

A New Day

Transforming Mental Health Care in Ohio



New Day Ohio Update November 2006

What is “A New Day”?

“A New Day” is an initiative to ensure that adults and youth with psychiatric and emotional issues receive timely and appropriate services no matter where they arrive for services and in whatever settings they reside.

How will transformation happen in Ohio?

In October 2005, Ohio received one of seven federal Mental Health Transformation State Incentive Grant (TSIG) allocations of \$12 million over the next five years. The purpose of this grant is to transform the system of mental health services and supports to achieve the six goals and the recommendations of the President’s New Freedom Commission on Mental Health so that persons with mental illness can live, work, learn and participate fully in their communities.

How can you learn more about “A New Day”?

Visit www.anewdayohio.org for a number of materials to help consumers of mental health services, their families, advocates, mental health professionals and others learn more about transforming Ohio’s mental health system.

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A New Day: Wellness for All Ohio’s Comprehensive Mental Health Plan

Ohio’s Comprehensive Mental Health Plan was just submitted to the Substance Abuse and Mental Health Services Administration! *A New Day: Wellness for All* is a framework to guide Ohio toward the vision of a transformed system...where people recover and develop resiliency to live, work, learn and participate fully in their communities. Read the full plan on the New Day Web site at www.anewdayohio.org.

What is transformation and how do we get there?

So just what is transformation?

“A process of change that is deep and gradual, collaborative and systemic, not dependent on changes in laws or governmental re-organizations.” We must re- envision, re- think, realign, remake our system. Transformation requires us all to think about our work in new ways. It’s about changing how we change.

Why must we transform?

To achieve the goals of the President’s New Freedom Commission on Mental Health: “*We envision a future where everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.*”

What is TSIG?

A five-year SAMHSA grant – to transform systems to be more consumer and family driven, more prevention oriented, to change infrastructure, to reduce fragmentation and silos. The five-year time frame recognizes that change takes time. The Grant provides an opportunity and expectation to interact with other systems, both state and federal, and the potential to make real change.

How will we achieve transformation?

Transformation is an emergent, complex, self-organizing process. The joy and challenge of this process is that we have a compass – recovery and resiliency for consumers – but we are in uncharted territory, so it is a process of discovery (think Lewis and Clark). We are trying to go where we haven’t been before –

collaboratively. And if it were easy, we would have already done it.

Transformation of our systems is a messy process. It's like major remodeling of your house while you are living in it. There are many inconveniences. You have to shower in the basement, at the health club, or the neighbors, do dishes in the bathtub, move the refrigerator and stove to the garage temporarily. It requires patience, humor, good will, good friends and a few meals out!

Transformation requires vision and purpose. Our design must accommodate today's needs, lifestyles and realities... a mudroom at the backdoor, a microwave at kid height so that they can fix themselves a snack, wheelchair accessibility.

There are limitations. Building codes must be followed. Structural support must remain or perhaps be strengthened. There are some things that can't change or that we are unwilling to change because of our vision or the expense. What can we do ourselves and what must we hire? Can we get the expertise we need when we need it?

Flexibility and compromise are needed. You want white appliances; other family members want stainless steel. Despite the fact that you hired experts, something will go haywire in the plan. The lighting you ordered is on backorder for three months. When the flooring is pulled up you find beautiful hardwood underneath and return the tile to the store.

In the end, it is a growth process for all involved. Everyone gets to contribute but does not necessarily get everything they wanted. Mistakes will be made. Patience will be tested. There will be mid-course corrections. We get to learn more about ourselves and each other. Where you end up is not necessarily where you thought you would when you started.

The true test is: is it more functional? Beautiful? Livable? Is it true to our bigger vision? Can everyone make a home for themselves in the new space? Does the transformed system enable people to live, work, learn, and participate fully in their communities?

How is the transformation work organized?

The TSIG grant provides a structure for the change process. The **Transformation Working Group** (TWG) is comprised of all state agencies that provide mental health services and supports along with consumers and families to provide guidance and cross-systems collaboration.

