

A New Day

Transforming Mental Health Care in Ohio



New Day Ohio Update October 2007

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 and supports 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 nine 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 infrastructure 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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Content Working Group Focus: Interagency Council on Homelessness and Affordable Housing

In 2007, Governor Ted Strickland created the **Interagency Council on Homelessness and Affordable Housing**. The Interagency Council is a multi-system Content Working Group (CWG). Its mission statement is that “Homelessness will not be an Ohio experience.” Under Lieutenant Governor Lee Fisher, the Interagency Council is charged with creating a plan to both prevent and end homelessness. The Interagency Council’s Policy Committee is responsible for devising the short- and long-term goals and strategies for the plan. The Interagency Council has established six work groups for this work to take place. These work groups are: Chronic Homelessness, Family Homelessness and Prevention, Access to Housing, Mainstream Resources, Systems Transition and Discharge Protocol, and Research and Planning. Through increased collaboration and coordination, the Interagency Council aims to improve the availability of homeless and housing resources, improve discharge planning for people leaving state institutions and hospitals, improve planning for youth leaving foster care, further the State’s work around Olmstead planning and eliminate barriers to mainstream resources. As the Council moves into the future, additional work groups or participants may be added to facilitate work on affordable housing.



Who are our members?

Council membership includes representatives from state government, statewide advocacy groups, and local stakeholders. The various workgroups include consumer and family members.

How are we funded?

The Interagency Council receives no funding, however, it has the ability to impact by urging for increases as well as better coordination among funders.

How do we align with *TurnAround Ohio*?

Persons with severe and persistent mental illness are far more likely than those without mental illness to be homeless. They are even more likely to be chronically, or long-term homeless. Homeless individuals, especially chronically homeless individuals, interact with multiple systems and are high cost utilizers of public resources. Very often, these high-cost resources serve the needs of the individual poorly and do not promote recovery. Reducing homeless individuals' reliance on high-cost resources will not only promote recovery and resiliency for these individuals, it will also benefit the state systems that control these resources.

With which other CWGs do we have collaborations/linkages?

- Diversion and Reentry
- Employment
- Multiethnic Advocates for Cultural Competence
- Public Mental Health System

With which state agencies/community organizations do we have collaborations/partnerships?

- Mental Health
- Development
- Job and Family Services
- Health
- Rehabilitation and Corrections
- Education
- Aging
- Alcohol and Drug Addiction Services
- Youth Services
- Mental Retardation and Developmental Disabilities
- Ohio Housing Finance Agency
- Supreme Court of Ohio
- Governor's Office of Veteran's Affairs
- Coalition on Homelessness and Housing in Ohio



By the Numbers: Homelessness & Housing

40

Forty percent of homeless people have substance abuse issues.

20

Twenty percent of homeless people have serious mental illnesses (some sources place this figure as high as 70 percent).

640

In Ohio, the Fair Market Rent (FMR) for a two-bedroom apartment is **\$640**. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$2,133 monthly or \$25,596 annually. (Source: National Low Income Housing Coalition)

- Corporation for Supportive Housing
- The Partnership Center
- City of Cleveland Office of Homeless Services
- Fayette County Community Action
- Hope House
- Social Security Administration
- Bureau of Disability Determinations

What was accomplished last year?

A previous Interagency Council focused on the following:

- The Department of Rehabilitation and Corrections recently granted \$1 million dollars to be administered by the Corporation for Supportive Housing which will be used to test permanent supportive housing for disabled individuals at risk of homelessness. Some Projects for Assistance with Transitioning from Homelessness (PATH) outreach teams around the state will be working with CSH on this pilot. In addition to making treatment and services connections, participating PATH teams will be helping to house individuals with severe mental illness leaving prison who might otherwise be discharged into homelessness.
- The Ohio Housing Finance Agency recently made changes to their HDAP program that will support access to Gap financing to be used for renovations to previously existing projects. These changes also allow smaller projects to secure this funding.
- The Ohio Housing Finance Agency recently doubled the permanent supportive housing pool in the 2006 Qualified Allocation Plan from \$1 million dollars to \$2 million dollars. More funding for permanent supportive

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housing is necessary if consumers are to live independently.

- The Interagency Council continues to monitor six SOAR (SSI/SSDI Outreach, Access and Recovery) pilots that are testing the SOAR approach to expediting SSI/SSDI applications on behalf of homeless individuals with mental illness.
- Recent changes to the Ohio Revised Code now allow ODMH capital to be used in conjunction with Low Income Housing Tax Credits.

What are we working on in the future?

- Expand Ohio's SOAR process.
- Increase funding for permanent supportive housing.
- Improve leveraging of resources across systems particularly for the chronically homeless.
- Homeless Families Pilot

Whom Should You Contact for More Information?

- Jeannette Welsh, Housing Manager, Ohio Department of Mental Health (WelshJ@mh.state.oh.us)
- Bill Graves, Director, Community Development Division, Ohio Department of Development (WGraves@odod.state.oh.us)

Ohio submits a revised Comprehensive Mental Health Plan

In October 2005, Ohio received one of nine federal Mental Health Transformation State Incentive Grant (TSIG) allocations of \$12 million over 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.

