The Butler County Substance Abuse and Mental Illness (SAMI) Court program in Hamilton, Ohio, has graduated three individuals in the past six months, bringing the total number of graduates to seven since the program’s inception in July 1999. The SAMI Court program serves individuals with co-occurring mental health and substance abuse disorders who have been charged with a felony in the Butler County Court of Common Pleas. Consumers enter the program as a condition of sentencing after pleading guilty. They remain in the community under the supervision of a SAMI team, and the SAMI team’s probation officer. The team is based at Horizon Services, a certified chemical dependency program that provides outpatient substance abuse services with a strong emphasis of service to the criminal justice system. The SAMI Court program serves approximately 25 consumers at a time, with a consumer-to-staff ratio of 10 to one.

Marsha Pierce, RN, SAMI Coordinator, is very pleased with the outcomes of the SAMI Court. According to Pierce, DDIT-based programs like the one in Butler County typically show few measurable outcomes during the onset of the program because service providers and consumers spend a

Continued on page 2
lot of time in the engagement and persuasion stages of treatment. In the engagement stage, service providers work to develop a relationship with the consumer. In a SAMI Court program, engagement happens much more quickly because it is a condition of a court sentence. However, the amount of time spent in the persuasion stage is similar to other SAMI programs. In this stage, service providers help consumers become motivated to reduce their substance use by teaching them to understand the negative consequences of substance abuse and the positive consequences of sobriety.

“We’ve had a great start,” Pierce says. “Not only have we kept twenty-five people out of jail, but we’ve also helped these twenty-five people become more self-aware of the connections between their substance abuse and mental illness. They are more aware of the behaviors that have led them to jail or prison in the past. And they are more aware of the feelings that preceded those behaviors. With self-awareness comes independence. We are confident that, now, when things start to get messy for them, they’ll pick up the phone and call for help. This asking for intervention is what reduces incarceration. The consumers are essentially saying, ‘Help me before I do something bad’.”

Pierce explains that the person the consumer calls will be one of several people on the SAMI team, most likely their probation officer or case manager. The Center for Forensic Psychiatry is a certified mental health agency that provides outpatient crisis, medication/ somatic, and community support program services, as well as forensic evaluations.

“We often hear the consumers refer to the team members as ‘like family,’” Connolly says. “They are very serious about this. Most of us think of family as the group of people in this world whom we trust the most, as the ones who will be kind to us and not turn their backs on us in our weakest moments. Remember that word, trust. The success of a SAMI program hinges on it. It takes a long time to build a trusting relationship, and it is very easy to break a successful attachment during the engagement stage of treatment.”

With trust, there is more honesty, Connolly adds. The SAMI Court program stresses to consumers that they must be honest with themselves and honest with each member of the SAMI team as a means to remain sober and out of jail. Connolly explains that accurate information facilitates accurate assessment, planning, and action.

**Communication**

The structure of the SAMI Court program not only encourages honesty and trust between the consumer and the SAMI team but also between members of the SAMI team.

Each week the SAMI team from Horizon Services meets with team members from the Butler County criminal justice system, namely Officer Chuck Beatty, Supervisor of Butler County Adult Probation, and The Honorable Michael Sage of the Butler County Court of Common Pleas, to discuss each case. The meeting enables the entire team to share their experiences and perspectives, to compare stories, clarify information, and make decisions about treatment strate-
gies. In addition to helping plan treatment strategies, Judge Sage and Officer Beatty provide links to additional information and resources. Both have access to information about each consumer’s criminal history, which is contained in the criminal justice databases. They also have contacts with other judges and can easily make referrals. Referrals also come from probation officers, defense attorneys, Pre-Trial Services, and other social service agencies.

According to James D. Kinnan, LPCC, Director of Professional Services at the Butler County Mental Health Board, the sharing of information in the weekly meetings has an additional benefit. It prevents consumers from “dividing and conquering” the SAMI team. Consumers cannot get away with telling different stories to different people. They cannot cause confusion.

“The SAMI Court has greatly improved communication between the mental health system, the addiction services system, and the criminal justice system,” Kinnan says. “The weekly meetings have a very positive impact upon communication. Together, the team members find creative ways to avoid jail sentences and to communicate consistent messages to the consumers. At times the Court may need to impose sanctions in order to influence behavior, but the Judge and probation officer also become a very important part of the support system for consumers. They provide recognition and encouragement to consumers for their successes, not just punishment for their failures.”

Officer Beatty adds that the SAMI Court program has achieved results in ways he had never expected, explaining that many success stories have come from individuals he would have never expected to succeed.

“It’s often the ones in the worst shape to start with that do the best in the long run,” Officer Beatty says. “I’ve had contact through the criminal justice system with many of these offenders, and nothing has worked for them like this program. I would like to see our program expand and would like to see this program in other counties.”

Jean Glowka, President of Community Behavioral Health, Inc., explains that teamwork, training, and consumer advocacy have been the sources of cohesion and motivation.

“Through continued efforts in cross-system collaboration, our team is better able to assist clients,” Glowka says. “The program works remarkably well because it is integrated, intensive, and we have very dedicated staff.”

