

Solutions for Ohio's Quality Improvement and Compliance



A new standard in documentation

# Annual Report

August 2005



# Introduction

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Solutions for Ohio's Quality Improvement and Compliance (SOQIC) is a collaborative venture between the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), mental health boards, providers and clients. The primary objective was to design, develop and implement at the State, county Board and local provider levels a standardized consumer-centered, compliant and cost-effective mental health delivery system.

Individual mental health provider agencies in different regions of Ohio have traditionally established very diverse types of forms and processes to collect clinical and non-clinical information. While this approach to agency-specific documentation helps to meet the individual documentation needs of each organization, it has also led to examples of redundancy, inefficiency, non-compliance, and an inability to compare useful data among agencies throughout the system.

The SOQIC standardized documentation system provides standardized, integrated clinical forms with enhanced compliance and quality for Ohio's public mental health system. The forms cover the entire treatment process from demographic information to transfer/discharge, including assessment, treatment planning and progress notes. All are designed to accommodate the various certification, national accreditation and Medicare/Medicaid compliance requirements, as well as all ODMH and ODADAS rules and standards.

Financial support for development and initial implementation of the SOQIC project was provided by block grant funds over the past three years. In addition, an even larger investment has been made in donated time and expertise. All of the project team members were representatives of the stakeholders whose agencies, boards and provider trade organizations gave generously of their participants' knowledge, expertise, time, and travel, without any compensation. Many agencies also gave generously as pilot sites for the SOQIC forms. Their staff members attended training, used the new forms in a six-week period and then provided extensive feedback to the Standardized Documentation Team.

The SOQIC Project is innovative in many ways. The SOQIC forms set is the first effort nationally to standardize documentation across a state system. The introduction of electronic forms supports standardization, enabling providers to move into electronic documentation and prepare the system for electronic medical records. The process of collaboration by the various stakeholders utilizes a governance structure, the Quality Management Council, that consists of representatives of ODMH, county Boards, Providers and Consumers, working together by agreement. The implementation approach is one of providing leadership, valuing commitment over compliance, training, communication, support, and shared learning to enable full implementation.

SOQIC is truly a shared project. While many benefits will be realized as agencies fully implement SOQIC forms, a very tangible benefit of the SOQIC project is that stakeholders in the mental health system jointly developed a process to work together effectively to bring about necessary change.

"Re-engineering clinical processes and documentation has become an urgent priority in behavioral healthcare. The requirements of funders and regulators continue to evolve, and in too many cases record systems just expand to cover new requirements. Clinicians spend more time on paperwork than on providing care. SOQIC attacks that problem, and even more critically, strengthens consumer participation in treatment."

Michael F. Hogan, Ph.D.  
ODMH Director

"As ODMH and ODADAS continue to streamline processes and reduce the 'red tape' commonly expected with state-funded services, Ohio citizens will reap the benefits of enhanced mental health and addiction treatment."

Carolyn Givens  
ODADAS Director

# Project Impact

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“I think healthcare providers didn’t go into healthcare to document what they’re doing. They went into healthcare to take care of people. So, anything that can allow all of us providers, be it physicians, be it nurses, be it therapists, be it community support specialists, to be able to do our job better and provide service for our patients and clients is just – is a tremendous advantage.”

Hilton J. Rodriguez, M.D.  
Medical Director  
Eastway Behavioral  
Healthcare

## **ODMH Strategic Themes**

The SOQIC initiative directly addresses the department’s strategic themes of quality improvement/system performance and increasing access. Through standardizing documentation, processes are also being standardized which will then make consistent data available for quality improvement efforts at the local level. The forms have been developed to assist providers to be fully compliant with all regulations, improving system performance. SOQIC reduces paperwork and unnecessary assessments, creating more time for clinicians to spend with clients, increasing both access and system performance. The form set was developed with a recovery/resiliency orientation and with prompts to increase client/family involvement in their own care. The training provided addresses quality of care and emphasizes a recovery-oriented, client/family-centered approach. Consistency and service provision throughout the system will be enhanced as more providers incorporate SOQIC’s standardized documentation.

