
   - Recommendation: Be sure that the group is advisory, not only used to report out department updates.
   - Recommendation: Keep the dialog at a higher level, not detailed grant review .

Inventory – External Relations and Client Involvement

Activity	Agency	Statutory or Rule Citation (if applicable)
Clients' Rights office	ODMH	
Toll-Free Bridge help line	ODMH	
Hospital clients' rights officers	ODMH	ORC 5122.29 and 5122.301
Conferences – several times a year	ODADAS	
Behavioral Health Leadership Group	ODMH and ODADAS	
Council on Alcohol and Drug Addiction Services	ODADAS	ORC 3793.09
Planning council	ODMH	Federal requirement
Monthly BH update	ODMH and ODADAS	
Funding for advocacy • SOLACE • NAMI • OEC • Ohio Citizen Advocates • Ohio Federation for Children's Mental Health • MACC	ODMH and ODADAS	
Rules and policy	ODMH and ODADAS	
Department websites	ODMH and ODADAS	
Consolidation site and blog	ODMH and ODADAS	
What do boards do	ODMH and ODADAS	ORC 340.04(A)(11)(j)
What do providers do	ODMH and ODADAS	ORC 5119.611(E)(1)
Gambling hotline	ODADAS	
Youth Led Prevention Network	ODADAS	
Access to Recovery	ODADAS	
FASD Initiative	ODMH and ODADAS	
Rally for Recovery	ODADAS	
Town hall meetings – opiates	ODADAS	
ENGAGE planning grant	ODMH	
Prevention/Wellness and Clinical Roundtables	ODADAS	
Communications tools (annual reports, Facebook, Twitter)	ODADAS and ODMH	
Youth Action Council	ODADAS	
Resiliency Ring	ODMH	
CCOEs	ODMH and ODADAS	
State hospital volunteer coordinators	ODMH	
Community Linkage Workers	ODMH	

ODADAS/ODMH Department Consolidation
Fiscal Operations Consolidation Workgroup Summary and Recommendations

The Fiscal Consolidation Team (FCT) examined issues related to high priority areas assuring the ability to carry out the objectives of the combined departments. The highest priority facing the FCT was the SFY14/15 Biennium Budget submission, which was due October 1, 2012, and combined an historical ODADAS and ODMH chart of accounts structure with an appropriation budget developed to encompass the combined agency vision ensuring maximized program services. Staff, board representatives, providers, and stakeholder agencies have been instrumental in achieving this structure. In addition, management from both ODADAS and ODMH diligently developed the Fiscal Office's Table of Organization, which focused on ensuring that staff met the Fiscal Office business product lines. Other areas of priority consist of the review and development of best practices as they relate to the business product lines within the Fiscal Office.

The FCT followed an aggressive time line that included several formal meetings with State Agency Stakeholders (OBM, DAS, etc.) and several sub-team meetings with Fiscal supervisory staff and Subject Matter Experts (SME). There was a significant amount of individual research and analysis dedicated to this effort. The approach included documenting each agency's current practices and processes, identifying critical issues and challenges, presenting recommendations to address the issues and establishing a "best practice" process that is within State and Federal fiscal mandates and regulations.

Essential to the success of Fiscal's consolidation is the functionality of Information Technology (IT) systems. The below IT systems are currently under review:

- Grants Integration Network Application – GINA
- Community Funding Database – CFD
- Electronic Contracting System
- Progressing toward one payroll system (ODADAS using OAKS vs. ODMH using KRONOS)

The FCT recognizes that a strong financial reporting structure and system functionality are essential elements to provide management with reliable financial data and overall quality services to federal, state and local stakeholders.

High Priority Areas Inventory – Status & Recommendations

- The Biennium Budget request for OBM was successfully submitted by the Fiscal Division on October 1st, 2012, and it contained the program structure of the new department.

- The two departments are progressing toward one payroll system. Payroll reporting will move to the KRONOS environment for all agency staff. Time and attendance training in the KRONOS environment for ODADAS employees will occur in the weeks before it is implemented.

  - **Recommendation: Payroll, HR and Fiscal staff members are working with the Department of Administrative Services (DAS) to ensure a smooth transition for the implementation date of June 16, 2013.**

- The two departments can functionally post a combined Purchase Order, but OBM cannot approve it without statutory approval that allows one department to sign off on spending funds from the other department.