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The Butler County Mental Health Board and the Butler County Alcohol and Drug Addiction Services Board wish to thank the following for their contributions to the SAMI Court program:

- The Ohio Department of Mental Health (ODMH) and Ohio Department of Alcohol and Drug Addiction Services for their funding commitments.
- The Health Foundation of Greater Cincinnati, which has provided funding for system-wide training of criminal justice professionals and service agency providers, as well as for funding outcome-evaluation activities.
- Wright State University and Quality Review Services, Inc. (QRS) for outcome-evaluation services. QRS is a non-profit agency that is funded by grants from ODMH. It employs mental health consumers to interview other consumers and their family members.

Read more about the Butler County SAMI Court
I had the opportunity to observe the Butler County SAMI Court team at work this past fall and was immediately impressed by each team member’s level of professionalism and commitment to the well-being of the consumers in the program. SAMI Court is not like the mental health courts and drug courts that I have observed. The SAMI Court program allows more flexibility in treatment planning and provides for a great deal of input from team members. It is truly an individualized approach to treatment that is based on consumer needs. In the SAMI Court program, there is a genuine interest to help individuals with dual disorders understand their mental illnesses and their addictions and to help them develop strategies for self-control, so they won’t cross the line again into criminal behavior.

I observed a SAMI team meeting in the chambers of The Honorable Michael Sage, Butler County Court of Common Pleas. Following that meeting, I observed a courtroom session that took place with the SAMI team and consumers enrolled in the SAMI Court program. The courtroom sessions take place every two weeks as a part of the probationary process. It is a way to review consumer progress and to steer the course of the interventions.

The Butler County SAMI Court program successfully graduates consumers to independent living because the clinical team—case manager, nurse, team leader, and program coordinator—work collaboratively with the criminal justice team, namely Judge Sage and Officer Chuck Beatty, Supervisor of Butler County Adult Probation. I draw the distinction between the two merely for discussion. They really are all one team.

For those counties in Ohio that are interested in starting a SAMI Court program, my first recommendation is to find a judge who is committed to the well-being of people and to the process of the DDIT model. Because Judge Sage possesses these attributes, he has clearly helped facilitate the successes in Butler County. He is firm, fair, and, most of all, genuinely interested in helping the consumers progress to increasing levels of self-awareness and self-control. In addition, although Judge Sage holds the ultimate authority of the law, he enables and encourages the clinical team members to do their jobs. He constantly elicits their input and, when opinions among the team members differ, he manages the debate. It is routine for him to say, “Let’s step back a minute. What should we be doing for this client?” When a team member offers an opinion that makes the most sense to the team, he will support it and ask, “What do you need from the rest of us to make that work?”

The meeting in Judge Sage’s chambers that I observed was conducted informally, and the ease that pervaded the room encouraged creative thinking. As the team reviewed each case, observations about consumer successes and challenges were punctuated with healthy humor. In addition, the team members referred to each consumer by his or her first name and did not refer to him or her as “a case” or by a case number. The process demonstrated some of the best aspects of an integrated team. There was open communication, give-and-take, flexibility, and a consumer-interests-come-first approach. When team members disagreed about the details of the treatment plans, they articulated their opinions with reasons.

The courtroom sessions with the consumers took place the same day as the meeting in the judge’s chambers. The discussions occurred among Judge Sage, the rest of the SAMI team, and the consumers. The SAMI team stood in a half circle around the consumer. The position of the
SAMI team was more than symbolic. Their proximity to the consumer provided a physio-emotional support that could be felt in the room. Judge Sage began his conversations with each consumer in the same calm, reassuring greeting, “So how are you doing?” He listened to the consumer present his or her update, expressed his congratulations for progress, his concern for lack of progress, and deferred the conversation to each member of the treatment team to provide feedback to the consumer.

During the course of my observation, I witnessed one of the female consumers thank Judge Sage for putting her in jail recently for a few days. Judge Sage explained that he made the decision because the team had been concerned about her lack of focus and dismal progress.

“I just needed to get your attention,” he said. “It appears to have worked.” Judge Sage encouraged the consumer to continue down the road of recovery by acknowledging her potential to change. He also reminded her to be honest with herself and open to the people who want to help.

What is clear to me is that this special courtroom process is different than any courtroom experience that consumers have experienced before. This is more than just a court of law. It is a flexible, individualized way of helping people manage their lives as never before. And it works.

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**Advice to New SAMI Court Programs**

- Develop your outcome evaluation tools before you start to serve consumers.
- Be more realistic about the expectations you place upon your staff. This will minimize burnout and turnover. (Our weekend case management services have been particularly stressful because we only have three professional full-time staff.)

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**SAMI Team**

- program director
- program coordinator/nurse (provides medication education and medication monitoring)
- case managers
- psychiatrist (provides medication somatic services)
- consulting psychologist (provides diagnostic assessment services, primarily for new referrals)
- probation officer
- judge

**Services Provided**

- Consumers see the psychiatrist at least once a month. A strong emphasis is placed on stabilizing mental illness through the use of medications.
- Consumers generally attend groups three to four days per week. These focus on education about mental health and substance abuse related topics, social skills, and relapse prevention.
- Consumers initiated their own Dual Recovery Anonymous meetings recently.