## **President’s New Freedom Commission on Mental Health**

The SOQIC initiative is a strategy designed to transform service delivery and documentation and addresses three of the President’s New Freedom Commission on Mental Health goals:

- Mental Health Care is Consumer and Family Driven
- Excellent Mental Health Care is Delivered and Research is Accelerated
- Technology is Used to Access Mental Health Care and Information

### *Mental Health Care is Consumer and Family Driven*

The SOQIC forms and training were developed with input from consumers and family members. Prompts in the forms integrate a consumer and family-driven approach and encourage clinicians to partner with consumers in their treatment process. The training provided has emphasized and modeled this partnership approach.

### *Excellent Mental Health Care is Delivered and Research is Accelerated*

Standardizing documentation leads to a standardization of processes and standardized data. Standardized data provides an opportunity to compare across agencies and to have better data for research and quality improvement purposes. The approach designed into the SOQIC forms emphasizes quality of care and use of evidence-based practices.

### *Technology is Used to Access Mental Health Care and Information*

SOQIC standardizes operational definitions and documentation processes which are necessary precursors to a technology-enabled environment. SOQIC e-forms enable provider agencies to begin adapting to the use of electronic documentation, and prepares the system to move toward electronic medical records.

# The SOQIC Teams

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There are many stressors in the community mental health system today. The funding challenges of shrinking resources and ever greater dependence on Medicaid, coupled with heightened external accountability requirements, increased demand for services, and a shift to a more, consumer-centered, recovery-oriented treatment process puts pressure on all aspects of the mental health system. One response to these pressures is the Solutions for Ohio's Quality Improvement and Compliance (SOQIC) initiative which was established to improve quality, reduce costs and ensure compliance with state, federal, and accreditation requirements.

The SOQIC Initiative brought together representatives of all stakeholders in a collaborative systematic process to research, develop, test and implement a set of standardized, integrated clinical forms across the community mental health system. Four major teams, composed of representatives of the stakeholders were chartered:

- The Quality Management Council (QMC) serves as the governing body.
- The Standardized Documentation Team (SDT) served as the forms design team.
- The Compliance Review Team (CRT) ensured that the documents incorporated all compliance requirements.
- CFAST, the Consumers, Families, and Advocate Steering Team, provided consumer perspectives and review.

The Quality Management Council developed several guiding principles that are critical to the mental health treatment process, against which solutions were to be evaluated. They identified that solutions must be:

- Recovery-based
- Client-centered
- Compliant with payer and accreditation rules and regulations
- Capable of demonstrating quality of care
- Cost effective

Applying these principles, the Standardized Documentation Team developed a standard and integrated medical record forms toolset to support enhanced compliance and quality for Ohio's public mental health delivery system. The Compliance Review Team reviewed the forms and user manual to ensure that all forms developed were designed to accommodate ODMH and ODADAS documentation standards, HIPAA rules, Medicaid/Medicare standards, and JCAHO, CARF, and COA accreditation standards. CFAST provided input and feedback throughout the process to ensure a consumer-centered, recovery orientation was embedded in the process and the forms.

# SOQIC Forms

“Client participation is probably the most important aspect of treatment because I don’t think the treatment works without the client’s input, knowing where they are and where they need to go. And what I see in the SOQIC forms, there’s an appearance of that interaction, and that extracting of the client’s perspective on what their needs are and what their goals and objectives should be.”

Sherry Gibson, Board Chair  
Ohio Federation for  
Children’s Mental Health

“One of the side benefits of SOQIC is that each agency or each provider won’t have to reinvent the wheel every time, and come up with their own documentation or their own intake process and intake forms and some of the program development pieces. Since there would be a uniformity of practice to some degree and a uniformity of documentation, it will offer providers opportunities to provide more care as opposed to spending time developing the forms and practices around administrative issues.”

Jonas Thom, Director  
Ohio Coordinating Center  
for Assertive Community  
Treatment

## Research and Development of SOQIC Forms

Developing the SOQIC standardized formset involved an intensive research and development effort, looking at many examples of documentation both within and outside of the state, establishing criteria for standardized forms in Ohio, and then developing the formset, utilizing the expertise of the representatives of each of the stakeholder groups. Two national consultants guided this work. The 22 forms were piloted in 28 volunteer agencies, selected to include a wide variety of types and sizes of provider agencies. Training was provided. After the six-week pilot, a thorough evaluation process was conducted, the forms revised and this new set of forms was then piloted for another six-week period with 32 provider agencies. Some of the agencies had participated in the first pilot and some were new. After another thorough evaluation process, the design team revised the forms to incorporate the feedback received. The compliance team reviewed and documented all of the requirements met in the forms. A comprehensive SOQIC User Manual was developed to provide specific assistance with understanding the processes and completing the forms.