  - **Recommendation: The ISTV process will remain in place until the agency has authority to begin OAKS transactions under the new agency structure and coding. This will be resolved upon statutory authority creation of OhioMHAS.**

- A Procurement "Best Practice" approach was developed and presented to Fiscal management for review. The Procurement of Goods and Services will drive many other Fiscal operation product lines including: Contracting, MBE/EDGE compliance, Fixed Assets and Controlling Board roles.

  - **Recommendation: Adopt a procurement process and provide staff training within the third quarter of SFY13 to ensure contract renewals for the SFY14/15 Biennium follow the agency's rules and regulations. Meetings are currently scheduled with external members and adoption of the "Best Practice" approach will occur no later than mid-April of 2013.**

- With the announcement of the new agency name, the Fiscal Division will begin reviewing impacts of the existing DUNS and EIN numbers referenced within the federal funding systems. This also affects the CMS reimbursement revenue since it requires changing all of the forms. The new name will prompt an array of notifications to our federal partners including, but not limited to, DHHS, DOJ, CCR, D&B, Grants.gov, and others. This task cannot begin until statutory authority is established to create the new Department of Mental Health and Addiction Services.

- The Grants Integration Network Application (GINA), a grants system developed by ODADAS IT for DMH, is ready to test, but the question remains whether DMH should move forward in its implementation if it is specific to DMH grants, or whether there should be a process to create or restructure the application system to serve both departments' needs in the new department structure. A workgroup has been developed to review all software solutions for OhioMHAS grants and processes. Recommendations will be submitted in the Spring of 2013.

- There is work being done on the Community Funding Database (CFD) to determine if CFD will meet Fiscal staff needs, recognizing that Fiscal staff needs ownership and report writing rights of system. Current status: In initial stages; work flow in process.

    - **Recommendation: GINA, along with all other IT applications (CFD, OLGA, etc.) that impact Fiscal, are currently being addressed internally with Fiscal and IT staff. A process workflow for both departments is being developed with the assistance of IT-ODMH. IT has provided diagrams of the system workflow. A workgroup has been developed to review all software solutions for OhioMHAS grants and processes. Recommendations will be submitted in the Spring of 2013.**

- The Electronic Contracting System was examined to determine each role (initiator, reviewer, legal, etc.) and develop a work flow. Adjustments may need to be made to suit the various needs and/or role of the staffer. This is a high priority goal for implementation by the end of SFY 13 due to DAS requirements. Current status: Preliminary meetings have taken place.

    - **Recommendation: Merrilie Munsey and Duane Casto will work together to create the workflow and IT will provide additional assistance and input. The system workflow process was vetted with external members in March of 2013 and will be fully implemented by June of 2013.**

- Ohio Shared Services is working toward having one combined customer relations meeting per month for both departments, rather than the current two separate meetings. (DMH will begin sending all vouchers to OSS per the mandate). This is ongoing work, but blended department meetings are occurring with much success. Both departments have worked toward a higher voucher submission to OSS- DMH statistics are nearly on target for 100% submission, and ODADAS will improve after the voucher interface INFO2 file begins for the Access to Recovery vouchers. Full compliance of this mandate will be realized prior to July 1, 2013.

    - **Recommendation: Ohio Shared Services is assisting the agency's needs to address all related customer services issues as a combined department.**
    - **Tiered pricing became effective as of October 1, 2012, and analysis of voucher volume and identification of the utilization of a voucher interface file for pass-through vouchers is underway in order to reduce costs for these services.**

- Supervisors assisted in the identification of the business product lines and functions within the Fiscal Division in order to inform the new department's Fiscal Table of Organization.

    - **Recommendation: As "Best Practices" recommendations are adopted, personnel requirements within the product lines will be aligned accordingly in the Fiscal Table of Organization.**

- More work is being discussed in OIS to improve file-sharing generally. A temporary solution was provided by moving Fiscal files into a shared directory. This solution, however, does not address the interactive files

in the public and project folders on the ODADAS server. The solution will be finalized when these folders are moved into one location.

