

Decriminalization Bill Now in Congress. Act Now!

The excessively high rate of people with serious mental illness, including Veterans, who are incarcerated in jails and prisons is one of the profound tragedies in 21st Century America. In local jails alone, it is estimated that 2 million individuals with serious mental illness are booked into jails each year. People with mental illness and co-occurring substance use disorders are similarly overrepresented in state and federal prisons. Most of these individuals are not violent criminals but rather in need of quality mental health treatment and supports.

Earlier this week, a bipartisan group of legislators introduced the *Comprehensive Justice and Mental Health Act of 2015* in the U.S. Senate and House of Representatives. These bills ([S. 993](#) in the Senate, [HR 1854](#) in the House) update and reauthorize the Mentally Ill Offender and Treatment Crime Reduction Act (MIOTCRA) passed in 2004. Senators Al Franken (D-Minn.) and John Cornyn (R-Texas) are the Senate lead co-sponsors and Representatives Doug Collins (R-Ga.) and Bobby Scott (D-Va) are the lead co-sponsors in the House. The two bills were assigned to the Senate and House Judiciary Committees.

The bill incorporates the "Sequential Intercept Model" as a foundation for services. This is a comprehensive approach to services that emphasizes interventions at whatever stage of the criminal



**May is
Mental Health
Awareness Month**

justice process a person is, whether pre-arrest, post-arrest, during incarceration, or upon discharge into the community. It requires all relevant systems (criminal justice, mental health, substance abuse, consumers and families and others) to work together to design and implement strategies to reduce incarceration and improve treatment and rehabilitation.

The bill authorizes funding for a variety of relevant services, including:

- Law enforcement training and partnerships such as Crisis Intervention Team (CIT) programs;
- Specialty Courts such as Veterans Treatment Courts and Mental Health Courts;
- Treatment and services in correctional settings, including alternatives to solitary confinement;
- Programs to assist people transitioning out of corrections and reentering communities, including mental health and substance use treatment, housing and employment.

Ohio US Senators Sherrod Brown and Ron Portman are co-sponsors of this bill. Contact your US Representative to urge him or her to co-sponsor the bill as well.

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YOU NEED TO REAPPLY FOR MEDICAID ANNUALLY THIS YEAR

Health Policy Brief April 2015 Medicaid Redetermination in Ohio

What are Medicaid Redeterminations?

Federal law requires state Medicaid programs to redetermine eligibility every 12 months, unless the agency receives information about a change that may affect eligibility in the interim. "Redetermination" means a review to determine whether an individual continues to meet all of the eligibility requirements of the medical assistance category.

Why are redeterminations important?

The Medicaid redetermination and renewal process is a factor in maintaining continuity of care for beneficiaries. Consumer-friendly and efficient Medicaid redeterminations may reduce churning or gaps in coverage. Churning is the movement of individuals between insurance and uninsurance or between different types of insurance coverage (such as Medicaid and subsidized coverage). Gaps or transitions in coverage can impact both health and financial well-being. Coverage gaps also can lead to increased use of emergency departments, poorer management of chronic disease, and lower rates of preventive care.

Redeterminations in Ohio in 2014 and 2015

In 2014, federal law temporarily prohibited states from performing Medicaid eligibility redeterminations for the first three months of 2014 as new methodology for calculating eligibility was implemented. Additionally, Ohio Medicaid requested and was granted a nine month waiver of redetermination while it implemented the new Ohio Benefits eligibility system. Annual Medicaid redeterminations resumed in 2015. In December 2014, Ohio Medicaid mailed redetermination packets to 170,000 Medicaid recipients whose redetermination deadlines were in January and then followed. Required information available. If available information indicates no change or a change that does not alter Medicaid/CHIP eligibility, the agency informs the consumer of the determination of ongoing eligibility and asks the recipient to inform the state of any incorrect information. If the information is correct, no further action is required by the consumer and the state renews Medicaid coverage (also known as passive redetermination).