The **Strategic Advisory Committee** (SAC) consists of representatives of Ohio's mental health system stakeholders and advises the TWG. The transformation and T-SIG efforts also have the support of Ohio's mental health **Planning Council**, a broadly representative group of advocates, providers and state officials formed under federal law to advise ODMH.

Ohio's approach to transformation is one of collaborative leadership that builds on and strengthens existing collaborations where possible. These groups of collaborators are designated as **Content Work Groups** (CWG). The groups are working on topics such as childhood trauma, housing and homelessness, offender reentry and recidivism reduction, employment, cultural competence, prevention, older adults and many others.

The transformation process is designed to collaboratively bring about change, to build upon a system that is recognized as one of the best in the country, in order to make recovery and resiliency a reality - where people with mental illness and emotional disturbances can live, learn, work and participate fully in their communities.

Mark your calendar: Childhood trauma forums

The Ohio Department of Mental Health and the Childhood Trauma Task Force, in partnership with the Ohio Family and Children First Cabinet Council, are hosting five regional forums on childhood trauma in Ohio.

The goal of the sessions is to increase statewide understanding and awareness of the broad range of impacts of childhood trauma on individuals, families and communities, and interventions targeted to child/family-serving professionals and clinicians serving the professional needs of children and adolescents impacted by trauma.

Forum Dates

Central Ohio - November 20, 2006
Southeast Ohio - November 29, 2006
Northwest Ohio - December 4, 2006
Southwest Ohio - December 11, 2006
Northeast Ohio - December 15, 2006

Visit www.mh.state.oh.us for registration materials. For more information, please contact Deborah Mosley (614-466-1323 or mosleyd@mh.state.oh.us).

Transforming the transformed: A recovered consumer looks at transformation



by Garth House, National Alliance on Mental Illness Ohio

I often tell people when I speak publicly that I am a success story of the public mental health system. I'm not a person with a lot of gripes and complaints about all the things that are going wrong with my treatment or that went wrong. Today I live a meaningful and productive life. I'm married. I'm a published writer. I have my own creative life. And I work for NAMI Ohio in a role that brings me fulfillment and a sense of purpose.

When I think of the qualities of a transformed mental health system, it is not difficult for me to imagine the elements of transformation because in many ways I have *already* experienced them in the high level of treatment I have received over the years. If everyone received the same quality of treatment that I have been lucky to receive, the system would be transformed, in my opinion.

What are these elements? What are the factors in the treatment equation that transformed my devastating mental illness into the strong and meaningful recovery I enjoy today? What characterizes a system that brings about the transformation of catastrophic illness into real recovery instead of feeding upon its own bureaucratic needs?

What can system transformation really mean other than that the right needs of the right people get met at the right time?

One of the key goals of the New Freedom Commission on Mental Health was that a transformed system be consumer and family driven, oriented to the needs of those who were the end users of the system and not to the needs of the system to perpetuate itself.

What are these needs?

- In a transformed system, *everyone* would have access to the full range of available psychiatric medications when they needed them without any barriers economic or otherwise. This has always been available to me throughout my 28 years of dealing with my illness.
- In a transformed mental health system, a full spectrum of

hospitalization options would be available to the consumer. The consumer could be hospitalized when it was necessary *for as long as it was necessary to find stabilization*. Halfway housing would also be an option. During the course of my illness I was hospitalized many times and was always able to stay long enough to stabilize. I also benefited from a six month stay in a half way house.

- In a transformed mental health system everyone would benefit, as I have, from Assertive Community Treatment (ACT) case management, where case managers have come out into the community to serve me where I lived and worked. In a transformed mental health system *everyone* would have, as I have had, case managers who have been smart and savvy about entitlements and housing and others' programs and have been able to advocate on my behalf to help me obtain the benefits which are my legal right.

- In a transformed mental health system *everyone* would have, as I have had, psychiatrists who are abreast of the latest medications and developments in psychopharmacology and who treat their patients with respect and dignity.

