

Transformation State Incentive Grant partners

Substance Abuse and Mental Health Services Administration

State Departments, Agencies, Commissions, Boards and Offices:

Office of the Governor of Ohio
Office of the First Lady of Ohio
Advisory Committee on Mental Illness and the Courts, Supreme Court of Ohio
Governor's Office Faith-Based and Community Initiatives
Interagency Council on Homelessness and Affordable Housing
Minority Health Commission
Office of Criminal Justice Services
Office of the Ohio Attorney General
Ohio Benefit Bank
Ohio Children's Trust Fund
Ohio Department of Aging
Ohio Department of Alcohol and Drug Addiction Services
Ohio Department of Development
Ohio Department of Developmental Disabilities
Ohio Department of Education
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Mental Health
Ohio Department of Rehabilitation and Correction
Ohio Department of Veterans Services
Ohio Department of Youth Services
Ohio Family and Children First Council
Ohio Housing Finance Authority
Ohio Legal Rights Service
Ohio Rehabilitation Services Commission
Supreme Court of Ohio

Statewide organizations:

Area Agencies on Aging
Buckeye Healthy Schools Alliance
Coalition on Homelessness and Housing in Ohio
Corporation for Supportive Housing
Institute for Human Services
Mental Health America (Franklin County, Licking County, Summit County)
Multiethnic Advocates for Cultural Competence
National Alliance on Mental Illness - Ohio Chapter
Ohio Adult Care Facilities Association
Ohio Association of County Behavioral Health Authorities
Ohio Citizen Advocates
Ohio Consumer Operated Services Association
Ohio Council of Behavioral Health & Family Services Providers
Ohio Domestic Violence Network
Ohio Early Childhood Council
Ohio Empowerment Coalition
Ohio Federation for Children's Mental Health
Ohio Mental Health Network for School Success at Miami University
Ohio Suicide Prevention Foundation

ODMH Coordinating Centers of Excellence:

Center for Innovative Practices CCOE at Kent State University
Cluster-Based Planning CCOE
Criminal Justice CCOE in collaboration with Summit County ADAMH Board,
Northeastern Ohio University's Colleges of Medicine and Pharmacy and NAMI Ohio
Integrated Dual Disorder Treatment CCOE at Case Western Reserve University
Mental Illness/Developmental Disabilities CCOE at Wright State University's
Department of Psychiatry
Supported Employment CCOE at Case Western Reserve University
Wellness Management and Recovery CCOE in partnership with Southeast, Inc., the
University of Toledo and the Lorain County Community Mental Health Board

... and many other local organizations that contributed throughout the five-year grant,
including mental health and drug and alcohol providers and local boards.

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Achieving the Promise: Transforming Mental Health Care in America*

Goal 1: Americans Understand that Mental Health Is Essential to Overall Health.

Goal 2: Mental Health Care Is Consumer and Family Driven.

Goal 3: Disparities in Mental Health Services Are Eliminated.

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated.

Goal 6: Technology Is Used to Access Mental Health Care and Information

** President's New Freedom Commission (2003)*

Resources:

www.mentalhealthcommission.gov/reports/reports.htm

<http://mentalhealth.ohio.gov/what-we-do/plan-and-implement/system-transformation/index.shtml>

What is TSIG?

Ohio's systems serving people with mental illness and emotional disorders, and their families, have partnered during the past five years to become a cohesive, accessible and effective system of care. The chance for all consumers to live, work, learn and participate fully in their communities was the over-arching goal of this collaboration. Our work was accelerated by a \$12 million grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Mental Health Transformation State Incentive Grant, known as "TSIG," was designed to create or change *infrastructure* to remove barriers and facilitate access to services and resources.

Infrastructure transformation in this context leaves something "concrete" behind: strategic plans; laws, rules, policies or procedures; new or shared funding strategies; new service concepts; technology utilization; important research; and training and communications products. The TSIG infrastructure grant could not be used to fund direct services.

Major goals of the federal grant program were outlined in the President's New Freedom Commission Report (2003) and Ohio was able to choose our focus based on the needs, characteristics and issues we face.

Transformation State Incentive Grant

The grant was awarded to the Office of the Governor, which engaged the many state agencies that have a role in serving people with mental health needs. The Ohio Department of Mental Health (ODMH) provided overall leadership and management of the grant, and incorporated virtually every office in the work of transformation. The cabinet-level Transformation Working Group (TWG) provided oversight and guidance, and was instrumental in moving projects ahead if progress stalled. In addition to state agency directors, it was comprised of consumers, families and youth, advocates and providers, and it also had the benefit of strong partnership from Ohio Supreme Court Justice Evelyn Lundberg Stratton.

The day-to-day work of the grant was accomplished through a number of Content Working Groups (CWGs) including all the major systems' stakeholders. Most of the projects described in this report were developed and guided through implementation by these CWGs. An important component of all the groups and projects was the involvement of consumers, youth and family members who brought invaluable ideas, insights and experiences to the project work.

Leslie A. Brower, Ph.D., R.N., Program Administrator
Office of Systems Transformation
Ohio Department of Mental Health

A Message from Director Stephenson

Ohio is fortunate to have a wealth of leaders who share the same basic beliefs about the importance of good mental health and the value of the services and supports that help restore or maintain mental health. It is true that even in the presence of a mental illness or emotional disorder, individuals and families can be mentally well; they can grow, achieve, contribute and support one another while managing the devastating impacts of these severe conditions. It is also true that there are many service systems that serve these adults, youth and families, and that each of these plays a critical role in promoting mental health and resiliency, and in supporting people in recovery from these conditions.

We are painfully aware of the difficult years facing us financially, balanced by the unprecedented opportunities of health care reform passed by this Congress and the parity laws passed previously. These laws will make it possible for more people to access health care services, including mental health and addictions services, and for others to keep their coverage. The services they fund will increasingly include state-of-the-art approaches and the funding arrangements necessary to pay for them. We have much work ahead of us to transform Ohio's system of financing mental health services. We cannot expect others to embrace transformation if we aren't prepared to do so ourselves.

Recent decades of research and experience have taught us that people need more than the mental health and addictions systems can provide. They need medical care, job skills and coaching, safe stable housing, options to avoid the criminal justice system, school supports, maternal and early childhood education and support, and everything that someone without a mental illness might need to thrive. By paying attention to these needs, each system also achieves its goals more effectively – and that is the genius of collaboration.

Ohio's TSIG grant has been an *accelerant* to move into action the good ideas, passionate energy and human resources of our multiple systems and constituents; those are the projects you will read about in this report. This concept was at the heart of the theme and logo for this report: *Geared Up for Action*. Now that these efforts have shifted into high gear, we must keep the gears engaged and move forward, together.

Sandra Stephenson, MSW, MA, Director
Ohio Department of Mental Health

The five-year TSIG grant to Ohio is wrapping up, which provides an opportunity to recognize our accomplishments. More importantly, it offers a chance to get out the message that our work isn't done. Not only do many of the current projects need effort and resources to complete the vision, but continued transformation will be needed to truly respond effectively to health care reform and to the people we serve collectively.

Sandra Stephenson

PUBLIC MENTAL HEALTH SYSTEM

System Financing: Fee Schedule Reimbursement Methodology

Existing financing models do not focus on consumer needs and choices or reflect the community-focused system structure. Current Medicaid services reimbursement methods do not promote efficiency and quality.

Accomplishments:

- A Medicaid state plan amendment has been submitted to the Center for Medicare and Medicaid Services (CMS), effective October 4, 2010.
- Ohio Administrative Code rules have been amended to support the fee schedule implementation, effective October 4, 2010.
- A fee schedule implementation plan has been developed to coordinate with the claims processing system.
- A communication plan has been developed to share information with boards and providers.

