

INTRODUCTION

This document describes the Ohio Department of Mental Health's (ODMH) research program, administered by the Office of Program Evaluation and Research (OPER), and the context in which it operates. The goal of distributing this information is to encourage Ohio researchers from diverse backgrounds to submit grant applications consonant with ODMH research priorities, in order to contribute to improved mental health services.

The first section presents an overview of ODMH and the public mental health system and notes critical issues currently challenging the system. This background information provides a framework for understanding the Department's research priorities and research program. It is followed by a discussion of the merit of public mental health research and the constituents ODMH's research program aims to serve. General categories of research priorities are then delineated, after which research program features are outlined. The final section of the document addresses the application process.

Ohio's Public Mental Health System

Background and Policy Context

The mission of ODMH is to ensure that quality mental health care is available to all Ohioans in their communities. This mission rests in a context in which most people have insurance coverage that provides for mental health care. Individuals with serious and long-term illnesses usually lose such insurance and require public support, making the public sector a safety net for insurance-funded care. Key aspects of quality services, as reflected in Departmental programs and policies, support consumer choice and cultural diversity, build on natural supports, and promote clinical competence. Priority is placed on meeting the needs of adults with persistent or disabling mental illnesses and children/adolescents with serious emotional disturbances. The Department shapes the overall statewide system of public mental health care through policy leadership; legislation, regulation and standard setting; the establishment of fiscal incentives; monitoring and oversight; interagency coordination; and the dissemination and application of research results.

Ohio's community public mental health system is managed by a network of 51 single- or multi-county boards responsible for planning, funding, monitoring, and evaluating the service systems within their geographical areas. Each board develops and maintains a comprehensive community-based system of care through contracts with a wide range of local service agencies. Direct service providers deliver individualized services to adults and children, using varied treatment approaches in diverse settings. ODMH provides direct services through two venues: state psychiatric hospitals and state-operated outpatient service programs.

State- and local-level advocacy groups, representing individuals, families and service providers, play a substantial role in shaping the public mental health system. ODMH considers it imperative that consumers of services and their families be involved in policy formation and evaluation of the system of care and actively promotes their participation.

Although ODMH, boards, agencies, consumers and their families represent different perspectives, they share many concerns in their efforts to improve the public mental health system. The issues surrounding the complex, dynamic factors which affect the development of the system, its constituents, and relationships among stakeholders are examined briefly in the following section.

Critical Issues in the Public Mental Health System

Currently, the context in which the public mental health system functions mandates system changes intended to foster high quality, cost effective public mental health services to persons affected by severe mental illnesses. The following section highlights, in an elementary fashion, national and statewide trends that continue to shape ODMH policy, programming and research priorities.

Fiscal reforms of publicly-funded health care impact the mental health system in key areas. For instance, because many individuals with severe mental disabilities are eligible for Medicaid benefits, federal reforms are likely to profoundly affect local systems of care for this group of consumers and for those who provide services to them. Medicaid now provides about one-third of the funding for Ohio's community mental health system. Issues such as managed care, service authorization, reimbursement mechanisms, capitated payment systems and health maintenance organization management of public services are prominent features of such system change. How these changes are experienced by consumers, their families and providers are of particular interest to ODMH.

The introduction of **new treatment concepts and practice innovations** holds similar potential for effecting change at both systems and individual levels. Emphasis on the idea of recovery in conceptualizing the course of mental illness opens new perspectives in planning for treatment and in defining and evaluating treatment outcomes. Innovative approaches, which incorporate adult and child consumers and their families in the treatment process, are expected to advance clinical and psychosocial practices and to encourage the development of services such as peer support and self-help groups. Similarly, the introduction of a new generation of psychotropic medications has important treatment implications. Anticipated changes in clinical efficacy and side-effects, and their subsequent impact on consumers' lives, warrant investigation.