- In a transformed mental health system housing options for persons with mental illnesses would not be limited to the most impoverished, most criminalized areas of our cities but would consist of nice livable areas where persons with mental illness would not be "ghetto-ized" in concentrated numbers but integrated with non-mentally ill people. My wife and I live in such a neighborhood and we enjoy being unstigmatized and feeling safe.
- In a transformed system all consumers would have the advantage, as I have had, of being supported by informed, educated family members who understand every aspect of their loved one's mental illness. My mother took NAMI's Family to Family educational curriculum and it transformed the way she dealt with me and in turn the way I dealt with my illness. In a transformed mental health system there would be a large place for the

"What can system transformation really mean other than that the right needs of the right people get met at the right time?"

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informed family to play a role in the treatment equation of the person with mental illness.

- In a transformed mental health system superior vocational rehabilitation opportunities would be available to everyone. I was fortunate to have access to state-of-the-art computer training provided for me by the state, training which led directly to my current employment at NAMI Ohio.

The foregoing constitutes a list of needs that were met for me in my road to recovery and in my opinion represent the mental health system at its best. If the right needs of all consumers and all family members could be met as mine were at the right time, I believe we would then have a transformed mental health system.

For all the talk about “systems integration”, “process”, and “analysis”, and the many, many meetings and study groups that the millions of dollars of federal grant monies will fund for exploring the transformation of the mental health system, it will all be of little value unless it furthers *directly* the goal of meeting the needs of the consumers and families whom the system is meant to serve.

There are two factors here:

There is the inertia of the mental health system, its need for transformation. There is its vulnerability to perpetuate itself and protect its own survival rather than focus on effectively meeting the needs of those it is meant to serve.

And there are the consumers and family members, with their broad agenda of needs and expectations, whose energy and drive pushes naturally and inevitably for transformation and change.

The question hangs in the balance: which will prevail, the inertia of the system or the energy of the families and consumers?

I believe the system can be transformed, because in my experience I have already known a transformed mental health system. Through good luck, or by grace, or however one cares to name it, I was fortunate to receive the best the system had to offer, and I know that at its best the system is transformed and can be transformative.

Garth House is a NAMI Ohio staff member, a veteran of serious mental illness, and the author of two books, Litanies For All Occasions (Judson Press 1989) and More Litanies For All Occasions (Judson Press 2000).

An overview of the Needs Assessment and Resource Inventory

One of the major requirements during the first year of the Mental Health Transformation State Incentive Grant was completion of a Needs Assessment and Resource Inventory (NARI). The purpose of the document was to identify service gaps, systems barriers, strategic priorities, as well as resources and opportunities for collaboration to guide the state plan development.

How was the Needs Assessment and Resource Inventory developed?

Obviously, developing a database of Ohio’s needs and resources was a huge undertaking. The department worked with TURN, a local consulting group, to develop a strategy and tools to begin this work.

SAMHSA developed a NARI format that related resources, needs and justifications to a number of pre-identified Infrastructure categories. Further, the information was to be grouped within each of the six goals identified by the President’s Commission.

The information was gathered from a wide variety of sources including consumers and families, agencies, the

Strategic Advisory Committee, Content Work Groups and other sources that are involved in the delivery of public mental health services and supports. The data were then organized, integrated and manipulated to allow analysis across agencies, content work groups and the six New Freedom Commission goals to allow aggregation of the information for one overall state report.

What did we learn?

Even across the wide-ranging representation of groups that participated in the NARI process, similar themes emerged.

The completed NARI was submitted to SAMHSA on July 3, 2006. The data was analyzed and prioritized in order to develop the statewide Comprehensive Mental Health Plan which was due November 15, 2006. This statewide plan focuses on infrastructure changes needed to transform the system to achieve the six President’s New Freedom Commission goals.

The NARI and Comprehensive Mental Health Plan will continue to be refined as the second year of the grant begins. Both documents are available at www.anewdayohio.org.

