

Attachment 6: Team Status Reports

CONSOLIDATION TEAMS STATUS FORM Agency Oversight and Monitoring Consolidation Team

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Agency Oversight and Monitoring Consolidation Team

Co-Leaders: Frances Mills and John Garrity

Team Responsibility (no more than 3 sentences):

Develop a comprehensive plan for program monitoring, oversight and technical assistance for the alcohol, other drug and mental health services and programs that include certification, Medicaid and Non-Medicaid and reimbursement standards and addresses issues such as deemed status for licensed and accredited programs.

Significant Assets (to preserve and build upon)

- History of well established systems of program monitoring, oversight and technical assistance in place at both Boards.
- Similarities exist across systems in terms of certain quality improvement reporting requirements such as client/consumer rights and grievances and reportable/major unusual incidents.
- Seven providers in BH system already serve both AOD and MH clients/consumers.

Significant Challenges (that the consolidation may yet encounter and need to work through)

- ADAS and MH are governed by different state organizations, which include different licensing and certification requirements, different board regulations and different reporting requirements.
- ADAS and MH have significantly different required audits in place (MH Medicaid audits are conducted in accordance with ODJFS rules and ODMH Standards and Non-Medicaid reviews are conducted in accordance with ODMH Standards). ADAS are conducted in accordance with ODADS rules and integrate fiscal, clinical, and quality improvement components into central audit.
- There is little agreement between Board staff regarding where monitoring functions should be placed within the new Board structure.

● **Key Decisions for Consolidation**

(no more than five key decisions that must be made and made well to ensure the best product)

- Identify the roles and responsibilities of CCCMHB and ADASBCC staff concerning compliance auditing, certification standards and processes, accreditation requirements, and technical assistance.

Recommendations (of the team and other stakeholder recommendations)

- Maintain separate AOD and MH divisions to insure Board adherence to state requirements.
- Insure that the Board review process includes fiscal, clinical, program and quality improvement components.
- Identify joint record selection process for all compliance review and auditing functions.

CONSOLIDATION TEAMS STATUS FORM

Clients Rights and Confidentiality

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Clients Rights and Confidentiality

Co-Leaders: Laura Lambert and Rose Fini

Team Responsibility (no more than 3 sentences): To delineate the roles and responsibilities of promoting and safeguarding clients' rights, including but not limited to, confidentiality, within the Cuyahoga County Behavioral Health System.

Significant Assets (to preserve and build upon)

- Very engaged Adult Consumer Advisory Council (ACAC)
- Both organizations place a high priority on protecting consumers' confidentiality within the context of Federal and State law and regulations.
- Both organizations conduct effective and timely investigations of complaints and grievances

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Folding in compliance with 42 CFR Part 2
- AOD and MH Consumers getting to know each other

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Whether to have one process for AOD and MH complaint and grievance investigations
- Determine the potential for a universal Notice of Privacy Practices
- Identify the necessary policies which should be implemented and determine the appropriateness of combining CCCMHB and ADASBCC board and operational policies
- Identify requirements for each board regarding the use of releases of information. Determine opportunities to streamline release of information, including the use of county wide release of information forms.
- Determine volume of clients rights work being done by both boards. Identify whether or not there are opportunities to consolidate this process. Identify where in the organization the grievance process is best administered.

Recommendations (of the team and other stakeholder recommendations)

- Keep high priority on consumer confidentiality
- Keep CCCMHB Brown Bag Lunches
- Facilitate meetings between CCCMHB and ASASBCC ACAC's so consumers can get to know each other
- Consolidation should improve behavioral health system for consumers, and consolidation's effect on consumers should be evaluated.

CONSOLIDATION TEAMS STATUS FORM Communication

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Communication

Co-Leaders: Scott Osiecki & Julie Fogel

Team Responsibility (no more than 3 sentences): Review and compare customer relations and communication strategies for target audiences, internal and external, including: special programs, campaigns, Web sites, government affairs, advocacy efforts, publications, public information request policies, public meeting notification, and media relations. Identify these strategies for combined organization. Design communication strategies to inform stakeholders during consolidation process, and craft team-building events for transition of Boards and staff to new organization.