## The SOQIC Forms:

- Provide a standardized, integrated documentation system for mental health and alcohol and drug treatment. The 22 forms cover the entire treatment process from admission to discharge, including assessment, treatment planning and progress notes.
- Promote recovery, actively engaging clients in their treatment process
- Simplify paperwork
  - Clients don’t have to go through redundant assessments
  - Prompts on forms ensure completeness of documentation
  - The Diagnostic Update and ISP Revision/Review forms enable quick and easy updates to a record
  - Checkboxes and fill-ins simplify documentation with narrative sections to provide a fuller explanation when necessary
- Improve clinical practice
  - Forms are comprehensive and provide prompts
  - Link diagnostic assessment and identified treatment needs to goals and objectives
  - Link progress notes to specific goals and objectives
- Are compliant with all regulations and accreditation standards: ODMH and ODADAS, Medicare/Medicaid, JCAHO, COA, CARF
- Save time
  - Reduce redundant assessment processes
  - Promote same day or concurrent documentation

# Implementation

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## **Implementation Model**

SOQIC implementation utilizes a leadership model designed to create a clear understanding of how complex documentation requirements can be effectively and simply accomplished with the SOQIC documentation system. This approach values commitment over compliance, providing training, communication, support, and shared learning. The primary focus is on what individual provider agencies can gain by using the forms as a tool to facilitate a more consistent, consumer-centered, compliant and cost-effective mental health delivery system.

## **SOQIC Leadership Implementation Plan Focus Areas**

Representatives of the stakeholders came together to identify the issues and areas that needed to be addressed in an implementation plan. Each of these identified areas has either a chartered team or a QMC-appointed representative as the lead to address these issues. The identified issues or areas include:

- Information Technology
- Training
- Marketing and Communications
- Forms Usage Support
- On-Going Form Maintenance Support
- Evaluation and Measurement
- Costs of Implementation

## **Information Technology**

Information technology has been slow coming to the mental health system. Costs and a lack of standardization have been barriers to capitalizing on the benefits that information technology offers. To support a transition to a technology-enabled system and realize the potential benefits of simplifying work, streamlining processes and enhancing the quality of documentation processes, ODMH has developed simple e-forms for provider use. While these forms are not connected to a database, they are built in XML format which will allow users a relatively simple way to extract data and import it to their database system. Data specifications have been provided to software vendors and several have begun to incorporate the SOQIC forms into their systems.

## **Training**

Training is the key to successful implementation of SOQIC. Training needs were identified in a variety of ways including focus groups and surveys. A training team, the SOQIC Clinical Documentation Integration Training Team, was chartered to develop and implement a training plan based on those identified needs. The initial two-year training plan has been utilized as an essential strategy to create an understanding of why changes need to occur in practice and how the SOQIC Documentation Process meets clinical record qualitative and compliance needs for provider agencies. The training was designed to help providers integrate recovery/resiliency, the Ohio Outcomes system, and evidence-based practices, as well as meeting rules, regulations and accreditation standards in documentation. Over the last two years, a comprehensive set of trainings have been offered and well received. A training DVD replicating the forms rollout training is available, and this training will also be available online. The SOQIC Training Chart on page 12 illustrates the variety of trainings and the number of participants who have been reached.

# Implementation, cont.

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## **Marketing and Communications**

Communication is a cornerstone of the leadership model of implementation. Regular articles in ODMH newsletters, *Connections* and *Quality Matters*, with Q&As, implementation advice and interviews with experienced users, as well as SOQIC Updates posted to the SOQIC Web site and e-mailed to interested parties, and an Annual Report reporting progress are all being utilized to create interest and understanding of the SOQIC initiative. An Implementation Manual and a simple *Getting Started with SOQIC* guide have been developed and disseminated. Information/articles are being made available to others for their newsletters (providers, trade associations, county Boards). A press release was disseminated and an article has been published in a national journal. SOQIC was also the focus of a workshop presentation at the March 2005 National Council for Community Behavioral Healthcare Conference.