Outcomes:

- ✓ By moving to the fee schedule methodology, a system will be in place to re-evaluate payment rates in a more meaningful manner.
- ✓ The fee schedule implementation will bring the system more in line with the rest of healthcare, which has moved away from cost reconciliation and will improve efficiency.

System Financing: Mediation, Provider Auditing and Reporting, and Clinical Documentation Requirements

The role of the state agencies in relation to contract disputes and mediation has not been fully developed or established in Ohio Administrative Code. There are overlapping and conflicting auditing requirements and authorities. Clinical documentation and reporting requirements are often duplicative and administratively burdensome to providers.

Accomplishments:

- The Mediation Workgroup was formed to develop rules related to mediation and the role of ODMH and ODADAS.
- Provider auditing requirements were reviewed to streamline the audit process while maintaining a high level of accountability.
- Clinical documentation requirements were revised to support checklists and brief narratives.



Outcomes:

- ✓ ODADAS and ODMH filed respective dispute resolution rules using agreed upon consistent language in 2010.
- ✓ New provider audit guidelines were published; ODMH and ODADAS sent a joint notification to the field in 2010.
- ✓ Providers were trained on the revised clinical documentation standards in 2010.

System Financing: Administrative Cost Study

Ohio's behavioral health system faces unprecedented financial challenges that are resulting in diminished capacity to deliver services to the citizens of Ohio. Savings in administrative costs can be reprioritized to direct services. And investments in technology and innovation will improve quality and productivity, resulting in increased system service capacity.

Accomplishments:

- The Public Consulting Group (PCG) conducted an administrative cost study focused on 4 areas: Current Initiatives, State-Level Assessment, County Board-Level Assessment, and Provider-Level Assessment.
- Recommendations were to focus on:
 - Administrative/operational strategies;
 - Opportunities for system innovations and restructuring;
 - Evaluation across all levels of Ohio's current structure, operations and initiatives;
 - Prepare the system for health care reform, integration of new health care finance and delivery models, and health information exchanges;
 - Sustainability and integration of behavioral health services within health care;
 - Support adoption of innovations for efficiency and cost reduction.

Outcomes:

- ✓ Interviews and Information/Data Analysis occurred in April/May 2010, PCG developed recommendations in May/June 2010, and submitted recommendations in August 2010.
- ✓ PCG made 14 recommendations. The 14 recommendations and report is available online at <http://mentalhealth.ohio.gov/assets/tsig/ohio-admin-cost-study-final-report.pdf>.

Action Plan:

- Review recommendations, determine which will be implemented and in what timeframe, and develop project plans.

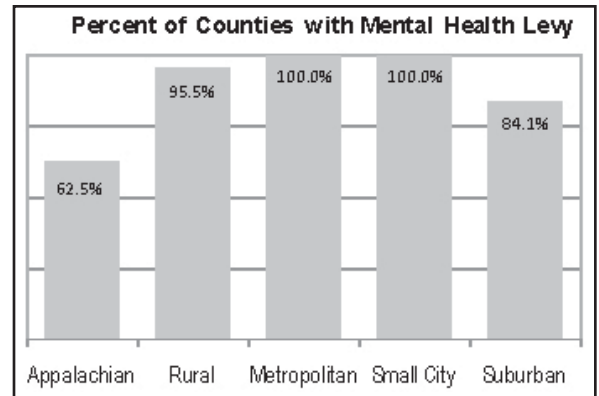


System Financing: Principles and Variables

The System Finance Principles & Process Team developed principles and recommendation for updating the system financing models which take into consideration consumer access, choice and need. Variables used in the formulas operationalize the principles.

Principle 1: Uniform access to a core set of services and supports.

- o Per Capita – % of total MH population served per board
- o Poverty Indicators – number living below 100% FPL
- o Prevalence – % of SMD consumers in each board area
- o Capacity to raise local funds – total taxable resources
- o Population Density – population relative to geographic size (e.g. rural, urban, suburban)
- o Distance from services – transportation time and distance to nearest provider
- o Workforce Training & Capacity – number of qualified mental health staff in a local area



Principle 2: Scarce resources are prioritized to those most in need.

- o SMD, SED and/or SPMI count/Prevalence
- o Population leaving prisons or other institutions
- o Variables on medically underserved status/health professional shortage areas (HPSA)

Principle 3: Maximize dollars to direct services.

- o Administrative cost
- o Percent of funds to direct services

Principle 4: Funding supports economically viable provider system.

- o Key Performance Indicators – programmatic and administrative indicators need to be determined
- o Liquidity Ratios – sum of cash and equivalents divided by current liabilities
- o Net Assets – total assets less all liabilities
- o Diversification – having a variety of funding sources (tax levy, foundation support, state dollars)
- o Credit Lines
- o Revenues & Reserve Levels – Medicaid billing; savings account cushion of funds available

Principle 5: Funding supports outcomes that are consumer-driven, effective, high quality, least restrictive, and most appropriate.

- o Cost per level of improvement – measures efficiency and effectiveness of a desired result
- o Consumer & family satisfaction

Principle 6: Funding supports culturally competent services.

- o Race and/or ethnicity counts that demonstrate disparity
- o % of population other than Caucasian
- o Complexity of racial composition

A new formula was developed by ODMH staff for 408 funding allocations in 2009. Two additional meetings were held later that year to discuss the 408 Funding Formula. The new formula has not yet been implemented.

System Financing: Development of Service Packages

The Cluster-Based Planning (CBP) Coordinating Center of Excellence developed subgroups or clusters of people who share common strengths, problems, life situations and bio-psychosocial histories. The CBP is working with ODMH to identify appropriate service packages to address the needs of members of each cluster by tracking accompanying services and costs by cluster and measuring outcomes.

Over the last 20 years, eight (8) have been identified:

- 1) Adults with chronic physical health conditions and psychiatric disabilities (8.5%)
- 2a) Adults with serious substance abuse, mental health, and community living problems (17.5%)
- 2b) Adults with severe substance abuse problems and less severe mental health problems (10.9%)
- 3a) Adults who are severely disabled in many life areas (21.6%)
- 3b) Younger adults who are severely disabled but are not convinced of the usefulness of treatment (6.4%)
- 4a) Adults who struggle with anxiety and depression, and who avoid growth opportunities (19.6%)
- 4b) Adults who struggle with anxiety and who focus on their physical health conditions (5.7%)
- 5) Adults who function well in their communities (9.8%)

(% of Adults in each cluster based on FY2008 service data from 21 agencies and 20,000 consumers)

Research has shown that clusters differ by the types and amounts of services received, as well as the billings, psychiatric hospitalization rates, consumer outcomes, desired service/recovery goals or outcomes, risk factors (i.e. consumer characteristics), and preferred service models.

Accomplishments:

- Partnership between CBP CCOE, ODMH, the Ohio Council of Behavioral Health & Family Services Providers, the Ohio Association of County Behavioral Health Authorities, consumers and family members, 13 community boards, and 18 provider organizations.
- In 2009, trained 500+ case managers and supervisors on cluster assignment.
- Over 20,000 cluster designations were determined.
- Analysis of service utilization data by cluster assignment (FY 2008 and 2009).
- Workgroup of 50 community experts convened.
- Construction of basic service packages completed for each cluster.



Action Plan:

- Revise the service packages based on work group feedback.
- Develop a system-wide distribution plan.
- Conduct statistical analyses of services received and outcomes achieved.
- Make recommendations for MIS system changes.
- Develop statistical models to estimate cluster assignment from available data.
- Recommend additional data to be collected.
- Determine efficacy of service packages by analyzing utilization.

Access to Acute Psychiatric Care

Acute inpatient psychiatric care in Ohio is becoming less available and accessible, even as it has become more critical for people with serious mental illness to have access.

Accomplishments:

- ODMH sponsored an update to the 2004 Access to Care Report with recommendations to improve access to psychiatric inpatient care with public and private hospitals.