Or: The consumer has 30 days from the date of the renewal form to provide information, sign, and return. The consumer may also provide the necessary information online, by telephone, or in-person at a county Job and Family Services office. If the consumer submits the renewal form within 90 days after the deadline, the agency must reconsider eligibility without requiring a new application. If the consumer does not respond, the agency terminates coverage. If the consumer responds, the agency verifies the information and provides notice of decision. If sufficient information is not available to automatically renew eligibility, a pre-populated form is sent to the beneficiary.

When an individual is due for redetermination of eligibility, the Department of Medicaid is required to attempt renewal based on available information. A notice of termination was sent to those who failed to update their information. The third and final notice made it clear that failing to complete the redetermination process by January 31 would result in disenrollment from Medicaid effective February 28, 2015. Terminations were processed as of Feb. 6, but Ohio Medicaid allowed county Job and Family Services offices to continue processing packets sent to them to prevent loss of benefits. To streamline the process, Ohio Medicaid implemented passive renewals for consumers scheduled for redetermination in May. After the first round of passive renewals were successful, ODM applied the process to those scheduled for redetermination in April. Passive renewal means that the eligibility system will automatically review the information on file for a beneficiary and if all criteria can be confirmed by the system, coverage will be renewed automatically without requiring additional documentation.

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Thank you to the Mental Health & Recovery Services Board for assisting with this newsletter.

If you need assistance for mental health emergency call 911 and request a CIT Officer

from the individual. The state has also noted that federal law requires Medicaid recipients to make timely and accurate reports of any change in circumstance that may affect their eligibility, including home address, income, and household data.

Ohioans affected by the redetermination process

Although there have always been individuals who do not complete the redetermination process for a variety of reasons, there has been a notably low response rate to the renewal notices sent in December 2014 and early 2015.

Failure to complete the redetermination process

Medicaid recipients who have benefits terminated have 90 days to request a hearing to appeal the decision. If a hearing officer agrees to reinstate the benefits, coverage is retroactive to the date of termination. If a hearing is requested within 15 days, the recipient maintains benefits until the hearing. If a consumer reapplies for coverage within 90 days of failure to complete the renewal process or verify a reported change, ODJFS must reinstate Medicaid eligibility without requiring a new application. Reinstated Medicaid eligibility begins on the first day of the month following the month Medicaid was terminated. If coverage is terminated, hospitals and community health centers can help consumers reenroll through presumptive eligibility (PE). Consumers may be eligible for PE if they are not currently receiving Medicaid benefits and have not had a PE span of coverage in the past twelve months, are a resident of Ohio, and are a U.S. citizen or has a satisfactory immigration status.

Potential challenges to the current redetermination process in Ohio

Consumer advocates have highlighted challenges to Ohio's current Medicaid redetermination and renewal process, including:

Only consumers who originally applied online can renew online

No return envelope is provided and additional postage is required

English-only renewal notices

Outdated and errors in printing addresses

Difficultly resetting username/passwords on Ohio Benefits

Since Ohio did not conduct redeterminations in 2014, many recipients have not had their information reviewed in a year or more, and many individuals are likely to have experienced changes in circumstance

How to renew

Online: Consumers who applied electronically can renew online at [benefits @ ohio.gov](http://benefits@ohio.gov) by clicking on "Renew My Benefits." Mail: Consumers can complete the "Medicaid Renewal Form" received in the mail and send it to their local county department of job and family services. In person: Consumers can visit their local county office. For addresses of local CDJFS offices, see http://jfs.ohio.gov/County/County_Directory.pdf



CALENDAR OF EVENTS

VOLUNTEER/EDUCATION OPPORTUNITIES

COLEMAN BEHAVIORAL HEALTH – SOCIAL CLUB
DATES: MAY 6, 2015 9:00 A.M. – 12:00 P.M.
LOCATION: 400 W. TUSCARAWAS ST, SUITE 200 CANTON, OH
POETRY READING BY CLIENTS – REFRESHMENTS WILL BE PROVIDED

HEARTLAND COLLABORATIVE PARTNERSHIP MEETING
DATE: JUNE 2 10:00 A.M. - 12:00 P.M.
LOCATION: HEARTLAND BEHAVIORAL HEALTHCARE

HEARTLAND BEHAVIORAL HEALTHCARE – DISCHARGE BAGS
DATES: JUNE 19, SEPTEMBER 18 AND DECEMBER 18,
LOCATION: HEARTLAND BEHAVIORAL HEALTHCARE