Significant Assets (to preserve and build upon)

- Media relations, publication production, promotional campaigns (suicide prevention & ME/WE) and governmental affairs.
- Education and training activities, especially the Training Institute and the biennial Roads to Recovery Conference
- Opportunity for broader campaigns, including showing how behavioral health services help to reduce the cost of overall healthcare
- Staff experience and additional staff skill sets
- Increased efficiencies

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Budget/time
- Educating staff on AOD & Mental Health issues
- Space
- Organizational culture

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

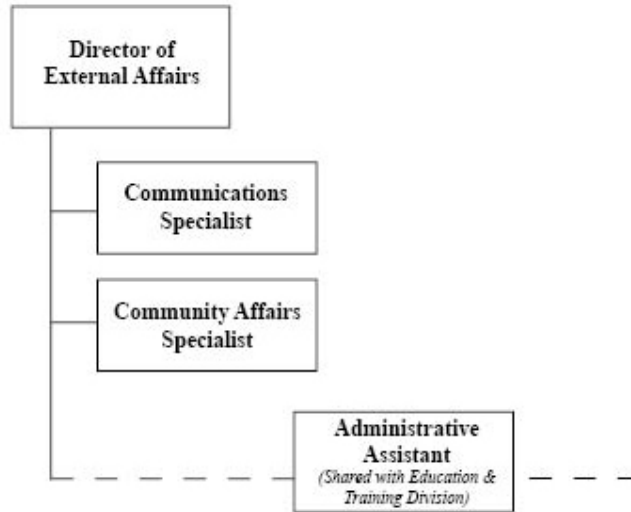
- Creating two separate departments: One for External Affairs and one for Education & Training
- A clear and concise unified mission statement for the new organization from which to develop a communication plan, advocacy goals, identity branding, etc.
- Funding for increased mental health and alcohol and other drug addiction public awareness campaigns

Recommendations (of the team and other stakeholder recommendations)

- External affairs and training activities are separated into two separate divisions in the new Behavioral Health Board: External Affairs and Education & Training.

- A communication goal and plan for the new Behavioral Health Board be developed after the mission and vision are established. This goal should reflect the overall goals of the new Board and its desired outcomes, while incorporating the strengths of the previously established communication goals of the CCCMHB and ADASB.
- The following priorities are recommended to be included in the new organization’s communication department:
 - Media Relations
 - Governmental Affairs/Advocacy
 - Community Affairs
 - Marketing & Public Service Campaigns
 - Award Programs
 - Consumer Programs/Relations
 - Provider Agency Communication
 - Mailing Lists
 - Identity System
 - Public Information Requests
- Open and honest communication be provided to keep stakeholders informed during the consolidation process.
- Based on current staffing and combined external affairs duties of delivering both mental health and alcohol and other drug messages, the committee recommends the following staffing requirements and division structure.

Behavioral Health Board of Cuyahoga County: External Affairs Division Board



CONSOLIDATION TEAMS STATUS FORM

Finance, MACSIS, and IT

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Finance, MACSIS, and IT.

Co-Leaders: Cassandra Richardson, Bill Tobin, and Yancey Quinn

Team Responsibility (no more than 3 sentences): Identify issues that will allow the consolidated board to improve upon the stewardship of public funds. Strengthen and enhance upon data that will maximum third party resources. Develop, improve and or enhance processes to better handle dual diagnostic, AOD and MH only data.

Significant Assets (to preserve and build upon)

- Current FTE expertise;
- IT Hardware and infrastructure;
- Custom in-house IT Projects for ADASBCC such as the Billing application, MAC Reports, BH Reports, Sample Generator, Report Card, etc;
- Fiscal Workbooks used by ADASBCC;
- MHB Fundware FMIS system, Coordinated Residential Referral and Enrollment application, Electronic Budget Application;
- Medicaid Audit ties to Financial information of IT and MACSIS;
- Electronic voucher system by the MH Board and agency electronic funds transfer (EFT)

