

SPRING 2010



## Central Clinic's Training Center



*Since 1933 Central Clinic has trained over 90 percent of the psychiatrists who have practiced or are currently practicing in Greater Cincinnati.*

### Inside This Issue:

It takes a multi-disciplinary staff with varied skills and enormous dedication to meet the behavioral health needs of the consumers treated at Central Clinic's various divisions. In this edition of *Connections* we want to spotlight three of these exemplary members of Central

Clinic's staff. See John Thomas' article on page 3, Loan Vo's story on page 4, Daniel Ziegler's testimony on page 5.

Also featured in this issue are articles about work being done in some of Central Clinic's divisions.

In 1933 Dr. Raymond Walters, President of the University of Cincinnati, agreed to have the Community Chest (now the United Way), move Central Clinic to the University of Cincinnati Medical Center to serve as a training center for psychiatry residents. The Clinic continues, 77 years later, to provide training to all psychiatric residents in the UC Department of Psychiatry, as well as providing training experiences to social work, counseling, nursing and psychology interns.

During all those years Central Clinic has trained over 90 percent of

the psychiatrists who have practiced or are currently practicing in Greater Cincinnati. The training program provides services to children, adults, and families throughout Hamilton County. Most of the clientele are on Medicaid or Medicare, although the Clinic accepts some patients with insurance and some who self-pay.

Psychiatric residents and other trainees receive training in working with case managers and multidisciplinary teams, learning about community resources and other aspects of community mental health care. Central Clinic's certification

with the State of Ohio, and national accreditation by CARF as a Community Mental Health Clinic, is important to the Department of Psychiatry in meeting its national training requirements. This training model prepares residents and interns to work in the private and public sectors of behavioral health. The Clinic serves an important role in the interface between the University and the larger community.

## Family Access to Integrated Recovery: A New Mental Health/Substance Abuse Agency

In 2009, Hamilton County Job and Family Services, the Mental Health and Recovery Services Board, Central Clinic, and the Alcoholism Council began discussing the need to create an agency to assess clients from both a mental health and substance abuse perspective. An oversight committee comprised of these agencies developed and implemented the Family Access to Integrated Recovery Program (FAIR), located at 2208 Reading Road, Cincinnati, Ohio 45202, which began operating on February 1, 2010. The FAIR program is an integration of the former Family Access Partnership, managed by Central Clinic, and the former IMPACT, managed by the Alcoholism Council. The new program operates in a partnership with Central Clinic and Council on Alcoholism. One of FAIR's primary goals is to provide a standardized entry to a managed system of care that ensures mental health and substance use services are available, accessible, and of high quality to

those families involved with Job and Family Services child welfare division.

FAIR staffing model includes a Project Director, Clinical Director, three independently licensed assessors, and three care managers with either a bachelor's or master's degree in a mental health or substance abuse related field.

All FAIR referrals are received from Job and Family Services child welfare division. The child welfare case worker refers cases to FAIR when there is concern about a mental health or substance use issue. FAIR staff either complete a full diagnostic assessment or make a direct referral to a provider agency for assessment and treatment. FAIR care management staff provide oversight and consultation for cases active in treatment.

If you have any questions or would like further information about FAIR, please contact Andrew Winters at 513/651-4142 ext. 201.



*Andrew Winters, MSW, LISW-S, Project Director, FAIR, and Terri Freshley, MSW, LISW-S, Clinical Director, FAIR*

## Roberts Academy Awarded Grant

Clever Crazes for Kids (CCK) presented four schools with checks totaling \$20,000 because their students participated in its online wellness program, [www.clevercrazes.com](http://www.clevercrazes.com). This program uses animated characters, valuable information and competitive games to encourage children to increase daily physical activity, adopt healthy eating habits, maintain positive self-esteem and

help sustain the environment.

The checks represent the first round of incentive prizes available to schools nationwide that encourage students to take advantage of the program's educational and entertaining features. Roberts Academy, one of the schools in the After School program staffed by the Central Clinic Child and Family Treatment Center, was one of the recipients of the grant.

## Clinic Receives Incentive Payments

The Hamilton County Mental Health and Recovery Services Board recently issued incentive payments to contract agencies based upon evidence of recovery progress for the agency's service recipients. All of Central Clinic's Hamilton County mental health programs were eligible and most all of them were awarded incentive payments.