**Family Involvement**

- The program attempts to involve families in the treatment process whenever a consumer and his or her family agree to such participation.

**Quality Improvement**

- A Clinical Committee develops and reviews record-keeping formats and screening instruments.
- A Consumer and Family Quality Improvement Committee includes SAMI consumers and family members.

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**Find a judge who is committed to the well-being of people and to the process of the DDIT model.**

— Patrick Boyle, Director of Clinical Training, Ohio SAMI CCOE

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Amy Henkel, Case Manager

Michelle Clevenger, Case Manager

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**BUTLER COUNTY’S SAMI COURT PROGRAM COMPONENTS**

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—James D. Kinnan, LPCC, Director of Professional Services at the Butler County Mental Health Board
The Ohio Department of Mental Health (ODMH) has funded the Ohio Criminal Justice Coordinating Center of Excellence in Jail Diversion for the Mentally Ill (Ohio CJ CCOE) to pilot test and evaluate promising models and emerging best practices that serve persons with mental illness in the State of Ohio who have entered, or are at risk of entering, the criminal justice system. The CJ CCOE is providing training and consultation to communities and agencies throughout Ohio that have developed, or would like to develop, jail diversion programs for persons with mental illness. The CJ CCOE is currently providing consultation to 13 programs in Ohio that have been funded by ODMH to provide jail diversion services (see below).

Since its inception, the CCOE has provided education and training for police officers, judges, probation officers, corrections officers, attorneys, medical professionals, case managers, and other human service professionals. Three crisis intervention training classes (CITs) have also been held. The CITs have graduated more than 60 police officers and deputy sheriffs.

In addition to its training and consultation activities, the CJ CCOE has also been building relationships with other training and research centers within the State and throughout the country as a way to leverage existing expertise in education and training. The CCOE is developing seminars that will cross-train professionals in jail diversion services.

The CJ CCOE is a collaboration between the Summit County Alcohol Drug Addiction and Mental Health (ADM) Board and the Northeastern Ohio Universities College of Medicine (NEOUCOM). The CCOE is located at NEOUCOM in Rootstown, Ohio. There is an ancillary office at the ADM Board in Akron.

According to CJ CCOE Director Jo Ann Harris, J.D., ODMH chose the ADM- NEOUCOM partnership to house the CCOE because of the work of Mark Munetz, M.D., Chief Clinical Officer of the Summit County ADM Board, and a faculty member at NEOUCOM. Throughout his career, Dr. Munetz has advocated for an increase in collaboration among professionals in criminal justice, mental health services, and addiction services and has been a strong proponent of the decriminalization of the mentally ill.

13 Ohio Jail Diversion Programs Funded by ODMH
- Clermont Counseling Center, Amelia
- Neighboring, Mentor
- Cornerstone Support Services, New Philadelphia
- Washington County Community Mental Health Service, Marietta
- Columbiana Counseling Center, Lisbon
- Moundbuilders Guidance Center, Newark
- Day-Mont Behavioral Health Care, Inc., Dayton
- Community Support Services Mental Health, Springfield
- Mid-Ohio Psychological Services, Lancaster
- Southeast, Inc., Columbus
- Tri County Mental Health, Athens
- Woodland Centers, Inc., Gallipolis
- Unison Behavioral Health Group, Toledo

For more information about the Criminal Justice CCOE, and for information about contact persons at any of the 13 jail diversion programs listed above, contact:

— Jo Ann Harris, J.D., Director, Criminal Justice CCOE, NEOUCOM, 330-325-6162 (phone), harrisj@admboard.org.
This past fall, evaluation teams completed fidelity assessments of the nine SAMI programs in Ohio that were initially funded by the Ohio Department of Mental Health (ODMH) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to implement the New Hampshire-Dartmouth Dual Disorder Integrated Treatment (DDIT) model. This was the third round of such assessments over the past 18 months for most of the programs. An analysis of and report about the most recent data is currently being written by Barbara L. Wieder, Ph.D., Assistant Director of Research and Evaluation at the Ohio SAMI CCOE.

The evaluation teams for the fidelity assessments included representatives from ODMH, ODADAS, and the SAMI CCOE. The teams also included peer evaluators—program administrators and team leaders—from other funded SAMI programs.

As part of the evaluation process, the team members met with SAMI program staff, board representatives, personnel from other service systems, family members, and consumers. They also reviewed consumer case records. The evaluators used the standardized DDIT Fidelity Scale, an instrument designed to identify the strengths of and challenges faced by existing SAMI programs. The Fidelity Scale also measures the strengths and limitations of integrated systems of care. It evaluates the degree to which programs implement and administer 16 DDIT program components (see Resources below).

In addition to using the Fidelity Scale during the assessments, the evaluation team also engaged in open-ended discussions with program participants, consumers, and family members as a way to elicit more information about facilitators and barriers to successful implementation of the DDIT model, as well as its effectiveness.