MENTAL HEALTH AND RECOVERY SERVICES BOARD STARK COUNTY MENTAL HEALTH FIRST AID
DATES: JUNE 24 – 25 AND SEPTEMBER 23 - 24
LOCATION: CANTON, OH
REGISTRATION REQUIRED:
WWW.STARKMHRB.ORG

The Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University cordially invites you to two Schizophrenia Awareness Week activities

Both events are
WEDNESDAY, MAY 20, 2015
at
Coleman Professional Services
400 Tuscarawas St. W. Suite 200
Canton, Ohio 44702

These events are part of Schizophrenia Awareness Week 2015. To learn more about Schizophrenia Awareness Week activities, please visit neomed.edu/bestcenter.



Promoting Innovation. Restoring Lives.
Best Practices in Schizophrenia Treatment (BeST) Center,
Department of Psychiatry, Northeast Ohio Medical University
330.325.6695 • neomed.edu/bestcenter
bestcenter@neomed.edu

1 - 2 p.m.
Book signing and Reception
The BeST Kind of Help:
Tools and Tips for Schizophrenia Recovery



Book Signing by the authors
Best Practices in Schizophrenia Treatment (BeST) Center at
Northeast Ohio Medical University Outreach Advisory Group Members

**Karen Curllis, LSW; Frederick J. Frese, III, Ph.D.;
Lisa Marie Griffin; Ron Rett and Linda Robinson**

*Light refreshments - brief remarks
Free copies of the book will be available*

2 - 4 p.m.
Northeast Ohio Speakers Bureau Training Session
Individuals with lived experience of mental illness are invited to come to a training session to prepare them to share their stories of hope and recovery in a variety of public forums

To RSVP, please call 330.983.7635 or
email lisa.m.griffin2015@gmail.com.



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New Hope for Those with First Episode Psychosis and Schizophrenia

Schizophrenia is a chronic, severe, and disabling brain disorder that affects about 1.1 percent of the U.S. population age 18 and older in a given year. Symptoms usually develop in men in their late teens or early twenties and in women in their twenties and thirties. In rare cases, schizophrenia can be diagnosed in childhood. The symptoms of schizophrenia fall into three broad categories:

- **Positive symptoms** affect both thoughts and perception and they include hallucinations, delusions, and disordered thinking. Positive symptoms can be terrifying to the person who experiences them, and may cause fearfulness, withdrawal, or extreme agitation. To a person who is not ill, the speech of persons with schizophrenia may seem odd and difficult to understand.
- **Negative symptoms** represent a loss or decrease in the ability to initiate plans, speak, express emotion, or find pleasure in everyday life. To a person who is not ill, these symptoms are harder to recognize as part of the disorder and are often mistaken for laziness or depression.
- **Cognitive symptoms** (or cognitive deficits) are problems with attention, certain types of memory, and the executive functions that allow us to plan and organize. Cognitive deficits can also be difficult to recognize as part of the disorder but are the most disabling because of their impact on one's day-to-day life functioning.

Available treatments, such as antipsychotic medications and social skills training, can relieve many of the disorder's symptoms, but most people who have schizophrenia must cope with some residual symptoms as long as they live. People with schizophrenia frequently drop out of school, lose the ability to work competitively, and become increasingly isolated from friends and family. Although the course and features of schizophrenia vary from person to person, people with the disease are much more likely than others to be unemployed and homeless. Substance abuse often becomes a problem, further compromising functioning.

People with schizophrenia have significant rates of co-occurring health problems including other mental illnesses and medical conditions. The mortality rates from diseases such as diabetes and cardiovascular, respiratory, and infectious diseases are over twice, and in some cases, over three times as high as compared to those without mental illnesses. About 5 percent of people with schizophrenia commit suicide.

Schizophrenia is a costly disease, for individuals, families, and the nation. Patients with schizophrenia are among the most vulnerable in our society and are greatly dependent on family members and the limited services provided by Federal, State, and local systems of care and financing. Much of the long-term care provided to patients, both in terms of treatment and housing, is paid for with public funds; additional costs are incurred by the criminal justice system, and providers of services and shelters for the homeless. Finally, the disease is responsible for enormous losses in productivity and income, both for patients and caregivers.

