

**Hot Spot Collaborative Project
Update for Leadership 7/17/13
(FY13 3rd Quarter Accomplishments)**

Allocations:

Collaborative	505 Revenues	Other Revenue	Total
Northeast	2,340,542	7,647,846	9,988,388
Northwest	1,590,218	0	1,590,218
Heartland	1,581,891	11,577	1,593,468
Central OH	2,127,785	0	2,127,785
Southeast	894,051	0	894,051
Southwest	2,061,942	59,984	2,121,926
Total	\$ 10,596,429	\$ 7,719,407	\$ 18,315,836

Ohio Hot Spot Collaborative Totals:

- ✓ 4,193 people receiving services as a result of the grant:
 - 1,043 Mental Health Assessment OR Diagnostic Interview (non-physician)
 - 559 people provided CPST
 - 547 people provided Crisis Care/Crisis Bed services
 - 250 people provided Behavioral Health Counseling and Therapy (group or individual)
 - 205 people provided Pharmacologic Management
 - 144 people provided Subsidized Housing
 - 97 people provided services via Telemedicine
 - 59 people provided Transportation services
 - 54 people provided Psychiatric Diagnostic Interview by a Physician
 - 30 people provided Residential Care
 - 30 people provided Peer Support Services
 - 21 people provided Partial Hospitalization
 - 1,154 people provided miscellaneous or unspecified services
- ✓ 994 people in the mental health and related workforce, consumers, family members and youth, trained as a result of the grant, including:
 - 368 people trained in Healthcare Navigation (Heartland)
 - 183 stakeholders trained about the Transition to Independence Process (TIP) (Heartland)
 - 108 agency staff informed about Housing Database Information Line (Northeast)
 - 99 people in the mental health workforce trained in the TIP (Heartland)
- ✓ 161 organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant
- ✓ 6 policy changes completed as a result of the grant
- ✓ 29.5 people hired as a result of the grant
- Milestone data were reported quarterly (mid November, mid February, mid May, and mid August)
- Request more specific Evaluation recommendations be sent for FY 2014 (see attached)

Northeast:

- ❖ Ashtabula
- ❖ Cuyahoga

- ❖ Geauga
- ❖ Lake

- ❖ Lorain
- ❖ Summit

SCALE TREATMENT ACCESS, PSYCHIATRIC BRIDGE: \$1,175,708

John F. Garrity, Ph.D., Director of QI/Evaluation & Research, ADAMHS Board of Cuyahoga County, garrity@adamhsc.org

- Mental Health Treatment to consumers with SPMI and without Medicaid
 - 901 people screened
 - 785 people assessed (Mental Health Assessment (Non-physician) – exceeds annual target of 580
 - 547 people referred/receiving services (Pharmacologic Management, Behavioral Health Counseling, and CPST) – exceeds annual target of 485
 - Average wait times have decreased – after 1 week 25% have received treatment, after 2 weeks 45%, after 3 weeks 66%, and after 4 weeks 88% of those referred had received treatment
 - New wait time data collection system implemented in Quarter 3
- Psychiatric Bridge Treatment to consumers with SPMI and without Medicaid
 - Pharmacologic Management, Symptom stabilization, Safety and risk management
 - 34 people referred
 - 15 people assessed
 - 20 people receiving temporary medication and laboratory services
 - 19 people linked to community services
 - Waiting time between referral and linkage is 6 to 8 weeks (a decrease of 2 weeks)
 - Reduced hospitalizations and additional crisis service episodes by 31
- Reentry Learning Community
 - Collaborative planning meetings, technical assistance and site visits, shared example strategies and lessons learned
 - CIT training collaboration in progress
 - TA provided by Cuyahoga Board on Erie/Ottawa Bureau of Justice Assistance grant proposal

FORENSIC ASSERTIVE COMMUNITY TREATMENT (SUMMIT): \$507,633

John Ellis, Manager of Clinical Services, County of Summit ADM Board, jellis@admboard.org