The Outcomes Performance Improvement Program is based upon analysis of pre-and post-measure scores from the Ohio Consumer Outcomes for adults and the Ohio Youth Scales instruments for children. These measures are completed by the client, indicating their perception of improvement in treatment. The overall intent of the Ohio Mental Health Consumer Outcomes System is to measure how people change in treatment, and determine if the services they receive have an impact. Making evidence-based, informed decisions regarding the care and treatment of people based on

measured outcomes improves overall system performance. Even though ODMH discontinued the program last year because of financial reasons, the Hamilton County Board decided to continue the effort.

Hamilton County mental health agencies shared \$370,000, based on their performance for services provided during fiscal 2009. The Hamilton County Board encouraged agencies to develop mechanisms to share the incentive funds with the staff specifically responsible for the provision of services to consumers who showed evidence of positive change. All programs in Central Clinic have become increasingly known for Evidence-Based/Best Practices. Implementing these practices has resulted in increased client improvement. As a result, many of Central Clinic's Hamilton County staff got a nice bonus for a job well done. But, more importantly, the Central Clinic clients have received the benefit of quality care and progress in recovery.

## Cincy After School Special Agents

Central Clinic's Child and Family Treatment Center provides the Community Learning Center (CLC) coordination and after school enrichment programs for the students at Ethel Taylor Academy in the Millvale/Cumminsville community.

Taylor Elementary students participated in the FBI Junior Special Agent program. The FBI helped the kids explore and understand

the nature of their work. Students learned about FBI investigation techniques and equipment. The FBI Junior Special Agent program was completed with a field trip to the Federal Building. They participated enthusiastically. This program is an example of extra curricular programming that helps students apply their academic learning skills.

# The Life of a Case Manager

by John Thomas, LSW

I'm a mental health Case Manager. Not many people clearly understand what that means. When I tell this to friends and family they may nod their heads and say "Oh," not having any idea what I'm talking about. I actually have a pretty hard time explaining what it is that I do because it varies, not only from day to day, but from hour to hour. I have had clients with Master degrees in business, engineering, and music. I have also had clients that have been convicted of murder, are mild developmentally disabled, addicted to drugs, or homeless. So, it is safe to say that any day is going to be different from the last.

For those who seem genuinely interested, I tell them that a mental health case manager helps people who are living in the community with a severe mental illness and are having difficulty with their general functioning due to their mental illness. I'm not sure if that really clears anything up, but that's what I tell them. Mostly I just get a blank nod from that explanation.

I will then go on to explain that we try to organize people's lives into seven or eight different categories and then assess which area(s) need attention and then try to help in that/those area(s) if we can. Those areas we call "life domains" and consist of housing needs, financial needs, psychiatric needs, health needs, day programming, legal problems, education/vocation, substance abuse, and last but not least, transportation needs.

Let's start with transportation first. Case managers are often stereotyped as someone who drives mental health consumers to all of their appointments. Not only do consumers believe this, but often therapists and MDs as well. The fact is case managers are under considerable pressure from auditors and administrators to not transport people, because there are other services available to do just that. It costs the Medicaid system \$85 per hour for a case

manager to transport someone where as it may cost a taxi less than \$25 to do the same thing. Medicaid will cover the cost of a taxi in most cases and the case manager or the clinician should assist the client in obtaining that service. It's called non-emergency transportation or NET. There is also Access (a bus service for the disabled), FARE DEAL which is a discount for persons with a disability, and of course, there is the METRO, which is for anyone. I will often get a look of disappointment after I have finished this part of the interview.

But the fact remains that we do transport people who do not, will not, or cannot take public transportation. Those instances are considered on an individual basis and are at the discretion of the case manager and/or the case management supervisor.

Housing is perhaps the greatest challenge to a case manager. It is not uncommon that we encounter someone who is trying to live off of \$115 per month or less, and needs a place to live. The first referral is usually to the Cincinnati Metropolitan Housing Authority (CMHA) or Excel, which is a mental health agency. Both have their limitations and qualifications, and not everybody is eligible or suitable for what they may have to offer. Often a client's legal history will prohibit them from entering those programs, as well as their financial history. There are several other qualifications they must meet, but it is too involved to get into in this forum.