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Identification, assessing, and the adaptation of the best workloads (processes) to be adopted moving forward from both organizations departments (Fiscal, IT, MACSIS);
- Creation of new processes that have yet to be identified to resolve issues that have yet to come to light, as these two organizations come together. An example of this may be the comparisons of both Boards' MACSIS datasets. To identify what percent of clients are unique to one system or the other (AOD or MH) and what percent are currently being provided services from both systems;
- Two State Departments and State standards
- Policies changes involved with the implementation of Diamond (MACSIS) builds such as;
 - Single UPI vs multiple UPIs;
 - Sliding fee schedule;
 - Agency current NPI and effects of both systems;
 - Third party payers, and;
 - Use and setup of other funding plans;
 - Redefining budget application time frame and process for Community providers;

- Contract Negotiation issues and 120 day notice;
- Merging of operational contracts and effects agreements have on leased and or purchased equipment;
- Movement toward performance based contracting;
- Resolving the infrastructure issues
 - Phone systems;
 - Wiring;
 - Internet communications lines;
 - Server room requirements around the co-location;
 - Consolidation of servers (i.e., e-mail, file structure, etc.);
 - Application and hardware integration (i.e., database, software licenses, backups etc.);
 - Consolidation of Disaster Recovery and Business Continuity Plans; and
 - Consolidation of Financial, MACSIS, and IT policies and procedural requirements;

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- How to have providers integrate the use of third party payers;
- Server room and computer resources consolidation;
- Departmental Structures;
- Standardization of Policies and contracting procedures;

Recommendations (of the team and other stakeholder recommendations)

- Retain separate Financial, MACSIS and IT processes at initial consolidation;
 - Phase in consolidation through staff working together and developing a plan to cross train of staff of both boards;
 - Phase in process will identify and assess processes in order to adopt the best practices of both boards;
 - Phase in processes also allows for the identification of gaps resulting in the need to develop and or modify processes;
 - Phase in process will allow for development of standardization of processes and eliminated redundant capabilities of both boards;
 - Phase in process will assists in the reduction in overall operational costs;
- Complete a comparison of both Boards' MACSIS datasets.
 - Process will enable staff to identify what percent of clients are unique to one system or the other (AOD or MH) and what percent are currently being provided services from both systems.

CONSOLIDATION TEAMS STATUS FORM Grants Management

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Grants Management

Co-Leaders: John Garrity, Beth Pfohl

Team Responsibility (no more than 3 sentences): Within the context of a consolidated behavioral health board, to develop a plan to acquire federal, state or other funding for the expansion of alcohol and other drug and mental health services, identifying specific potential to acquire funding to provide services to individuals with co-occurring AOD and MH disorders.

Significant Assets (to preserve and build upon)

- A history of successful grants procurement and management by both current Boards
- Capability to assess community needs
- Capacity to implement and monitor model programs and best practices
- Capacity to coordinate grants management across several relevant departments, i.e., fiscal, clinical, quality improvement.
- History of collaborative relationships with various local research university departments (e.g., Social Work, Psychology, Psychiatry, etc.)

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Currently each Board approaches grants management differently i.e., centralized vs. decentralized.
- Each Board has different priority populations in mind when identifying the creation of new, grant funded programming.
- Achieving and maintaining true fidelity to the program model when implementing Evidenced-Based-Practices.
- Coordinating accurate and timely data reporting requirements of specific grants.
- Identifying continuation funding to sustain newly implemented programs or services after expiration of the grant.

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Ensuring the creation of a structure/process that allows the new organization to identify community needs and significant service gaps to, in turn, identify appropriate funding opportunities.

Recommendations (of the team and other stakeholder recommendations)

- Map out current grant programs and obligations.
- Clearly identify priority populations, gaps in service and the best practices required within a behavioral health system in order to close those gaps.
- Build upon current practices at both Boards to create a team approach to articulating the vision, seeking funding opportunities and managing grant-funded programs.
- Permanently dedicate one FTE Grants Manager and integrate as part of the Research and Evaluation Team.
- Establish centralized grants management process that includes centralized monitoring and data reporting in addition to the application process.