- Establish a Forensic ACT team and provide ACT clinical and non-clinical services
- 25 people trained: 8 people trained in *Thinking for Change*TM; 17 people trained in CBT for psychosis
- 2 new people hired (there were challenges hiring probation officer through the Municipal Court hiring process), 3 people reassigned
- 15 people screened to date

Northeast continued:

LAKE-GEAUGA-ASHTABULA HOUSING IMPROVEMENT INITIATIVE: \$425,753

Miriam Walton, Ashtabula County MHRS Board, 440-992-3121; ashtabadmhbd@suite224.net

- Housing Information Line established:
 - 3 professionals trained to provide housing and behavioral health information
 - 108 agencies informed regarding housing and behavioral health database and info line
 - 350 calls received for behavioral health; 24 calls for housing
- Housing triage assessment:
 - 3 professionals trained in assessment
 - 47 agencies and boards collaborating/referring people
 - 406 people screened; 616 referrals given (people can receive multiple referrals; exceeded annual target of 150)
- Renovate TLC to expand crisis bed capacity: architectural firm drew plans but Board altered plans based on needs for line of sight and switched crisis and transitional bed locations, ultimate increasing both the crisis beds by 2 AND the transitional beds by 2; revised final drawings are in process. The Board allocated an additional \$60,000 to the project to make these changes.
- Short-term subsidized housing and supports:
 - 14 people in the MH workforce trained in the subsidized housing program and associated recovery supports
 - 17 people receiving subsidized housing; 15 people receiving supports (treatment services, housing payments, financial literacy programming, transportation, utility payments, etc.)
 - Retained housing: All persons exiting the program have maintained housing or have a plan for retaining housing upon exit.
 - Decreased homelessness: all participants were homeless, pending eviction, or at risk for homelessness, no participants are homeless now.
 - No participants have been hospitalized

FORENSIC AND SPECIAL SERVICES TEAM: \$304,100

Charles A. Neff, Executive Director, Lorain County Board of Mental Health, cneff@lcmhb.org

- 140 forensic clients receiving outreach services (engagement activities)
- 80 clients assisted with obtaining needed household items
- 66 clients provided housing subsidies
- 52 forensic clients receiving transportation assistance
- 22 forensic clients attending/completing WMR/recovery programs
- 7 clients participating in vocational rehabilitation
- 5 forensic patients discharged from NBHS due to discharge planning and risk assessments

Northwest:

- ❖ Allen/Auglaize/Hardin
- ❖ Crawford/Marion
- ❖ Defiance/Fulton/Henry/Williams
- ❖ Hancock
- ❖ Lucas
- ❖ Miami/Darke/Shelby (Tri-County)
- ❖ Putnam
- ❖ Seneca/Sandusky/Wyandot
- ❖ Van Wert/Mercer/Paulding
- ❖ Wood

JUVENILE CRISIS/RESPITE PROJECT: \$697,900

Scott Sylak, Director of Lucas County Board, ssylak@lcmhrs.mh.state.oh.us

- Provides Crisis Beds (up to 4 days), Transition Services (up to 7 days), Extended Stay (up to 30 days)
- 8 Boards have contracts with Rescue, Inc.
- 379 youth provided beds
- 1223 bed days utilized
- 100% of youth were able to access crisis services within 24 hours of authorization
- Lucas County used all of their allocation, other counties used a portion and transferred some unused portions to other Collaborative projects

TECHNOLOGY AND PSYCHIATRIC RECRUITMENT INITIATIVE (TELEMEDICINE): \$606,115

Mike Schoenhofer, Board Director of Allen/Auglaize, Hardin Board, mike@mhrs.org

- Provide services via telemedicine (Psychiatry, Webinars, Hospital Discharge Planning, etc.)
- Have significant cost-savings since “cloud-based” laptops purchased instead of studios
- 4 telepsychiatry “studios” established (cloud-based laptops)
- 97 people received services via telemedicine
- 8 Learning community meetings held
- 6 people participated in region-wide tele-conference
- 2 psychiatrists recruited