Content Work Group: Housing plays a large role in creating “A New Day”

Ohio is transforming its mental health care system. The expectation? Recovery and resiliency for persons with mental illness. The “A New Day” initiative envisions a future where persons with mental illness can live, work, learn and participate fully in the community.

Having a safe, decent and affordable place to live is embodied in that vision. Through the Mental Health Transformation State Incentive Grant (TSIG) the Ohio Department of Mental Health (ODMH) received in October 2005, Ohio will work to ensure that Ohioans get the mental health services they need and want, including appropriate housing options for individuals and families.

The final report of the President’s New Freedom Commission on Mental Health, chaired by ODMH Director Michael Hogan, Ph.D., states that the lack of safe, affordable housing is one of the most significant barriers to full participation in community life for people with serious mental illness. The report says:

“The shortage of affordable housing and accompanying support services causes people with serious mental illnesses to cycle between jails, institutions; or live in seriously substandard housing. People with serious mental illness also represent a large percentage of those who are repeatedly homeless or who are homeless for long periods of time.”

Systems collaboration can help leverage housing resources. Since 2003, ODMH has worked collaboratively with the state agencies and advocates belonging to the state’s Interagency Council on Homelessness and Housing to end homelessness and to preserve and create housing options for persons with mental illness. Now, the Council also serves as one of the Content Work Groups working on the Mental Health Transformation State Incentive Grant.



A recent event highlighted the gains Ohio is making in providing safe, affordable housing to persons with mental illness. Lieutenant Governor Bruce Johnson, Supreme Court Justice Evelyn Lundberg Stratton, Ohio Housing Finance Agency Director Doug Garver and ODMH Director Michael F. Hogan, Ph.D., joined other state and local leaders on November 1 to bring awareness to the positive impact permanent supportive housing is having on individuals and communities that are dealing with or being threatened with homelessness. Permanent supportive housing offers people who are homeless, or are threatened with homelessness, a permanent dwelling and assistance to build a successful life. The event was held at Briggsdale Apartments (pictured above), a permanent supportive housing community located in Columbus, and was a collaboration of the Interagency Council on Homelessness and Housing (ICHH), the Ohio Department of Development (ODOD), and the Ohio Housing Finance Agency (OHFA).

With continued collaboration and coordination, all Ohioans experiencing mental illness will be able to LIVE, work, learn and participate fully in their community.

To learn more about ODMH’s housing initiatives, please contact Jeannette Welsh, Housing Manager, at 614-466-5157.

New Day Ohio Update Newsletter Information

The Ohio Department of Mental Health will continue to publish this newsletter on a regular basis to ensure that stakeholders are aware of the mental health transformation efforts.

The Ohio Department of Mental Health welcomes article suggestions or other pertinent information from readers of this publication, although we cannot promise to print everything submitted. Information should be timely and relevant to Ohio’s mental health transformation efforts. The editor reserves the right to reject articles or save articles for a later date in order to provide a timely and informative publication. The editor reserves the right to edit the infor-

mation for grammar, spelling and style without changing the intent of the author. Articles can be submitted by mail or e-mail using the contact information below.

Would you like to receive a copy of this newsletter and future issues of *New Day Ohio Update*? Please contact:

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TSIG Evaluation



New Day Ohio Update
November 2006

TSIG Evaluation

The Office of Program Evaluation and Research (OPER) at ODMH is evaluating the activities of the Transformation State Incentive Grant (TSIG) for the state and the Substance Abuse Mental Health Services Administration (SAMHSA). The main purpose of the evaluation is to assess Ohio's progress in meeting the goals specified in both the TSIG proposal and the state's Comprehensive Mental Health Plan (CMHP).

This section of the newsletter will communicate the progress of the evaluation, as well as important findings that may help the Content Work Groups in their continued efforts to improve mental health services to persons with mental illness in Ohio.

How can you learn more about "A New Day"?