## **Forms Usage Support**

A variety of approaches are being taken to support users as they adopt the SOQIC system:

- A user group has been formed and a list serve developed. In addition to answering questions and sharing best practices online, the user group will bring people together periodically to share learning.
- A Web site link for Q&As is available and directs questions to the SOQIC Program Manager.
- FAQs are being compiled and posted to the SOQIC Web site.
- Pilot agencies have agreed to be available as resources for questions on implementation.
- The final form set and SOQIC User Manual are posted on the SOQIC Web site.
- An Implementation Support Manual was developed by a group of experienced providers to provide guidance to agencies as they implement SOQIC forms in their systems. The manual includes models, flowcharts and policies of reengineered systems of practice.
- Forms and manual are also available on CD Rom.

## **On-Going Forms Maintenance Support**

A Forms Review Committee has been chartered and has begun to develop a plan to systematically review accreditation standards or rules changes and gather feedback from users. This team's commitment is to keep the forms up-to-date with all accreditation standards, rules and regulations. At the end of the first year, a comprehensive review will be conducted and any necessary changes will be made.

## **Evaluation and Measurement**

Several strategies focus on evaluation and measurement. At six months and again at 12 months, a survey will be conducted to assess the utilization rate by determining what percentage of agencies are using the SOQIC forms and to assess user satisfaction with the forms.

At the end of the first year, the Forms Review Committee will seek specific feedback on the forms, their elements, and the process to understand what is working and what can be improved. They will also seek information on customer satisfaction from clients, clinicians, administrative staff, and Board auditors. In FY 2006, a long term evaluation and measurement strategy will begin to evaluate the impact of SOQIC forms on audit results, agency efficiency, accreditation surveys and service access time.

## **Costs of Implementation**

After the forms have been in use for a year, work will begin to identify costs and benefits of conversion to the SOQIC system and how electronic technology can reduce costs.

# Activities & Accomplishments

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The forms development, testing and review processes were completed in fiscal year 2004. In fiscal year 2005 the goal was to get the forms finalized and implemented across the state in provider agencies and to create and pilot a set of simple e-forms. In addition to the products SOQIC has created for use in the mental health and substance abuse system, many activities were directed at awareness and understanding to promote implementation:

- The SOQIC forms were edited, converted to a forms design software, printed, posted to the SOQIC Web site and distributed on CD-Rom.
- The forms that are most likely completed by clients or their families, the Demographic Information Form and the Health History Form, have been translated into Spanish and Somali.
- The SOQIC User Manual was finalized, edited, designed and posted to the SOQIC Web site.
- The SOQIC Implementation Support Manual was developed and posted to the SOQIC Web site.
- The Forms Review Committee was chartered.
- The electronic forms were developed, and pilot tested. Revisions are in process.
- An extensive training plan was developed and many opportunities have been offered.
- A SOQIC utilization survey was conducted. Results are being evaluated to help develop strategies for further implementation efforts (see page 10).

For a complete listing of SOQIC products and training, see pages 11-12.

## **Lessons Learned**

- Involving all stakeholders takes time up front, but promotes ownership of a solution and enables implementation.
- Consensus and collaboration are the ideal approach to making significant and lasting change in a system. However, working agreements about how to disagree without impeding progress are also essential.
- You can't sacrifice the good for the perfect solution...sometimes you just have to jump in and make adjustments as you go.
- Being more inclusive internally, as well as externally, is essential.
- Project management requires holding the big picture as you work out the details.
- Continually improving our communication processes and strategies needs to be a priority.
- Integration of clinical and organizational quality is essential.
- Change is both a challenge and an opportunity.

# SOQIC Implementation Survey

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## Survey Comments

- Documentation is now more goal oriented.
- We have cut down on paperwork .
- CSP workers and counselors work closer together.
- Improves the QA process quite a bit.
- Helps staff to remember all the components that are needed for documentation for Medicaid audit purposes.
- It has made admission to our Partial Hospitalization Program easier and quicker as any clinician can refer and we do not need for them to each complete their own evaluation.
- Clinicians are much more mindful of the relationship of client circumstances to the documentation process.
- Has increased the structure of clinical process. Has promoted the dimension of best practices.