Summary of completed fidelity assessments

- Overall, Ohio’s funded SAMI demonstration programs have made good to excellent progress in the implementation of the DDIT model.
- Fidelity team members were impressed by the dedication and knowledge demonstrated by staff in the implementation of the DDIT model.
- Total scale scores fell in the moderate and high ranges across program sites.
- No site achieved an overall scale score in the low range.
- On average, SAMI programs achieved approximately 82 percent of the total possible points on the DDIT Fidelity Scale.

Next steps

The SAMI CCOE will be developing program-specific consultation plans for each participating site to assist their ongoing program development. Follow-up contact will be made to introduce suggested activity with each program. The evaluation teams made a number of recommendations for SAMI program enhancements. The recommendations include the following:

- engage families and develop a plan for specific family interventions
- expand training opportunities
- develop and initiate strategies to maintain team morale
- continue to focus on integration at all levels
- explore funding options for service expansions
- continue to support state efforts that reduce billing, service, and documentation obstacles and barriers

Research shows that good program outcomes are related to high fidelity to the DDIT model.

Resources

The Dual Disorder Integrated Treatment Fidelity Scale can be found on the SAMI CCOE website: http://www.ohiosamiccoe.cwru.edu/research/research.html
In August 2001, Christina M. Delos Reyes, M.D., Senior Instructor in the Department of Psychiatry at the Case Western Reserve University School of Medicine, joined the SAMI CCOE as a part-time Medical Consultant. Dr. Delos Reyes is working half time with the CCOE and half time as a staff psychiatrist for the SAMI program at Recovery Resources, a service agency in Cleveland, Ohio, where she engages in direct practice with consumers and caregivers and works with members of the SAMI treatment team.

As the CCOE’s Medical Consultant, Dr. Delos Reyes is providing clinical consultation and training services to SAMI providers throughout Ohio to enhance their clinical skills, namely their understanding of psychotropic medications and their use of intervention techniques like motivational interviewing and multiple family psychoeducation. She is also providing consultation about the New Hampshire-Dartmouth Dual Disorder Integrated Treatment (DDIT) model that the CCOE is helping to disseminate to Ohio agencies. Dr. Delos Reyes is traveling throughout the State to conduct programmatic consultation and fidelity site visits at individual agencies. She is also conducting telephone consultations with individual treatment teams and participating in multi-team videoconferences with groups of SAMI teams throughout Ohio.

Dr. Delos Reyes explains that clinical skills are evaluative techniques that service professionals use to assess a consumer’s psychosocial functioning and ability to engage in life-management activities. These activities may include working a part-time or full-time job and performing many day-to-day tasks, like cooking, cleaning, balancing a checkbook, taking medication, scheduling and keeping appointments with doctors, and resolving conflicts with family, friends, and coworkers. An accurate assessment, she explains, helps the treatment team plan and implement an intervention that will help the consumer recover, maintain, or advance his or her independent living skills.

“A good clinical assessment will address the individual within his or her social contexts,” Dr. Delos Reyes says. “It will also address the individual’s physical health and psychological health. A careful and compassionate assessment leads to a treatment plan that takes into account the consumer’s goals. It also includes a biopsychosocial approach to achieving these goals.”

To respond effectively to the complex biopsychosocial factors in a consumer’s history, Dr. Delos Reyes adds, all service professionals should learn and integrate the language of several disciplines, including mental health therapy, substance abuse counseling, and pharmacology, among others.

“The correct words enhance communication between team members,” Dr. Delos Reyes says. “The ability to translate the jargon of the various disciplines is a key skill for those who work with consumers and caregivers. More importantly, language can be used in a way that decreases stigma and empowers consumers. It
makes a difference if we, as service professionals, say ‘people with addictions’ or ‘people with schizophrenia’ instead of saying ‘drug abusers’ or ‘schizophrenics’. It does matter if we regard relapse or non-adherence as an ‘opportunity for growth’, as opposed to a ‘treatment failure’.

Dr. Delos Reyes recommends that service professionals and treatment teams keep the treatment goals that they set with consumers at the forefront of their assessments and interventions. This approach will ensure that consumers receive care in the most effective and efficient manner possible. Dr. Delos Reyes concludes that treatment goals need to be reviewed periodically and updated with the consumer as their needs change.

Dr. Delos Reyes is Board Certified in Adult Psychiatry. She earned her M.D. from the Northeastern Ohio Universities College of Medicine in 1996. She completed a residency in Adult Psychiatry and a fellowship in Addiction Psychiatry at University Hospitals of Cleveland. During her post-graduate training, she worked with a mobile crisis unit in Cuyahoga County. She also worked in other community settings. She currently works part-time as a staff psychiatrist for the SAMI program at Recovery Resources, an agency in Cleveland. Being a member of a treatment team, she explains, has been an enriching and rewarding experience, one that has helped inform and improve her work with consumers and caregivers. It is also an experience that is helping her enhance her teaching at the CWRU School of Medicine.