Action Plan:

- Develop and implement local and statewide access strategies as identified in the report.



Improving Services to Ohioans on Forensic Status (court-ordered treatment)

People on forensic status in Ohio's state-operated psychiatric hospitals represent 60% of hospital capacity statewide. For some people, this level of care is unnecessary and creates excess costs and potential access issues.

Accomplishments:

- Developed expert consensus (Forensic Strategies Report, 2010) on strategies to improve services to people on forensic status, including:
 - Change the way forensic services are financed;
 - Change the statute to allow diversion options for people with non-violent misdemeanor offenses at the local county level.

Action Plan:

- Develop an implementation plan as part of the ODMH Strategic Plan, including broad-based support for the 8 strategies contained in the 2010 Forensic Strategies Report.

Resource:

<http://mentalhealth.ohio.gov/what-we-do/provide/forensic-services/index.shtml>

Clinical Documentation Training

Heavy documentation requirements for licensure/certification, reimbursement and data reporting reduces time spent serving clients. It also increases costs and stress on staff.

Resource:

<http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/community-mental-health-agencies/training.shtml>



Accomplishments:

- ODMH promulgated a new rule (February 2010) that reduced progress note documentation requirements and offered formatting flexibility.
- Trained 876 provider staff on implementing the rule, including:
 - More efficient methods to comply with documentation requirements, including electronic health records;
 - Medical necessity for six Medicaid-billable services;
 - Medical necessity related to rehabilitative services;
 - Requirements of revised progress note rule and relationship to federal requirements;
 - Utilizing principles of “golden thread” between key client-centered components: mental health assessment, individualized treatment planning, progress notes.

Outcomes:

- ✓ Provider organizations report up to 50% reduction in staff time for documentation.

Action Plan:

- ➔ ODMH will review administrative code rules to seek efficiencies for Mental Health Assessment, Pharmacologic Management, and Discharge Summary.

Potential Impact

Measures:

- ❖ Improved communication
- ❖ Decreased errors
- ❖ Improved productivity
- ❖ Greater integration of information
- ❖ Improved timeliness and legibility of documentation
- ❖ Greater accuracy of patient data

Electronic Medical Record in ODMH Hospitals

ODMH-operated Regional Psychiatric Hospitals (RPHs) have not developed Electronic Medical Records (EMR) systems at the same pace as general healthcare organizations; this has been a missed opportunity to improve quality, safety, continuity of care and error reduction.

Accomplishments:

- Study of appropriate EMR systems for RPHs.
- Implementing EMR system at all RPHs.
- Completed components include: treatment plans, clinical assessments, and progress notes.

Action Plan:

- ➔ Complete transition from current Patient Care System to EMR system.
- ➔ Implement electronic physician order entry system.
- ➔ Implement EMR Scanning capability.

Access to Consumer Benefits

People with serious mental illness often depend upon Medicaid and SSI to pay for their mental health services but many do not realize that they can work and still keep their Medicaid benefit. SSI/Medicaid applications can take several months to be processed and often lack the necessary documentation for approval. This denies consumers Medicaid payments for mental health services and income assistance, and delays/ denies payment to their providers.

Accomplishments:

- Funded a demonstration program to expedite SSI and Medicaid eligibility determination; now includes 45 MH provider organizations.
- Developed a program that trained 300 consumers, families and local staff on Medicaid Buy-In for Workers with Disabilities (MBIWD and expedited SSI).
- Training is available by DVD and online.

Outcomes:

- ✓ Eligibility allowance rate increased from an average of 30%, to an average of 54% for the demonstration, with some providers reaching 85% allowance rate.
- ✓ Median processing time for allowed applications decreased to 17 days currently (previously was 80+ days).
- ✓ Currently there are more than 1,250 mental health consumers participating in Medicaid Buy-In for Workers with Disabilities (MBIWD).

Action Plan:

- Continue to offer MBIWD trainings, make training available online, monitor participation.
- Add provider organizations to demonstration project.
- Monitor performance and provide TA to improve performance.

Resources:

<http://jfs.ohio.gov/ohp/mbiwd.stm>

www.obb.ohio.gov/



Consumer Operated Services Readiness Initiative (COSRI)

Peer support and Consumer-Operated Service (COS) are not available to many Ohioans with serious mental illness, despite evidence of their effectiveness in aiding recovery. COS funding is vulnerable because the majority of their resources are from local boards that have been hard hit by budget cuts. They require assistance to develop more effective business practices.

Accomplishments:

- ✓ Funded consultant to assist consumers:
 - Develop a consensus goal;
 - Assess state of Ohio Consumer Operated Services (COS) and Peer Support services;
 - Determine other funding sources to sustain services;
 - Define priority peer services;
 - Support consumers to develop COS Toolkit and Resource Library (in process).
- ✓ Strengthen and clarify ODMH certification requirements for COS and peer support services.

Action Plan:

- Incorporate COS/peer support services in service packages that are being developed (see System Financing: Development of Service Packages on page 10).
- Develop a training-of-trainers on priority service definitions.
- Develop marketing materials to sell peer services to local community funders.



CROSS-SYSTEMS INITIATIVES



Impact of Childhood Trauma

Childhood trauma is often undiagnosed and untreated, leading to serious mental and physical health problems across the lifespan. This creates unnecessary suffering and social problems, increases demand on health and human services and yields billions of dollars of excess costs annually. Effective screening and treatment interventions have been developed and should be made available.

Accomplishments:

- Created a Childhood Trauma Task Force strategic plan focused on:
 - 1) Public & Other System Education;
 - 2) Screening and Assessment;
 - 3) Training/Practice;
 - 4) Intersystem Data.
- Presented on Trauma Informed Care (TIC) and the landmark Adverse Childhood Experiences (ACE) Study.
- Training 200 clinicians in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) during Fall 2010.
- Trained 100 public child welfare agency staff on Trauma-Informed Child Welfare.
- TF-CBT and Child Welfare workshop presented jointly to mental health and child welfare professionals and foster parents.
- Developed and disseminated Trauma Informed Best Practices and Protocols for Ohio's domestic violence programs.

Anticipated Outcomes:

- ✓ TF-CBT trained clinicians available to consumers in at least 50 counties.
- ✓ Increased trauma care coordination between child welfare and mental health providers.
- ✓ Increased TIC competence of staff in the child welfare and domestic violence systems.
- ✓ Integration of TF-CBT and Child Welfare workshop into standard child welfare curriculum offered at all 8 regional training centers.

Action Plan:

- Continue collaborating with state and local health and human service systems to promote trauma-informed care.
- Monitor progress in local availability of evidence-based trauma interventions.
- Distribute the final report of the Childhood Trauma Task Force and implement recommendations.



Resource:

<http://mentalhealth.ohio.gov/what-we-do/promote/trauma-informed-care/trauma-and-children/index.shtml>

Criminal Justice Diversion and Re-Entry

The Ohio Department of Rehabilitation and Correction (ODRC) annually admits and discharges thousands of offenders from its prisons – even more rotate in and out of local and regional jails. Many of these offenders are diagnosed with a severe mental illness. The Ohio Department of Youth Services (ODYS) also works with many juvenile offenders with serious emotional disorders. There are many barriers and obstacles to successful reentry into the community for these offenders.

Accomplishments:

- Created and funded a Juvenile Justice Mental Health Liaison position.
 - Drafted juvenile competency law to address the competency level of juvenile offenders.
- Funded the Criminal Justice Coordinating Center of Excellence (CJ-CCOE) Crisis Intervention Team (CIT) training program:
 - 4000 Ohio officers have now received CIT training, equaling 12% of all law enforcement personnel;
 - 77 of 88 counties have received some training;
 - 47+ universities and colleges have received CIT/campus safety training.
- Supported the work for the Reinstatement of Medicaid for Public Institution Recipients (RoMPIR).
- Piloted several service enhancements.
- Funded trainings to improve outcomes for offenders with mental illness, including the ODMH 2008 Forensic Conference.
- Hosted a site visit for mental health and forensic consumers to an ODRC prison.
- Funded Trauma Addictions Mental Health and Recovery (TAMAR) program in two local jails.