Given current knowledge of the earliest phases of schizophrenia, the best chance for altering the discouraging prognosis commonly associated with the illness may be to intervene aggressively at the first episode of psychosis, before functional abilities are lost. The Recovery After an Initial Schizophrenia Episode (RAISE) initiative will examine this approach by supporting the development and testing of two complementary models for early intervention in schizophrenia. Both treatments are designed to be deployed in real-world settings and to be cost-effective. From the earliest stages of development, these interventions will incorporate features necessary for rapid dissemination into community settings, thus facilitating the transition from research to practice.

The interventions will include the range of therapies and support currently available for schizophrenia, including medications, psychosocial therapies, rehabilitation services, and supported employment, all aimed at promoting symptom reduction, and improving the ability to work, participate in social life, and live independently. While these individual approaches are available to some extent now, the goal of RAISE is to provide an integrated system of intervention, incorporating varied approaches in a systematic way tailored to individuals, and achievable in the real-world environments in which people with schizophrenia obtain assistance.

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Mike Rembert, Newsletter Editor

Trauma-Informed Care Specialists Sought to Work with Law Enforcement

The Crisis Intervention Training (CIT) Collaboration Team in Ohio is in the process of developing a resource list of counselors/outpatient service providers — including psychiatrists — who practice trauma-informed care for individuals with Post-Traumatic Stress Disorder (PTSD) and have an understanding of police culture. CIT is a community-based collaboration between law enforcement, the National Alliance on Mental Illness (NAMI), mental health consumers, mental health providers and local universities. Volunteer patrol officers receive 40 hours of training in mental illness and the local mental health system. The training focuses on providing practical techniques for de-escalating crises. If you are interested in being included on this list, please

contact Betsy Johnson, associate executive director of NAMI Ohio at betsy@namiohio.org

ST. DYMPHNA FEAST DAY CELEBRATION

Will take place on Friday, May 15th. At the National Shrine of St. Dymphna at St. Mary Catholic Church in Massillon.

Fr .A. Edward Gretchko will celebrate the Solemn festal Mass at 3:00 p.m.

Followed by fellowship and light refreshment in the St. Mary School gymnasium.

Saint Dymphna is the patroness of those with mental and emotional disorders. For more information call the shrine office at 330 833---8478

Or email:

father_gretchko@natlshrinestdymphna.org

Please join us in prayers of thanksgiving and Petition to our great St Dymphna.

RAISE will proceed in three phases:

- A period for refining the proposed interventions based on input from stakeholders, such as mental health consumers and family members; representatives of State and local service agencies who treat young people with psychotic disorders; scientific experts in the area of early phase schizophrenia; and representatives of Federal agencies whose missions intersect with the care of persons with schizophrenia. These Federal agencies include the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services, the Social Security Administration, the Department of Justice, the Department of Veterans Affairs, and Walter Reed Army Medical Center.
- A feasibility study to demonstrate that each intervention can be fielded in real world community treatment settings and be evaluated in a randomized clinical trial design.
- Large-scale, geographically diverse practical trials built around the typical patients, clinicians, and payment mechanisms encountered in routine clinical practice.

Stimulus funds will support the conceptual and feasibility stages described above. These funds will be spent to employ large numbers of academic and scientific experts, treatment delivery specialists in real-world clinics, research assistants, data management and processing personnel, and business office staff across provider systems in several states. The NIMH has committed Institute funds to complete the large-scale practical trials that will evaluate the effectiveness of the two interventions.

To date, the prevailing assumption has been that someone diagnosed with schizophrenia faces an inexorable decline in mental health and overall functioning. RAISE has enormous potential for changing this expectation and making functional recovery a realistic goal. Even a fractional reduction in the disability and need for services that result from this disease would lead to considerable cost savings for communities as well as greatly improved quality of life for affected individuals and their families.

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/backgrounder.shtml>

Ohio House GOP Eyes Requiring Medicaid Enrollees to Contribute to Coverage

Republicans in the Ohio House are considering ways to require Medicaid recipients to shop for treatment and invest their own money into their health care (Source: "[Lawmakers want Medicaid recipients to help pay for care](#)," Mansfield News Journal, April 21, 2015).

