



## Hot Spot Collaborative Projects SFY 2013 Year-end Summary

### Introduction

In SFY 2013 The Ohio Department of Mental Health (now Ohio Mental Health and Addiction Services [OhioMHAS]) adopted a new General Revenue Fund (GRF) subsidy line item for the investment of additional non-Medicaid community resources. The Department invested \$10.6 million in additional subsidy resources in collaborative projects that transcend board areas and address “hot spot” concerns. These may vary from region to region in the state.

“Hot spots” are defined as meeting one or more of the following criteria:

- Specialized services for difficult to-serve-populations – high utilizers of service who do not achieve desired clinical outcomes;
- Services for those with the greatest unmet needs – may be defined as clients with the highest cost; most clinically impaired people; or a sub-set of people who need services and a gap in the continuum of care exists;
- Services that divert people from more restrictive and typically higher-cost settings (e.g., hospitals, jails/prisons, out-of-home placement for children, nursing facilities, etc.); and
- Incentives to engage people who are difficult to engage in behavioral health services and likely are costly to other systems.

Hot spots allow for planning on a multi-board basis to leverage a larger pool of funding to meet the overall needs of an area in a coordinated way. A map of which counties are in each collaborative is included below. Boards worked together with local stakeholders to choose projects, assign logistics and plan to move forward. On the whole, the “hot spot” collaborative approach has been very successful; this approach will be continued in FY 2014 and expanded to include alcohol and other drug strategies.

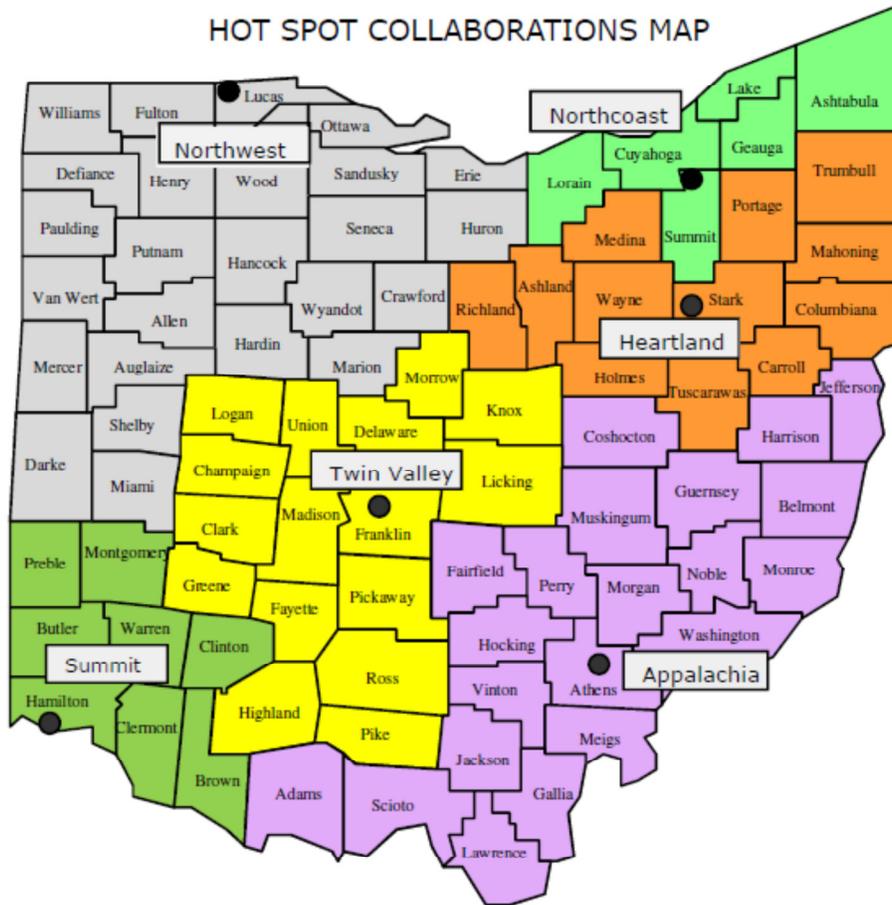
### Allocations:

Boards were encouraged to notify the Department if they included other revenue in support of their Hot Spot projects. The Table below summarizes the GRF and other revenue funding across projects.