“I am grateful for the contributions that so many other professions make to the care of persons with dual disorders,” she says. “Many medical students and residents do not get the chance to interact with case managers, housing specialists, or employment specialists, so they may be less prepared to work with them once they are out in practice. I’m working to integrate my current interactions with multidisciplinary team members into the classroom.”

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**Clinical skills are evaluative techniques that service professionals use to assess a consumer’s psychosocial functioning and ability to engage in life-management activities.**
Service professionals who utilize the Individual Placement and Support (IPS) model help persons with co-occurring mental health and substance abuse disorders gain competitive employment in community-based work settings. IPS is an evidence-based approach to supported employment that has been implemented with persons who have co-occurring disorders. Practitioners report that many consumers who work are less likely to abuse alcohol and other drugs.

The goal of the IPS model is to help consumers become more independent in their lives and less dependent upon community mental health centers. IPS stresses that the process of identifying, finding, acquiring, and maintaining employment is a therapeutic activity that helps consumers

- increase their independent living abilities,
- build self-esteem,
- acquire a better understanding and control of symptoms,
- obtain more satisfaction with life in general, and
- assume greater responsibility for managing their disorders.

**Treatment Team**

IPS utilizes a treatment team approach. Ideally, the treatment team provides integrated services. Employment specialists join the treatment team to integrate employment services with mental health treatment. Communication occurs formally in team meetings as well as informally in one-on-one conversations. Treatment team members typically include the following:

- employment specialist, who works directly with consumers to enhance their employment-related skills and assumes team leadership responsibilities with employment issues
- benefits specialist, who advises the treatment team and consumers about benefit requirements, income ceilings, and other employment-benefit related issues and regulations
- case manager, who works directly with consumers to address interpersonal relationship issues and advises the treatment team about effective intervention strategies
- medical professionals (psychiatrist and nurse), who work directly with consumers to prescribe, administer, and monitor medications; they also advise the treatment team about medical issues, especially the affects of medications and their interactions with mood altering substances
- other staff and service liaisons, who work directly with consumers and advise fellow treatment team members about a variety of additional issues (e.g. legal) and other available services (e.g. housing)

**Client-Centered Approach**

IPS utilizes a client-centered approach. Treatment team members encourage each consumer to select a work situation based on his or her preferences, skills, coping strategies, and individual needs (i.e. the personal challenges that he or she would like to address). Work options may include full-time work, but more often include part-time jobs. Treatment teams should realize that many consumers benefit from a work experience that consists of a few hours per week. This provides an opportunity for them to build adequate skills and confidence over time. This process of building confidence will prepare them to manage a more demanding schedule in the future.

The treatment team encourages consumers to gain competitive employment as quickly as possible and to acquire on-the-
job training, which is more applicable and, therefore, more meaningful than isolated workshop training or lengthy prevocational activities. The consumer’s preferences drive the treatment plan. The treatment team interacts with each consumer at his or her pace. Treatment teams help the consumer build confidence by providing the right amount of support that will lead to a pattern of successes.

**Therapeutic Activity**
Getting a job will usually bring about the need for changes and adjustments in other aspects of treatment. Because each work experience elicits new responses from and new information about the consumer, supported employment becomes an essential component of a client’s ongoing treatment. Consumers may tell different sides of their employment stories to different staff. Therefore, the staff needs to communicate openly with one another in order to achieve the most detailed understanding of a consumer’s personal challenges and progress.

**Outcomes**
Service agencies should track the percentage of consumers in competitive jobs. Service agencies should also report this outcome to service teams. This will keep the team members focused on the goal of competitive employment.

It is the role of the treatment team to track which consumers are working and the number of hours they have worked each week. The team should keep the tracking system simple. This will ensure that accurate, up-to-date information is being collected, analyzed, and reported. Treatment teams should encourage consumers to learn and grow from each employment experience.

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**Components That are Evidence-Based**
The current principles and practices of supported employment that are empirically based are listed below:

- integrate vocational rehabilitation with mental health interventions
- utilize consumer job preferences to guide vocational rehabilitation services
- help consumers conduct a rapid job search
- help consumers gain competitive employment
- conduct continuous work-based assessments
- provide time-unlimited support

**What to Expect**
Consumers may

- be fearful of a conventional job
- want to start slowly
- appreciate ongoing support and encouragement

**Employment Specialists should**

- maintain a flexible schedule
- meet with consumers in community locations
- focus on helping consumers find solutions to the personal challenges that they have defined for themselves
- build trust through collaboration

- learn about consumers through conversations with other treatment team members, family members, and former employers (with permission from the consumer)
- design employment strategies to help consumers begin looking for work soon after they enter the program
- design employment strategies to help consumers learn the skills that they need to retain their jobs
- promote on-the-job-training
- meet with treatment teams routinely to share information and problem solve

**Employment Specialists may**

- do advanced work for consumers: they may contact employers and work to develop new positions suitable for the consumers
- learn job tasks to enhance interactions with consumers
- stay in contact with employers as a way to inform the treatment strategy
- arrange transportation
- find a substitute worker when the symptoms of mental illness and/or substance abuse inhibit the consumer’s job performance

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**Deborah R. Becker, MEd, CRC, Assistant Professor, Dartmouth Medical School and New Hampshire-Dartmouth Psychiatric Research Center, co-author of A Working Life: the Individual Placement and Support (IPS) Program**

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**Resources**
Ohio promotes recovery through employment

The Ohio Department of Mental Health (ODMH) has initiated a five-year plan to address the startlingly low unemployment rate of people with serious mental illness. The plan, entitled “Working for Recovery: Ohio’s Employment Action Plan for People Recovering from Severe Mental Illness,” was initiated in January 2001. It aims to increase employment for people with mental illness. The current rate of employment among persons with severe mental illness in Ohio is similar to the national average of 10 percent.