- o **Recommendation: File sharing will be elevated to emphasize importance. All IT items that impact fiscal consolidation will be added to the agenda of weekly IT meetings.**

Additional recommendations and/or policy changes:

- Sub-recipient Monitoring and Auditing – combine MH/ADA site visits

- Review of all internal data systems

- Integrate Central Services (Fleet management, copiers, phones, mail) and work toward one policy for travel (this review process will include legal staff)

- Integrate Fixed Assets

ODADAS/ODMH Department Consolidation
Prevention Consolidation Workgroup Summary and Recommendations

More than fifty prevention/promotion stakeholders from boards, providers, coalitions and organizations, along with various staff members from ODMH and ODADAS, participated in the work to inform consolidation efforts.

The Prevention Team's objective was to discuss opportunities to align – to the extent appropriate – various areas of policy and operations regarding prevention services. The initial team scope was provided to start our discussions. It included the following items:

- General policy approach
- External partnerships
- Population-specific approaches
- Workforce development
- Technical assistance

- Sharing best practices
- Opportunities for improvements
- Staffing
- Funding

A core group of eight stakeholders and eight staff members from ODMH and ODADAS attended the first meeting on August 3, 2012, to discuss a general direction and further define the scope of the workgroup.

Numerous stakeholders volunteered to attend subsequent meetings. In particular, members of various prevention workgroups were encouraged to provide input. These groups included the Prevention and Wellness Roundtable, the Interagency Prevention Council, the Prevention Reporting System Workgroup and the Strategic Prevention Framework Advisory Council. These meetings were held August 14, 2012, August 23, 2012, and August 29, 2012.

The qualitative research method of unstructured interviewing was used by the facilitator to gather input. Notes were taken by two different staff members to provide both an immediate, visual presentation of the input on flip charts and an electronic record of the data. Focus questions were used to start the discussion during the first meeting, and the notes were analyzed for themes to provide broad areas to guide the next meeting's discussion. The themes included: Guiding Principles, Services, Structures, Funding, Outcomes and Workforce. This iterative process was used for the three initial meetings.   This process resulted in a list of 46 initial recommendations that the Team attending the last meeting prioritized. The prioritization process entailed each attendee reviewing the recommendations within each topic area and choosing the three that were most important to them. The items were numbered according to the number of votes they received. This critical review also reduced the number of recommendations through consolidation of items to 36. Various informational documents were also provided to the Team to read in between meetings to inform the discussions. The final recommendations are provided on page two by theme in priority order.

At the final meeting, the Team was also asked to provide input on the specific functions they want the new Department to consider, and what expertise they would like prevention/promotion staff to have to ensure these functions are carried out effectively. A list of these items is provided on page three.

Recommendations:

Guiding Principles for Policy
1. Follow the science for implementation:
    o Be outcome-based
    o Support cultural competence, including linguistic and geography (urban, rural)
    o Focus on positive norms
2. Provide consistent messaging and branding.
3. Use data for decision making.
4. Support true integration of mental health/substance abuse at the state, board and community levels.
5. Support true collaboration among state agencies for prevention/promotion.
6. Support wellness across the lifespan.
7. Integrate individual and community strategies.
8. Close the gap in the continuum of care.
9. Support informed families and family-centered approaches.

Services
1. Direct prevention education services to indicated and selective populations and population-based and environmental strategies at universal population.
2. Support the capacity to provide mental health and substance abuse specific services when needed.
3. Invest in science-based prevention/promotion which includes planning that is informed by assessment and community values. This drives a seamless system of services integrated across systems and the lifespan.
4. Integrate prevention/promotion into primary care, and utilize the medical health home model for prevention awareness and education related to trauma for the whole family.
5. Ensure the inclusion of multiple community sectors in building and operating coalitions and encourage their connection to other related coalitions.

Structures
1. Ensure boards promote common messages and have a broad understanding of prevention/promotion.
2. Ensure boards effectively address prevention/promotion in community plans and include multi-sector representation on local boards, e.g. education, law enforcement, mental health, prevention, business, health care, public health, consumers/customers/participants, etc.
3. Facilitate the information dissemination process for key messages.
4. Encourage/ensure notation in legislation that levy dollars could be used for prevention (include example of prevention/promotion).
5. Educate regarding and encourage the use of social media and marketing.
6. Educate administration and health care in prevention principles and specific wellness promotion messages.
7. Support engagement of community members in prevention.

