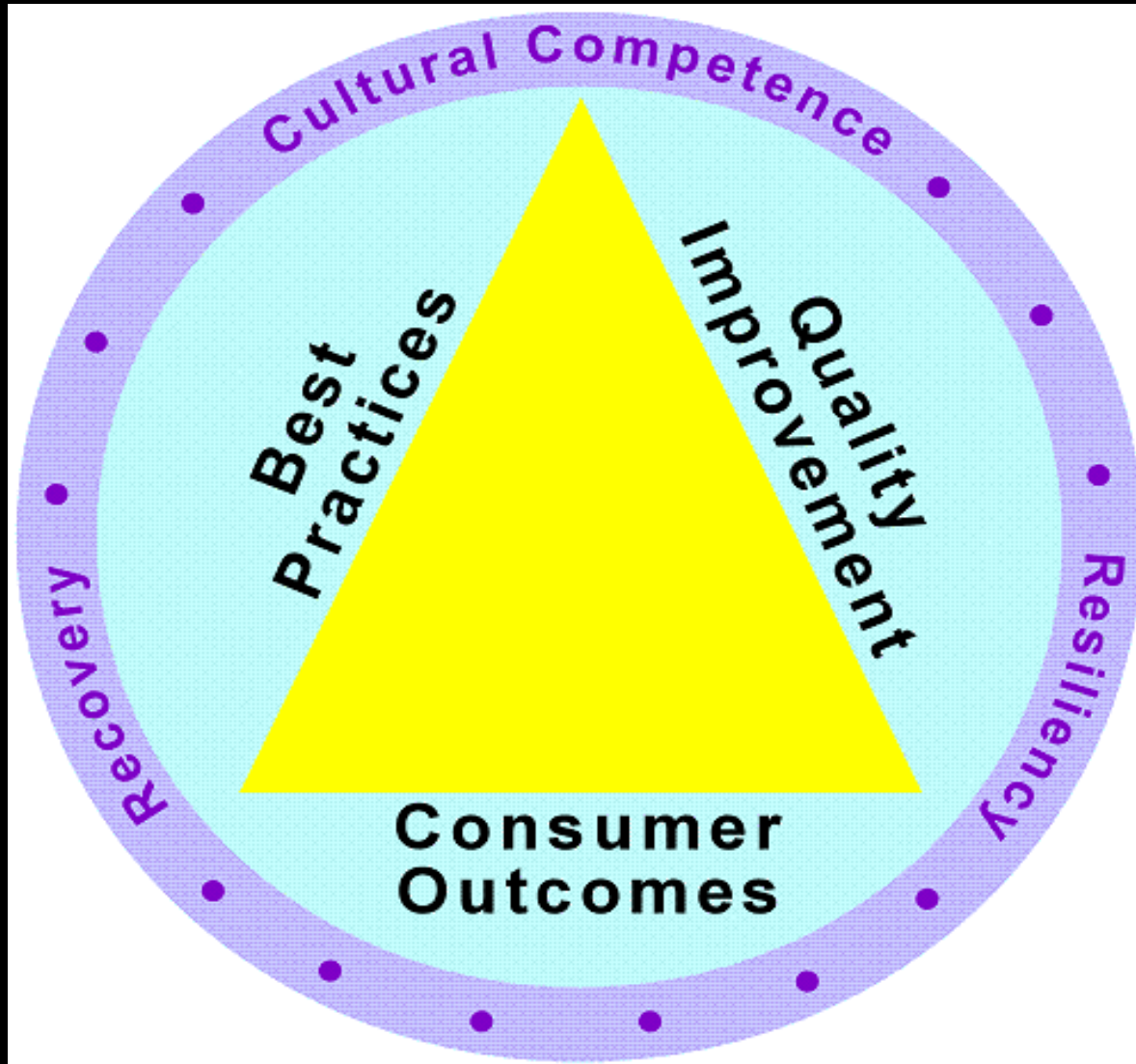


Ohio DMH Clinical Quality Agenda



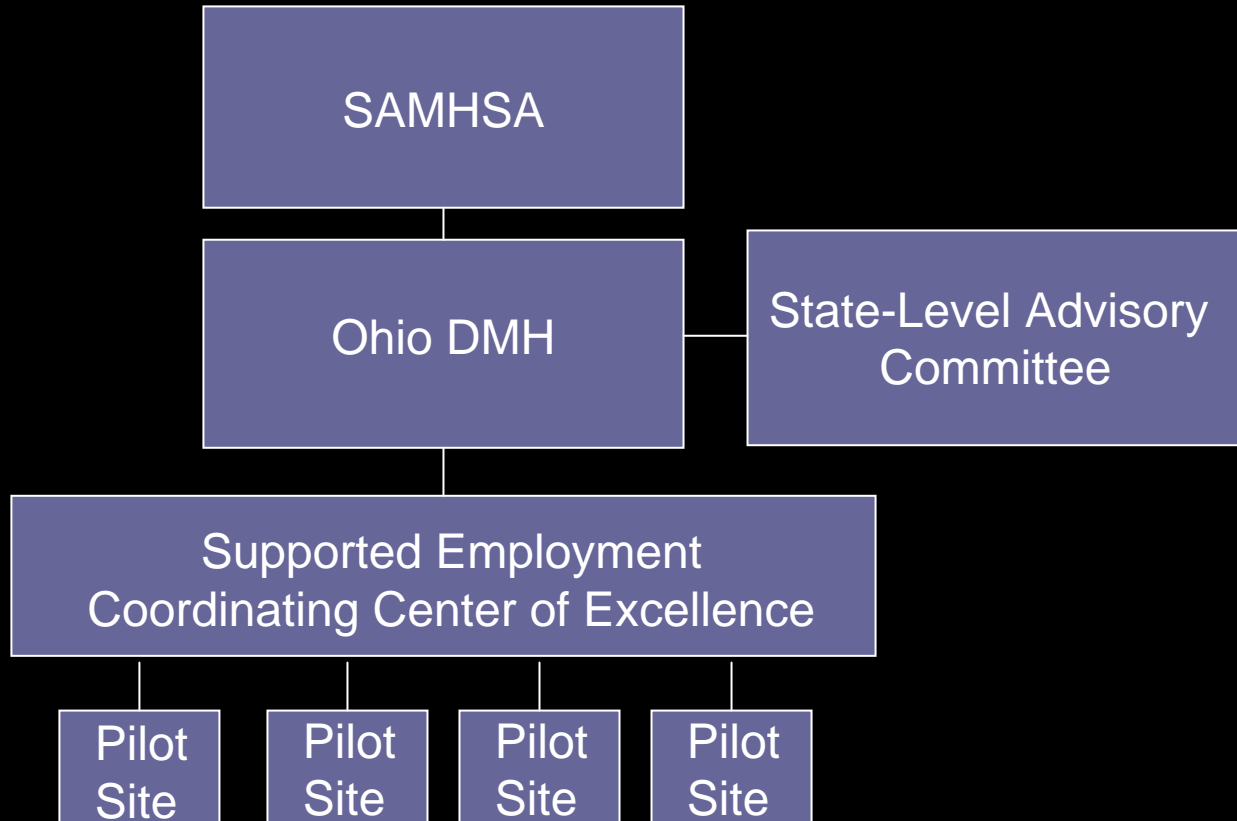
Context: CCOE Model & Focus

- Seven CCOEs funded by ODMH; each focusing on one EBP
 - 2 participating in Phase II of National Implementing EBP Project (IDDT & IMR)
 - 2 focus on children (MST, School-Based BPs)
 - Other issues of high salience (CJ, medication, agency administration)
- Build upon existing strengths:
 - **State expertise**
 - **University linkages**
 - **Local partnerships (Board, Consumer)**

Growing Interest in SE Model

- Employment gap
- Governor's agenda
- Efforts to convene stakeholders, build consensus, address barriers
 - Working for Recovery Initiative
 - Job Incentive Focus Project
 - Benefits Counseling
 - Job Taxonomy
- IDARP

Ohio's T & E Grant



Accomplishments

- 13 sites implementing
- Competitive employment rate ↑ from 29% to 52%
- Better relationship with state Rehabilitation Services System
- New partnership with consumer organizations
- DMH commitment of funds to sustain

Lessons Learned:

Role of Job Development

- SE fidelity scale does not explicitly address job development activities though job development is directly related to outcomes.
- Helpful tools included: job development training module, provision of side-by-side training in the community, and mechanisms to track job dev activities.
- Fidelity item re: employer contacts would also be helpful!

Lessons Learned: VR-MH Collaboration

- Some VR offices initially disinterested in SE model, and/or not enthusiastic about working with MH program.
- Helpful strategies: SE training for VR, meetings with VR and MH to discuss issues, monthly meetings to discuss cases, co-location appears to be very helpful, Best Practices (soon to be adopted in Ohio).

Lessons Learned: Site Selection

- Readiness visits with standardized questionnaire helps to determine site readiness for change.
