



TSIG NA/RI Summary

In a presentation at Ohio's "A New Day," conference on May 4, 2006, Kathryn Power, Director of the Center for Mental Health Services at SAMHSA, outlined the essential requisites for successful transformation. She cited five factors, all of which are characteristic of Ohio:

- A Committed Governor
- Strong & Continued Leadership
- Cooperation Across System Boundaries
- Ability to Build on Existing Strengths
- Consumers & Families Actively Involved

In the following materials (i.e., full NA/RI report) it will become apparent how Ohio is harnessing all five factors to deal with the challenges of transforming its mental health system, and the cultures that underlie it.

Participants

Ohio's public mental health system is approaching transformation vigorously by utilizing a top-down, bottom-up, highly-collaborative, methodology. At the state level, leadership is galvanized by the Transformation Working Group (TWG), appointed by the Governor and led by perhaps the strongest state executive leadership group in the country, with much experience in working collaboratively over the past several administrations. Ohio also relies on a strong, locally-directed system, an experienced provider community, the strongest statewide NAMI organization in the country, and an unparalleled consumer advocacy movement. The TWG guides strategy and policy and provides high level leadership for transformation.

Activities at multiple levels are transforming Ohio's approach to serving people with mental illness and emotional disorders. These include:

- Community Mental Health Advisors
 - Strategic Advisory Committee*
 - Ohio Association of County Behavioral Health Authorities*
 - Ohio Council of Behavioral Health Providers*
 - State Mental Health Planning and Advisory Council*
- Consumer and Family Advocacy Groups
 - National Alliance on Mental Illness of Ohio*
 - Ohio Advocates for Mental Health*
 - Ohio Federation for Children's Mental Health*



- State Agencies
 - Aging*
 - Alcohol and Drug Addiction Services*
 - Attorney General*
 - Economic Development*
 - Education*
 - Governor's Office on Faith Based Initiatives*
 - Health*
 - Job and Family Services*
 - Mental Health*
 - Mental Retardation and Developmental Disabilities*
 - Rehabilitation and Corrections*
 - Rehabilitation Services Commission*
 - Supreme Court*
 - Youth Services*

- Content Working Groups
 - Ohio Family and Children First/ABC Initiative*
 - ODMH Ad Hoc Task Force on Childhood Trauma*
 - Ohio Plan for Productive Offender Reentry & Recidivism Reduction*
 - Ohio Interagency Council on Homelessness & Housing*
 - The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts*
 - Meeting the Needs of Older Ohioans Initiative/Elder Abuse Task Force*
 - Employment*
 - Strategic Advisory Committee*
 - Prevention*
 - Cultural Competence*
 - ODH Ad Hoc Committee on Mental Health, Sexual Assault & Domestic Violence*
 - Public Mental Health System (OACBHA, OCBHP)*
 - Financing*
 - Technology*
 - Primary Care Initiative*
 - ODMH (County Mental Health Boards, Hospitals, Community)*

- Other Groups & Categories
 - All Hazard Leadership Group*
 - Consumer & Family Input*
 - Cross-Cutting Workforce Issues*

(More detailed descriptions of these groups are included in the full NA/RI report).

It should be noted that Ohio's visionary and forward-thinking approach to transformation was underway in many areas in the early 1990s with efforts to define and promote recovery and cultural competence and with the establishment of the Ohio Outcomes Task Force in 1996. In 2003, Governor Taft launched the highly-lauded ABC Initiative. The Strategic Advisory Committee and many of the Content Working Groups were convened well in advance of the TSIG award and have championed a number of successful projects to promote cross-system cooperation and statewide transformation. Examples of Ohio's collaborative spirit at work today include the Coordinating Centers of Excellence (CCOE), Emerging Best Practices in Mental Health Recovery, Multi-Ethnic Advocates for Cultural Competence (MACC), Network of Care, SOQIC Standardized Documentation, and the Ohio Mental Health Consumer Outcomes System.



Process

As Ohio began the NA/RI process, it was apparent that the original SAMHSA format was straightforward and captured the essential elements related to the task at hand. But it had enormous potential beyond its original intent as a reporting format alone. Therefore, one of the first decisions made by Ohio was to adopt the SAMHSA Template (with extensions and enhancements) as the primary data collection tool in addition to using it as a format for reporting the results of the NA/RI.

(More detailed descriptions of Ohio's enhancements to the SAMHSA Template are included in the full NA/RI report).

The NA/RI project has been a complex and challenging one. Traditionally, groups like the State Agencies and CWGs have operated independently and autonomously; trying to get them to adopt common definitions and methodologies at times seemed akin to herding cats. Nonetheless, for the TSIG project to succeed, a common needs assessment and resource inventory was both appropriate and necessary. Such a review needed to address the both the demand for services and the resource options available, and provide an information base for development of a comprehensive statewide cross-systems plan. Because of time limitations, the gathering of data, to a great extent, was dependent upon what information already existed and how quickly it could be supplemented by additional data sources, compiled and reported in a form compatible with the SAMHSA template and definitions.

Ohio's approach to the NA/RI task was built upon the collaborative model it has fostered throughout the state's mental health system. TSIG staff conducted information collection sessions, facilitated workgroups, and provided technical assistance to each relevant State Agency and CWG as they gathered the required information. Following the data collection phase, the data were compiled and organized for use both as part of the NA/RI process and by individual contributing groups for their own non-TSIG work.