Funding
1. Change the method and billing of prevention/promotion to allow for differences from treatment.
2. Allocate and grant funding using data-driven assessment through community plans.
3. Recognize prevention and intervention in Medicaid codes.
4. Provide allocations and grants for multiple years (minimum of two years).
5. Be explicit in how funding can be used for administrative, evaluation and coalition work.
6. Incrementally implement incentive funding based on outcomes (consider public/private, higher education partnerships in this model).
7. Implement a process for on-going communication with federal and state policy makers.

Outcomes
1. Support a reporting system that captures all reporting requirements, includes program evaluation and quality improvement, and provides the information back to the users in a straightforward, uncomplicated format (at the provider, county, board and state levels).
2. Implement a flexible statewide youth survey.

Workforce
1. Implement a state training system, similar to the prevention academy in Kentucky, and include/develop competencies in program evaluation and quality improvement.
2. Ensure a minimum amount of dollars set aside by boards for prevention/promotion workforce development.
3. Provide support to increase the number and quality of prevention/promotion professionals:
    o Develop core competencies for various levels of work with basic state-of-the-art knowledge of all staff providing services
    o Introduce prevention/promotion in higher education in a variety of majors
4. Consider both mental health and substance abuse in credentialing and licensing.
5. Reinstate the prevention consultant credential.
6. Provide cross systems training to support consolidation.

Desired Functions in Department around Prevention/Promotion
- Engage Stakeholders:
    o Sustain processes for stakeholders to provide input and feedback
    o Sustain processes for valuing consumers and families
    o Model inclusive processes and products during integration/consolidation work
- Provide Leadership:
    o Explicitly recognize prevention/promotion as a priority through policy and practice
    o Model and provide expertise in state-of-the-art prevention for stakeholders within and adjunct to our service system
    o Reduce duplication and streamline services across the lifespan in various systems
    o Ensure all regulation is prevention-based and simplified
    o Make focus areas a priority by dedicating staff and resources to provide and promote training and technical assistance (Examples: mental health promotion, youth-led prevention, etc.)
    o Provide support for a technical assistance structure to ensure timely accessibility to staff knowledgeable about prevention/promotion science and the service system
    o Integrate mental health, substance abuse and physical health systems without diluting services
    o Manage the organizational structure and roles of various components of the service system
- Encourage on-going and shared learning by creating a sustainable training infrastructure.
- Strategically communicate/coordinate messaging/branding to ensure consistent evidence-based practice.

Desired Expertise of Prevention/Promotion Staff
- Cultural competence
- Understanding various populations:
    o Urban
    o Rural
    o Families
    o Suicide
    o Workplace
    o Youth (Early Childhood, School age, Adolescence)
    o Adults (18-25, 26-55, older adults)
    o Military
    o Criminal Justice
- Social media and marketing
- Prevention knowledge
- Planning and agenda setting
- Evaluation

ODADAS/ODMH Department Consolidation
Provider Regulation Consolidation Workgroup Summary and Recommendations

The Provider Regulation workgroup convened beginning in August of 2012, and a series of meetings were held to discuss current regulations of both agencies with the goal of forming recommendations of a consolidated approach to regulation. The team consisted of representatives from Boards, provider organizations, trade associations and state employees. Education and information were provided to and by team members related to specific topics, in order to inform the team and make consensus decisions.

The group operated from the premise that there was no single agency 'ownership' of current regulatory processes. With that in mind, the team conducted four formal meetings in a one month period, with an emphasis on supporting a forum for open discussion, decision making and education on existing revised code and operational functions and providing relevant written material for review and discussion. The approach included the consensus development of 'key' concepts and a regulatory conceptual framework that supports the health and safety of client(s), while acknowledging the business needs of organizations. This proposed model will inform future regulatory changes. The team also developed recommendations for future activity, including a process to work with other consolidation teams on key areas or topics.

The final recommendations of this team include the development and future work on a Provider Regulation model that is closely aligned with SAMHSA's 'Description of a Modern Addictions and Mental Health Service System', development and alignment of a common set of definitions, and an approach to national accreditation, deemed status and fees in the consolidated agency. A facilitated approach is recommended.