Proposed changes to the two-year, \$71.5 billion budget would require certain individuals receiving Medicaid to invest 2 percent of their family income or \$1 per month, whichever is greater, into a state-managed health savings account called a "buckeye account."

Medicaid would contribute \$1,000 per adult and \$500 per child each year to the account. Funds in the account would carry over from year to year as long as people complete health services, such as an annual checkup.

--Ohio Health Policy Review 4/24/2015

MAY IS MENTAL HEALTH MONTH: BE A VOICE FOR CHANGE

Support Groups: For Those Impacted by Mental Illness; Family Members/ Natural Supports

Canton Open Support Group Sunday Evenings @ 7:00 pm Family Members or Peers

St. Michael's Catholic Church 3430 St Michael Dr. NW Canton, OH 44718
(corner of Whipple & Fulton) Lower level parking lot: Look for sign on door

FaithNet Program Discuss Mental Health from Biblical Perspective

Sundays, 5:30pm @ Wendy's on 3320 Whipple Ave. NW, Canton OH 44718

Refuge of Hope Monday Evening @ 5:00 pm Peers

405 Third Street, NE Canton, Ohio 44702

Alliance Open Support Group 1st & 3rd Thursday Evenings @ 7:00 pm Family Members or Peers

Science Hill Community Church 12316 Beeson St. NE, Alliance, Oh 44601

NAMI Connection Thursday Afternoons @ 2:00 pm Adults with Mental Illness Only

Coleman Behavioral Health, 400 W. Tuscarawas St., Suite 200, N.E., Canton, OH 44702

N Canton Family Support Group 1st & 3rd Wednesday Evenings @ 6:00pm Family Members Only.

Holy Trinity Lutheran Church, 2551 55th St., NE, Canton, OH 44721

Vet to Vet Monday @ 4:30 pm Veterans committed to Recovery

Community Services 625 Cleveland Ave., N.W., Canton, OH 44702

DRA Dual Recovery Anonymous Wednesday at 11:30 am

Holy Trinity Lutheran Church, 2551 55th St., NE, Canton, OH 44721

DRA Dual Recovery Anonymous Mondays at 10:00 am

Hunter House 1114 Gonder Ave., S.W., Canton, OH 44707

Post Peer to Peer Program Recovery Groups For Graduates of Peer to Peer Education Program

The Support groups below are for current psychiatric **In-patients** and /or their loved ones:

Monday Evenings @ 6:00 pm

Aultman Hospital

Psychiatric Unit, 6th Floor

Tuesday @ 10:00 am

Crisis Intervention & Recovery Center

Crisis Stabilization Unit

Monday - Friday

Heartland Behavioral Healthcare

HBH Family Involvement Program
330 833-3135 Extension 1223

FREE Education Programs – Call 330 455-6264 to Register

 **Family-to-Family** 12-week course is for family members and friends of adults with serious mental illness.

It is taught by trained NAMI family members.

- Thursday May 14, 6:00 pm to 8:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Thursday August 6, 2:00 pm to 4:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Wednesday September 9, 6:00 pm to 8:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Monday September 14, 6, 6:00 pm to 8:30 pm, Science Hill Community Church, 12316 Beeson St., N.E., Alliance, OH 44601

 **Peer-to-Peer** 10-week course is for adults who have been diagnosed with a mental illness.

- Wednesday June 3, 6:00 pm to 8:00 pm, Make A Way, 227 Third Street SE, Massillon, OH 44648
- Thursday August 13, 6:00 pm to 8:00 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Thursday August 13, 11:30 am to 1:30 pm, Hunter House 1114 Gonder Ave, S.E, Canton, OH 44710
- Wednesday October 14, 6:00 pm to 8:00 pm, Make A Way, 227 Third Street SE, Massillon, OH 44648

 **Basics** 6 week course is for parents of children with emotional/mental/neurobiological disorders

- Wednesday September 23, 6:00 pm to 8:00 pm, Early Childhood Resource Center, 1718 Cleveland Ave. NW Canton, OH 44703