Action Plan

- Implement the pre-release SSI/Medicaid project in all 32 prisons in Ohio.
- Develop and implement peer/family mentoring programs.
- Participate in the revision of Jail Standards related to inmates with mental illness.
- Explore ways to increase timely access to housing for offenders with mental illness.
- Continue improving services for veterans who offend.
- Expand collaboration with the juvenile justice system to improve services for youthful offenders.



Resource:

<http://mentalhealth.ohio.gov/what-we-do/provide/forensic-services/index.shtml>



Homelessness and Housing

People with serious mental illness need stable, safe, affordable housing to facilitate individual recovery and to help prevent and eliminate homelessness. Unfortunately a portion of persons with mental illness continue to find themselves homeless, at risk of homelessness, or in housing situations that are unstable, high cost and substandard/unsafe.

Accomplishments:

- ODMH Housing Policy approved to support a continuum of housing options:
 - Reflecting a range of consumer needs and preferences;
 - Prioritizing ODMH funding;
 - Guiding grant-seeking;
 - Informing partnerships.
- Governor's Interagency Council on Homelessness and Affordable Housing (ICHAH)
 - ✓ Sponsored comprehensive assessment (completed by the Technical Assistance Collaborative) of affordable housing stock and current utilization of Medicaid resources.
 - ✓ Permanent Supportive Housing (PSH) Framework approved (definition, target populations, service criteria).
 - ✓ Permanent Supportive Housing Medicaid Toolkit developed to assist housing providers meet residents' needs and manage Medicaid funds appropriately.



- Ohio Adult Care Facility Association (OACFA) funded new organization with 108 members and 122 affiliates.
 - ✓ Trained 289 operators to improve quality and viability.
 - ✓ Opened dialogue with 9 ADAMHS Boards on funding, quality and referrals.
 - ✓ Provided input to Ohio Department of Health on Adult Care Facility rules relating to plans of care and quality standards.

Resource:

<http://mentalhealth.ohio.gov/what-we-do/promote/consumer-advocacy-and-protection/housing/>

Action Plan:

- ICHAH plans to advocate for the production of an additional 6,000 units of PSH by 2015.
- Maximize the potential of ICHAH's Funders Collaborative.
- Develop ICHAH's Local and State Partnership Work Group.
- Implement consultant recommendations to increase and align funding sources and preserve/improve current housing stock.

Older Ohioans Behavioral Health Network

As baby boomers age and experience co-occurring physical and behavioral conditions, Ohio needs to prepare them to live healthier. Unfortunately, the number served by the public behavioral healthcare system is less than 25% of other age groups served.

Accomplishments:

- Two policy institutes were held, with support from seven state department directors.
- Developed an Evidence-Based and Promising Practices Toolkit and disseminated regionally.
- \$185,500 in TSIG funds seeded 40 local collaborative projects to pilot evidence-based practices (EBPs).
- Two EBPs were adopted statewide to enhance screening and intervention:
 - Healthy IDEAS training on depression provided to all Area Agencies on Aging (AAA) and integrated by the Ohio Department of Aging (ODA) and County Behavioral Health Boards into PASSPORT (a Medicaid-waiver program) and technical supports for EBPs;
 - Interdisciplinary-Teams (I-teams) were adopted by the Ohio Supreme Court, which engaged probate judges through their association to form local I-Teams to serve older Ohioans with complex needs.

Outcomes:

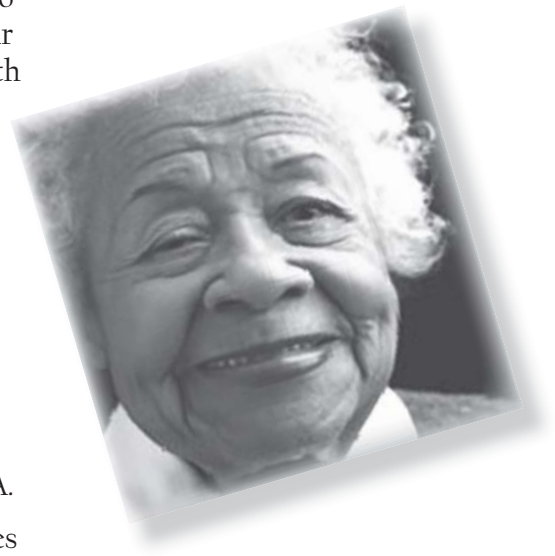
- ✓ 1780 professionals cross-trained at policy institutes:
 - Law enforcement and courts;
 - Aging services;
 - Health services;
 - Behavioral health;
 - Other human/social services staff.
- ✓ AAAs are providing Healthy IDEAS with technical support from ODA.
- ✓ I-teams adopted by community behavioral health boards, agencies and coalitions.

Action Plan:

- The Ohio Department of Aging will continue supporting depression screening and early intervention services.
- Promote continued collaboration to integrate services between systems.
- Probate judges will expand the number of I-teams with training organized by the Ohio Supreme Court.

Healthy IDEAS:

Identification of
Depression,
Empowering
Activities for
Seniors



Resources:

www.careforelders.org/healthyideas
<http://mentalhealth.ohio.gov/what-we-do/provide/older-adults.shtml>

Employment

Most adults with mental illness express a desire to work, similar to the general population, yet only 17% of these Ohions have competitive employment income; many need assistance and supports to pursue and obtain their individualized employment goals.

Resource:

<http://mentalhealth.ohio.gov/what-we-do/promote/consumer-advocacy-and-protection/consumer-employment.shtml>

Accomplishments:

- ✓ Cross trained Mental Health and Vocational Rehabilitation staff to forge cross-system working relationships.
- ✓ Developed “Livin’ the Dream” employment toolkit.
 - Trained 25 consumers as facilitators to provide direction and support to peers seeking work, and to promote work as an individual goal.
- ✓ Trained staff of 15 consumer-operated services organizations (COSs) to assist and motivate members to seek employment.
- ✓ Developed Family Advocacy Toolkit and trained 44 family members on Supported Employment (SE) at a Statewide Family Advocacy Summit.
- ✓ Provided 8,800 members of affiliate network information on SE.
- ✓ Recruited 55 family members as SE advocates.
- ✓ Identified 6 family members as Regional SE contacts.
- ✓ Created Statewide Employment Committee with 57 members.

Long Range Impact Goals:

- Increase access to employment-related services and supports.
- Increase access to benefits planning.
- Increase competitive employment among consumers.
- Increase # of COSs supporting member employment.

Action Plan:

- Transition Consumer Operated Services Supported Employment Initiative to the Ohio Empowerment Coalition.
- Statewide Employment Committee to expand on current work by enhancing cross-system collaboration through prioritizing and operationalizing stakeholder recommendations.



Cultural Competence

The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often under-serving or inappropriately serving them. Significant barriers still remain in access, quality, and outcomes of care.

Accomplishments and Outcomes:

- Solicited input from racial/ethnic/cultural groups to assess gaps in behavioral health services; developed the Learning Your Needs (LYN) cultural competence needs assessment.
 - ✓ Conducted the LYN assessment with 467 individuals from 11 racial, ethnic and cultural groups; distributed 3000 assessment reports.
- Developed a cultural competence definition with participants from state health and human service departments. The definition will be adopted by the Governor for statewide utilization.
- Established and funded the Somali Rapid Response Systems Coordination Team (RRSCT) to provide Somalis necessary resources to navigate state and local services.
 - ✓ 54 Somali families were connected to health and human service resources.
- Funded translation of critical state documents and materials into multiple languages.
 - ✓ Translated more than 15 documents and other materials.
- Established a Research Advisory Committee (RAC) to develop trainer standards, curricula, assessment tools and other resources.
 - ✓ The RAC includes 10 researchers from universities and institutions.