Future work on development of these recommendations will be accomplished, in part, by the existing Rules and Policy group in tandem with the Consolidation Project Team members, adherence to our Rules process and by the development of focus groups, if needed, to work on implementation of the team's proposals. The success of the future regulation consolidation depends on the development of a model that integrates and allows for regulation of addiction services and mental health services that is centered on the holistic treatment of individual(s) and their significant family members or partners, the elimination of obstacles or barriers to care, the ease of access to care and the positive and sustained health care promotion and outcomes.

Recommendations:

| Function	Activity/Recommendation	Description/Additional Information/Future Work
Develop Conceptual Provider Regulation Model	Recommend a new process model for regulation. License or certify a category that includes numerous relevant services. Allow providers to select from the 'menu' of services and move freely among the services to meet the needs of their business and of the individuals they serve.	Conceptual 'model' attached. Development of a focus group to further explore this concept.
	Utilize provider services continuum of care from prevention/wellness up to and including acute services.	Based on SAMHSA's *Description of a 'Good and Modern Addictions and Mental Health Service System'*
	HOSPITAL LICENSURE: • Maintain some level of state regulation. • One regulatory process/license issued by consolidated agency. • Explore concept (focus group) related to deemed status if a hospital maintains specific behavioral health accreditation. • Recognize as part of Acute Intensive Services in conceptual model. • Explore changing application renewal process to every three years instead of annually.	ODMH private psych licensure: ORC 5119.20 http://66.161.141.164/orc/5119.20 ODADAS certification for AoD programs: ORC 3793.06 http://codes.ohio.gov/orc/3793.06
	RESIDENTIAL TREATMENT FACILITIES: • ODADAS certifies residential treatment as a service and ODMH licenses facilities; these approaches need to be unified. • MH licenses all facilities though some have integrated treatment and others have no associated treatment services. ADAS only certifies residential treatment facilities that provide clinical intervention with no regulatory role for recovery-focused living/housing. • Identify where each residential model fits within conceptual model of continuum of care (Community Support, Out-of Home Residential Services, etc.)	Recommend future work to align approach to residential licensure in consolidated agency. Hospital Licensure and Residential Treatment are part of the continuum of services in the Conceptual Model. Decisions related to work in these areas need to be considered within the continuum of services.

Function	Activity	Description
Common Set of Definitions	Consolidate and align terminology consistent with state/federal regulations; impacts ORC and SPA.	Development of a focus group to review definitions and align.
	Adopt certification of services; eliminate certification of programs.	ODADAS certification for alcohol/drug addiction programs: ORC 3793.06 http://codes.ohio.gov/orc/3793.06
	Implement a unified approach to the use of terms "certify" and "license".	Recommend 'certification' of services (not programs) and 'licensure'; of facilities.

Function	Activity	Description
Coding Alignment	Reference the work of other consolidation teams to maintain a consistent approach.	

Function	Activity	Description
National Accreditation/Deemed Status/Fees	Review mandate for national accreditation. Maintain deemed status or determine an alternative approach. Deem compliance if provider demonstrates meeting other federal or state requirements through certification/licensure by another state department (i.e. ODJFS, ODH, etc.) Deemed status could be approved for services that ODMH/ODADAS determine meets or exceeds minimum standards. Develop a fee schedule for licensure and non-accredited providers. Note: Medicaid provider enrollment is every five years and a fee is associated.	ODMH deemed status/ national accreditation: ORC 5119.612 http://66.161.141.164/orc/5119.612 and OAC 5122-25-02 http://codes.ohio.gov/oac/5122-25-02 and OAC 5122-25-03 http://codes.ohio.gov/oac/5122-25-03 ODADAS deemed status/national accreditation: ORC 3793.061 http://codes.ohio.gov/orc/3793.061 See summary documentation for reference to other State agency fees. 8/26/12 ODMH fee authority; for certification: ORC 5119.611(E)(4) http://66.161.141.164/orc/5119.611 ODMH private psych licensure: OAC 5122-14-03 http://codes.ohio.gov/oac/5122-14-03

August 2012, Reference: Appendix A – Description of a Good & Modern Addiction and Mental Health Service System, SAMHSA