CONSOLIDATION TEAMS STATUS FORM
Human Resource and Personnel Team (Form 1)

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Human Resource and Personnel Team

Co-Leaders: Tami Fischer and Chris Paternoster (Ghost Writer: Rose Fini)

Team Responsibility (no more than 3 sentences): To assist in assuring a fair and equitable Human Resources component to the Consolidation Plan, with the primary purpose of taking the best of both organizations, and make personnel recommendations to the Steering Committee for consideration.

Significant Assets (to preserve and build upon)

- Vast technical knowledge and experience of both staffs

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Identifying components that can be blended vs. components of organization that need to be independent
- Cultural differences
- Configuring new organization
- Defining process of selecting employees who will serve in duplicate positions
- Assisting various divisions in training employees who will be required to fulfill new role if not chosen to serve in the “duplicate” position

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Whether the organization can afford to conduct an Early Retirement Incentive Program (ERIP)
- Determining how the collective bargaining unit will be integrated into the new organization

Recommendations (of the team and other stakeholder recommendations)

- The Table of Organization will include all current staff except those who may participate in the ERIP or who may not work for the organization through regular attrition.
- Provide an opportunity for employees to assist in drafting job descriptions
- Allow employees to tell HR about other demonstrated skills they may have
- Create an organization that values/promotes career advancement and education
- Utilize cutting-edge HR practices to maximize human potential (*e.g.*, job sharing, remote work sites, etc.)
- Any personnel decisions shall be guided by principles of fairness to employees particularly regarding salary compensation and title.

CONSOLIDATION TEAMS STATUS FORM
HR and Personnel Team (Form 2)

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: HR and Personnel

Co-Leaders: Chris Paternoster; Tami Fischer

Team Responsibility (no more than 3 sentences): To build an organization utilizing the talents, experience and knowledge of the staff of both Boards. To maintain or improve current employee benefits. Encourage employee participation (to the extent practical) in reviewing and revising job functions and duties as necessary to meet the needs of the new organization.

Significant Assets (to preserve and build upon)

- Retain current talent, knowledge and experience of staff from both Boards.
- Consider state-of-the-art HR best practices such as job sharing, flexible working hours, possibly working from home.

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Union, its impact and legal ramifications upon new organization.
- Developing a new Table of Organization encompassing all functions of new Board, yet allow for creativity and efficiency in job positions. (Some positions will need to remain AOD and MH focused – at least for now -- , while others can be combined.)
- Review and revision of job descriptions and align appropriately with new/revised Salary Ranges and Levels.

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Boards must decide if offering Early Retirement Incentive (ERI) and terms thereof, as well as how those positions may or may not impact development of new TO.
- Table of organization format or style. Includes type of structure and titles, functions, etc.
- Impact of union on new organization positions and staff.
- Will employees be “grandfathered” into new organization, retaining current levels of sick, vacation, seniority?

- All HR, Timekeeping, Payroll, etc., practices and procedures for new organization will need to be researched and adopted.

Recommendations (of the team and other stakeholder recommendations)

- Consider offering a severance pay package.
- Begin developing (in the process of starting this task) a functional analysis of the proposed new organization and develop TO from there.
- Consider adding new position(s) or adding duties to current during transition phase of new organization. These would probably be temporary, but maybe not. For example, establish a Board contact person any contract agency can call to resolve an issue. This person would work with the liaison and assure follow-up, resolution and satisfaction. (This would emphasize our commitment to quality service, not only to consumers but provider agencies).

Above is an example, but we need to be open to this type of creativity.

CONSOLIDATON TEAMS STATUS FORM
Program Committee

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Program Committee

Co-Leaders: Valeria A. Harper, Chief Operating Officer, Mental Health Board and Frances Mills, Deputy Director, Alcohol and Drug Addiction Services Board

Team Responsibility (no more than 3 sentences):

Develop a comprehensive plan for program development, implementation and monitoring, including the provision of program specific technical assistance. Identify service priorities, service gaps and the continuum of care for alcohol other drug and mental health services. Review opportunities for the development of joint planning documents, including the Community Plan for the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health.