In May 2005, six months after the rollout of SOQIC forms, a SOQIC Implementation Survey was disseminated to examine the implementation rate of SOQIC forms and to assess user satisfaction.

## Responding Agencies

Respondents included 109 agencies in 38 county Board areas. The survey demonstrates that smaller agencies and systems have been more likely to start implementation of SOQIC forms. Seventy-five percent of the responding agencies had a budget of \$8 million or less. Since many of the larger systems already have electronic documentation systems, it will likely take longer to adopt the SOQIC forms.

## Forms Usage

Almost 60 percent of responding agencies reported using SOQIC forms. An additional 22 percent reported they will implement the forms within the next year. Ten of the SOQIC forms are being used “all the time” by more than 50 percent of those responding to the survey. Respondents cited the *Individual Service Plan* and the *Individual Progress Note* as the most frequently used forms. The survey also revealed a small number of forms that are never used by most respondents. The most frequently cited were the *Crisis Intervention Assessment and Plan* and the *Partial Hospital Note*.

## Paper or Electronic Forms

Responding agencies are primarily using the SOQIC paper forms, but some are beginning to implement the electronic forms with a combination of paper and e-forms. No respondent indicated using the e-forms exclusively at this time. Of the respondents using e-forms, half are using the SOQIC pilot e-forms and the remainder are using SOQIC e-forms provided by their software vendor. As e-forms become more widely available, it is anticipated that more agencies will adopt the SOQIC form set.

## User Satisfaction

Respondents were asked to rate their satisfaction with each individual form. Overall the number one category for all 22 SOQIC forms was “mostly satisfied.” Ease of use was rated as “extremely easy” or “somewhat easy” by 40 percent and “neither hard nor easy” by 33 percent.

## Changes to Forms

Twenty-seven percent of respondents reported making changes to some form elements to meet requirements of other funders. This response indicates that more education is needed to clarify that the SOQIC forms are designed to specifically meet all the various certification, national accreditation and Medicare/Medicaid compliance requirements, as well as all ODMH and ODADAS rules and standards.

As implementation of the SOQIC forms continues, additional implementation surveys will be conducted at six-month intervals to further assess user satisfaction.

# SOQIC Products

Product	Description	Availability
SOQIC forms for clinical documentation - paper forms	22 forms integrating and streamlining the documentation process. Designed to be printed and completed by hand. ODADAS level of care forms also available.	online CD-Rom
SOQIC e-forms	20 electronic forms developed in Pure Edge Forms designer. Available with the Pure Edge Reader which enables use. Uses XML data model which allows users to extract data to import to their database.	Online after July 1, 2005 CD-Rom
SOQIC User Manual	Complete manual with instructions for completing forms and resource material.	Online CD-Rom Limited hard copies
SOQIC Compliance Grids	Grids that identify each form element and the specific requirements that element fulfills (JCAHO, CARF, COA, ODMH, ODADAS, Medicare/Medicaid).	Online Appendix of SOQIC User Manual
SOQIC Documentation Implementation Support Manual	Tools to operationalize SOQIC standardized forms.	Online CD-Rom
Getting Started with SOQIC	A pamphlet providing an introduction to the SOQIC Standardized Documentation System.	Online Limited hard copies
Presentations	Standardized Documentation for Enhanced Clinical Practice powerpoint presentation.	Online
Ongoing marketing	Articles published in ODMH's <i>Connections</i> and <i>Quality Matters</i> online newsletters.	Online
SOQIC Implementation Survey	Online survey measuring implementation rates and user satisfaction.	Results will be posted online
Publications	Article in <i>Mental Health Weekly</i> - February 21, 2005 - Ohio implements standardized clinical forms for community MH and SA agencies.	
Training	See page 12.	