Collaborative	Hot Spot GRF 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	2,127,785	0	2,127,785
Southeast	894,051	0	894,051
Southwest	2,061,942	59,984	2,121,926
<b>Total</b>	<b>\$ 10,596,429</b>	<b>\$ 7,719,407</b>	<b>\$ 18,315,836</b>

# Ohio Department of Mental Health and Addiction Services

## HOT SPOT COLLABORATIONS MAP



Effective 9/1/2012

This report will first present some statewide totals across collaboratives. Following the statewide totals there are summaries for individual collaborative projects.

## **Ohio Hot Spot Collaborative Totals:**

- 8,575 people receiving services as a result of the grant:
  - 2,400 people provided Screening, Brief Intervention, Referral and Treatment (SBIRT)
  - 1,430 Mental Health Assessment OR Diagnostic Interview (non-physician)
  - 709 people provided CPST
  - 628 people provided Pharmacologic Management
  - 478 people provided Crisis Care/Crisis Bed or Respite bed services
  - 381 people provided Behavioral Health Counseling and Therapy (group or individual)
  - 292 people provided Health Home services
  - 245 people provided Psychiatric Diagnostic Interview by a Physician
  - 174 people provided Subsidized Housing
  - 138 people provided Transportation services
  - 118 people provided Medication assistance or Laboratory services
  - 97 people provided services via Telemedicine
  - 33 people provided Partial Hospitalization
  - 32 people provided Residential Care
  - 25 people provided Peer Support Services
  - 1,395 people provided miscellaneous or unspecified services
- 1,027 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)
  - 119 agency staff informed about Housing Database Information Line (Northeast)
  - 99 people in the mental health workforce trained in the TIP (Heartland)
  - 38 parents and youth trained in ADHD counseling (Heartland)
  - 25 people trained in Forensic ACT programming (Northeast)
- 170 organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant, including:
  - 48 agencies collaborating/referring people for housing triage assessment (Northeast)
  - 26 contracts to provide Navigator services (Heartland)
- 6 policy changes completed as a result of the grant
- 32 people hired as a result of the grant (Psychiatrists, Clinicians, Navigators, Case Managers, Residential program staff, staff to work in an Emergency Room, etc.)

## **Northeast:**

- ❖ Ashtabula
- ❖ Cuyahoga

- ❖ Geauga
- ❖ Lake

- ❖ Lorain
- ❖ Summit

### **SCALE TREATMENT ACCESS, PSYCHIATRIC BRIDGE:**

Chair: John F. Garrity, Ph.D., Director of QI/Evaluation and Research, Alcohol, Drug Addiction and Mental Health Board of Cuyahoga County

Cuyahoga County served consumers with a diagnosis of SPMI with the most urgent needs – those returning from the Ohio Department of Rehabilitation and Corrections, people discharged from state psychiatric hospitals, or people experiencing an acute mental health crisis.

Specifically the board opened treatment spaces with its contracted providers using a centralized intake and assessment and triage process: Screening, Centralized Assessment, Level of Care Assignment, and Engagement (SCALE).

- Mental Health Treatment to consumers with SPMI and without Medicaid (SCALE process):
  - 1,246 people screened
  - 1,037 people assessed (Mental Health Assessment (Non-physician))
    - NO consumers on waiting list for assessment
  - 799 people referred – 703 received services within 1 month of referral (Pharmacologic Management, Behavioral Health Counseling, and CPST)
    - 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
  - Substantially exceeded all annual targets for screenings (122%), assessment (153%), and treatment (164%) – percent's served are based on annual targets

The board also expanded the capacity of its Psychiatric Bridge program utilizing the Visiting Nurses Association to provide medication management, symptom stabilization and environmental safety and risk management while people await connection to a community behavioral health center for further treatment.

