

Mental Health Success Through Voluntary Friendships

Provider Agency Spotlight: Mental Health America/Compeer

Mental Health Recovery Services of Warren and Clinton Counties (MHRS) is proud to help fund Mental Health America of Northern Kentucky and Southwest Ohio (MHA). This organization advocates for improved care for the mentally ill and promotes good mental health care for all. It envisions a society in which all people live healthy lives, free from stigma and prejudice. MHA is dedicated to promoting mental health and working to prevent mental illness and substance abuse through advocacy, education, and supportive services. MHA offers a non-profit Compeer program in both Warren and Clinton Counties under the direction of Michelle Rolf.



Volunteers are what makes the Compeer program a success. Pictured left to right are volunteers Jim Burge, Tim Hawk, Muriel Hiatt, Teresa Gallinis and Tara Lydy with Compeer Director Michelle Rolf.

Compeer means a companion, peer or equal. This program matches volunteers with adults recovering from mental illness who have been referred to the program by their case manager or therapist. Compeer volunteers become great friends and confidantes who assist with things like running errands, getting to appointments, enjoying a sporting event, and even just going to lunch, dinner or a movie.

“The Compeer program helps people with mental illness live happier, healthier, more productive lives through the power of volunteer friendship,” explained Michelle Rolf. “Compeer is all about making a difference by helping people get services that can support them, build them up and help them through the trials of life.”

The key to Compeer’s success is its concept of utilizing matched friendships to help people with mental illness feel more connected to their community, feel less loneliness and isolation and increase their self esteem and independence. Rolf says that there are local volunteer opportunities available. “You can make a difference through one-to-one friendships, phone matches, or by teaching a skill,” stated Rolf. “We ask our Compeer volunteers to give a minimum of four hours a month tailored to the volunteer’s schedule. No experience is necessary. All it takes is a caring heart,” she added.

MHA and Compeer are making a difference in the communities served and in the lives of those recovering from mental illness. For more information about this unique program or to learn more about volunteering, contact Michelle Rolf at Clinton and Warren County Compeer, 513-562-2581, or email her at mrolf@mhankyswoh.org.

Compeer Gardening



Medicaid Expansion Panel



PRESORTED
STANDARD
U.S. POSTAGE
PAID
PERMIT NO. 6657
CINCINNATI, OHIO

www.mhansonline.org

513-695-1695

Lebanon, OH 45036

212 Cook Road

Mental Health
Recovery Services
of Warren & Clinton Counties

NEWSFROM

Mental Health Recovery Services

Mental Health Recovery Services of Warren & Clinton Counties (MHRS) is pleased to send you our newsletter. This publication is designed to update Warren and Clinton County residents regarding the issues of mental health and substance abuse prevention, and the services available. MHRS funds, plans, monitors and evaluates services and programs for residents with mental and emotional disorders and/or substance addictions.

We hope you find the information useful.

—Brent Lawyer, Executive Director

Gina’s Story – A Personal Journey of Living Successfully with Mental Illness through Treatment

My name is Gina Lewis, and I was diagnosed with Bipolar when I was 29. Before I tell you what recovery has meant to me, I want to briefly describe what my illness looked like.

My mania consisted of days without sleep, shopping sprees of spending hundreds of dollars a day, delusions of grandeur that made me the most famous woman in the world and fits of rage that contributed to the end of my marriage. My depression often meant that getting out of bed was simply not an option. I cried for hours and felt worthless, defeated, ugly, stupid...I felt like I didn't deserve anything good in my life. Sometimes I felt like I didn't deserve life itself.

For more than half my life I yelled, I cried, I spent (or even shoplifted), lost jobs and even lost hours to psychotic episodes.

I pretty much had to be forced into treatment; but if I hadn't, I don't know if I would be here today. While in treatment I have been successfully employed, I've learned to pay my bills and live on my own, and I have built an incredibly strong relationship with my incredible son.

When I stand back and look at my past, I can't

believe that was me. It was pure luck that kept me out of the hospital and even out of jail. Now it is treatment that allows me to keep my freedom. But what does treatment look like?