WAITING LIST/NOPH ADMISSION REDUCTION PROJECT: \$286,203

Chairs: Kirk Halliday, Director of Erie/Ottawa Board, kirkwh@mhrbeo.com

Jean King, Executive Director, Huron County ADAMHS Board, adamhs@accnorwalk.com

- 12 Boards in this Collaborative realized the following:
 - A 12.3% reduction in the number of civil admissions to NPH (from 212 to 186);
 - An increase in the number of forensic admissions by 27.7% (from 65 to 83) ; and
 - An overall 3% reduction in civil and forensic admissions (from 277 to 269) to NPH.
- A number of Boards purchased more Diagnostic Assessments (DA's) to reduce Waiting Time for initial appointments. The goal of that Board is to work toward “walk-in” assessments.
- A number of Boards purchased Child and Adult Psychiatric time to reduce waits for psychiatric evaluations.
- Two Boards funded integrated physical/mental health endeavors: Erie/Ottawa placed some funds in its provider's Health Home for lab work; Huron County placed some funds in a Wellness Project that engages persons with SPMI who are in group homes or in the community in exercise/fitness programs and is achieving enhanced self-responsibility and fewer hospitalizations.
- Tri-County funded a targeted “community stabilization” project to reduce crises and hospital readmissions of 12 persons who have histories of multiple re-admissions to NPH; 9 of the 12 had no admissions during the first half of SFY 13.
- Other projects included 24/7 on-call CPST to assist persons in crisis; emergency access to hotels/transportation; respite/step down group home placements; and a guardianship program.

Heartland:

- ❖ Ashland
- ❖ Columbiana
- ❖ Mahoning
- ❖ Medina
- ❖ Portage
- ❖ Richland
- ❖ Stark
- ❖ Trumbull
- ❖ Tuscarawas/Carroll
- ❖ Wayne/Holmes

CORE SERVICES: \$625,757

- Ashland: Steven G. Stone, Executive Director, Mental Health and Recovery Board of Ashland County, ssstone@ashlandmhrsb.org
 - Peer Support: 2 Peer Support Specialist trained (annual target = 4); 30 consumers receiving Peer Support groups (annual target = 20); Over 85% of consumers report they are satisfied, have access, and receive quality and appropriate services; over 80% agree they participate in their treatment planning and have positive outcomes.
 - ADHD group support: 27 youth and parents trained and receiving services (annual target = 42)
- Columbiana: Kathie Chaffee, Executive Director, Columbiana County Mental Health and Recovery Services Board, kchaffee@ccmhrsb.org
 - Dropped Pharmacologic Management via Telemedicine
 - NEW Project: Subsidized Housing: 4 entities collaborating, 25 adults with SPMI receiving housing assistance; no evictions or housing abandoned
 - NEW Project: Other MH Services/Guardianship: 7 entities collaborating, 18 people with SPMI receiving guardianship services
- Mahoning: Ron Marian, Executive Director, Mahoning County Mental Health Board, rmarian@mahoningcountyoh.gov
 - Mahoning County Housing Opportunity Program (MCHOP): 5 landlords secured; 55 people in MH workforce trained; 18 people receiving subsidized housing (annual target = 20). Units of service: over 16 hours of Assessments provided; over 400 hours of Counseling provided; over 8000 Case Management hours provided; and over 440 units of Pharmacologic Management. Only 1 ER visit and 1 crisis unit admission; 97% have positive inspections.
 - Intensive Case Management: 69 consumers receiving CPST; 11 consumers received Counseling. Only 8 ER visits and 10 crisis unit admissions, 92% are medication compliant and 98% are maintaining their living situation
- Medina: Michael Jenks, Executive Director, Medina County ADAMH Board, office@adamhmedina.org
 - Psychiatric services – difficulty recruiting psychiatrist; 1 psychiatrist hired in Quarter 3. 30 people received Diagnostic Assessments; 20 people received Pharmacologic Management. Decreased the number of people waiting to see the psychiatrist by 10 per month and the wait time for an initial evaluation from three months to two months.
 - NEW: Emergency Room services: 1 staff hired; 188 assessments completed (annual target = 360); 112 units of face-to-face services provided
 - NEW: Family Intervention Response Team (FIRST) therapy: 1 staff hired; 46 assessments completed (annual target = 65); 178 people provided BH Counseling (annual target = 150). Units of service: 723 units of Outpatient Therapy provided; 183 units of Group Therapy provided