As the first step, a core group of CWG Leads, state agency representatives, and ODMH staff met to begin to develop the framework for the data gathering and recording process inherent in the NA/RI. Essential to the successful launch of the initiative was the assurance that all participants and stakeholders fully grasped the purpose and intent of the NA/RI and collectively approached the process with a common understanding of its various components. Significant attention was given to the development of a series of "Operational Definitions" to explain each of the terms and categories used in the NA/RI, help guide CWGs through the NA/RI process, and to ensure that the data would be collected and recorded in a consistent manner.

Two weeks later, nearly 200 TWG and CWG members, ODMH staff, state agency representatives, consumers and consumer advocates, providers, board members, and other authorities met to receive final instructions before beginning the NA/RI for each of their respective groups.

Over the next two months, the CWGs and other TSIG NA/RI participants engaged in numerous independent and facilitated discussions and data gathering exercises. Throughout this process, work-to-date from each CWG was collected at regular intervals and compiled into a single NA/RI Combined Template which was reviewed monthly by the TSIG Steering Committee, a group of key ODMH staff and CWG Leads. Altogether, more than 50 templates were collated into the Combined Template.

The "A New Day" conference was followed by the NAMI Ohio 2006 annual conference, "The Power of Advocacy," attended by more than 600 NAMI members, behavioral health professionals, and consumers. Over the course of the two-day event, an extensive survey was conducted to gauge consumer familiarity and understanding of the goals and recommendations of the New Freedom Commission, assess their satisfaction with services received, and to measure their perspective of how successful transformation efforts have been thus



far. Information from the surveys was incorporated into the Combined Template where it could be seen in the context of the contributions of other NA/RI participants.

Finally, participants and stakeholders in the TSIG Needs Assessment and Resource Inventory process came together once again to assess progress and share results. Not unlike other collaborative efforts spearheaded by Ohio's transformation team, this exercise revealed even more existing and future opportunities for further cooperation and collaboration among Ohio's state agencies, the Content Working Groups, and other special projects underway.

Findings

Initial findings from the NA/RI were distributed across 12 categories (listed below).

- T01. Funding Methodology, Levels, Flexibility, Coverage and Reimbursement (n = 243)
- T02. Access to Services (e.g., Elderly, Rural, Timeliness) (n = 183)
- T03. Cross-System Integration, Procedures to Enable Coordination (n = 135)
- T04. Quality & Outcomes, Consistent Use of Evidence-Based Practices (n = 107)
- T05. Information Availability & Accessibility (n = 98)
- T06. Workforce Issues (e.g., Qualifications, Recruitment, Retention, Training) (n = 89)
- T07. Availability & Use of Technology (n = 86)
- T08. Stigma, Public Information & Prevention (n = 84)
- T09. Methods & Policies on Consumer/Family Direction (n = 80)
- T10. Coordinated Physical Health & Behavioral Health (n = 75)
- T11. Understanding of and Commitment to Recovery & Resiliency (n = 39)
- T12. Cultural Competency (n = 30)

(More descriptive information for each theme is included in the full NA/RI report).

The Ohio NA/RI a process, not a product; its value increases with its use by CWGs and others to analyze the data it contains for use in making informed, data-driven planning decisions.

Creating the CMHP

The next step in the NA/RI – CMHP phase is to take data gathered during the NA/RI process and analyze them from the perspectives of the various contributing groups. The task is to turn the NA/RI data into planning information. That process had several steps: (1) contributing groups reviewed the content of the NA/RI data and findings to understand the needs and resources identified by both its own group and others; (2) each



contributing group identified the most important target needs for transformation from its perspective; (3) the Strategic Advisory Committee (SAC) met to prioritize the identified transformation recommendations and frame the CMHP; (4) the Transformation Working Group (TWG) reviewed the SAC prioritizations and addressed any missing items; (5) any additional NA/RI information received was used to update the developing CMHP; and (6) the CMHP was finalized and submitted to SAMHSA along with final NA/RI.

Whither the Future?

The transformation of the Ohio mental health system is going to occur under the influence and within the context of other statewide initiatives – not the least of which is the impending change of administration both in the Governor’s Office and the State Legislature, as well as Cabinet appointments, that will occur following the November elections. As one looks across the health care landscape in Ohio, there are some significant issues that are being studied that will have a direct impact on the mental health system. So while the NA/RI process looks at the mental health system from the perspective of those who are inside the system of care, there are several major important initiatives at both the state and federal levels that most certainly will have profound effects on the outcome of the mental health system transformation efforts.

However, the results of the NA/RI process thus far clearly demonstrate that Ohio’s mental health system professionals are excited about the future and are collectively and individually determined to achieve real and lasting Transformation. And it seems the nation agrees – at least from the perspective of one of the country’s largest and most influential mental health consumer advocacy groups, the National Alliance for the Mentally Ill (NAMI).

Earlier this year NAMI presented the first comprehensive state-by-state analysis of mental health care systems to be conducted in 15 years. Every U.S. state was scored on 39 specific criteria. The national average grade was D. *Ohio was one of only five (5) states to receive NAMI’s highest rating, was one of only two states to receive a grade of B, and received the highest numerical rating of all the states.*

The challenge facing Ohio’s transformation efforts is to both maintain and build on a job well done.