Action Plan:

- ✓ Continue sharing LYN findings and identify gaps and barriers to behavioral health services.
- ✓ Explore with state departments how to integrate the cultural competence definition into policy.
- ✓ Share TTSCT outcomes to promote utilization.
- ✓ Identify additional translations to be done across state departments.
- ✓ Develop best practices, tools, and resources through the RAC.



Resource:

<http://mentalhealth.ohio.gov/what-we-believe/cultural-competence.shtml>



Mental Health - Developmental Disabilities Coordinating Center of Excellence

Many people with mental illness and developmental disabilities do not get adequate medical or psychiatric care. This is due in part to professionals not having adequate training and systems not working effectively with each other.

Resource:

www.midd.ohio.gov

Accomplishments:

- Facilitated Dual Diagnosis Intensive Teams or collaborations involving 70 counties, helping an estimated 478 people with dual diagnosis.
- Provided trainings for 1,073 people.
- Supported residency training for 95 new doctors
- Funded new Chief Resident in Psychiatry role at Wright State University to serve MI/DD patients in six counties in Northwest Ohio.
 - Increased MI/DD clinical assessment capacity in Ohio by 25%.
- Broadcast seven statewide educational videoconferences during 2010-2011.
- Hosted four regional/multi-county dual diagnosis conferences for 800 people.
- Held collaborating training/educational programs with two state agencies.

Outcomes:

- ✓ Provided assessments/second opinions for the most complicated and fragile patients in 63 counties.
- ✓ Discharged five patients from long-term institutional care.
- ✓ Promoted education, cooperation and networking for professionals through website and listserv in mental health and developmental disabilities systems.
- ✓ Increased access to high-quality psychiatric care.
- ✓ Supported development of psychiatric specialization in dual diagnosis.

Action Plan:

- Increase access to diagnostic assessments and quality psychiatric care.
- Implement existing strategic plan to work with Ohio medical schools and universities to include training on dual diagnosis.
- Continue to train county teams to help reduce the number of people with dual diagnosis living in long-term institutional care.
- Provide flexible training formats, including video and Web-based education for professionals in mental health and in developmental disabilities systems.





Fostering Consumer Advocacy

For nearly three years Ohio has been without a strong, united voice for adult mental health consumers. During this time a group of consumer leaders built a vital new consumer advocacy membership organization, the Ohio Empowerment Coalition (OEC,) with assistance from TSIG-funded national consumer-consultants.

Accomplishments

- OEC members developed consensus on the values and goals for the new organization.
- They established by-laws, a board of directors, and an organizational structure to support the work.

Outcomes

- ✓ Launched a successful first annual membership meeting and conference, attracting 300 participants.
- ✓ Established credibility with behavioral health partner organizations.
- ✓ Applied for a SAMHSA Consumer Advocacy Network grant.

Resource:

www.ohioempowermentcoalition.org



CROSS-SYSTEMS FOCUS ON CHILDREN, YOUTH AND YOUNG ADULTS

Early Childhood Mental Health Consultation

School readiness requires attention to children's social, emotional and behavioral challenges as well as their cognitive and physical development. Too many young children are expelled from early childhood settings for behavior problems. During 2005, almost 5 out of every 1,000 children in a preschool setting in Ohio were being expelled. Teachers need knowledge and skills to assist these children and keep them in their early childhood setting.

Accomplishments:

- Funded training for a network of over 160 Early Childhood Mental Health (ECMH) Consultants.
- Consultation available to early childhood providers in all 50 local MH Board areas.
- Funded an online data reporting system to:
 - Track consultations and monitor effectiveness;
 - Monitor fidelity to the ECMHC model;
 - Provide feedback to local programs to support quality improvement.

Outcomes (July 1, 2006 through June 30, 2009):

- ✓ Consultation provided to 9,876 early childhood providers.
- ✓ 47,943 children benefited from ECMH consultation services.
- ✓ 4189 children were identified of being at risk of expulsion, and of those, 3,847 (almost 92%) were maintained in the setting.
- ✓ Children's protective factors increased and behavioral concerns decreased as reported by both teachers and parents.
- ✓ 92.7% overall rate of parent satisfaction.
- ✓ 96.6% overall rate of early childhood providers satisfaction.

Action Plan:

- Transfer program to Center for Early Childhood Development (CECD).
- Integrate data with related data sets at the CECD.
- Maintain and expand availability of ECMH Consultants to all early childhood programs in Ohio.



Resource

<http://mentalhealth.ohio.gov/what-we-do/provide/children-youth-and-families/early-childhood/>

Resource:

<http://www.incredibleyears.com/>



Incredible Years

Parents and caregivers need additional knowledge and skills to address the many needs of their children, especially if they are very young themselves, living in conditions of high stress and/or have suffered neglect or abuse.

Accomplishments:

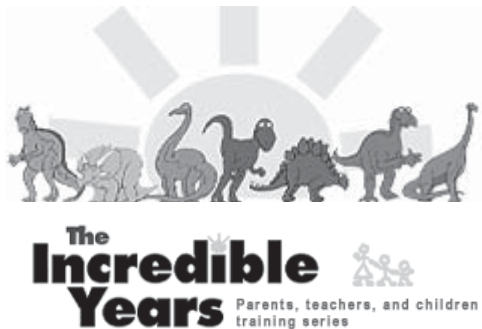
- Trained over 300 Early Childhood Mental Health consultants, early childhood providers, and parents to be leaders of the Incredible Years (IY) program.
- Trained leaders provided IY program sessions in SFY 2009:
 - in 41 mental health board areas;
 - to 1168 parents;
 - to 304 teachers;
 - to nearly 5000 children.

Outcomes:

- ✓ Parents reported 95% overall satisfaction.
- ✓ Increase of 21.6% in positive parent practices.
- ✓ Decrease of 23.6% in negative parenting behaviors.
- ✓ Parents reported that 47.2% of the youth had clinically significant improvement between the pre test and the post test.
- ✓ Teachers reported 98% overall satisfaction.

Action Plan:

- The program can be self-sustaining for those that have been trained and purchased the materials for the program.
- The Ohio Children's Trust Fund plans to expand the program to more communities.



Resources:

<http://mentalhealth.ohio.gov/what-we-do/provide/children-youth-and-families/early-childhood/maternal-depression.shtml>

www.ohiocando4kids.org/



Maternal Depression

Between 10-25% of mothers suffer from depression but are often not diagnosed due to a lack of screening, referral and treatment. Too often the result is negative for the mother (severe depression, suicide), the children (neglect, abuse) and the family (marital problems, divorce).

Accomplishments:

- Help Me Grow (HMG) providers screened mothers and referred to mental health services as indicated.
- Funded creation of a web-based reporting and referral system to track and improve screening and referral.
- Created a training DVD and streaming video for Help Me Grow programs.

Outcomes:

- ✓ Screened 3,667 mothers from 25 counties.
- ✓ Trained 300+ providers and physicians on issues related to maternal depression.
- ✓ All 88 county programs use the depression screening tool.

Action Plan:

- The program has become a standard in Ohio.
- The data collection system is scheduled to be integrated into the HMG data in 2011.



Parent Advocacy Connection

When a child or youth is diagnosed with a mental illness or emotional disorder, families must navigate multiple service systems to get help. The Parent Advocacy Connection (PAC) provides advocates for families in crisis, as well as those with children at risk for out-of-home placement, to:

- Communicate that parents are the foremost experts on their children.
- Support, nurture, inform, educate and empower parents to advocate on behalf of their children.
- Provide a pool of trained parent advocates.