Heartland continued:

- Portage: Joel D. Mowrey, Ph.D., Executive Director, Mental Health and Recovery Board of Portage County, joelm@mental-health-recovery.org
 - Provide residential support: 3 Residential support staff hired; 12 people receiving residential services/supports, no hospitalizations
 - NEW: Core Services for high risk adults: 1) FIRST program (BeST EBP): 9 organizations collaborating; 15 individuals receiving services. 2) Mental Health diversion for individuals who have been arrested: 18 organizations collaborating; 15 individuals receiving services.
 - NEW: Health IT Consultant to offer guidance on a Health Information Exchange and the Replacement Adjudication System for MACSIS: 10 boards are collaborating
- Stark: John Aller, Executive Director, Mental Health and Recovery Board of Stark County, jaller@starkadas.org
 - Provide integrated physical/behavioral health: 15 primary care physicians educated about public BH system; 5 pediatric psychiatry consultations provided
 - Provide expanded CPST: 25 people receiving expanded CPST
 - NEW: Expanded core services to underserved populations: 53 people receiving services (annual target = 100)
- Trumbull: April Caraway, Executive Director, Trumbull County Mental Health and Recovery Board, ACaraway@TrumbullMHRB.org
 - Provide supportive housing: 4 organizations collaborating (MOUs); 1 policy developed; 3 people received housing, 6 people received transportation, 6 people received Illness Management & Recovery, and 3 people received personal assistance/supports; 382 hours of Respite provided; 321 transportation miles provided; 0 hospitalizations and incarcerations.
 - Veterans supportive housing and assistance: 1 Care manager/coordinator hired in December; Coordinator working with state to expedite new VA voucher program; busy working to resolve roadblocks from HUD
- Tuscarawas/Carroll: David Schaffer, Executive Director, ADAMHS Board of Tuscarawas & Carroll Counties, dave@adamhtc.org
 - Provide Psychiatry, Housing, and CPST: Will be conducting a record completeness review; determining eligibility by GAF severity; 2 agencies with contract/MOU; 29 people receiving Pharmacologic Management; 15 people receiving housing assistance; 17 people receiving CPST
- Wayne/Holmes: Judy Wortham Wood, Executive Director, Mental Health and Recovery Board of Wayne & Holmes Counties, jwood@whmhrb.org
 - Pharmacologic Management via telemedicine: funds moved to Healthcare Navigator project
 - Transportation: Funds moved to purchase youth out of home placements (NEW)

HEALTH HOME/INTEGRATED HEALTHCARE MANAGEMENT NAVIGATOR: \$411,825

Chairs: David Schaffer, Executive Director, ADAMHS Board of Tuscarawas & Carroll Counties, dave@adamhtc.org

John Aller, Executive Director, Mental Health and Recovery Services Board of Stark County, jaller@starkadas.org

- 10 Healthcare Navigators hired (most are part-time)
- 26 organizations collaborating (MOUs or contracts)
- 368 staff trained (including Executive Staff, CPST staff, and care coordinators)
- 256 adults, youth/families receiving health home coordination services

Heartland continued:

IMPROVING OUTCOMES FOR TRANSITIONAL AGE YOUTH/YOUNG ADULTS WITH SED OR SPMI: \$327,700

Chairs: Kathie Chaffee, Executive Director, Columbiana County Mental Health and Recovery Services Board, kchaffee@ccmhrs.org