Concept/Framework Suggestions
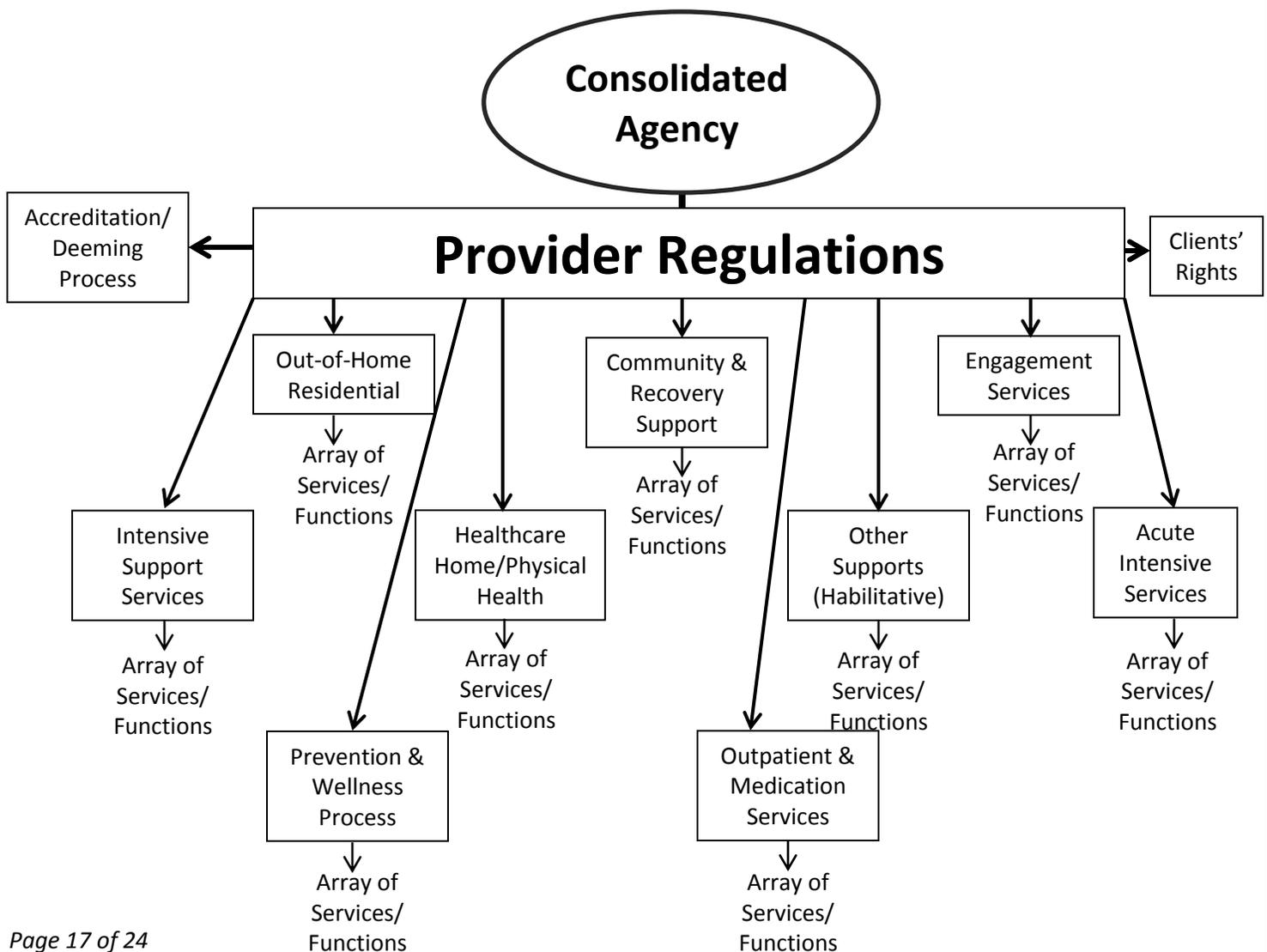
For information and work products from this workgroup, please refer to its webpage located at:
http://adamh.ohio.gov/ConsolidationTeamWork/StateLocalBoardRelationships.aspx

ODADAS/ODMH Department Consolidation

Treatment & Community Supports Consolidation Workgroup Summary and Recommendations

The purpose of the Treatment and Community Supports Work Team is to identify the similar and separate functions of each agency and establish a set of recommendations for the consolidated Department. These recommendations will be a platform to allow the integration of these services, acknowledge the unique areas, provide suggestions for ongoing structure and functions, and support an integrated delivery system for treatment and community supports needs for the new Department.