ODMH has sponsored the Employment Action Plan as a way to fulfill its mission of improving the quality of life for persons with mental illness by reducing disability and the costs of disability and by increasing economic independence. “Research indicates that employment can significantly reduce the use of mental health services by people with psychiatric disabilities,” says Doug Bailey, Community Employment Program Manager at ODMH. “Studies tell us that most people with mental illness want to be employed and that employment results in higher levels of self-esteem and overall life satisfaction. Obviously, we need to promote the positives of employment, and listen carefully to what consumers are saying.”

Ohio’s Employment Action Plan seeks to leverage existing resources and public policies by encouraging individuals and organizations in the public, private, and nonprofit sectors to work collaboratively to reduce barriers to employment and long-term work success. Some of the public policies that Ohio’s Employment Action Plan addresses include the following:

- Ticket to Work and Work Incentives Improvement Act (TWWIIA)
- Surgeon General’s Report on Mental Health
- Mental Health Commission Recommendations
- Department of Mental Health Outcomes Measurement
- National Evidence-Based Practices in Employment
- Ohio Best Practices in Employment

5 Components of Ohio’s Employment Action Plan
1. Advocacy and Legislative Action
2. Education and Training
3. Intra-system Reform
4. Inter-agency System Collaboration
5. Research and Evaluation

Employment Action Plan Team Members
- Ohio Department of Mental Health
- Ohio Rehabilitation Services Commission
- Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards
- County Mental Retardation/Developmental Disabilities Board
- County Department of Job and Family Services
- Mental Health Consumers
- Mental Health Advocates
- Mental Health Providers
- Integrated Behavioral Healthcare Organizations
- Public School Districts
- Chambers of Commerce
- Housing Developers
- Ohio SAMI CCOE

Resources
For more information about Ohio’s Employment Action Plan, contact Doug Bailey at the Ohio Department of Mental Health, 614-466-9989, baileyd@mhm.tn.math.state.oh.us.

The following Web sites provide additional information about employment:

- Employment Intervention Demonstration Program Coordinating Center (EIDP) www.psych.uic.edu/eidp
- International Association of Psychosocial Rehabilitation Services (IAPRSRS) www.iaprsrs.org
- Ohio Dept of Job and Family Services – Labor Market Information http://lmi.state.oh.us/
- Ohio Rehabilitation Services Commission www.state.oh.us/rsc/
- New Hampshire – Dartmouth Psychiatric Research Center www.dartmouth.edu/dms/psychrc/
- Center for Psychiatric Research – Boston University www.bu.edu/cpr/
- Presidential Task Force on Employment of Adults with Disabilities www.dol.gov/oepp/ps/cps/docs/ptfeas/Main.htm
- Social Security Administration Office of Employment Support Programs www.ssa.gov/work/
Screening and assessment are part of a process in which the clinician assesses a wide range of domains in the consumer’s current life and personal history. The screening and assessment activity is not a search for problems, though it should uncover them. It is also a strengths-based look at how the consumer’s social system can hinder or help recovery. Therefore, remember to look for the contributions that are being made by family members, other caregivers, friends, and acquaintances.

During screening and assessment, you are representing the world of personal and professional helping resources. The process can be invasive to the consumer, so it is important to develop an interview style that shows true interest in the consumer’s perceptions of his or her life, including problems, strengths, and goals. Too often clinicians approach the process with a hurried attitude: “We have to fill out this paperwork, so sit down and let’s get through it.” This approach is counterproductive, because it will not enable you to build the level of trust with the consumer to elicit the information that is needed to develop a meaningful treatment plan. The screening and assessment process is truly the time to get to know the consumer’s many needs.

Assessment is complex and cannot be accomplished in one 90-minute session. As many of us know, assessment is an ongoing process. Each time you see the consumer you have an opportunity to gather new information and/or discover what has changed in the consumer’s life. This knowledge will lead your team to a better understanding of the consumer and, thus, help deliver care that is more meaningful for them.

Many community service agencies search for a single diagnosis. This approach to screening and assessment also rushes the interview. To make matters worse, agencies often train and supervise their staff to identify the diagnosis quickly. This is counterproductive, because there is often more than one diagnosis. As national trainer and consultant Ken Minkoff, M.D., has said, “Co-occurring disorders [dual diagnoses] are the expectation, not the exception.” This does not mean that all clients have a dual diagnosis. Yet we know from many studies that majority of the consumers with a severe and persistent mental illness do, in fact, have more than one disorder.