In Ohio, **downsizing, merging and closing state psychiatric hospitals** have been Departmental strategies intended to move resources to the least restrictive treatment setting. To support this effort, State Operated Services (SOS) have been developed as a bridge from hospital to community, whereby former hospital staff provide continuity of care to long-term hospitalized consumers discharged from state hospitals to community agencies. The ways in which community-based services accommodate the needs of these individuals is an important consideration for the system. At the same time, a hospital **reeengineering** initiative, in which systematic reassessment of administrative and clinical performance, with a goal of cost efficiency and improved service quality, is underway. These strategies, as well as changes in other systems, have resulted in redefinition of inpatient populations. For example, consumers with concomitant involvement in the criminal justice system (forensic status) comprise a greater proportion of inpatients than ever before. Although their numbers have not changed dramatically, the shifting composition of state hospital populations has implications for service planning reforms in both hospital and community settings.

Finally, heightened emphasis on individualized and holistic treatment approaches brings increased recognition of the importance of **coordinating care among service agencies**. At the state level, this entails coordination of ODMH efforts with other Departments, such as the Department of Alcohol and Drug Addiction Services (ODADAS), the Department of Rehabilitation and Corrections (ODRC), the Department of Youth Services (ODYS), the Department of Health (ODH), the Department of Mental Retardation and Developmental Disabilities (ODMR-DD), the Rehabilitation Services Commission (ORSC) and the Department of Human Services (ODHS). Many of these state Departments and their local counterparts have begun to plan and/or implement cooperative inter-system services and projects. Reforms of the service systems for youth and their families promoted by the Ohio Family and Children First Initiative exemplify such ventures. Attendant issues include inter-system patterns of referral and service use, access and effectiveness for consumers with multiple service needs.

To contribute to an understanding of the effectiveness of the public mental health system, in a context of fluid and interacting influences, is a primary objective of Department-funded research. Following is an outline of the ODMH research program, established in part as a means to describe, explain and predict the impact of such change on both the public mental health system and its constituents.

THE ODMH RESEARCH AGENDA AND PRIORITY TOPICS

Sponsoring research is a critical activity for ODMH; the Ohio General Assembly authorizes the Department to fund and conduct studies which create generalizable knowledge to aid in the prevention and treatment of

serious mental illnesses. Systematic investigation of this nature is imperative for a service organization such as the Department of Mental Health. Research findings provide a foundation on which to construct Departmental programs and priorities and to anticipate future improvements.

Research results are also intended to benefit a variety of constituents and to be applied in many settings. Department-funded research may, for example, inform administrators, service providers, consumers of mental health services and their families. Research findings may be used for policy and funding decisions, to improve treatment, and to facilitate and broaden community integration for persons experiencing severe and persistent mental illnesses.

As Ohio's human service systems undergo substantive administrative changes, the ODMH research program also seeks to provide information to other state agencies and to advocate for consumers involved in multiple human service systems and their families. A secondary goal of the research program is to promote the exchange of ideas and information between these service systems, the public mental health community, consumers of mental health services, prospective researchers, and the public.

In summary, the ODMH research program was designed to provide empirically-based findings about the public mental health system and its constituents, to educate the public about mental health issues and programs and, ultimately, to improve the public mental health system. Priority areas for the Department's research program, established to reflect the Department's mission, provide an organizing scheme to direct research activities. Following are the topic areas of highest priority to the Department and its constituents, structured to identify three major areas of inquiry: consumers of mental health services, mental health service delivery, and system characteristics and interorganizational relationships. The list of examples illustrates current research areas, and is not intended to be exhaustive. It is anticipated that other important research topics will be identified by researchers who submit grant applications.

Consumers of Mental Health Services

In the current era of public mental health system reform, there is a pressing need to focus research on the task of better understanding the experiences of the primary and secondary consumers of public mental health services. The characteristics and experiences of both children and adult consumers, their views of mental health services and consumers' roles within the system, and the impact of interventions on their lives are topics that warrant more systematic and in-depth investigation. With respect to the characteristics and experiences of consumers, studies are needed which focus on, for example:

- the ways in which self-conceptions of persons with mental illnesses adapt, especially when considering the concept of recovery;
- the examination of characteristics of consumers and differences among them in relation to service utilization, qualities of service relationships, and treatment outcomes;
- how the experience of mental illness changes and remains stable over the course of the illness and the life span.