<u>**Framework Considerations:**</u>

- Transition offers opportunities for business improvement
- Encourage increased coordination and collaboration across local and state systems
- Make services more readily accessible and minimize "wrong door" experiences
- Reduce fragmentation of services
- Streamline work processes for stakeholders
- Improve communication to the field
- Improve efficiency by reducing administrative burden and duplication of efforts
- Improve the continuum of care for dually diagnosed clients
- Improve quality teams for community resources
- Encourage and develop measures and outcomes
- Reduce disparities/increase equity with regard to access to quality services and supports

<u>**Process:**</u>

The Treatment and Community Supports Workgroup is comprised of internal staff from each agency and external stakeholders. A four step process for developing recommendations to be considered was utilized:

1. Inventory of current functions, common and unique, through existing staff from both agencies.
2. Draft results and send to identified stakeholders for review.
3. Seek stakeholder input.
4. Use internal and external feedback to finalize recommendations to be presented to the Treatment and Community Supports Work Team for consideration for consolidating services.

<u>**Principles/Approaches:**</u>

- Recovery/Resiliency Focused
- Consumer/Youth Guided
- Family driven as indicated (based on the population)
- Culturally Competent
- Trauma-Informed
- Community Base/In Vivo
- Individualized/Person Centered
- Continuum of Care Approach
- Evidence-Based/Promising Practices
- Ensure the provision of developmentally and age appropriate services
- Acknowledge and respect the distinct/unique approaches to treatment for AoD and mental health populations

- Understand the importance and need to ensure treatment in the least restrictive environments

Outcome Goals:

- Improve access to quality comprehensive services
- Improve behavioral health outcomes

Process Goals:

- Lower anxiety regarding the transition for staff and stakeholders
- Ensure no noticeable gaps in current services offered by the Departments
- Single system to improve efficiency of the delivery of care

Priority Populations:

1) **Unique to ODADAS**
   - Pregnant Women
   - Women with Children
   - IVDU

2) **Unique to ODMH**
   - SPMI (Adults and Transitional Age Youth)
   - SMI (Adults and Transitional Age Youth)
   - SED (Children)

3) **Common and Shared Priority Populations**
   - Criminal Justice
   - Veterans
   - Adolescents and Young Adults
   - Dually Diagnosed
   - Gambling
   - Immigrants
   - Aging
   - DD
   - Children, Youth, and Young Adults

Workforce Requirement:

- Trained workforce skilled in treating addiction and mental illness using evidence-based practices
- Ensure license and/or credentialing staff will promote evidence-based and promising practices specific to addiction and mental health populations

Functions: *(see next page)*

- Special Populations
- Criminal Justice
- State/Local Partnership

Functional Array of the Department of Mental Health and Addiction Services

	Function	Includes (but not limited to)
1	Medical Director	AOD lead and MH lead
2	Special Populations	Children; Women, particularly pregnant/parenting; Cultural competence; Gambling; Other…
3	Criminal Justice	MH forensic services; Specialty dockets and service integration; Partnerships with DRC, DYS; Therapeutic Communities; TASC and specific community interventions
4	State/Local Partnership	Community plan; Block grant planning processes; Residency processes; ADAMH board appointments; Targeted employment initiatives; Benefits integration; Diversity and inclusion
5	Physical/Behavioral Health Integration	Medicaid policy; Telemedicine and community EHR technical assistance; MACSIS/MITS coding alignment
6	Prevention	Substance use prevention; Mental health wellness; Stigma reduction; General concept of health promotion
7	Research & Evaluation	Research and evaluation; Outcomes and process improvement; Technical assistance
8	Hospitals	Hospital policy/administration; Emergency preparedness; Survey prep, external clinical consultation, etc.
9	Legal & Regulatory	Legal services; Licensure and certification; Provider relations; PASRR
10	Fiscal	Budget; Operations; Community and hospital services
11	Human Resources	Human capital management; Benefits; EEO; Professional development
12	Office of Support Services	Central pharmacy; Pharmacy services; Food/supply procurement and distribution
13	IT	Project management; Production support; Desktop support and help desk; Network infrastructure; Information delivery; Architecture; Enterprise solutions
14	Public Affairs	Communications; Client Rights; Legislation
15	Housing & Capital	Hospital physical facility management; Housing policy; Community technical assistance
16	Workforce	System capacity development; Evidence-based practices

ODADAS/ODMH Department Consolidation
Workforce Development Consolidation Workgroup Summary and Recommendations

The Consolidation Workforce Team (WFT) examined issues related to assuring that a qualified, competent workforce is available to carry out the objectives of the combined departments. The final report is a compilation of input from ODADAS and ODMH staff, Board representatives, providers, credentialing bodies, and stakeholder agencies. Another area of opportunity that resonated throughout the WFT discussions was the need to ensure that there is an effort to establish a flexible, more adaptable system that is better suited to address the current and emerging workforce issues.