The instruments listed below are examples of the tools that can help you slow down, listen, and discover if a consumer presents co-occurring disorders.

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**Resources**

- Clinician-Rated Alcohol Use Scale (AUS)
- Clinician-Rated Drug Use Scale (DUS)
- Substance Abuse Treatment Scale (SATS)
- Time-Line Follow-Back (TLFB)
- Dartmouth Assessment of Lifestyle Inventory (DALI)
- Toolkit for Evaluating Substance Abuse in Persons with Severe Mental Illness (PN-6)
  [www.hari.org/eval/eval.html](http://www.hari.org/eval/eval.html)
- Mentally Ill Drug & Alcohol Screening (MIDAS)
  [www.ohiosamiccoe.cwru.edu/clinical/clinical.html](http://www.ohiosamiccoe.cwru.edu/clinical/clinical.html)

(Posted with permission from Kenneth Minkoff, M.D.)
The SAMI CCOE is a partnership between the Cuyahoga County Community Mental Health Research Institute at the Mandel School of Applied Social Sciences, Case Western Reserve University (CWRU) and the Department of Psychiatry at the CWRU School of Medicine. The SAMI CCOE, in association with the Ohio Department of Mental Health (ODMH) and the Cuyahoga County Alcohol and Drug Addiction Services Board, is sponsoring this two-day conference to help service providers in Ohio develop and sustain Dual Disorder Integrated Treatment (DDIT) programs and skills.

This conference will help direct-service providers, team leaders, program managers, and executive administrators acquire the awareness, knowledge, and applied skills that are needed to deliver Dual Disorder Integrated Treatment (DDIT) in partnership with consumers and their support networks. The conference is designed for those who are providing integrated dual disorder treatment or seeking more information and more contact with professional networks that will help develop, grow, and sustain treatment programs. Both days of the conference will provide many opportunities for participants to mingle with their peers and develop peer-network relationships. Workshops will cover a wide range of topics for new SAMI program staff, managers, and administrators. Workshops will also enhance skills for those who are more experienced in delivering integrated treatment.

This program is supported in part with unrestricted educational grants from the Wyeth Pharmaceutical Co., Janssen Pharmaceutical, Inc., and U.S. Public Health Division Eli Lilly Co. (Additional grants that are received after printing will be acknowledged in materials at the conference.)

### Learning Objectives

As a result of attending this conference, participants should be able to

1. identify areas for clinical program development addressing treatment for dual diagnosed disorders (May 7 & 8);
2. utilize core knowledge of clinical interventions presented in either: motivational interviewing, assessment, engagement, and differential diagnosis of psychiatric and substance abuse disorders, crisis planning, medication prescribing practices and medical assessment for SAMI clients, team supervision, group skills, mental health courts, housing, supported employment and developing integrated teams and systems (May 7 or 8);
3. apply principles for establishing consumer-run Dual Recovery Anonymous meetings, clubhouses and community supports, and services for family caregivers (May 7 & 8);
4. develop and strengthen existing professional networks (May 7 & 8); and
5. apply required elements for documentation and billing to insure reimbursement of integrated treatment (May 8 only).

### Keynote Presenters

- **Kenneth Minkoff, M.D.**, is Medical Director of Choate Health Management Care (Woburn, MA), and Assistant Clinical Professor of Psychiatry at Harvard University.
- **Tim Hamilton** is with the Dual Diagnosis Recovery Network, a creative and innovative program of information, referral, self-help and advocacy for people with mental illness and substance abuse and dependency problems and their family members.
- **Michael R. Hogan, Ph.D.**, Executive Director, Ohio Department of Mental Health

### Workshop Schedule

**TUES., MAY 7**

8:00 a.m.  
**REGISTRATION/CONTINENTAL BREAKFAST**

9:00  
**GENERAL SESSION**

Welcome: Lenore A. Kola, Ph.D., SAMI CCOE Co-Director  
Keynote: Kenneth Minkoff, M.D. Topic: Principles of Successful Integrated Treatment  

9:45-11:45  
**WORKSHOPS-SESSION I:**

W-1: Motivational Interview/Basics — Ann Carden, Ph.D.  
W-2: Psychopharmacology for the Non-Psychiatrist — Mark Hurst, M.D.  
W-3: Integrated Treatment for Persons with Co-occurring Disorders — Kenneth Minkoff, M.D.  
W-4: Integrating Personal Dual Recovery — Tim Hamilton  
W-5: Crisis Planning with Consumers — Carol Youtz, J.D.  
W-6: Supervision for SAMI Team Leaders — John Brent, Ph.D.  
W-7: Substance Abuse: Engagement, Assessment, & Related Issues — Ric Kruszynski, MSSA, LISW, CCDC III

11:45  
Break (Exhibit Hall)

12:15 p.m.  
Lunch (Exhibit Hall)