At my most successful, treatment looked like four psych meds a day, therapist once a week, psychiatrist once a month and group therapy as often as possible. With that in place I was truly able to become a productive member of society instead of a potential America's most wanted.

I had a job for almost three years, I quit my spending habits, stopped believing that my work at the local food pantry was going to earn me a Nobel

Prize, and I learned to think before I yelled.

In group, I met a lot of different people and heard a lot of different stories--some milder than mine and some a lot worse. The one thing we all had in common is that we all desperately needed treatment!

It was also treatment that brought me to the National Alliance on Mental Illness.

Through NAMI, I learned

to speak out loud about my life without shame. I learned to fight stigma without fear of humiliation. However in my heart, I truly believe that I would not be so confident if my story was littered with hospital stays and incarcerations. Without treatment, it would be. Even worse, without treatment I may not even be alive to tell this story at all.

(Continued inside)



Family pet, Graham, interrupts a fast-paced game of Uno for some hugs and attention from Gina and her son, Zach.

Mental Health
Recovery Services
of Warren & Clinton Counties

Extending Medicaid Coverage

What Does this Mean for Clinton and Warren Counties?

- by Brent Lawyer, Executive Director of MHRS

The Director of the Mental Health and Addiction Services (MHAS) State Department recently met with local leaders during a community forum to discuss the benefits of extending Medicaid coverage to Ohioans, including benefits for individuals with mental illness (like our friend, Gina) or addiction disorders. I was a part of the panel of speakers at this successfully interactive event. Proposed Medicaid changes will allow individuals of lower incomes to receive adequate treatment and support in an effort to keep them healthy and stable in the community.

State law mandates that local Alcohol Drug Addiction Mental Health Services (ADAMHS) Boards plan, develop, fund, manage and evaluate community-based services and determine how best to use funding sources (state and local levy) to meet the behavioral health care needs of our communities. We have seen steady erosion in the behavioral health care system. The mental health system has received as much as \$140 million less in state support since 2002. There are thousands of individuals in need of services who cannot access them due to lack of insurance. According to the National Institute of Mental Health, about 1 in 4 adults suffer from a diagnosable mental disorder in a given year. And, 8 percent of persons aged 12 or older suffer with a substance abuse or dependence.

Gina's Story – A Personal Journey of Living Successfully with Mental Illness through Treatment, Continued

Now, even I consider my story to be one of success, but I know it is far from over. Every Saturday, I fill my med boxes for the following week, and I am reminded that this is my life forever. For me, treatment is forever! I will never wake up one morning and not have this disease. There is no "quick fix". So now I speak for all those who have not been as blessed as I have been, those who have been unable to avoid lengthy hospital stays and unfortunate jail sentences, those who have lost their lives to this illness: No one should have to suffer these fates when treatment is out there! But sometimes the financial means to this treatment is lacking. Each of us reading my story today need to stand up and make our voices heard to our Ohio legislators to make treatment services available to those without health insurance, to those that "fall between the cracks" like the working poor, so that these individuals can lead productive lives—like me, Gina.

(Editor's note: We at MHRS are interested in receiving and sharing personal success stories like Gina's above. If you or someone you know has a behavioral health client testimonial to tell to our readers, please contact us at 513.695.1695 or kbrown@mhrswcc.org.)

In addition, the lack of access to needed services will significantly increase costs to other systems (for example, criminal justice, school failures) and the overall economy through loss of jobs that place increased strain on health and human service systems.

There are obvious needs for mental health and substance abuse treatment and prevention services in our communities. In fact, many of our treatment and prevention services have significantly increased.

In addition to communicating to our legislators the need to increase treatment and prevention services, I believe it is important to show that we are a good steward of our existing funds. Our communities in Clinton and Warren Counties have come to know that MHRS is accountable to our funding sources (federal, state and local levy dollars), as evidenced by the outcome of the November 2011 Levy Campaign that passed by approximately 68 percent and the successful results of our local initiatives. (Refer to www.mhrsonline.org, FY 2008-2012 Strategic Goals, Summary of Key Findings and Results.)