Empirical attention to consumers' roles, both formal and informal, in an evolving service system has been quite limited. Although there has been much speculation about prospective changes in service relationships and opportunities for consumer participation in service-related decisions, the extent to which such characterizations are realized remains an important research question for both systems and individuals. Researchers are encouraged to consider what it means to be a consumer in the era of managed care and to explore how popular conceptions such as consumer choice and voice are operationalized in practice. Issues related to service delivery include:

- the ways in which the service delivery system accommodates new roles for consumers;
- consumers' assumption of positions as providers of mental health services as a service innovation;

- the contribution of these new roles to the growing competence of the service system as well as to the personal growth and empowerment of consumers and consumer-providers;
- the nature of and roles played by consumers' natural support systems as consumers experience transitions from dependency on the mental health system to interdependency and/or independent status.

Research which moves beyond traditional outcome indicators, such as symptom reduction and functioning status, is of high priority. A critical task is to obtain information on more broadly-based outcome indicators, such as:

- those which reflect issues identified by consumers as meaningful to their individual well-being;
- studies which approach outcomes from a multidimensional framework and which take into account perspectives of multiple stakeholders;
- the intended as well as unintended consequences of changes at all system levels;
- a focus on the link between process and outcome.

Several methodological issues are also noteworthy. It is expected that first-person accounts of consumer experiences will continue to advance our understanding of mental illness and needed service changes. Consumers' active participation in all phases of research, from hypothesis generation to research design and implementation, highly endorsed by ODMH, is expected to greatly enrich investigations. Designs which are based on qualitative methods, or which incorporate qualitative data that reflect perspectives of consumers, are encouraged.

Finally, the philosophy of recovery from mental illnesses is one which ODMH strongly advocates. Methodologically robust studies which assist in understanding the circumstances which foster or hinder individual recovery will be a valuable contribution to this perspective.

Populations of Special Interest

The experiences and outcomes of individuals with serious mental illness who, due to circumstances such as inclusion in a particular minority ethnic or cultural group, or age group, have been underrepresented in research, warrant special attention. Other groups of consumers, who have difficulties in addition to mental illness and may need specialized services or services from more than one system, merit similar consideration. Topics such as mental health needs, or the specialized services such consumers may require, demand rigorous investigation. Research which provides insight into the experiences of these consumers within Ohio's public mental health system is instrumental to planning and program improvement at both the system and agency level. Some examples include consumers with severe and persistent mental illnesses who are:

- dually-diagnosed individuals (mental illness as well as conditions such as substance abuse or mental retardation);
- involved in the criminal justice system;
- homeless;
- elderly;
- individuals with physical disabilities such as deafness, for example.

A distinct group of consumers--children and adolescents with serious emotional disturbances, particularly those with multiple service needs--present an array of cross-system questions. These include:

- the identification of at-risk individuals for purposes of prevention and/or early intervention;
- the extent of multi-system involvement and its effect on decision-making regarding referral and treatment;
- outcomes for children and adolescents in multiple service systems (for example, juvenile justice, residential treatment, foster care) or who are dually-diagnosed.

For both adults and children, topics of investigation encompass those discussed in the previous section, “Consumers of Mental Health Services”. However, additional questions necessitate research which:

- describes and explains differences in needs and effectiveness of services for these groups of individuals;
- provides information on the availability and use of services by these distinctive populations.

Finally, a continuing priority is to support studies that examine the ways in which global system changes such as the transition to managed care may differentially affect populations with specialized needs.

These issues and additional research questions of interest are discussed in more detail in:

Priority Research Topics around Minority and Cultural Diversity Issues in Mental Health (9/93)

Consumer and Family Perspectives on Consumer Outcomes and System Performance Outcomes (4/95); the reader is also referred to *Living in Community (3/96)*, for a discussion of principles embodied in many ODMH initiatives and relevant to consumer-focused research priorities. These papers are available from OPER.