- Pharmacologic Management, Symptom stabilization, Safety and risk management
- 53 people referred
- 38 people assessed
- 34 people receiving temporary medication and laboratory services
- 31 people linked to community services
- Waiting time between referral and linkage is 4 to 6 weeks (a decrease of 4 weeks prior to project)
- The Psychiatric Bridge program was originally expanded to address the initial backlog in the SCALE program; however because SCALE was able to accommodate a greater number of people, there was lower utilization of the Psychiatric Bridge program.

*Northeast continued:*

### **FORENSIC LEARNING COMMUNITY**

This project established a Reentry Learning Community between Cuyahoga, Lorain, and Summit counties to share solutions that meet the needs of consumers with SPMI reentering the community from jail/prison.

- The boards have collaborative planning meetings, provide technical assistance to each other, have site visits, and share 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):**

Chair: John Ellis, Manager of Clinical Services, County of Summit Alcohol, Drug Addiction and Mental Health Board

Summit County established a Forensic Assertive Community Treatment team (F-ACT). ACT is a team treatment approach that provides comprehensive community-based psychiatric treatment, rehabilitation, and support to persons with serious and mental illness. Summit County focused on addressing criminogenic risk factors to recidivism by using a modified Cognitive Behavioral Therapy program for people involved with the criminal justice system with severe and persistent mental illness.

- 25 people trained: 8 people trained in *Thinking for Change*<sup>TM</sup>; 17 people trained in CBT for psychosis
- 3 new people hired (there were challenges hiring probation officer through the Municipal Court hiring process), 3 people reassigned to the project
- 53 people screened to date
- 10 people assessed, Individualized Treatment Plan created, and receiving services

### **LAKE-GAUGA-ASHTABULA HOUSING IMPROVEMENT INITIATIVE:**

Chair: Miriam Walton, Ashtabula County Mental Health and Recovery Services Board

This project provided housing-related services and supports for people with SPMI in Lake, Geauga and Ashtabula counties, many of which routinely move between these counties. The project developed a housing database of available resources and established a housing information line, developed and implemented a housing needs triage process, expanded the number of crisis beds available, and provided short-term subsidized housing assistance.

- Housing Information Line:
  - 3 professionals trained to provide housing and behavioral health information
  - 119 agencies informed regarding housing and behavioral health database and info line
  - 581 calls received for behavioral health; 40 calls for housing
- Housing Triage:
  - 3 professionals trained in assessment; 48 agencies and boards collaborating/referring people
  - 261 people screened (174% of annual target)
  - 346 referrals given (people can receive multiple referrals)
- Renovate TLC to expand crisis bed capacity: Board altered original architectural plans based on line of site needs, ultimately increasing the number of beds by 4 and allocated an additional \$60,000 to the project to make the changes. Construction has begun and staffing needs are being planned.
- See next page for short-term subsidized housing and supports:

*Northeast continued:*

LAKE-GEAUGA-ASHTABULA HOUSING IMPROVEMENT INITIATIVE continued:

- Short-term subsidized housing and supports:
  - 25 people in the MH workforce trained in the subsidized housing program and associated recovery supports
  - 46 people referred for subsidized housing
  - 33 people receiving subsidized housing
  - 28 people receiving supports (treatment services, housing payments, financial literacy programming, transportation, utility payments, etc.) – Average cost per person was \$2,274.42
  - Retained housing: All persons exiting the program have maintained housing; the key to successful maintenance was a reasonable sustainability plan and budgeting assistance
  - Decreased homelessness: all participants were homeless, pending eviction, or at risk for homelessness, no participants are homeless now
  - Decreased hospitalizations: no participants have been hospitalized
  - Decreased restrictive placements: no participants have been placed in nursing homes, group homes, residential centers, or been jailed
  - High participant satisfaction: 100% of participants felt like their services were individualized and were satisfied with their assistance from the housing staff; 92% indicated the program made housing access easier, and that their mental health worker assisted them in planning for maintaining housing post-program involvement

**FORENSIC AND SPECIAL SERVICES TEAM:**

Chair: Charles A. Neff, Executive Director, Lorain County Board of Mental Health

Lorain County established a dedicated treatment team with expertise in treating those with substance abuse and mental illness and trauma to provide comprehensive services to those with SPMI being released from correctional institutions, to those with three or more admissions in one year, to individuals released from the hospital with a long length of stay (60+ days), and to forensic patients at high risk for reoffending or readmission.