Significant Assets (to preserve and build upon)

- History of planning collaboratively between the Boards including FCFC, Both Sides of Bridge, Behavioral Health Juvenile Justice, Applewood/New Directions and Lupica Towers Project.
- Ability to enhance current and emerging services by maximizing the expertise from both Boards' highly qualified staff and providers
- Core principles and values of QI/PI/CQI are shared across both systems.
- There is a group of dually certified providers within both systems.
- History of comprehensive prevention services within the AOD System
- Ability to enhance existing centralized intake and assessment function.
- Potential of anticipated AOD and MH joint service planning at the state and federal levels.
- Permanent and supportive housing continuum/options for mental health consumers
- Significant programs/services provided by both Boards in the various school districts
- Experienced in providing joint audits for dual diagnosed program environments

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Reversing significant staff and provider and systems misinformation regarding the delivery of services to the co-occurring population. Clinicians have very limited understanding of integrated care.
- No existing documentation that reflects integrated services
- Funding levels for both Boards remains insufficient based on the identified needs in the community
- There are significant differences in the Boards culture, operations and business practices.
- Continuity of daily operations of the Boards during consolidation (seamless transition)
- There are differences in housing services offered through the Mental Health Board and residential services provided in the AOD system
- Increased funding from the Health and Human Services Levy to support the consolidation efforts
- Timely and inclusive communication across departments and divisions
- Ability to set priorities, both for the mutually served population and the distinct AOD or MH consumers
- Ensure consumer and family involvement in all aspects of planning across the Board

Key Decisions for Consolidation

(no more than five key decisions that must be made and made well to ensure the best product)

- Table of Organization of Future Organization is unknown. Consider having a division for MH, AOD and Dually Diagnosed
- Strategy for new program development and implementation has not yet been determined
- Define the combined role for the auditors and program reviewers, or should the functions remain separate
- Maintain continuity of staff and areas of expertise during transition
- Determine timetable and mechanism for the development of Board planning documents.

Recommendations (of the team and other stakeholder recommendations)

- Establish separate AOD and MH and Dual Diagnosis Divisions within the new Board.
- Maintain separate process for program/service area at least the first year of the consolidation

- Focus initial plans for co-occurring service delivery on the adolescent and forensics criminal justice populations in the first year
- Begin planning process for the development of a centralized intake process that includes mental health assessment and incorporates aspects of the AOD central intake process
- Begin discussions with state departments regarding the potential for the development of joint planning documents and reporting in Cuyahoga County.
- Begin strategic planning process within two years of the Board's consolidation
- Program team members to meet with recently merge AOD/MH Boards to learn details regarding the "dos and don'ts" when consolidating
- Identify system's priorities
- Develop a functional/dynamic work plan as a guide for integrating programs and services where appropriate
- Involve consumers and family members for children and adults in the program planning process
- Focus groups consisting of dually diagnosed consumers involved in both systems for their perspective regarding programs/services
- Solicit the involvement of a facilitator with experience in both AOD and MH community planning and/or organizational development

CONSOLIDATON TEAMS STATUS FORM
Quality Improvement/Research and Evaluation Consolidation Team

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Quality Improvement/Research and Evaluation Consolidation Team

Co-Leaders: Laura Lambert and John Garrity

Team Responsibility (no more than 3 sentences):

Develop a comprehensive quality improvement structure for the Behavioral Health Board of Cuyahoga County that includes assessment of internal operations and the external system and includes data collection, research and evaluation system and provider reporting, performance indicators, outcomes, waiting list information, major unusual incidents, and Board agency report cards, as well as and how agency performance is communicated throughout the system.

Significant Assets (to preserve and build upon)

- History of well-developed Quality Improvement Program.
- History of established Research and Evaluation program.
- Core principles and values of QI/PI/CQI are shared across both systems.
- All MH providers and several ADAS providers are independently accredited by CARF, JCAHO, or COA.
- Seven providers in BH system already serve both AOD and MH consumers.