Financial goals: everybody has financial goals but what case management deals with does not involve distributions of a 401K. What we can help with is assisting the client with negotiating the bureaucracies of the Jobs and Family Services (JFS) and the Social Security Administration (SSA). It is almost expected that there will be a problem in these areas sooner or later. A good case manager will be well versed in the procedures of the SSA and the JFS. Even so, the problems will

most likely be resolved by a call to the SSA or an appointment with a benefits counselor at the Federal Building, if in fact, there is a solution.

There are also times when a client will have too much money and will need to start a trust fund in order to maintain his benefits. Case management will be instrumental in referring the client to an attorney that is familiar with Special Needs Trusts so that the funds remain intact and the benefits remain in place without interruption.

It is not uncommon for a case management client to come into contact with the criminal justice system either as a victim or as a perpetrator. In either case, the involvement of an advocate is appreciated by the judge, the prosecutor, public defender and the client. This becomes an "it takes a village" type of scenario where all involved attempt to figure out what is best for all. The answer is never clear and is often wrong, because the resources are just not there and haven't been for some time.

When I meet a new client, I will always ask, "What do you do during the day with your spare time?" Nine times out of 10 I get, "Nothing." As I pry, I may discover that they will watch TV, listen to the radio, care for their children, and attend medical appointments and so on. Occasionally, I will find that someone is attending school, working, or just trying to scrape up some extra money by doing odd jobs. These things, of course, are all well and good. A case manager can focus on the person who says "nothing" because this is an indication that they may lack some structure in their life or they may just be lonely and need to find some self esteem, companionship, and friendship. I think it is okay to be a friend, but it does need to be understood that this is a professional friend. Case management clients learn proper boundaries from these relationships and find a great deal of comfort as a result.

Case managers also help people

with psychiatric needs. Big surprise – after all this is a psychiatric clinic. In my opinion, it is important that a case manager understand the symptoms of the illness which his/her clients may manifest. It is also important that we speak the language of the "shrinks" (as client's often call them). It is always the case manager's role to "ask the stupid question." This way the client will gain a greater understanding for what it is that the MD is trying to accomplish, and the MD may then be able to understand that not everyone has graduated from medical school. Case managers will assist with medication monitoring and symptom monitoring, but I believe that it is the collaboration between the case manager, the client, and the MD that is of the greatest value.

Case managers will often sit in on outside medical appointments, whether they are with the Primary Care Provider or with a specialist. Clients often become emotional or intimidated by their MD and may need confirmation regarding the directions and explanations that the MD has given to them. Providing a reliable and consistent medical history for our clients, many of whom are poor historians themselves, can prevent many unneeded services as well as direct the physician to the more meaningful protocol. The number of health problems that mental health clients suffer from are far greater in relation to the normal population, and as the population ages, the need for this type of service is of great value to the medical profession and is instrumental in conserving resources.

One last thing I wanted to mention is the paperwork that a case manager is required to do. It is not hard to think of social work as paperwork. There are special skills needed in the documentation of services. Let me tell you that English is not one of them. I'm going to leave this one by saying that every profession has its own vocabulary and, well, we've got ours. Pardon me for the editorial.

Well, I think I've at least scratched the surface in what a mental health case manager does during the course of a day, but by no means have I covered the subject thoroughly. I suppose any profession can be complicated. I don't meet many people who say that they have an easy, simple job that pays a lot and doesn't require a lot of concentration or effort. This job does keep a person moving and learning, and once something has been done, moved or learned ... it changes!

## A Social Work Intern Is Thankful for the Training

by Loan Vo

*Loan Vo is a Master in Social Work Student at the University of Cincinnati. She is receiving her outpatient social work training in the Adult Services Division of Central Clinic.*

A young man struggles to maintain a criminal-free lifestyle after two years incarceration as he is unable to find even minimum wage employment ... A young woman fights her anxiety attacks and social phobia everyday as she attends GED class to better herself ... A middle-age woman is undergoing dialysis and waiting for a kidney transplant while battling past demons ... An elderly man who worked hard all his life to provide for his family only to come to old age with the guilt of his wife's death due to a car accident, and facing homelessness ... A single mom trying to provide for her family but unable to keep her jobs due to "psychogenic" non-epileptic seizures ...

They are some of my clients and their stories. Everyday I am in awe of my clients' stories, struggles, and perseverance to make the best of their lives. I am forever grateful to my clients for showing me how the mental illnesses affect their lives. I am allowed to see what it is like to be in their shoes. Hearing each and every one of their stories, I am continually humbled by their amazing fortitude.