1:30-4:00  
**WORKSHOPS-SESSION II:**

W-8: Motivational Interview/Advanced — Ann Carden, Ph.D.  
W-9: Comprehensive, Continuous, Integrated Systems of Care — Kenneth Minkoff, M.D.  
W-10: Dual Recovery Anonymous/Meeting Start Up — Tim Hamilton  
W-11: Principles of Differential Diagnosis — Robert Soffer, Ph.D.  
W-12: Group Skills for SAMI clients — Jackie Lowe Stevenson, LISW  
W-13: Supervision for SAMI Team Leaders — John Brent, Ph.D.  
W-14: Substance Abuse: Engagement, Assessment, & Related Issues — Ric Kruszynski, MSSA, LISW, CCDC III

4:00  
**BREAK (EXHIBIT HALL)**

5:00  
Dinner: Invited Speaker

7:00  
**12-STEP AND COMMUNITY SUPPORTS DIALOGUE:**  
Facilitated by Patrick Boyle, LISW, CCDC, CEAP
**Ohio SAMI CCOE/Conference 2002**

**Integrated Treatment of Co-occurring Disorders: IT Works**

**Tuesday, May 7 & Wednesday, May 8**

Photocopy this page, complete the form and fax it to 330-468-8723 or mail it to the address listed in the left column of this page.

**REGISTRATION FORM**

Please print clearly.

Name: _______________________________

Title: _______________________________

Organization: ________________________

Street Address: ______________________

City: ____________________ State: __________ Zip: ______

Work Phone: _________________________

Email: ______________________________

Dietary restrictions: ____________________

I plan to attend the Tuesday evening dinner. Check the appropriate circle:  
- [ ] Yes  
- [ ] No

**REGISTRATION FEES**

- Physicians, one day ($75)
- Physicians, two days ($125)
- Non-Physicians, one day ($50)
- Non-Physicians, two days ($75)

**CEUs**

- SW  
- CNSLR  
- LPN  
- RCH  
- RN  
- PSYCH  
- MD

**WORKSHOPS**

Please rank your first and second choices of workshops for each session. Every attempt will be made to enrol you in your first choice.

**TUESDAY, MAY 7th**

**Session I**

9:45 - 11:45 a.m.

- W-1  
- W-2  
- W-3  
- W-4

11:45 a.m. - 1:30 p.m.

- W-5  
- W-6  
- W-7

**Session II**

1:30 - 4:00 p.m.

- W-8  
- W-9  
- W-10  
- W-11

- W-12  
- W-13  
- W-14

**WEDNESDAY, MAY 8th**

**Session III**

9:45 - 11:45 a.m.

- W-15  
- W-16  
- W-17  
- W-18

11:45 a.m. - 1:30 p.m.

- W-19  
- W-20  
- W-21

**Session IV**

1:30 - 4:00 p.m.

- W-22  
- W-23  
- W-24  
- W-25

- W-26  
- W-27  
- W-28  
- W-29

**LOCATION & ACCOMMODATIONS**

The Holiday Inn® Worthington Hotel and Conference Center  
175 Hutchinson Ave.  
Columbus, Ohio 43235  
614-885-3334 (phone)  
614-846-4353 (fax)  
http://www.sixcontinentshotels.com/holidayinn?_franchisee=CMHWR

The hotel is conveniently located at the intersection of I-270 and US 23 North (Columbus-I270-Worthington). A group rate of $90 + tax is available for this event. Participants must tell hotel staff they are attending the Ohio SAMI CCOE Conference to receive these rates, which are guaranteed until April 6, 2002.

**CONTINUING EDUCATION**

Application is being made for Continuing Education credits for the following disciplines: Social Work, Counseling, Psychology, Nursing, Medicine/Psychiatry, Chemical Dependency Counselor for 5.25 hours for Day One and 5.25 hours for Day Two. Current guidelines require that participants in activities be made aware of any affiliations or financial interests that may affect speaker presentations. Speakers have been asked to complete disclosure statements. This information will be included in the syllabus.

**REGISTRATION**

Deadline is Friday, April 19th. (Seating is limited. Register today.) Make checks payable to: Case Western Reserve University/UPOC. Each registration option includes tuition, educational materials, and related meals and/or coffee breaks. All registrations will be accepted on a space-available basis. Every attempt will be made to register you in your first choice of workshop. Photocopy the form to the right, fill it in, and mail or fax it to the address listed below.

**CONTACT INFORMATION**

Andree Boyer, SAMI CCOE, c/o  
Northcoast Behavioral Healthcare, 1756  
Sagamore Road, PO Box 305, Bldg 7,  
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330-468-8723 (fax), 330-468-8663 (phone),  
amboyer@po.cwru.edu (e-mail).

Additional registration forms may be obtained from our Web site:  
http://www.ohiosamiccoe.cwru.edu/training/calendar/calendar.html.
Integrated Treatment of Co-occurring Disorders: IT Works
Tuesday, May 7 & Wednesday, May 8
The Holiday Inn, Worthington, Ohio

Presentations and workshops for direct-service providers, team leaders, program managers, and executive administrators of new & existing SAMI programs.

See page 14.