Accomplishments:

- Funded a Statewide Education Coordinator to standardize local parent advocate training.
- Trained 7 regional coordinators and 100 local parent advocates serving 43 Ohio counties:
 - Topics: policies and procedures; ethics, boundaries, and confidentiality; cultural competency; educational advocacy; and juvenile justice.
- Funded evaluation to assess program impact and identify areas for improvement (surveys of families, and family and advocate focus groups).

Outcomes:

- ✓ Improved program procedures and training:
 - Expanded training content;
 - Revised data collection forms;
 - Created a statewide PAC brochure for outreach;
 - Increased communication (regional meetings, data tracking).
- ✓ 9 former PAC recipients became parent advocates and 1 later became a Regional Coordinator.
- ✓ 1,224 households with 2,111 children and youth were served by PAC advocates.



- ✓ PAC advocates accompanied families, offered support, and helped families to speak on their own behalf for their children, at 11,474 meetings in:
 - o Schools;
 - o Courts;
 - o Children’s Services;
 - o Mental health provider agencies;
 - o AOD providers etc.

Action Plan:

- ➔ Continue inter-agency investment in PAC services and supports.
- ➔ Explore options to increase efficiency and effectiveness through partnerships with other family advocacy initiatives.

Resiliency is an inner capacity that when nurtured, facilitated, and supported by others, empowers children, youth and families to successfully meet life’s challenges with a sense of self-determination, mastery, hope and well-being.

Resiliency

Young people need to develop resiliency, even in the presence of an emotional disorder, to meet the usual developmental challenges of childhood and adolescence. However, service systems are not typically oriented to developing resiliency among children and adolescents with emotional disorders, but tend to focus on problems.

“Resiliency is knowing when you are falling, and knowing how to catch yourself.” (Mary Beth Haubert, Ohio Resiliency Youth)

Accomplishments:

- Developed a resilience-based mental health model through a work-group of youth and family members (Resiliency Leadership Group).
- Modeled the principle that “Families and youth need to be a part of directing the help that they get along their road to success” by incorporating a strong youth and family voice throughout the process.
- Produced Resiliency definition and created awareness, education and training materials for providers, youth and families, legislators and policymakers:
 - o Resiliency logo;
 - o ResiliencyOhio.org Web site;
 - o Brochures;
 - o 30-second public service announcements;
 - o Short educational video.



Resource:

www.resiliencyohio.org



Action Plan:

- Producing a second video featuring a Resiliency-theme for managing thoughts of suicide and self-harm.
- Developing a collaborative plan to incorporate resiliency concepts across child serving systems, into school, community and natural settings.

School Mental Health

Between 5-9% of school-age children and adolescents have emotional disturbances. They have the highest failure rate of any students with disabilities, with 50% dropping out before completing high school. This represents a failure of our service systems to address collaboratively the mental health and educational needs of these children and their families.

Accomplishments:

- Ohio Mental Health Network for School Success (OMHNSS) was funded to develop the Effective Practice Registry highlighting school and school-community partnerships addressing academic and social emotional needs of students.
- OMHNSS provided 2 cross-site technical assistance and consultation trainings to increase collaboration between Registry sites and with university, family and mental health partners, and to increase effectiveness of Network services.
- In FY 2010, 2 additional Effective Practices were rigorously screened and selected as school/community partnerships that have met criteria to be listed on the Registry as models of effective practice in Ohio.

Outcomes:

- ✓ 14 Effective Practice Registry sites identified to create a state-wide network for schools to learn from each other.
- ✓ The School Health Conference June 22-24, 2010 featured a mental health track with presentations by the Effective Practices and Childhood Trauma Awareness and Education teams.

Action Plan:

- Continue collaboration with Center for Innovative Practices at Kent State University and other statewide organizations.
- Pilot new training curriculum to increase family engagement as a core strategy.
- Explore opportunities for partnerships with the Ohio Department of Education, Ohio Family and Children First Council and other education and social services system stakeholders for mutual activities to support school mental health, family engagement and resiliency.



Resources:

www.omhnss.org

http://www-dev.rags.kent.edu/CIP_web/

Pediatric Psychiatry Network

Ohio Decision Support

The Pediatric Psychiatry Network (PPN) is designed to help youth across Ohio through technologically advanced and linked statewide child & adolescent psychiatry decision support, by increasing access to clinical information services, and improving clinical quality for primary care providers and community mental health centers.

Approximately one-half million youth in Ohio have psychiatric problems, but must wait months for an appointment opening with a child & adolescent psychiatrist.

Meanwhile, suffering and dysfunction often worsen, causing disruptions at home, school, and community, and putting the youth at risk for serious consequences such as suicide, learning delays or even expulsion from school, abuse/neglect, aggression toward others, or substance use.



Partners:

Akron Children's Hospital
Cincinnati Children's Hospital
Cleveland Clinic
University of Toledo Koberger Center
Nationwide Children's Hospital
Rainbow Babies and Children's Hospital/UH
Toledo Children's Hospital
Wright State University

Accomplishments:

- ✓ The Ohio Department of Mental Health (ODMH) provided partial funding for PPN infrastructure development of a statewide system for primary care physicians to obtain rapid 24/7 child and adolescent psychiatry consultation/service.
- ✓ Completed the agreement, business plan and deliverable design.
- ✓ Agreement signed by children's hospitals, medical schools and ODMH.
- ✓ Pediatric Psychiatric Network launch scheduled Oct. 7, 2010.

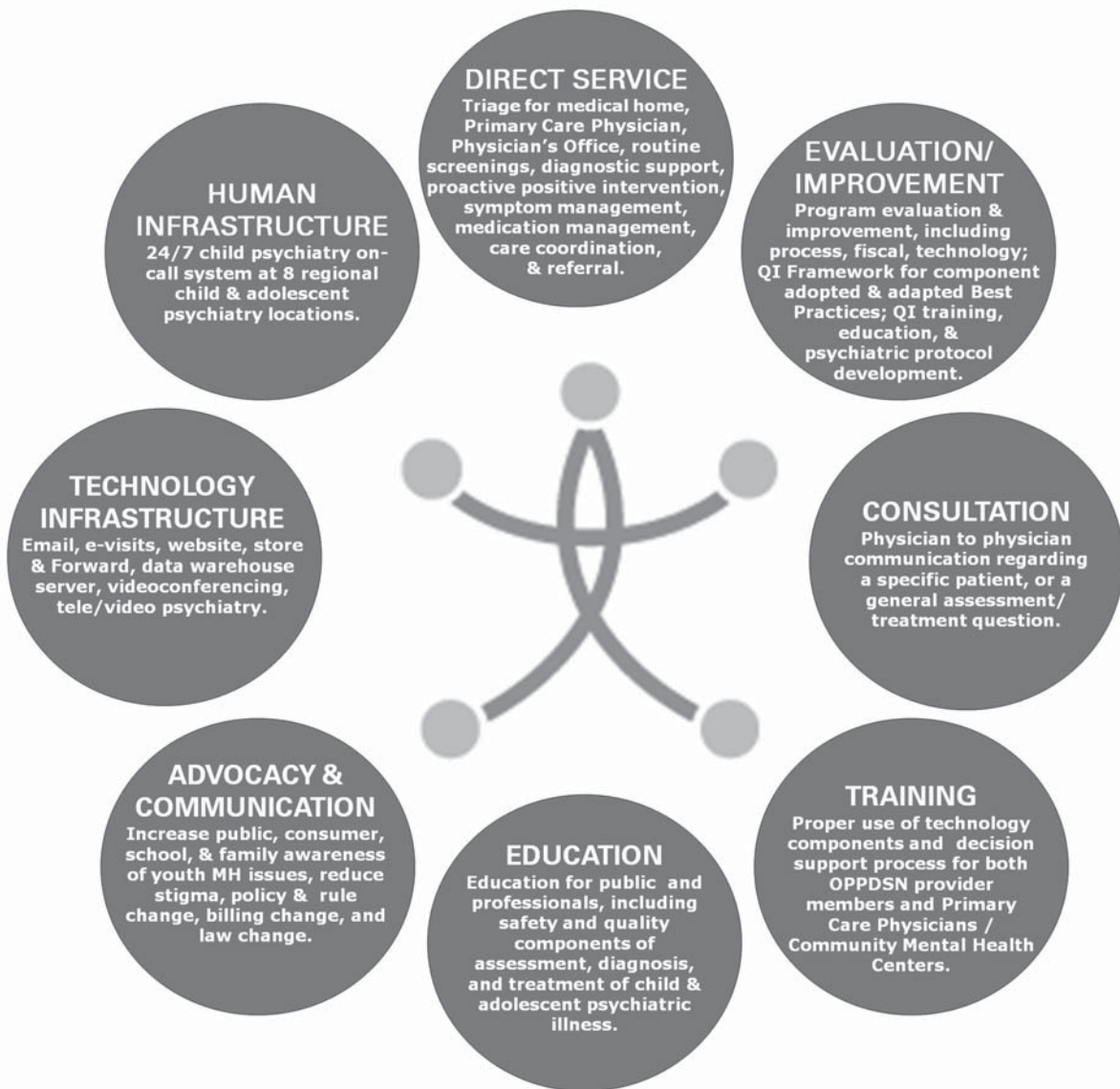
Current Activities:

- Statewide leadership by psychiatric and pediatric regional leaders.
- Development of deliverables to provide:
 - A call routing system;
 - A state-of-the-art Web site;
 - Technology to support telemedicine, secure e-mail, and e-visits;
 - Site-specific data analysis capability;
 - Programmatic evaluation capacity for technical, fiscal and clinical aspects;
 - Communications materials for primary care practitioners;
 - Common clinical protocols for handling calls.

Future:

The Pediatric Psychiatry Network will seek program sustainability through:

- Funding for the program and the evaluation.
- Funding for continual development of clinical protocols and web-content.
- Continuing Medical Education credit for primary physicians.
- Policy change through JCARR for State of Ohio Medical Board.



Youth and Young Adults in Transition

Service systems are not organized to meet the unique needs of youth and young adults with mental illness and emotional disorders, leaving significant gaps that put young people at risk.

Accomplishments:

- Supported youth and young adults, aided by staff and family members, in developing products to improve service responsiveness. They include:
 - Protocols for Supporting Youth and Young Adults' Participation in Committees and Boards;
 - Transfer Protocols and Guidelines (from child- to adult-serving systems);
 - Tracking Expectations and Monitoring Protocols (for agencies and boards);
 - Provider Program Descriptions.
- Promoted data analysis/report on mental health services and supports for this age group that can be utilized for targeted services and program planning.
- Funded a statewide program and four regional (12 community teams) training events to implement the Transition to Independence Process (TIP), a promising national model.
- Brought this challenge to the Family and Children First Council which created a Youth and Young Adults in Transition policy committee to develop collaborative, cross system approaches and better alignment of resources .



Resource:

<http://mentalhealth.ohio.gov/what-we-do/provide/children-youth-and-families/transition-age/index.shtml>

Outcomes:

- ✓ 150 state department leaders, community stakeholders, advocates and policy makers participated in a statewide training on the TIP model.
- ✓ Representatives from six state departments shared their initiatives to address the needs of this population, and identified intent to collaborate on future activities.

Action Plans:

- ➔ Continue to promote youth /young adult involvement in service, administrative and policy level activities.
- ➔ Develop a Strategic Plan to align and consolidate policies, effort and resources, and identify gaps.
- ➔ Evaluate client outcomes from TIP training and program implementation.
- ➔ Seek opportunities in health care reform.

EVALUATION OF SYSTEM-LEVEL CHANGE

The evaluation of system-level change is organized around the President's New Freedom Commission on Mental Health (2003) goals, and Ohio's TSIG planned infrastructure changes.

Study Questions:

- What system-level infrastructure changes occur in each content area during the five year period of the grant?
- What group, organizational, and contextual factors affect system-level infrastructure change in each content area?
- How do group, organizational, and contextual factors influence system-level infrastructure change in each content area?

Interviews:

- Interviews were conducted every 6 months with key stakeholders in the system and each Content Work Group (CWG).
- Questions included activity progress, challenges to transformation of the public mental health system, and sustainability.
- Responses suggest that both external and internal influences have impacts on mental health transformation.
 - External Influences:
 - Change in administration;
 - The economy;
 - Bureaucracy.
 - Internal Influences
 - Collaboration;
 - Communication;
 - Working group inactivity;
 - Leadership;
 - Meeting attendance.



Resource:

<http://mentalhealth.ohio.gov/what-we-do/plan-and-implement/system-transformation/transformation-state-incentive-grant/>

“TSIG is going to have a more substantial impact than they originally projected. What I’m meaning by that is TSIG was looking at some CWGs that were very specific and program-oriented, but not really impacting the overall infrastructure. I think the director and her team are looking at trying to do more of a transformation.”

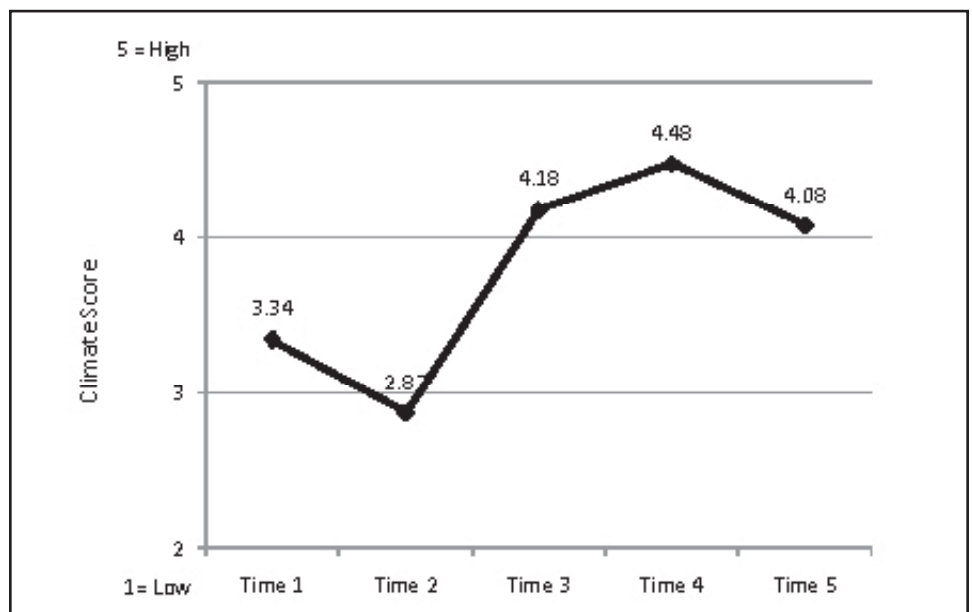
“I’m just so pleased that each of the workgroups has an ODMH staff person to help support it and to help us with some of the logistics and communication. That kind of extra support can really help an initiative be successful especially when it’s a collaborative one where you’ve got people from different parts of Ohio participating, that kind of investment and support is incredible and will really help us along.”