Families

For families of consumers with mental illnesses, ODMH recognizes both the importance of their natural supportive potential as well as the difficulties sometimes associated with caregiving functions. Although research efforts of the past decade have yielded insights on salient topics, particularly family burden, the Department wishes to extend this focus.

Studies which consider issues meaningful to families, such as the impact of basic education about mental illnesses, the resources families need to support caregiving efforts, and the family's role in an individual's recovery, are considered a high priority. Information representing the impact of the family's perspective in policy planning and evaluation is vital, especially with the advent of managed care. This includes investigations which explore:

- changes in the nature, delivery and financing of services, and how these may affect families;
- the impact that families, through the informal system of care, have on the public mental health system;
- how families in which young children or adolescents experiencing emotional disturbances negotiate an especially complex service array involving many systems.

Research efforts which represent the broadest range of family experiences are especially valuable. To this end, ODMH encourages investigations of families from varying sociodemographic backgrounds and levels of involvement in the formal mental health system. Projects which consider family systems comprised of both children and adults, and which take into account multiple family perspectives, are highly regarded.

Mental Health Service Delivery

The system of public mental health care provides a range of services in both hospital and community settings. With the background of changes occurring or imminent in the mental health system, (e.g., the downsizing of public psychiatric hospitals and implementation of various managed care approaches), ODMH has identified the following research priorities in the area of mental health service delivery.

One group of issues pertains to the impact of systems change on, for example:

- availability, accessibility, and appropriateness of mental health services (e.g., the length of time consumers wait to receive services; consumers' perceptions of the acceptability of services received; the affect of the services received on consumers' lives and their recovery);

- with regard to individual outcomes, programmatic and cost effectiveness of services provided, especially compared to alternative innovative services.

Interest exists also in funding research studies that assess cultural competence and:

- the training of staff who deliver mental health services, especially when those services are provided to individuals of varying cultural or ethnic backgrounds;
- various components of the mental health system and the impact on client outcomes.

Other research priorities include issues relating to service relationships and providers. For example:

- service relationships, continuity of care, and timeliness of care, both within the mental health system and with systems of care outside the mental health system;
- factors associated with provider burnout, staff attitudes, and quality of care as affected by system change such as downsizing.

Research that examines the impact of traditional (retrospective) and managed care (prospective) reimbursement mechanisms on service delivery to populations at risk and the effects of these reimbursement mechanisms on service availability, accessibility and quality are also of interest.

System Characteristics and Interorganizational Relationships

The public mental health system has become increasingly complex and interdependent with other state human service systems; organizational, policy, and service delivery changes have resulted in extensive reshaping. At the same time, the nature of the relationships between the public mental health system and other state human service systems and among organizations within the public mental health system has been transformed. Additional transitions are inevitable because of ongoing healthcare reform efforts. Organizational and system level information is necessary to prepare for and to assess these changes and their impact. Therefore, study of system characteristics and interorganizational relationships is a key research priority for ODMH.

To date, few studies have examined specific organizational characteristics of the public mental health system. Consequently, macro-level investigations are needed to focus on the state of or changes in the system in terms of:

- structure (e.g., formal policies and agreements, legal mandates, and organizational arrangements);
- process (e.g., communication, decision-making, and negotiation);
- outcomes (e.g., the impact on financing, human resources, mental health service delivery, policy development and implementation, and coordination of care).

Changes in structure, process, and outcomes inevitably affect individual organizations and their relationships with other organizations and systems. Therefore, research is needed which focuses on:

- specific organizations within the public mental health system, including local or regional mental health authorities, state hospitals, community mental health agencies, and/or the ODMH;
- relationships among organizations within the public mental health system; and
- relationships between the public mental health system and other state human service systems,

Such investigation could be applied to a wide range of specific topic areas, including, but not limited to:

- inter- or intra-system changes;
- development and implementation of managed care/mental health care reform models and techniques, culturally competent models and techniques, and any emerging policies/philosophies (e.g., federal

- and state legislation, consumer-driven services, recovery);
- administrative/structural arrangements (e.g., alliances, mergers, agreements);
- state mental health hospital downsizing and reengineering;
- federal, state and/or local funding patterns; and
- human resource issues.

Understanding the characteristics and interorganizational relationships of the public mental health system is crucial in attempts to improve how the system functions and, ultimately, to improve the care consumers of mental health services receive.

THE RESEARCH PROGRAM

This section presents an overview of eligibility requirements, types of grants programs, the research program features, application procedures, and an outline of materials needed to submit a research grant application (either concept paper or proposal) to the Office of Program Evaluation and Research. Additional information about application procedures is detailed in a separate document entitled “**Procedures for Submitting Regular and Small Grant Research Proposals**”. For a copy of this document, please contact:

**Dee Roth, Chief, Office of Program Evaluation and Research,
30 East Broad Street, Suite 1170, Columbus, OH 43215. Telephone: (614) 466-8651
E-mail: rothd@mh.state.oh.us**

Eligibility

The ODMH research program is open to graduate students and researchers from Ohio colleges, universities and other for-profit and nonprofit organizations. Applications are generally initiated by prospective investigators rather than submitted in response to a special announcement or a Request for Proposals.

Types of Grants and Applications

Grant Programs

ODMH offers both **small grants** and **regular grants**. The Small Grant Program, originally developed to encourage graduate student research, provides funding in amounts less than \$5000. Although a majority of small grant applicants are graduate students, small grant awards are not currently restricted to persons in graduate school. Alternatively, regular grants are equal to or in excess of \$5000, and encompass a wide range of funding levels, depending on the project’s scope. The Small Grant Program differs from the Regular Grant Program in additional ways, including a few application requirements, review processing time, and indirect costs. These differences are described in “Procedures for Submitting Regular and Small Grant Research Proposals”.

Funding Indirect Costs

Overhead costs are permissible if fiscal arrangements for a project are processed through a research foundation. For regular grants, the total indirect cost is calculated at a maximum of 15 percent of salary and wage costs. The total indirect cost for small grants is computed, at most, to be 10 percent of total costs. The overhead rate for each project must be approved by the Chief of OPER.

Application Types

Researchers who pursue a regular grant are encouraged to submit a five-to-eight page **concept paper** to OPER to obtain a preliminary indication of the likelihood of funding for a particular idea. The concept paper should summarize the research questions to be addressed and supporting literature, the proposed methodology, and the anticipated project outcomes. It must also provide a general estimate of the project’s budget. The concept paper is intended to provide OPER staff with sufficient information to determine whether

to request a full proposal from a researcher.

Full **proposals** are generally submitted by investigators pursuing regular grants who have received favorable concept paper reviews from OPER. Proposals should contain an introduction to the research questions to be studied, including a review of literature, a comprehensive account of the proposed methodology, applicability of findings, provisions for the protection of rights of research participants, and an itemized budget. Those small grant applicants who are graduate students often request permission to forego the concept paper process in favor of submitting a proposal/prospectus approved by their thesis or dissertation committee. Researchers are encouraged to discuss these grants programs with OPER staff.

Special Research Program Features

Early Dialogue

Persons interested in the ODMH research grants program are invited to contact OPER staff to discuss funding opportunities and issues. Inquiries should be directed to: Dee Roth, Chief, Office of Program Evaluation and Research, 30 East Broad Street, Suite 1170, Columbus, OH 43266-0414, (614) 466-8651.

Open Application Calendar

There are no deadlines for the submission of research applications. All complete application materials (concept papers and proposals) are reviewed, regardless of the date they are submitted.

Early and Timely Feedback

Regular grant applicants are advised to submit a concept paper to OPER staff, outlining their preliminary project ideas, to secure early feedback about the possibility of funding before investing substantial resources in project development. OPER makes every effort to complete reviews within three months of the date the concept paper is submitted. Proposal reviews are generally completed within four months of submission.

Flexible Funding Arrangements

ODMH supports projects which vary considerably in scope, duration, award amounts, and funding arrangements, particularly within the Regular Grant Program. Although OPER awards many single-year research grants, it also supports multiple-year investigations (which undergo annual continuation reviews). Some researchers secure OPER funding to conduct pilot studies, whereas others conduct full-scale investigations. Investigators occasionally use ODMH awards to complement monies obtained from other funding sources. Most frequently, though, ODMH research grants are the researcher's sole source of project financial support. OPER staff is available to discuss alternative funding arrangements.