Significant Challenges (that the consolidation may yet encounter and need to work through)

- ADAS and MH are governed by different state organizations, which include different quality improvement and performance improvement regulations as well as different reporting requirements.
- ADAS and MH have significantly different required Outcomes Systems in place.
- Organizational incongruence with departmental responsibilities and supervisory associations
- Cultural differences that impedes integration of QI principles
-

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Table of Organization of Future Organization is unknown
- Commitment to Total Quality Management as an organizational management philosophy that employs QI principles and data-based decision-making throughout organization
-
-

Recommendations (of the team and other stakeholder recommendations)

- Maintain separate Clinical Outcomes System as required by ODMH and ODADAS.
- Establish a Director of Quality Improvement and a Director of Evaluation of Research.
- Integrate internal and external Quality Improvement processes for AOD and MH into a centralized system wherever possible under the direction of a Director of Quality Improvement.

- Integrate Research and Evaluation for AOD and MH under the a Director of Evaluation and Research, including participation in national demonstration projects, local pilot studies, collaboration with local research universities, and analyses of local primary data to improve services.
- Eliminate duplication of processes wherever possible.
- Include consumers in QI and Research and Evaluation processes.
- Establish Report Card with AOD and MH performance measures and move towards performance-based contracting with all providers.
- Use Malcolm Baldrige organizational principles in development of behavioral healthcare board
- Have all BH providers become independently accredited by CARF, JCAHO, or COA within three years of completion of consolidation.

CONSOLIDATION TEAMS STATUS FORM

Training Team

The Steering Committee will use this form to finalize a portion of the BOCC Report for December 6, 2007. Please use a concise, bullet format, and expand sections if needed.

Source documents should include team documents, as well as the common themes gathered from stakeholder and public meetings.

Team Name: Training Team

Co-Leaders: Jim Joyner & Scott Osiecki

Team Responsibility (no more than 3 sentences): Review and identify target audiences and topics, and review trainers and contract administration policies and practices, for internal and external needs. Review ongoing conferences, Training Institute, speakers bureau and provider needs. Identify training needs and techniques for new organization.

Significant Assets (to preserve and build upon)

- Crisis Intervention Team (CIT) training for police
- Biennial Roads to Recovery Conference
- Training Institute (considers a centralized and expandable training program)
- Offering CEUs and RCHs
- Consumer involvement

Significant Challenges (that the consolidation may yet encounter and need to work through)

- Amount of physical space needed to operate an expanded Training Institute
- Location and Parking for Training Institute
- Funding for increased trainings
- Cross training while maintaining current duties
- IT support

Key Decisions for Consolidation (no more than five key decisions that must be made and made well to ensure the best product)

- Location
- Amount of Space
- Funding
-
-

Recommendations (of the team and other stakeholder recommendations)

- External affairs and training activities be separated into two separate divisions in the new Behavioral Health Board: External Affairs and Education & Training.

- Training goal and plan for the new Behavioral Health Board be developed after the mission and vision are established. This goal should reflect the goals of the new Behavioral Health Board, and be set by incorporating the strengths of the previously established communication goals of the CCCMHB and ADASB: educating professionals, consumers, family members, staff and board members.

- The following education and training priorities to be included in the new organization and for expansion of the Training Institute to include both alcohol and other drug and mental health training topics:

- Crisis Intervention Team (police) Training
- Wellness Recovery Action Plan Training
- Biennial Roads to Recovery Conference
- CWRU Mental Health Fellows and Dual Disorders Training Program
- Training Institute, Advisory Panel and Workgroup
- Counselor Education Series
- Trauma Addictions Collaborative
- The Uppers Downers & All-Rounders Series
- The Prevention Education Series
- The Quality Improvement Series
- Illness Management & Recovery Training
- Speakers Bureau
- Employment/Vocational Training
- Recovery Training for Adult Care Facilities
- Forensic Peer Support Training
- Cleveland State University Leadership Academy
- Suicide Prevention Training
- Cultural Competency Training
- All Hazards Preparedness Training
- CPST Training
- Cosponsorship of NAMI Training Series

- Serious consideration be given to the amount of physical space that will be required to operate a successful and expanded Training Institute: training rooms, class rooms, preassembly areas, restrooms and kitchen facilities. Likewise, similar consideration must be given to providing an adequate budget to accomplish the goals and sustain the Training Institute.

- Based on current staffing and combined mental health and alcohol and other drug training programs, the committee recommends the following staffing requirements and division structure.

Behavioral Health Board of Cuyahoga County: Education & Training Division