The WFT followed an aggressive time line that included four formal and several sub-team meetings and work over a four week time period. There was a significant amount of individual research and analysis dedicated to this effort. The approach included documenting the current state of the workforce initiatives, identifying critical issues and challenges, presenting recommendations to address the issues and establishing a well-trained workforce with access to competency and skill building opportunities. The three groups identified in the workforce analysis were external providers of services, recipients of services and departmental staff.

The WFT recognizes that a competent workforce is an essential element to provide quality services. Employers must meet employee goals for career management to ensure that employees know what skills and competencies are necessary to perform effectively in the field. Managers need to be able to attract and cultivate highly skilled employees to meet ever-increasing challenges. Keeping these concepts in mind, the WFT developed the following documents (accessible on http://adamh.ohio.gov/):

- Definitions for commonly used terms;
- A list of common abbreviations;
- A Functions Inventory that represents the current state of workforce initiatives; and
- Recommendations to address critical workforce issues.

Given the short timeframe of this project, the most effective use of this information is to develop a comprehensive strategic plan that addresses the critical issues and adopts the recommendations identified by the WFT. The results of an effective Workforce Strategic Plan would be the enhanced capacity to attract a skilled workforce, improved retention effectiveness through leadership and continuing education.

Retention and Recruitment
1. Examine opportunities to increase total compensation for clinicians.
2. Explore the feasibility of establishing financial assistance incentives for recent graduates such as tuition reimbursement or student loan forgiveness programs.
3. Develop a structured approach to re-train graduates in the field.
4. Develop relationships with colleges and universities to ensure core competencies are developed in applicable curriculums.
5. Increase recruitment efforts for minorities.
6. Ensure that benefits consultation is included as part of workforce orientation for service recipients.

Rural Counties
1. Address existing barriers in rural areas to hire people who have received services.
2. Create infrastructure that enables rural counties to provide clinical internships.
3. Develop relationships with universities to ensure core competencies are developed in curriculum.

Competencies
1. Add credentialing of all ODADAS and ODMH staff.
2. The new Department should collaborate with licensing boards to identify potential core competencies, curriculum development, and learning objectives to recruit and market degree programs at colleges and universities.
3. Compile a list of license requirements.

Workforce leadership training
1. Train field staff and other stakeholders on the State's processes.

Cross training
1. Develop and offer cross training opportunities for ODMH and ODADAS staff, and external providers.
2. Identify developmental opportunities currently offered to the field.
3. Develop mental health and alcohol and drug addiction services certification programs for health care professionals including pediatricians, social workers, and advance practice nurses.

Increase practitioners in MH & AOD
1. Collaborate with licensing boards to increase cross credentialing between the various boards.
2. Establish a streamlined reciprocity process for clinicians licensed in states surrounding Ohio to receive approval to practice in Ohio.

Outreach to colleges and universities
1. Develop relationships with Colleges and Universities and work on curriculum.
2. Link relationships between students and practitioners in various fields of study (i.e. Nursing, Social Work, and Counseling).
3. Involve the various licensing boards that work with schools.

1. Collaborate with licensing boards to establish accreditation of college and university curriculums rather than program.
2. Review curriculum to ensure it meets core competencies and is consistent with what is needed in the field.

Employee classifications
1. Conduct reviews to ensure consistency of licensures held in ODMH & ODADAS.
2. Identify scope of practice for the license held by the individual.

Use of existing learning management systems
1. Make use of both systems: Netsmart University to administer training for employees and E-Based Academy for community providers to access CE programs.
2. Training staff to review current curriculum, update and develop new curriculum as necessary.
3. Consult with IT staff to determine options for data storage for E-Based Academy.