I hope I was of some assistance to them because, though, I am their therapist; they have taught and helped me a great deal already. As a student I get the formal clinical training in school, but only here do I get to see the mental illnesses in action. The mental illnesses are no longer just one-dimensional case studies in a textbook; they are real and often wreak havoc in my clients' lives.

As I look forward to my graduation and the end of my field placement, I want to send a note of thanks to Central Clinic for providing me this opportunity to have richly diverse clients and a chance to train and grow professionally and personally. I am glad I have met and learned from other skillful therapists, resourceful case managers, knowledgeable doctors, and helpful clerical staff. The multidiscipline approach at Central Clinic is a testament to its commitment to clients. Lastly, I am thankful for a wise, supportive supervisor who supported my learning as I develop clinical competencies. I will never forget one of Nelly's many instructions, "Clients are resilient. They are not eggs and they will not break easily." When I think of that I am able to have a balanced, strength-based perspective as I work to help clients bring about change in their lives.

## A Volunteer's Story

by *Daniel Ziegler*

*Daniel Ziegler is a sophomore at the University of Cincinnati School of Design, Architecture, Art, and Planning (DAAP). He was awarded the Cincinnati Scholarship; this requires 30 hours of community service per quarter. He chose to do his volunteer work for Central Clinic's After School Program. Daniel is the son of Cindy Ziegler, Central Clinic Administration Division, and the grandson of Helen Ziegler, Central Clinic Human Resources Director.*



***Daniel Ziegler***

My name is Daniel Ziegler, and recently I have had the privilege of volunteering at Ethel M. Taylor Academy. For the past few weeks, I have been helping out with the after school program as well as tutoring children that need extra help. Most of my work has been with the kindergartners and the third graders, and they have been such a blessing to me. Most of the children at Taylor Academy come from less fortunate homes, and they all crave attention and just want to be loved on. Simply my presence there was a big deal to them. They all wanted to meet me and sit by me during snack time. Before I knew it I had 20 new best friends!

Tutoring was a new experience for me, and I must say I really enjoyed it. We played matching and memory games to help them learn their times-tables and vocabulary. My favorite part of tutoring was the looks of triumph on their faces and their excitement when they got questions right.

A particularly touching part of the experience was one little boy in the kindergarten class. He is very nervous and shy, and has a severe stutter. He loved to sit by me and hold my hand. At one point we were sitting side by side at the cafeteria table during snack time, and he took my hand and put it around himself. He just wanted that comforting and safe feeling of an arm around him. I could tell that he just needed someone to care about him. From then on we were buddies and he held my hand when we walked from place to place. He also wanted me to hold him when we had free time. This caused a chain reaction of every other kindergartner wanting me to hold them. There was a point that I had one in each arm and three or four grabbing on to my legs begging me to pick them up! It broke my heart to see how much they craved attention and wanted to be loved on. I enjoyed every moment I spent with them (even the crazy hectic moments, which there were plenty of!) and I can't wait to go back and spend more time with them and tutor them! I thought I was going to be a help to Taylor Academy, but in reality, I think that they have helped me more. The joy of knowing that I could make a small difference in these sweet little lives has given me a new perspective on what community means. We need each other!

# Central Clinic: Vision, Mission and Values

## OUR VISION

To be a leader in providing and advocating for accessibility, best practices and outcome-driven behavioral health services for consumers and their families.

## OUR MISSION

To provide culturally sensitive and outcome-driven Mental Health, Substance Abuse, Forensic, and Prevention Services to children, adults, and families. Central Clinic accomplishes this by making services accessible, individualized, effective, consumer oriented, and recovery/resiliency based.

## OUR VALUES

- We value our staff and the individual contributions it makes.
- We honor and respect the breadth of cultural diversity, values and ideas of our staff, clients and community partners.
- We treat our staff and clients with dignity and respect.
- We believe that recovery is possible.
- We value giving clients reasons to hope for recovery.
- We value making resources available to clients to assist in their recovery.
- We understand and promote the active participation of clients in their plan for improving their lives.
- We value the dignity and rights of the clients and families we serve.
- We value the right of privacy of our clients.
- We value and actively seek community/systems collaboration to improve the quality of life in our community.
- We are committed to using outcome data to drive management decisions in our programs.