Surveys:

Surveys were collected every 6 months from system stakeholders and CWG members. Surveys asked about:

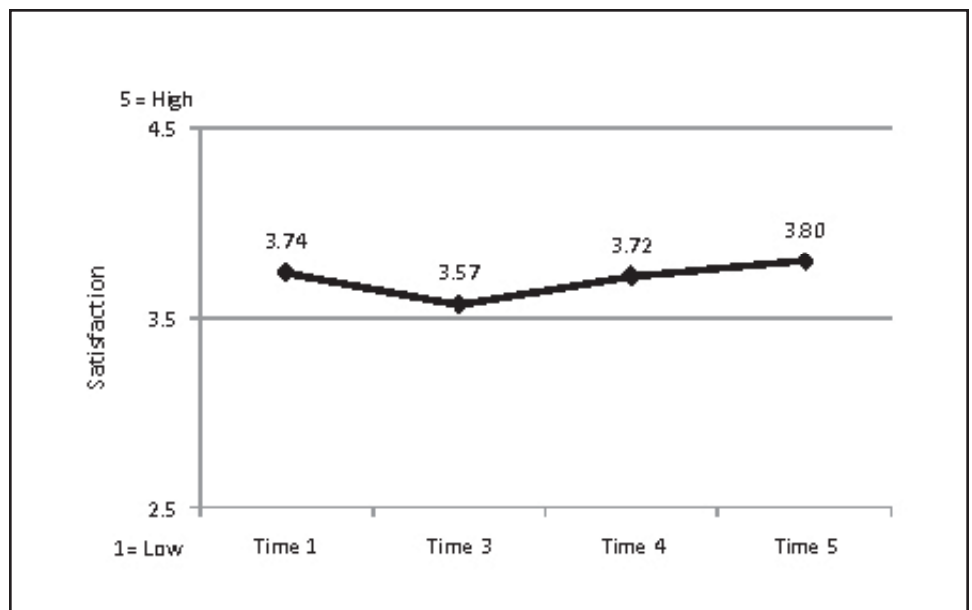
- Work Group Climate;
- Work Group Meeting Satisfaction;
- Agency Communication;
- Agency Connections;
- Agency Decision-making;
- Agency Motivation to participate in mental health system change;
- Individual Motivation to participate;
- Collaboration.

Working Group Climate



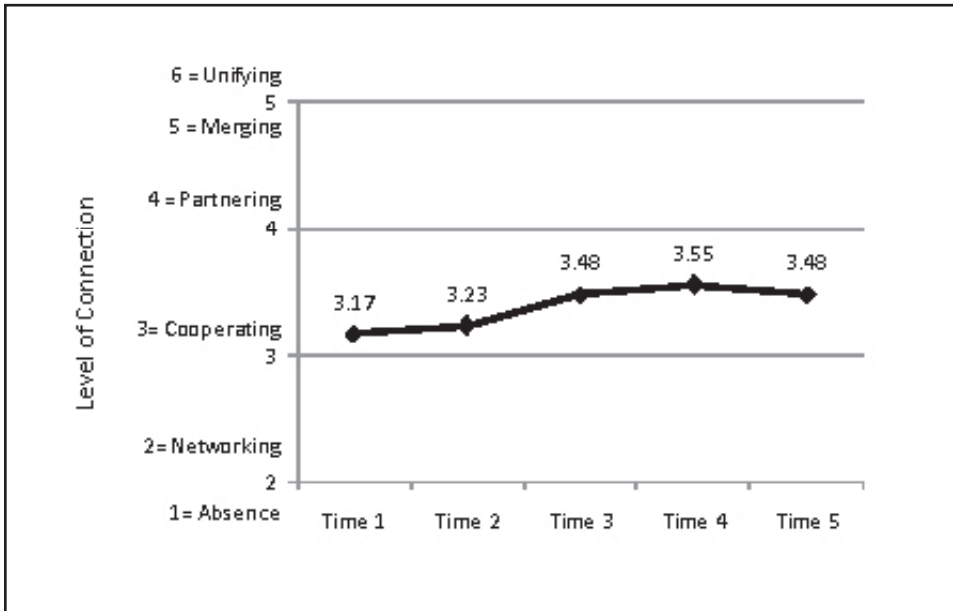
Climate ratings decreased at Time 2 and increased Time 3 through 5. This likely reflects changes in group membership due to state-level leadership changes. Increases may reflect group members becoming more comfortable with one another.

Meeting Satisfaction



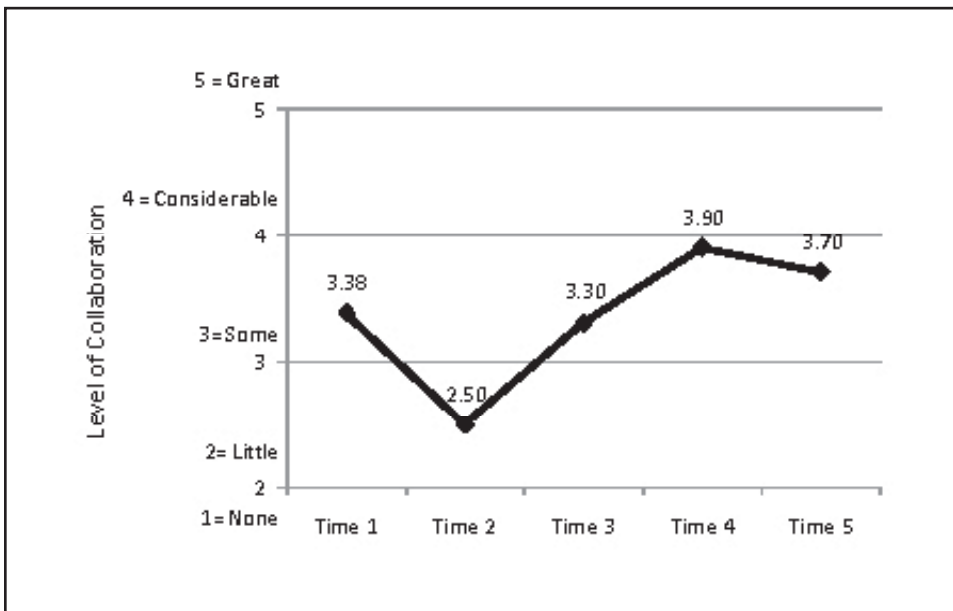
Satisfaction was low at Time 3 but increased by Time 4 and Time 5. 75% reported they usually attended meetings; 62% believed their group would finish its tasks within the grant period.

Level of Agency Connection

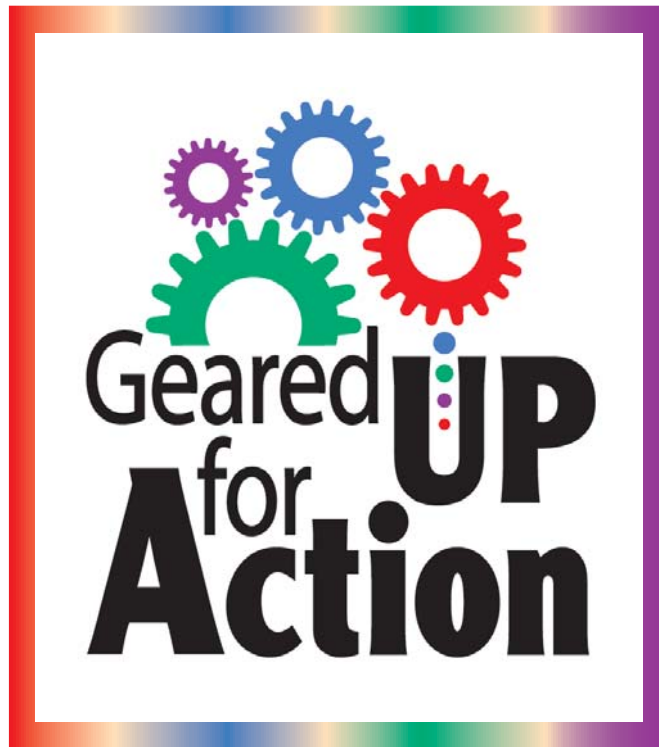


Connection increased slightly between Time 1 and Time 4 and remained stable at Time 5. This suggests that group members perceived their agencies as cooperating on mental health related matters.

Cross-Agency Collaboration



Due to transition changes, collaboration was lowest at Time 2, but rebounded at Time 3 and increased in Time 4 and 5; group members believe that they have collaborated on mental health issues a considerable amount.



Ohio | Department of
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