# SOQIC Training FY 2005

Training Title	Description	# Trained
Integrating Medical Necessity & the Rehab Option in Mental Health Treatment	One-day workshop and a half-day teleconference, presented by Mary Thornton, to provide participants with a clear understanding of medical necessity and the rehab option in the context of recovery/resiliency and best practices for clinical and systems integration.	1518
Effective Strategies for Supervision of Community Support Services	One-day workshop, presented by Lee Ann Slayton, focused on supervision practices with a rehabilitation orientation that impact the quality, efficiency, effectiveness and consistency in the provision of community support services.	339
Effective Approaches for Community Support Services	One-day training, presented by Lee Ann Slayton, focused on practices with a rehabilitation orientation that impact the quality, efficiency, effectiveness and consistency in the provision of community support services.	424
Enhancing Quality, Compliance and Client Outcomes through Improved Clinical Documentation	Two-day training, presented by David Lloyd, Howard Sokolov, M.D., Mary Thornton, Pam Price, Dana Harlow and others, to provide community mental health providers with an overview and practical application of SOQIC Standardized Documentation as an integrated system to document quality care.	514
SOQIC Training DVD Set	Contains the contents of the two-day SOQIC forms training, designed to support the implementation of the SOQIC forms. Complete training package with almost nine hours of material. The DVDs were distributed through the Ohio Council of Behavioral Healthcare Providers, Ohio Association of Child Caring Agencies, the Family Service Council of Ohio and the Ohio Association of County Behavioral Health Authorities. Limited copies available by request from ODMH.	
Person-Centered Treatment Planning for Mental Health Recovery/Wellness/Resiliency	One-day hands-on workshop by Dr. Neal Adams and Diane Grieder on treatment planning from clinical formulation to integrated goals, objectives and interventions.	220

# Plans for FY 2006

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In fiscal year 2006, the implementation process that has begun needs to be sustained and grown. The value of standardization multiplies as more agencies participate. The eventual goal of SOQIC is for all community mental health agencies to use the SOQIC documentation system. With 60 percent of reporting agencies currently using part or all of the SOQIC formset, it is anticipated that the number of participating agencies will double in FY 2006 (an increase in reporting agencies is expected as well). As more software companies integrate SOQIC into their systems for Ohio providers, and as more agencies experience success and share what they have learned, the easier it will become for agencies to adopt the SOQIC formset and to experience the benefits of standardization and eventually of electronic forms which will enable the possibility of fully integrated clinical and billing systems. ODMH is strongly committed to supporting and partnering with all SOQIC participants, as we make the forms and processes core elements of transforming mental health care.

Activities to support implementation of the SOQIC documentation system and to enhance clinical practice are identified in the chart on the next page.

# SOQIC FY 2006 Workplan

Objective	Activities	Dates
Increase the number of agencies using SOQIC Forms	Develop and distribute marketing materials	ongoing
	Support SOQIC User Group	quarterly meetings
	Develop and publish <i>Frequently Asked Questions</i>	Fall 2005
	Implementation Survey	November 2005 and May 2006
	Provide technical support	as needed
	Develop strategies for reaching non-users	ongoing
Ensure that forms are up to date with compliance standards, rules and regulations and meet user needs	Review the forms and compliance standards	Spring 2006
	Gather data from users	Spring 2006
	Make changes as needed to forms, manual and compliance grids	May 2006
Add Assertive Community Treatment and Intensive Home-Based Treatment forms to the SOQIC formset	Design forms	Fall 2005
	Submit forms to Forms Review Committee for approval	January 2006
	Develop e-forms	May 2006
Fully implement e-forms	Distribute e-forms and reader to community mental health agencies	Summer 2005
	Provide training	Summer/Fall 2005
	Develop and publish e-forms user manual	Fall 2005
	Work with software vendors to integrate SOQIC forms into their systems	ongoing
Increase provider understanding and ability to implement integrated quality documentation	Provide training on Person-Centered Treatment Planning	Summer/Fall 2005
	Provide Train the Trainers sessions on Person-Centered Treatment Planning	Fall 2005/Winter 2006
	SOQIC Update Conference	Spring 2006
	Continue to evaluate training needs to support SOQIC implementation	ongoing
Evaluate impact of SOQIC standardized documentation on agency audit findings, productivity, accreditation, access	Work to define process and timelines	Fall 2005
	Begin implementation of the plan	

# SOQIC Team Members

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## **Quality Management Council**

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Stark County CMH Board

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