John Aller, Executive Director, MH&R Board of Stark County, jaller@starkadas.org

- Transition to Independence Process (TIP) program implementation:
 - 8 stakeholder orientations; 183 stakeholders trained
 - 10 MH workforce (facilitator, housing staff, supervisor) trainings; 99 MH workforce trained
 - 32 Booster trainings for MH workforce; 35 MH workforce trained
 - 311 Youth & Young Adults receiving TIP (target = 371)
 - TIP Housing Consultant, 1 contracted in Q3 and another will be contracted with in Qtr 4
- Housing Planning Group: 7 organizations collaborating, 1 policy change

PSYCHIATRIC ACCESS ENHANCEMENT (TELEMEDICINE STUDIOS): \$216,610

Chairs: Joe Trolan, Executive Director, MH&R Board of Richland County, jtrolan@rcmhb.org

Ron Marian, Executive Director, Mahoning County MH Board, rmarian@mahoningcountyoh.gov

- 2 telemedicine studios/suites purchased, additional purchases planned in Quarter 4; 6 staff trained
- 6 organizations are participating in User's groups
- Provide Psychiatry services via telemedicine will begin in Quarter 4

Central:

Chair: Kent Youngman, CEO of MHRB of Clark, Greene, & Madison Counties, Kent@MHRB.org

- ❖ Clark/Greene/Madison
- ❖ Delaware/Morrow
- ❖ Franklin
- ❖ Licking/Knox
- ❖ Logan/Champaign
- ❖ Paint Valley: Pickaway/Ross/
Fayette/Pike/Highland
- ❖ Union

COMMON IT PLATFORM: \$877,785

- Council of Governments (COG) from Franklin, Hamilton, and Cuyahoga Counties are selecting the vendor; contracts will occur once vendor process is finalized.
- Qtr 1: Completed in-depth review and scoring of HIT technology vendors' proposals in response to 275 requirements. Completed reference checks and site visits to vendors' customers. COG engages legal counsel, adopts By-Laws & Account Resolution Certificate for Treasury Management for Government Entity and registers with Auditor of State. Consolidated all ratings with cost proposals for a total value score and identified its preferred vendor and began the contracting process.
- Qtr 2: Legal counsel & COG engaged in vigorous due diligence -- more crucial than ever given the rapid evolution and competitive pressures in health care IT. COG is clarifying options, terms and pricing for cloud hosting, disaster recovery and IT support.
- Contract execution is anticipated during Feb. After contract execution, the vendor selection can be made public and planning can be initiated with the TVBH Collaborative. COG has initiated cross-Board pre-implementation strategic planning and business process review. On Jan 23, the Subject Matter Expert Teams charged with designing, building, testing, training and implementing the platform for the COG are convening for the Kick-Off.
- Qtr 3: Contract execution in process.

RESIDENTIAL ACCESS FOR ADULTS: \$750,000

- Provide short-term residential assistance (beds) for people returning from hospitalization
- 10 organizations have agreements with Floyd Simantel Clinic
- 5 residential beds created; 468 bed days created/available
- 6 people received residential care
- Reduced potential hospitalization days by 321
- Average stay (6 discharges) = 53 (Target stay < 91 days)
- Avoided 6 hospitalizations
- \$48,150 potential cost savings (\$150 pp/pd)

YOUTH CRISIS STABILIZATION: \$445,733 and TELEPSYCHIATRY: \$54,227

- Nationwide Children's Youth Crisis Stabilization (Qtr 2 data was confounded w/another contract)
 - 38 youth served in Nationwide Youth Crisis Stabilization unit
 - Lengths of stay range from 2 to 5 days with an average of 3.5 days
 - 6 counties have accessed the YCSU beds
- Establish pediatric crisis telemedicine hub at Nationwide Children's Hospital - there has been some activity on this project but no money has been passed along and there is no contract to do so.

Southeast:

- ❖ Adams/Scioto/Lawrence
- ❖ Athens/Hocking/Vinton
- ❖ Belmont/Harrison/Monroe
- ❖ Fairfield
- ❖ Gallia/Jackson/Meigs
- ❖ Jefferson
- ❖ Muskingum Area: Coshocton/Guernsey/Muskingum/Noble/Perry/Morgan
- ❖ Washington

REGIONAL CRISIS STABILIZATION: \$894,051

David Browne, Exec Director, Washington County Mental Health & Recovery Services Board,
davidbrowne@wcbhb.org

- Regional utilization of existing bed capacity through creation of Crisis Stabilization Services Network
- Expansion of current facilities' bed capacity
- Establishment of new bed capacity
 - Belmont/Harrison/Monroe and Jefferson Crisis Stabilization Unit operational March 10
- Provide crisis services (assessment, treatment planning, medication review, therapy), case management time and transportation not reimbursable by Medicaid
 - 52 people served in crisis units by Woodland Centers, Tri-County, and Belmont-Harrison-Monroe

NEW: DIVERSION PROJECT

- Boards reallocating funds not used on crisis beds for wraparound services still with individuals in crisis (from provider, jail, or ER); people will be fast-tracked to local MH providers with the goal of diverting people from state facilities and/or expediting hospital discharges.
 - 12 people needing next-day follow-up provided services
 - 32 individuals provided additional case management to facilitate hospital discharge

Southwest:

- ❖ Brown
- ❖ Butler
- ❖ Clermont
- ❖ Hamilton
- ❖ Montgomery
- ❖ Preble
- ❖ Warren/Clinton

TRANSITIONAL YOUTH HOUSING (ALMA'S PLACE): \$829,263

Chairs: Helen Jones-Kelley, Executive Director, ADAMHS Board of Montgomery County, hjones-kelley@adamhs.co.montgomery.oh.us

- Residential care and services for homeless or at-risk of homelessness YYAT
- Admission process designed; hired and trained program staff
- ODMH licensure took longer than expected
- 12 consumers admitted to the program (9 still housed, 1 exited to stable housing, 2 negative exits)
 - 100% are connected to community services
 - 33% of residents have HS diploma (4 of 12); 88% of non HS graduates attend school (7 of 8).
- 6 month Outcomes (4 clients):
 - Average decrease in aggression by 11 points
 - Average GAF score increases 5 points

REGIONAL CRISIS STABILIZATION: \$737,239

Diana McIntosh, Ph.D. retired. Linda Gallagher appointed as interim VP of the Clinical Division, Hamilton County Mental Health and Recovery Services Board, lindag@hamilton.mhrsb.state.oh.us

- 78 people enrolled in therapeutic residential program (annual target = 164) – Medicaid and non
 - 22 people receiving CPST*
 - 21 people receiving Partial Hospitalization*
 - 12 people receiving Pharmacologic Management*
 - 11 people receiving BH counseling*
 - 9 people receiving MH Assessments*
- *Clients that do not have Medicaid
- \$335,194 in cost savings to date (CSU bed days cost less than inpatient days)
- Decrease in symptom distress for half of participants
- 90% satisfaction with crisis stabilization services

INTENSIVE CASE COORDINATION: \$456,601

Karen J. Scherra, Executive Director, Clermont County Mental Health & Recovery Board, kscherra@ccmhrb.org

- Sustainability plan created – focus on utilizing telemedicine to reduce non-reimbursable transportation time and increase case managers' productivity
- Identify service delivery gaps: 1) housing: need intermediate or step-down housing for individuals leaving group homes; utilize economic resources to purchase/create; 2) psychiatric service gap: will use telemedicine
- 4 people hired to provide intensive case coordination, some turnover
- 71 people receiving intensive case coordination (exceeds annual target of 63)
 - 48 people receiving Pharmacologic Management
 - 8 people receiving counseling
- Outcomes: 3 people moved to independent living; decreased residential costs
- Benefits counseling: 1 person hired to provide benefits counseling
 - 41 people completing expedited applications through the Ohio Benefits portal.

Southwest continued:

INTENSIVE HOME-BASED TREATMENT: \$38,839

Kelli Rhea Ott, Executive Dir, Preble County MH & Recovery Board, kelliott@pcmhrb.org

- This can include any type of intensive home-based treatment, not just specifically IHBT
- 1 person hired and trained in home therapy to provide services
- 15 people receiving home-based therapy