I also believe that as we ask our State legislators to support Medicaid Extension, we are suggesting they think and work differently among and between party lines. We must show by example that we (State departments, ADAMHS boards and provider agencies) are willing and are doing that very thing. The work that MHRS has done to assure available funding for consumers and the recent development of MHRS' new strategic goals is a reflection on our desire to think and work differently. The new goals give a new focus on expanding from a traditional disease and deficiency model to one that will include the promotion of health and wellness in our areas of service.

So, what does Medicaid Extension mean to MHRS and the residents of Clinton and Warren Counties? It means that the many people that MHRS currently buys clinical services for will become Medicaid eligible. This will free up an estimated \$1.7 million in local State funds that can be utilized in other ways to support recovery—like housing, employment, transportation and peer supports. Extending Medicaid is the single largest investment in addiction and mental health services in more than two decades. I believe the Ohio Association of County Behavioral Health Authorities' motto says it best: "Treatment Works and People Recover". And as Gina's story shows--recovering people work, and working people pay taxes. It is time to do the right thing and encourage our legislators to support Medicaid Extension. MHRS will continue to do its part as well.

Providers of Care

Solutions Community Counseling and Recovery Centers

Solutions Community Counseling and Recovery Centers (Solutions) offer alcoholism, drug addiction and mental health services to residents living in communities throughout Warren and Clinton Counties.

Lebanon: 204 Cook Rd. (513) 695-1357
975 A Kingsview Dr. (513) 228-7800
Mason:201 Reading Rd. (513) 398-2551
Springboro:50 Greenwood Ln. (937) 746-1154
Wilmington:953 S. South St. (937) 383-4441

New Housing Ohio, Inc.

New Housing Ohio (NHO) offers individuals in recovery from mental illness and/or substance addiction a variety of supportive housing.

Cincinnati: 4055 Executive Park Dr., Suite 125 (513) 554-4567

National Alliance on Mental Illness - Warren County

The National Alliance for Mental Illness (NAMI) Warren County supports local individuals and families affected by mental illness. A variety of support groups and courses are offered to members including Hand-2-Hand and Family-2-Family training.

Lebanon: 910 North Broadway (513) 695-3650

Mental Health America of Northern Kentucky and Southwest Ohio, Inc.

Mental Health America (MHA), offers a Compeer Program in both Warren and Clinton Counties which matches volunteers with individuals recovering from mental illness. These volunteers become great friends and confidantes who assist with things like running errands, getting to appointments, and even just going to lunch, dinner or a movie.

Cincinnati: 2400 Reading Rd., Suite 412 (513) 721-2910

Women's Recovery Center

Women's Recovery Center (WRC) is a highly respected nonmedical residential and outpatient treatment facility for alcohol, tobacco and other drug dependent women. WRC serves women ages 18 and older.

Xenia: 515 Martin Dr. (937) 352-2906

Talbert House: Warren Outpatient Services

Talbert House's Warren Outpatient Services offers accessible and affordable adult and adolescent outpatient alcohol and drug addiction services as well as adult mental health services to residents living in communities throughout Warren County.

Lebanon: 759 Columbus Ave. (513) 932-4337

Because of MHRS, treatment services are affordable. Our providers use an income-based, sliding fee scale. For more information about MHRS funded services, log on to www.MHRsonline.org.

MHRS Expands Outreach Through Facebook

Mental Health Recovery Services of Warren and Clinton Counties (MHRS) is now on Facebook, launching its newly created page in September 2012 as an additional avenue to promote the news and services of MHRS and communicate vital information related to the topics of alcohol and drug addiction, mental health and wellness. The number of Facebook fans this site has generated in a very short time is encouraging, and we are excited to be able to spread informative messages to an additional audience.

We invite you to visit our page at facebook.com/MHRSWCC and join our growing number of friends by clicking the "like" button at the top of our page.