- 140 forensic clients receiving outreach services (engagement activities)
- 80 people assisted with obtaining needed household items
- 93 forensic clients receiving transportation assistance
- 84 people received medication assistance
- 66 people provided housing subsidies
- 46 forensic clients attending/completing WMR/recovery programs
- 42 people participating in vocational rehabilitation
- 10 people participated in health initiatives (fitness center and tobacco cessation)
- The Lorain County Forensic and Special Project Team staff received advanced training in Motivational Interviewing

## Northwest:

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

## WAITING LIST/NOPH ADMISSION REDUCTION PROJECT:

Chairs: Kirk Halliday, Director, Mental Health and Recovery Board of Erie and Ottawa Counties

Jean King, Executive Director, Huron County Alcohol, Drug Addiction and Mental Health Services Board

- This project provided services to high priority populations of adults and/or youth to facilitate treatment or access interventions to help avoid suicides, avoid hospital admissions, and avoid restrictive interventions or institutions and ultimately avoid high-cost services that are disadvantageous to recovery. Each Board defined the essential or special services provided.
- There has been a slowing rate of increase in admissions to NOPH (increase of 74 admissions from FY11 to 12 and an increase of only 26 admissions between FY 12 and 13)
  - 3 Boards realized a reduction in total NOPH admissions
  - 8 Boards had an increase in total NOPH admissions
  - Across all Boards there was an increase in civil admissions to NOPH of 6 (from 399 to 405)
  - Across all Boards there was an increase in forensic admissions of 20 (from 136 to 156) – this may be due to the inclusion of jail transfers
- 6 Boards purchased Child and Adult Psychiatric time to reduce waits for psychiatric evaluations (135 people benefitted)
- 4 Boards purchased Diagnostic Assessments to reduce Waiting Time for initial appointments. The goal of some Boards is to work toward “walk-in” assessments.
- 4 Boards purchased additional Screening and/or Crisis Services
- 3 Boards purchased additional inpatient psychiatric hospital bed days and/or Respite/step-down bed days (18 people benefitted)
- 2 Boards funded integrated physical/mental health endeavors:
  - 36 people received Health Home lab work
  - 25 people received a wellness engagement program which included an exercise/fitness program
- 1 Board implemented Screening, Brief Intervention, Referral and Treatment (SBIRT) – 2400 people screened
- 1 Board funded a targeted community stabilization project to reduce hospital admissions for people with multiple readmission histories over a 5-year period – 92% success rate of non-hospitalization
- Other projects:
  - 10 people benefitted from 24/7 on-call CPST to assist persons in crisis
  - 4 people benefitted from Emergency access to hotels/transportation
  - 4 people benefitted from Respite/step down group home placements
  - 46 people benefitted from a guardianship program

*Northwest continued:*

**JUVENILE CRISIS/RESPITE PROJECT:**

Chair: Scott Sylak, Director, The Mental Health and Recovery Services Board of Lucas County

- This project expanded the capacity of juvenile crisis and respite beds for 9 of the 12 Boards by purchasing un-used bed days at Rescue Services Inc. in Toledo. Services purchased included Crisis Services (up to 4 days), Transition Services (up to 7 days), and Extended Stay Services (up to 30 days) for youth under 17 with serious emotional disturbances.
- 8 Boards have contracts with Rescue, Inc.
- 256 youth provided beds
- 1282 bed days utilized
- 100% of youth were able to access crisis services within 24 hours of authorization
- 86% of youth who accessed services and were discharged indicated they were satisfied and would return to Rescue if they needed services again (met goal of 85% satisfaction rate)

**TECHNOLOGY AND PSYCHIATRIC RECRUITMENT INITIATIVE (TELEMEDICINE):**

Chair: Mike Schoenhofer, Director, The Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties

This project purchased technology to enable providers to deliver services (psychiatry services, hospital discharge planning, etc.) via telemedicine, and to utilize technology for professional development such as Webinars.

- Significant cost-savings by purchasing “cloud-based” laptops 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 teleconference
- 2 psychiatrists recruited

## Heartland:

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

### CORE SERVICES:

This collaborative distributed a portion of the funds to each individual county to fund core services.

- Ashland: Steven G. Stone, Executive Director, Mental Health and Recovery Board of Ashland County
  - Provide Peer Support Groups: 2 Peer Support Specialist trained; 25 consumers receiving Peer Support groups; 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.
  - Provide ADHD group support: 24 youth and 20 parents trained and receiving services
- Columbiana: Kathie Chaffee, Executive Director, Columbiana County Mental Health and Recovery Services Board
  - Provide rental subsidy/housing assistance to adults with SPMI : 4 entities collaborating, 34 adults with SPMI receiving housing assistance; all remained in stable, safe housing - only 1 eviction however person moved into an independent apartment
  - Provide guardianship and other mental health services: 7 entities collaborating, 19 people with SPMI receiving guardianship services (13 nursing facility plans of care and 6 community treatment plans being followed)
- Mahoning: Ron Marian, Executive Director, Mahoning County Mental Health Board
  - Mahoning County Housing Opportunity Program (MCHOP) housing assistance (60% of a person's rent) for people with SPMI: 8 landlords secured; 55 people in MH workforce trained; 21 people receiving subsidized housing. Outcomes: no hospital bed days used by participants, 1 ER visit, 1 crisis unit admission, 1 incarceration, and 96-100% positive inspections across quarters.
  - Intensive Case Management team providing support to adult consumers with SPMI: 76 consumers receiving CPST (10,519 units provided) and Pharmacologic Management (595 units provided); 13 consumers received Counseling (590 units provided), and over 30 units of Assessment were provided. Outcomes: only 10 ER visits and 14 crisis unit admissions, 88-92% medication compliance across quarters, and 98% are maintaining their living situation
- Medina: Michael Jenks, Executive Director, Medina County Alcohol, Drug Addiction and Mental Health Board
  - Used funds to provide additional psychiatric services to reduce waiting lists: They experienced significant difficulty recruiting a psychiatrist but were able to hire 1 in Q3. 110 people received Diagnostic Assessments and 354 people received Pharmacologic Management. Decreased the number of people waiting to see the psychiatrist by 24 and reduced the wait time for an initial evaluation from three months to 34 days.
  - Provide assessments and services within the Medina Hospital Emergency Room: 1 staff hired; 289 assessments completed; 157 units of face-to-face services provided
  - Provide outpatient therapy using the Family Intervention Response Team (FIRST): 1 staff hired; 56 assessments completed; 280 people provided outpatient counseling (895 units of individual therapy and 225 units of group therapy provided)

*Heartland continued:*

- Portage: Joel D. Mowrey, Ph.D., Executive Director, Mental Health and Recovery Board of Portage County
  - Provide services to people in residential facilities: 3 Residential support staff hired; 12 people receiving residential services/supports, no hospitalizations for SFY13
  - FIRST program, a comprehensive treatment program for individuals who have had an initial episode of a schizophrenia spectrum disorder (Best Practices is Schizophrenia Treatment EBP): 9 organizations collaborating; 13 individuals receiving services and all clients stayed in the program
  - Mental Health diversion for individuals who have been arrested: 18 organizations collaborating; 15 individuals receiving services; no hospitalizations; 1 revoked from the program
  - Provide 24 hour supervised crisis stabilization services: 10 organizations collaborating; 10 individuals at high-risk served
  - Health IT Consultant to offer guidance on a Health Information Exchange and the Replacement Adjudication System for MACSIS: 10 boards are collaborating, interviews being conducted to hire 1-2 IT consultants. Consultant will provide detailed recommendations.
- Richland: Joe Trolan, Executive Director, Mental Health and Recovery Board of Richland County
  - Provide Aspirations program for young adults with dual diagnosis(Mental Illness and Developmental Disabilities): 16 young adults participating
  - Provide transportation for individuals to and from Heartland Behavioral Health: 25 people provided transportation
- Stark: John Aller, Executive Director, Mental Health and Recovery Board of Stark County
  - Provide integrated physical/behavioral health: 15 primary care physicians educated about public BH system; 5 pediatric psychiatry consultations provided
  - Provide expanded CPST in conjunction with Transition to Independence Process (TIP): 25 people receiving expanded CPST
  - Provide expanded core services to underserved populations: 137 people receiving services
  - Made improvements to the Homeless Management Information System (HMIS) - equipment and software, to enable real time bed inventory for homeless population – 20 agencies able to access resources and meet federal reporting responsibilities
- Trumbull: April Caraway, Executive Director, Trumbull County Mental Health and Recovery Board
  - Provide supportive housing: 4 organizations collaborating (MOUs) and 1 policy developed. 5 people received housing and personal assistance/supports, 16 people received Illness Management & Recovery, 16 people received transportation, and 14 treatment plans were developed. 665 Respite hours were provided and 3,648 miles of transportation were provided. Additionally medications in the amount of \$64,915 were provided via Central Pharmacy to clients who would not have been able to access their medications. Outcomes: 1 hospitalization, 0 incarcerations, and 2 permanent group home placements.
  - Veteran’s supportive housing and assistance: 1 Care manager/coordinator hired; coordinator worked with state to expedite new VA voucher program and resolving roadblocks from HUD. 30 Housing units in development. 15 Veterans involved in the program (7 referred to local services, 4 have obtained housing, and 4 referred to VA for medical care).

*Heartland continued:*

- Tuscarawas/Carroll: David Schaffer, Executive Director, Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties
  - Provide Psychiatry, Housing, and CPST: Record completeness review helped determine gaps and GAF severity helped determine eligibility. 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 and Holmes Counties
  - Funds were used for a Health IT consultant
  - Services were provided to 13 youth in out-of home placements

**HEALTH HOME/INTEGRATED HEALTHCARE MANAGEMENT NAVIGATOR:**

Chairs: David Schaffer, Executive Director, ADAMHS Board of Tuscarawas and Carroll Counties

John Aller, Executive Director, Mental Health and Recovery Services Board of Stark County

This project implemented a regional, non-clinical behavioral healthcare navigation/clinical care coordination service. Navigators were hired to work with hospitals, community health providers (behavioral and non-behavioral), primary care physicians, and peer support staff to enhance existing care coordination.

- 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

**IMPROVING OUTCOMES FOR TRANSITIONAL AGE YOUTH/YOUNG ADULTS WITH SED OR SPMI:**

Chairs: Kathie Chaffee, Executive Director, Columbiana County Mental Health and Recovery Services Board

John Aller, Executive Director, Mental Health and Recovery Board of Stark County

- Implement the Transition to Independence Process (TIP) program:
  - 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 Q4
- Establish a Housing Planning Group: 7 organizations collaborating, 1 policy change

**PSYCHIATRIC ACCESS ENHANCEMENT (TELEMEDICINE STUDIOS):**

Chairs: Joe Trolan, Executive Director, Mental Health and Recovery Board of Richland County

Ron Marian, Executive Director, Mahoning County Mental Health Board

This project purchase telemedicine equipment to be used to access psychiatric services, especially specialty services such as geropsychiatry and MI/DD.

- 2 telemedicine studios/suites purchased, MondoPad purchased; 6 staff trained
- 6 organizations are participating in User's groups
- Provide Psychiatry services via telemedicine will begin in next SFY

## **Central:**

Chair: Kent Youngman, CEO, Mental Health and Recovery Board of Clark, Greene, and Madison Counties

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

### **COMMON IT PLATFORM:**

This project provided funds to develop a common information technology (IT) platform that will serve all boards and consumers in the collaborative. The platform will provide real-time data sharing and analysis, and interface with other local IT systems.