Visit www.anewdayohio.org for a number of materials to help consumers of mental health services, their families, advocates, mental health professionals and others learn more about transforming Ohio's mental health system.

Evaluation overview

The main purpose of the evaluation is to assess Ohio's progress in meeting the goals specified in both the TSIG proposal and the state's Comprehensive Mental Health Plan (CMHP). To do this, SAMHSA has developed two sets performance measures. One set is based upon the Government Performance Results Act (GPRA) and the other on the National Outcomes Measures (NOMs). Ohio is required to track and report changes in the following GPRAs and NOMs:

The GPRAs

1. Percentage of policy changes completed as a consequence of the CMHP
2. Number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP
3. Percentage of financing policy changes completed as a consequence of the CMHP
4. Percentage of organizational changes completed as a consequence of the CMHP (includes interagency agreements)
5. Number of organizations that regularly obtain and analyze data relevant to the goals of the CMHP
6. Number of consumers and family members who are members of State-wide consumer- and family-run networks
7. Number of programs that are implementing practices consistent with the CMHP

The NOMs

1. Decreased mental illness symptomatology/increased level of functioning
2. Increased or retained employment and school enrollment/school attendance
3. Decreased involvement with the criminal justice system
4. Increased stability in family and living conditions
5. Increased access to services/number of persons served by age, gender, race and ethnicity
6. Decreased utilization of psychiatric inpatient beds/readmission to a State psychiatric hospital at 30 and 180 days
7. Increased social support/social connectedness
8. Increased positive reporting by clients about outcomes
9. Increased cost effectiveness
10. Increased use of evidence-based practices

Progress on the goals and strategies of the CMHP will be monitored by each CWG. Additionally, Ohio has some existing data systems that will help answer some of the GPRAs and NOMs (e.g., The Ohio Mental Health Consumer Outcomes

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System and MACSIS). OPER is also conducting two major studies: one that assesses the process and outcomes of change in the System of Services over the grant period; and another that evaluates the training of consumers, family members, and case managers in the use of Consumer Outcomes data to make treatment planning decisions (see below for descriptions of each study). Taken together, these indicators will help the TSIG Evaluation Team obtain a full picture of the changes that are occurring in the state, along with how and why these transformations are taking place.

System evaluation

As many of you know, we have begun conducting the TSIG System-level Evaluation. The purpose of this evaluation research is to assess the overall effectiveness of the state's efforts to transform Ohio's system of services to persons with mental illness and the processes by which this occurs.

Measures: We plan to interview and survey selected members of each Work Group every six months over the four remaining years of the grant. **The interview** covers issues surrounding systemic facilitators and barriers to change, leadership, sustainability, infrastructure changes, work group activities, and perceived impact of change. The **survey instrument** addresses level of collaboration, work group networking, work group climate, readiness for change, organizational decision-making, and system capacity.

Dissemination of Results: Information from the evaluation will be fed back to the Work Groups through this newsletter and other means to improve their ability to meet their goals. We are confident that this evaluation will provide valuable information about the factors that facilitate and/or deter cross-system infrastructure change within and across communities and agencies in Ohio's state-wide service system.

If you have any questions about the System-Level Evaluation, please contact Kraig Knudsen (614-728-2527 or KnudsenK@mh.state.oh.us).

Thank you!

Many of you have already been contacted by Kraig Knudsen and have taken part in the first round of interviews and surveys. At press time, we have conducted over 75 interviews! The TSIG Evaluation Team really appreciates your participation. Without your input we could not adequately

evaluate the efforts that are currently underway in the Work Groups. So, remember, if you get a call, while it may take some time (approximately 30-45 minutes), your input is vital. Your contribution helps us better understand what activities the Work Groups are engaging in to improve the system of services for persons with mental illness in Ohio. If we have not contacted you, we look forward to meeting with you and getting some additional feedback through our survey.

We need your help!!

While we have conducted a lot of interviews, we are still waiting to receive a large number of the surveys. If you have received a survey, please complete the survey and return it to Kraig Knudsen in the self-addressed, stamped envelope provided. If you have misplaced your survey or envelope, please contact Kraig to request a new survey.