The Application Review Process and Review Considerations

Reviewers

There are established review procedures for applications for both the Regular and Small Grant programs. The review includes a thorough examination of each application by staff in OPER most knowledgeable in the topic area for which funding is requested. Review teams also consist of persons from other offices within ODMH and, less frequently, of consultants external to ODMH, as the content of the proposed investigation warrants.

Reviewers within OPER have held positions in mental health services as well as in administrative, research, and academic settings. They also represent a variety of academic disciplines, including anthropology, biology, education, nursing, psychology, and sociology. Reviews of applications for funding are consequently approached from an interdisciplinary perspective.

Review Considerations

Applications compete for available funds and undergo reviews in which the following guidelines are applied:

- Preference is generally given to proposed research that is applied, results of which are expected to have immediate, generalizable implications for public mental health programs and consumers of public mental health services throughout Ohio.
- Priority is afforded those proposed investigations that focus on individuals with severe and persistent mental illnesses.
- Investigations that entail active collaboration between academic researchers and/or public mental health agencies and consumer groups are favored. Of particular interest are those projects that involve the active participation of consumers of mental health services in all aspects of the research process. ODMH staunchly believes that better linkages between and among the public mental health service community, consumers of mental health services, and researchers are imperative to enhance our understanding of the experiences and needs of persons with mental disabilities and ways to improve services for them.
- Merit is ascribed to both quantitative and qualitative inquiry in research on mental health. The rich and complex nature of phenomena in this field underscores the need for different approaches, the integration of quantitative and qualitative methods, and cross-validation efforts to advance our knowledge.
- Funds are generally not awarded in support of ongoing operations or regular agency functions such as program evaluation.
- Research congruent with ODMH research priority areas, delineated in the “The ODMH Research Agenda and Priority Topics” section of this document, takes precedence. However, occasionally a solid application that is consistent with the Department’s goals and priorities may not be funded because a project similar in focus and/or design has already received funding.
- The availability of funds ultimately dictates the distribution of awards.

Applications are also assessed using criteria customarily applied in research grant program reviews, namely the:

- significance of the project to the field
- soundness and appropriateness of the proposed methodology to carry out the goals of the research
- adequacy of proposed plans for protecting human participants
- qualifications and research experience of key project personnel, especially in the proposed research area
- feasibility of the project given the proposed budget, time frame, available facilities or equipment, and commitment of supporting parties, as appropriate.

The decision to fund, to disapprove, or to defer an application until additional information is obtained, then, is based not only on evaluation of scientific and technical merit but also on factors such as research program priorities and the availability of funds. A written notification of review is sent to applicants. In this communication, applicants are often given constructive feedback and advice for revising their application for resubmission.

HOW TO APPLY

To obtain preliminary feedback about a research idea for either a small or regular grant award, investigators should forward one copy of a **concept paper** to OPER at the above address. Please recall that a concept paper, ranging from five to eight pages in length and including a general budget estimate, is intended to provide OPER with enough information to assess the prospect that ODMH will be able to support the project. **Proposal** applicants are required to submit each of two documents to OPER for review: the proposal manuscript itself and a completed **Research Abstract (617) Form**. This form, available by contacting OPER staff at the above address, presents an investigator with questions that pertain to proposed human subjects

provisions, dissemination plans, and budget itemization. Small grant applications require two copies of both the full proposal and the 617 Form. Applications for regular grants require four copies of both the proposal and the 617 Form. There are no page limits for either small or regular grant proposals.

OPER welcomes the opportunity to work collaboratively with researchers from idea generation through project completion phases, and invites feedback from researchers about this application process. We hope that investigators will feel free to contact OPER for additional information about the research program and/or to apply for grant funding. Research is an integral part of ODMH operations, and new investigations move us closer to the goal of improved mental health services.

OPER:17 September 1996