Strategic Plan Through FY 2016 Announced

MHRS Envisions Itself as the "Leader for Health and Wellness in Clinton and Warren Counties"



MHRS' Board of Directors left to right (row one): Michael Kassalen, Donna Tweel, Rebecca Breitrack, Kathleen Larkin, Don Shrimplin, and Lois Butt. Row two: William Russell (President), Tracy Truett, Marsha Wagstaff, Michelle Hall, Mark Hurst and Dennis Mann. (Board members not pictured are: Brian Bourgraf and David Raizk.)

Mental Health Recovery Services of Warren and Clinton Counties (MHRS) has a vision to share hope and caring to achieve recovery from mental illness, alcoholism and drug addiction. Every day, the providers of MHRS work together to secure a better future for those in need of our services. Now that vision is expanded to include being a resource for health, wellness and prevention initiatives. MHRS' new plan is to shift priorities toward universal prevention services while continuing to provide quality treatment services for the diseases of addiction and mental illness.

Traditionally every five years, MHRS updates its long-range plans, which describes its work to address ever-evolving mental health, addiction and recovery services needs in the communities served. MHRS' Board of Directors and staff spent six months developing a strategic plan for fiscal years 2014-2016 with a new three-year time frame. The goal is to integrate physical, mental and behavioral health together as a health and wellness initiative.

As Executive Director of MHRS, Brent Lawyer was asked to update the public on the outcomes of MHRS' 2008-2012 plan and to unveil the details of the new plan for the next three years:

What successful outcomes were realized in relationship to MHRS' FY 2008-12 strategic goals?

Brent Lawyer: The greatest outcome that resulted from the list of improvement initiatives implemented in the last few years is that MHRS never passed on to the provider agencies any funding reductions due to state cuts. Some of the cuts were offset by the State Departments in any given fiscal year when we received unexpected one-time allocations for specific services, which were helpful, but the combined loss in state revenues was significant regardless. In fact, many services have increased, for example: Severely Emotionally Disturbed youth for home and school-based services, the General Outpatient adult and children services and Alcohol and Drug Addiction Services. The reality is we have less funding now than we did, although we are seeing a 75 percent increase in the number of unduplicated clients served since State Fiscal Year 2002 (from 3,700 to approximately 6,500 clients).

What are the new MHRS Strategic Goals, and why has the time frame been shortened?

Lawyer: In order to establish meaningful financial projections and to assist the Board in maintaining a financially sound system, we reduced the time frame from a traditional 5-year to a 3-year plan. This is due to the continued instability of state funding and Affordable Care Act (ACA) impacting local planning. The following table depicts the FY 2014-2016 Strategic Goals as approved by the Board of Directors on January 9, 2013:

MHRS Board FY 2014 through FY 2016 Strategic Goals

1. Establish a coalition of community stakeholders to promote wellness across the lifespan.
2. Raise community awareness of risk factors that impact overall health.
3. Expand the profile of MHRS' system of care as the premier entity for emotional and mental wellness.
4. Generate new system capital in order to secure support for reliable and sufficient future funding of services.

What benefits do you feel this new strategic plan will have on the residents of Clinton and Warren Counties?

Lawyer: The behavioral healthcare system that was created fosters client dependency and entitlement. Specific populations have come to believe that their own needs can best be served by the behavioral healthcare system. Our accountability for this type of working relationship is due in part to the time spent labeling the deficiencies of people. The more deficiencies we label or identify, the more professional services and treatment programs we develop in order to address the growing need of more deficiencies. This need-fulfilling transaction has worked for years but is one we can no longer afford. To reform behavioral healthcare, we need is to shift our beliefs to construct new programs about health and not disease. In turn, the implementation of health and wellness programs will have a direct impact on reducing the escalation for more treatment services and thus reducing these costs in the future.

The full FY2014-2016 strategic plan can be viewed on MHRS' website at www.mhrsonline.org. Refer to this site occasionally to read about the exciting progress of the new plan as MHRS strives, through its prevention and treatment efforts, to enhance quality of life for the citizens of Clinton and Warren Counties.