The major focuses of the first year of the grant were completing a Needs Assessment and Resource Inventory (submitted September 2006) and a Comprehensive Mental Health Plan. Ohio's plan – A New Day: Wellness for All – was submitted to the Substance Abuse and Mental Health Services Administration on November 15, 2006. A New Day: Wellness for All was a framework to guide Ohio toward the vision of a transformed system.

Though the initial Comprehensive Mental Health Plan (CMHP) submitted to SAMHSA was organized and aligned with the six goals of the New Freedom Commission Final Report, further analysis suggested that future updates would more accurately reflect Ohio priorities if organized along the common themes identified in the NA/RI and validated by earlier findings and recommendations of the Ohio's Strategic Advisory Committee (SAC). Across the board, Needs Assessment and Resource Inventory and SAC participants overwhelmingly agreed that a few specific issues were inhibiting, if not wholly preventing, the delivery of the right services, at the right time, to the right individuals, by the right practitioners. It was apparent that the very basic mechanics of the system presented significant barriers to consumers achieving recovery and resiliency.

Over half of the Needs Assessment and Resource Inventory identified issues were associated with the following themes:

- Financing Reform – Levels, Flexibility, Coverage & Reimbursement
- Cross-System Integration and Coordination
- Access to a Continuum of Appropriate Services
- Quality, Evidence-Based Practices, and Positive Outcomes

Threaded through each of these issues was the understanding and expectation that they could not be resolved without also addressing system shortcomings in the areas of Workforce and Technology. Collectively, the four themes and two cross-cutting issues accounted for over 80 percent of the issues identified in the Needs Assessment and Resource Inventory.

Ohio has submitted a revised plan that organizes strategies to achieve system transformation under these overarching themes and cross-cutting issues.

The revised Ohio plan, submitted September 28, 2007, is designed to provide a framework that builds on existing strengths, bridge to a new Administration, capitalize on opportunities, and integrate systems and supports for persons with mental illness and emotional disturbance. By doing this, we will reach for and achieve recovery and resiliency. This approach depends on our strategy of shared leadership and collaboration. By aligning our resources and partnering with consumers, families, state agencies, and local shareholders, we can build a stronger infrastructure and make significant strides to provide hope to Ohio citizens that recovery and resiliency are possible and achievable.

The full plan is available at <http://www.anewdayohio.org/downloads/cmhp.pdf>.

Overall health requires integration of physical and behavioral healthcare

Coordination of care for physical, mental, and substance use illnesses drew nearly 200 medical and behavioral health professionals to Columbus September 26, 2007.

The Integration of Physical and Behavioral Health Educational Summit brought together consumers, physicians, chemical dependency counselors, social workers, health clinic administrators, managed care representatives, and others interested in holistic care to forge partnerships to benefit the consumer.

“You (in Ohio) are very much on the cutting edge of what I think is a national trend...behavioral health is inextricably linked with overall health,” stated Terry Cline, Ph.D., administrator of the Substance Abuse and Mental Health Services Administration, Health and Human Services.

In addition to Cline, the Summit featured Mark Gebhart, M.D., assistant professor of Emergency Medicine at the Wright State University Boonshoft School of Medicine. Gebhart spoke of the overwhelming demand for care in emergency departments and a recent eight hour wait time for patients in a Dayton-area emergency room.

According to a 2006 Institute of Medicine report, “Millions of Americans today receive health care for mental or substance use problems and illnesses. These conditions are the leading cause of combined disability and death of women and the second highest of men.”

Speakers for the Summit also included several of the Directors of Ohio’s State Departments: Terry Collins, Ohio Department of Rehabilitation and Correction; Angela Cornelius, Ohio Department of Alcohol and Drug Addiction Services; Alvin Jackson, M.D., Ohio Department of Health; Barbara Riley, Ohio Department of Aging; and Sandra Stephenson, Ohio Department of Mental Health (ODMH).

Doug DeVoe, CEO of Ohio Advocates for Mental Health, and Reginald Gibson, D.D.S., both spoke from a personal perspective of the need to have all the pieces in place to support a person’s recovery.

Other organizations with presentations were the Ohio Suicide Prevention Foundation, Amerigroup Community Care, Richland Community Health Access Project, Unison, HealthSource, Health Management Associates, Clermont Counseling Center, and Molina Healthcare.

Hosted by the Ohio Association of County Behavioral Health Authorities in partnership with Pfizer, Inc. and ODMH, the Summit served as an initial step in bringing systems together to explore the future in healthcare reform.

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 information 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 future issues of *New Day Ohio Update*? Please contact:

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Web links

New Day Ohio Web site

www.aneupdateohio.org

Ohio’s Comprehensive Mental Health Plan

www.aneupdateohio.org/downloads/cmhp.pdf

A Mental Health Needs Assessment & Resource Inventory for Ohio

www.aneupdateohio.org/downloads/nari.pdf

Ohio’s Network of Care

www.ohio.networkofcare.org

Other ODMH Newsletters

www.mh.state.oh.us/communications/general/newsletters.html

Event Calendars

[New Day/transformation-related events](#)

[General mental health events](#)