- The Council of Governments (COG) from Franklin, Hamilton, and Cuyahoga Counties reviewed vendor proposals in response to 275 requirements and completed reference checks and site visits to vendors' customers. All ratings were consolidated with cost proposals for a total value score, a preferred vendor was identified and the contracting process was initiated. The COG is clarifying options, terms and pricing for cloud hosting, disaster recovery and IT support. The COG has initiated cross-Board pre-implementation strategic planning and business process review. Subject Matter Expert Teams are designing, building, testing, training and implementing the platform for the COG. Contract execution is in process.

### **RESIDENTIAL ACCESS FOR ADULTS:**

This project provided short-term residential assistance (beds) for people returning from hospitalization. Access to beds was coordinated between boards and included discharge planning from the state hospitals.

- 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)

### **ENHANCED ACCESS TO PSYCHIATRY SERVICES FOR YOUTH IN CRISIS YOUTH**

This project fostered a relationship and expanded capacity with Nationwide Children's Hospital and The Ohio State University Medical Center for the providing crisis intervention and stabilization beds, and consultation for youth experiencing a psychiatric emergency.

- Nationwide Children's Youth Crisis Stabilization
  - 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

## **Southeast:**

Chair: David Browne, Executive Director, Washington County Mental Health and Recovery Services Board

- ❖ 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:**

This project created a process for regional utilization of existing crisis unit capacity, expansion of existing facilities' bed capacity, and the establishment of new crisis facilities. Additionally the project provides for case management time not reimbursable by Medicaid, and transportation costs to and from available crisis beds.

- Created the Crisis Stabilization Services Network to enable regional utilization of existing 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
  - 56 people served in crisis units (170 bed days) by Woodland Centers, Tri-County, and Belmont-Harrison-Monroe (Trinity)
  - 16 people received follow-up treatment services
  - 15 people helped with temporary housing
  - 1 person received medication assistance

### **DIVERSION PROJECT**

The goal of this project was to divert people from state facilities and/or expedite hospital discharges by providing wraparound services to individuals in crisis. Individuals presenting in crisis at providers, jails, or in the ER were fast-tracked to local mental health providers for psychiatric evaluation, treatment planning, medications, case management and housing services.

- 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):

Chair: Helen Jones-Kelley, Executive Director, Alcohol, Drug Addiction and Mental Health Services  
Board of Montgomery County

The Alma's Place project is designed to meet the unique housing and service needs for transition-age youth from Montgomery and Butler County who are living with mental illness and who are homeless or at risk of becoming homeless. The project provides residential care for youth ages 18-24 (10 bed capacity – 5 male and 5 female) along with counseling, life skills training, vocational preparation and job coaching, supportive employment, school enrollment and GED assistance, expressive activities, and benefits coordination assistance.

- The admission process was designed and the project hired and trained program staff; ODMH licensure took longer than expected
- 14 consumers admitted to the program (10 still housed, 1 exited to stable housing, 4 who had a negative exit, 12 making demonstrated progress towards their goals)
  - 100% are connected to mainstream community services
  - 79% participated in employment classes and case management
  - 71% worked in Lindy and Company Gourmet Pet Treat Bakery (job readiness program)
  - Of the 64% who entered Alma's place without a HS diploma, 22% earned a diploma or GED
  - 35% of residents continue to attend HS or GED classes
  - 29% are attending post-secondary education or a certificate training program
- Six-month Outcomes (8 residents have lived in Alma's place 6+ months):
  - 100% reported a reduction in depression and anxiety symptoms
  - 100% had a significant increase in Global Assessment of Functioning scores
- Plans to increase capacity from 10 to 12 residents. A bicycle program was added. Residents participated in a cultural foods experience. And the Employment Program provides guidance on all aspects of job finding and getting, and those that work in the bakery are now being paid minimum wage. Residents participate in educational and recreational outings such as museums and the zoo. Some members participate in the Garden Group (help maintain the rooftop garden), the Art Group, and the Menu Planning Group.

### REGIONAL CRISIS STABILIZATION:

Chair: Linda Gallagher, Interim Vice President - Clinical Division, Hamilton County Mental Health and Recovery Services Board

The Southwest Ohio Collaborative Regional Crisis Stabilization Unit provides a safe, therapeutic residential program for adults with a severe and persistent mental illness that are experiencing an acute psychiatric crisis. The goal is to divert individuals from jails and prisons, nursing homes, from hospitalization, or to have a shortened hospital stay. The crisis unit will serve adults from Hamilton, Warren/Clinton, and Clermont Counties. Services include 24 hour supervision, assessment, symptom and behavior management, counseling, and discharge planning. The average length of stay is 7 to 14 days.

- See next page for results

*Southwest continued:*

REGIONAL CRISIS STABILIZATION continued:

- 114 people enrolled in therapeutic residential program – Medicaid and non-Medicaid
  - 39 people receiving CPST\*
  - 38 people receiving Pharmacologic Management\*
  - 33 people receiving Partial Hospitalization\*
  - 22 people receiving BH counseling\*
  - 10 people receiving MH Assessments\*
- \*Clients that do not have Medicaid
- Only 7% of clients admitted to a psychiatric unit within 30 days of discharge
- \$486,898 in cost savings to date (CSU bed days cost less than inpatient days)
- Improvements in quality of life and decrease in symptom distress for over half of participants
- 90% satisfaction with crisis stabilization services

#### **INTENSIVE CASE COORDINATION:**

Chair: Karen J. Scherra, Executive Director, Clermont County Mental Health and Recovery Board

This project provides intensive case management services across county/residence lines within a three-board area (Clermont, Brown, and Warren). Clients with highest need were prioritized such as those living in group homes or exiting inpatient psychiatric care. Nurses who could address medication issues and a benefits specialist were also part of this team.

- Four people hired to provide intensive case coordination, turnover with three positions that have all been rehired, not able to fill advanced practice nurse position; staffing is an issue but patient care was not impacted. One person hired to provide benefits counseling.
- 199 people receiving Intensive Case Coordination
- 131 people receiving Pharmacologic Management
- 16 people receiving Counseling
- 143 clients met with the Benefits Coordinator to review their benefits
  - 43 people completing benefits applications completed (30 expedited, 13 regular)
- Outcomes:
  - Increased Case Coordination
  - Decreased residential costs: From Q1 increases in Q2 and Q3 but decrease in Q4 of ~\$65,000
  - Reduction in Levels of care: 19 people moved to independent living
  - Small decrease in hospitalizations for these clients with severe challenges
  - Increased client satisfaction (Ohio Outcomes): 37% to 82% at baseline, 20% to 100% in Q4
  - Increased daily living skills: 17 of 55 clients improved, case coordinators will work with the few clients who reported decreases
- The project identified two service delivery gaps: housing and psychiatric services. There is a need for intermediate or step-down housing for individuals leaving group homes – the project has used funds to assist in community housing and is discussing the possibility of creating supervised housing. The project used telemedicine to address psychiatric service gaps.
- Sustainability: The project is focused on increasing productivity of case managers and increasing Medicaid billing. During the 4<sup>th</sup> quarter the project implemented tele-psychiatry which eliminated non-productive transportation time. Because participating agencies can only sustain 20% of the care coordinators at each agency, Hot Spot FY14 funding will be used to maintain care coordinator positions.

*Southwest continued:*

**INTENSIVE HOME-BASED TREATMENT:**

Chair: Kelli Rhea Ott, Executive Director, Preble County Mental Health and Recovery Board

This program will expand the intensive home treatment for youth in Montgomery County to youth involved with Preble County Children Services. The goal is as a result of these services there will be a decrease in the number of multiple placements, a reduction in residential treatment needs, and a quicker transition back to families.

- 1 person hired and trained in home therapy to provide services
- 23 people receiving home-based therapy