- One site selected for cultural diversity rather than readiness → progress has been exceedingly slow.
- Key elements: strong desire to implement the EBP, some knowledge of the EBP.

Lessons Learned:

Statewide Consensus for SE

- Many programs fearful and resistant re: a change to SE Model
 - (financial implications, belief in traditional services, etc.)
- Initial effort to pull together stakeholders from across the state was unsuccessful.
- Current approach: work with programs that express interest; Build interest through conferences, state VR activities, and mental health boards.

Lessons Learned: Medicaid Reimbursement

- Misconceptions about services that can be reimbursed by Medicaid if the context is employment.
- ODMH & CCOE provided clarification to agencies: medically necessary services are billable even if they occur within the context of employment goals.
 - e.g., helping person with paranoid symptoms resolve a misunderstanding with his employer
- Training provided to sites. Sample progress notes helpful.

Lessons Learned: CCOE Model

- Extremely helpful to have full-time positions devoted to EBP implementation.
- Also important to link these positions with others around the state and county who are implementing EBPs.
- Large number of sites per Trainer leads to slower implementation.

Lessons Learned:

Consumer Trainers & Implementers

- Consumers who are ambivalent about work can benefit from peers.
- Providers impacted by consumer trainers who share their own stories.
- Not possible to change the culture (empowerment, strengths based approach...) without involving consumers in the change process.

Lessons Learned: Partnership with Ohio Advocates for Mental Health

- Some consumers want help with work but do not wish to increase involvement with MH Center.
- Consumer operated services trained in some job search techniques as well as benefits planning.
- Future Goal: evidence-based SE at consumer operated services.