Demonstration Projects

Ohio will be developing and evaluating two intervention programs – one for adult consumers and their case managers, and the other for family members of youth consumers and their case managers. The programs will train consumers and case managers on how to use Consumer Outcomes data to make mental health care and treatment planning a more person-centered, collaborative, empowering and recovery-oriented process.

The Climbing into the Driver's Seat training program will be part of the adult intervention. It is offered by adult consumers for adult consumers and teaches about the Consumer Outcomes survey, and how consumers can talk to their case managers about their survey results. A similar training, which is being updated, exists for family members of youth consumers.

Prior to the development of the intervention, focus groups will be conducted with consumers and family members of youth consumers to identify how they experienced the treatment process in the past, what treatment planning would be like if it were "truly" collaborative, and what questions should be studied. Their responses will help revise case manager training packages and clarify research questions about the program's effectiveness.

Look for more information in future newsletters about these intervention and evaluation projects, or contact Lara Belliston (614-728-2519 or BellistonL@mh.state.oh.us).

Survey of consumers and families at NAMI conference

One evaluation activity that has already occurred was the survey of consumers and family members at the NAMI New Day Conference in May 2006. In order to include consumers' and family members' perspectives in the TSIG Needs Assessment and Resource Inventory, OPER conducted a survey with attendees at the conference. The results of this survey have informed work on Ohio's Comprehensive Mental Health Plan.

The survey was completed by 102 consumers and 88 family members of consumers. Full results of the survey can be found on the New Day Web site at: <http://www.anewdayohio.org/publications.htm>. Some key findings include:

- Consumers and family members indicated a need for public education about mental illness in order to overcome stigma. Approximately three-quarters of consumers and family members indicated that they had experienced stigma related to mental illness.
- Consumers indicated a need for more choices, more coordination of services and more service providers.

Specifically they wanted more family and consumer input in planning, more peer-run services, better coordination of related services such as vocational and housing assistance, more case managers, and decreased waiting time to see psychiatrists.

- Consumers and family members indicated a need for a recovery focus in the mental health system and that current providers need training about recovery.
- Disparities in mental health services exist across the life-span and particularly in rural areas. Additionally, cultural competence includes not only a person's ethnic culture, but also disabilities such as sight or hearing impairments.
- Consumers and family members indicated a need for increased dissemination of information and training on available evidence-based practices, and training on trauma-informed mental health treatment. They also indicated a need for funding to support implementing evidence-based practices.

Meet the evaluator: Kraig Knudsen, Ph.D.



Kraig Knudsen, Ph.D.

Kraig Knudsen, Ph.D., joined OPER in March 2006 as a Mental Health Program Evaluator/Researcher for the Transformation State Incentive Grant (TSIG). He holds an undergraduate degree in psychology, a Master in Public Health (MPH) in health services administration and planning, and a Master of Social Work (MSW) from the University of Hawaii at Manoa. He received his Ph.D. in mental health services

research and evaluation from the University of Pittsburgh in 2003, and subsequently received a two-year National Institute of Mental Health (NIMH) postdoctoral fellowship at Washington University in St. Louis in Mental Health Services Research. In addition to being involved in the Transformation evaluation, Kraig's other research efforts

include quality improvement in community mental health, issues of access to and mental health care in non-mental-health service sectors, and implementation and dissemination of evidence-based practices (EBPs).

On the practice side, Dr. Knudsen is a licensed social worker and has provided and administered mental health services to adults with severe mental illness and children with severe emotional disturbances for over 11 years in a range of settings, including: group homes, community mental health centers, in-patient acute psychiatric units, state psychiatric hospitals, mobile crisis teams, outpatient therapy, homeless shelters, and jail diversion programs. Dr. Knudsen participated in starting the first Assertive Community Treatment (ACT) programs outside the contiguous United States, which were also among the first to be accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF).