



Severe Mental Illness

Focus Area Report

December 2008 – November 2009

Year in Review

- \$1.26 million awarded in 10 grants
- People with severe mental illnesses in evidence-based programs showed improvement in symptoms and quality of life
- Over 90% of projects funded in this focus area are sustained after Health Foundation funding ends

The effects on the community of our funding in the Severe Mental Illness focus area have been far reaching at multiple levels:

- **Client level.** As a result of Health Foundation grants, hundreds of people with severe mental illnesses in Greater Cincinnati have better mental and physical health, peer and family support, stable housing, and jobs. They live in our community rather than cycling in and out of hospitals and jails.
- **System level.** Health Foundation grantees tell us that grants can transform agencies and systems. One grantee from a county-level Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board said that a Health Foundation-funded project is like dropping a stone in the water: it keeps rippling out beyond the original project to change clinical practices and build new collaborative relationships. Health Foundation-funded programs have informed local and state mental health leaders as they plan for services and identify policy changes needed to fully implement evidence-based practices and integrated care programs.
- **The field of mental health treatment.** The Severe Mental Illness focus area’s Senior Program Officer and grantees are frequent speakers at local, state, and national conferences. All are adding to knowledge in the field of mental health. Grantees have received noteworthy national awards and substantial federal grants: in the last 12 months, 5 grantees in this focus area have been awarded a total of \$26.5 million in federal grants. Additionally, due to the Health Foundation’s work, the Ohio Department of Mental Health placed two statewide technical assistance centers at the Health Foundation:
 - The Ohio Coordinating Center for ACT supports communities who are developing Assertive Community Treatment (ACT) teams.
 - The Ohio Coordinating Center for Integrating Care is working to develop and support promising practices in integrating primary care and mental health treatment.

These effects on the community connect to the high rate of sustained grant programs in this focus area. Sustained programs are no accident. Public and private funders invest in programs that are proven to be effective. The Health Foundation’s senior program officers and other staff assist grantees to develop evaluation plans with measurable client outcomes. Health Foundation staff also offer data and communications consultations, capacity building programs, coaching, and peer support. All of these promote sustained programs.

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Strategic Focus

Grants Awarded

Between December 2008 and November 2009, the Health Foundation awarded \$1,260,400 in 10 grants through the Severe Mental Illness focus area.

Type of Grant	Achieving Clinical Excellence		Treating the Whole Person who Has a Severe Mental Illness		Other Grants	
	#	\$	#	\$	#	\$
RFP-initiated	4	440,400	2	500,000		
Grantee-initiated			1	20,000	2	295,000
Invited or special					1	5,000
Operating program						
Total	4	440,400	3	520,000	3	300,000*

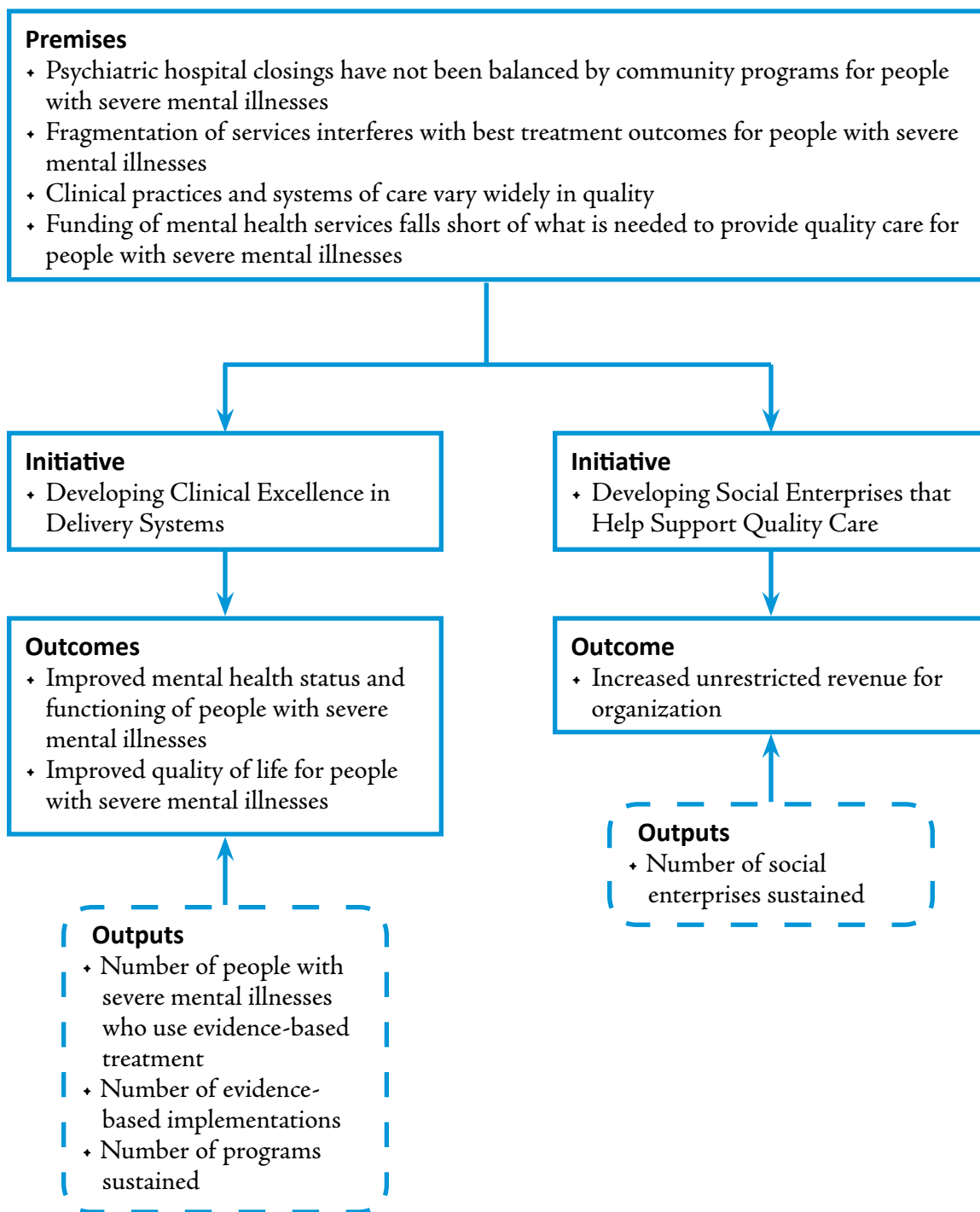
+ These other grants included a \$200,000 grant as a match for a \$1.7 million Housing and Urban Development (HUD) grant, a \$95,000 grant for a cross-system data project, and \$5,000 for an agency to hire a proposal writer for a federal grant application.

The Health Foundation did not release formal requests for proposals (RFPs) in this focus area during this past year. We invited organizations that had planning grants from previous RFPs to submit proposals.

RFP	# of proposals invited	# of proposals funded
Improving Capacity of Severe Mental Illness Treatment Providers: Evidence-Based Practices and Social Enterprises	4	4
Primary Care and Supportive Services for People with Severe Mental Illnesses	3	2*

* One grantee invited to submit decided that it was not ready to start the project in 2009.

Outcomes and Outputs for Achieving Clinical Excellence



Outcome: Improved mental health status and functioning of people with severe mental illnesses

Of the three evidence-based practice programs which had grants that closed this year, two were required to measure this outcome. The two projects that measured mental health status met their outcome targets for improvement. One of the projects showed that 70% of clients improved and the other 69%. The third project that closed used the Supported Employment evidence-based practice and measured functioning by looking at

employment. The employment rate for people with severe mental illnesses is about 10%. In the program using Supported Employment, 46 out of 68 (68%) found jobs and 80% retained their jobs at 90 days.

Outcome: Improved quality of life for people with severe mental illnesses

Of the three evidence-based practice programs which had grants that closed this year, two were required to measure this outcome. The two projects that measured quality of life met their targets for improvement. One project showed 50% of clients improved and the other program 77%. The third project was an employment project and was required to measure only securing and keeping jobs.

Outcome: Increased unrestricted revenue for the organization

Two one-year social enterprise grants closed this year. Neither generated revenue. One year is too short a time to expect to see a profit; it can take start-up businesses at least three years to turn a profit, if they ever become profitable.

Output: Number of people with severe mental illnesses who use evidence-based treatment

Over the terms of the 3 grants that closed this year, 282 people with severe mental illnesses received evidence-based treatment.

Output: Number of evidence-based implementations

Between December 2008 and November 2009, the Health Foundation funded three new programs that use evidence-based practices, for a total 31 in this strategy. In addition, we have funded 18 evidence-based practice

Kevin¹ is a 32-year-old man who has been going to the local community mental health center since he was first diagnosed with paranoid schizophrenia at age 20. He has a case manager and regularly takes medication. Despite medication, he experiences auditory hallucinations and tends to sleep a lot as a way to escape the accusing voices he heard. He also remains suspicious of others. As a result, he isolates himself at home, where he lives with his parents and his dog. Sometimes he will go months without interacting with anyone except his parents and his case manager.

One day he told his case manager that he wanted to “do better with his life.” The case manager had just received training for a new Health Foundation-funded program—Illness Management and Recovery (IMR)—and thought that Kevin might benefit from the program. IMR is an evidence-based practice that teaches people with severe mental illnesses about their illnesses, gives them strategies for coping with persistent symptoms and for relapse prevention, and helps them set goals for recovery. The themes throughout the program are hope, optimism, and independence.

When the case manager told Kevin about IMR, Kevin eagerly agreed to participate. He set high goals for himself: get a job, be more relaxed around people, reconnect with old friends, and get a girlfriend. The case manager thought maybe Kevin was setting the goals too high and would end up being disappointed and frustrated. However, Kevin rarely missed an individual or group session. He seemed to thrive on all that he was learning about managing his illness.

By the end of six months in the IMR program, Kevin had made remarkable progress. He reported that the voices in his head were now only annoying whispers. He signed up for the employment program at the mental health center and secured a job at a large department store with hundreds of customers and employees around him everyday. One of his old friends works there, too, and they often have lunch together. And, yes, he also started dating. Kevin achieved all of his goals. He still struggles with mental illness and some troublesome symptoms remain, but he has a fuller, more satisfying life in his community.

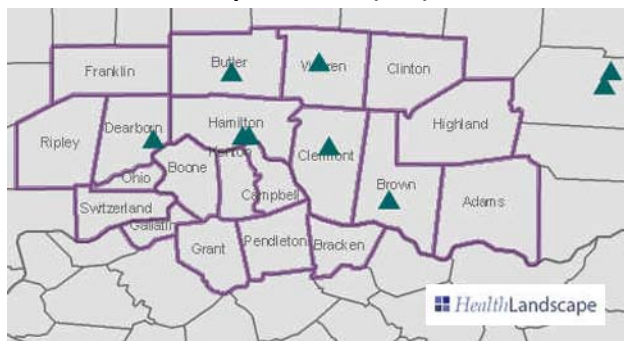
¹ Names have been changed to preserve confidentiality.

implementations to treat people with severe mental illnesses in other strategies and initiatives, bringing our grand total to 49 evidence-based practice implementations:

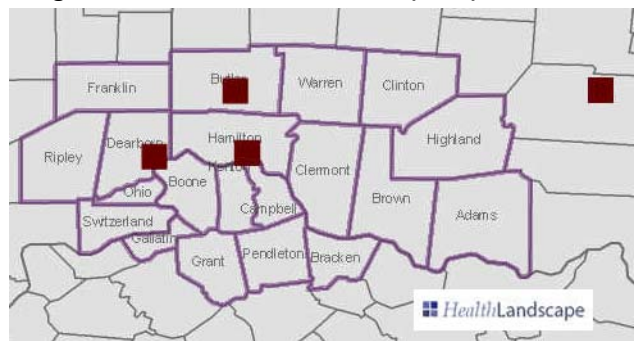
- ✦ 7 in the Treating the Whole Person initiative of this focus area,
- ✦ 8 in the Severe Mental Illnesses and Substance Use Disorders in the Criminal Justice System initiative of the Joint Substance Use Disorders/Severe Mental Illnesses strategy,
- ✦ 1 the Housing initiative of the Joint Substance Use Disorders/Severe Mental Illnesses strategy, and
- ✦ 2 through the Youth Behavioral Health Initiative (YBHI).

We have funded 16 different evidence-based practices in 30 organizations across our region. The following maps from *HealthLandscape* show how the major evidence-based practices are distributed. (Note: The maps indicate the address of the grantee, not the counties served by the grant.)

Assertive Community Treatment (ACT)



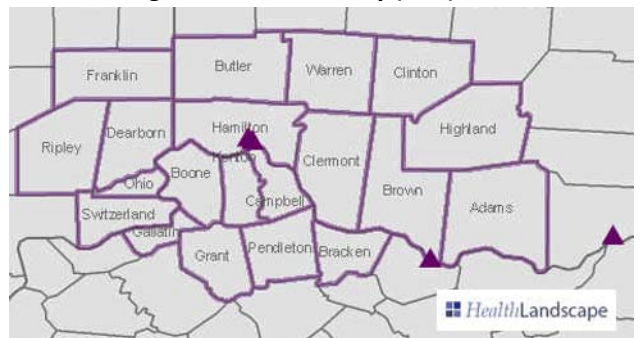
Integrated Dual Disorder Treatment (IDDT)



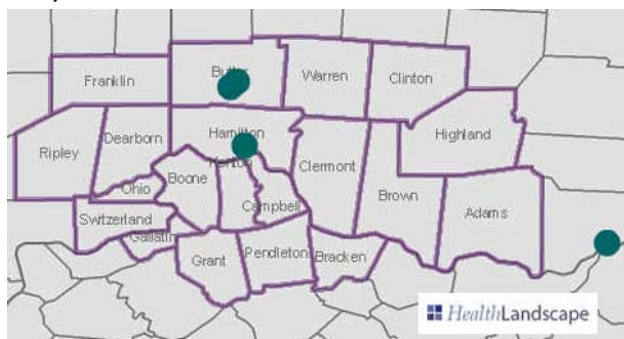
Supported Employment



Illness Management and Recovery (IMR)



MST, MTFC or FFT*



* Multisystemic Family Therapy (MST), Multidimensional Treatment Foster Care (MTFC) or Functional Family Therapy (FFT)

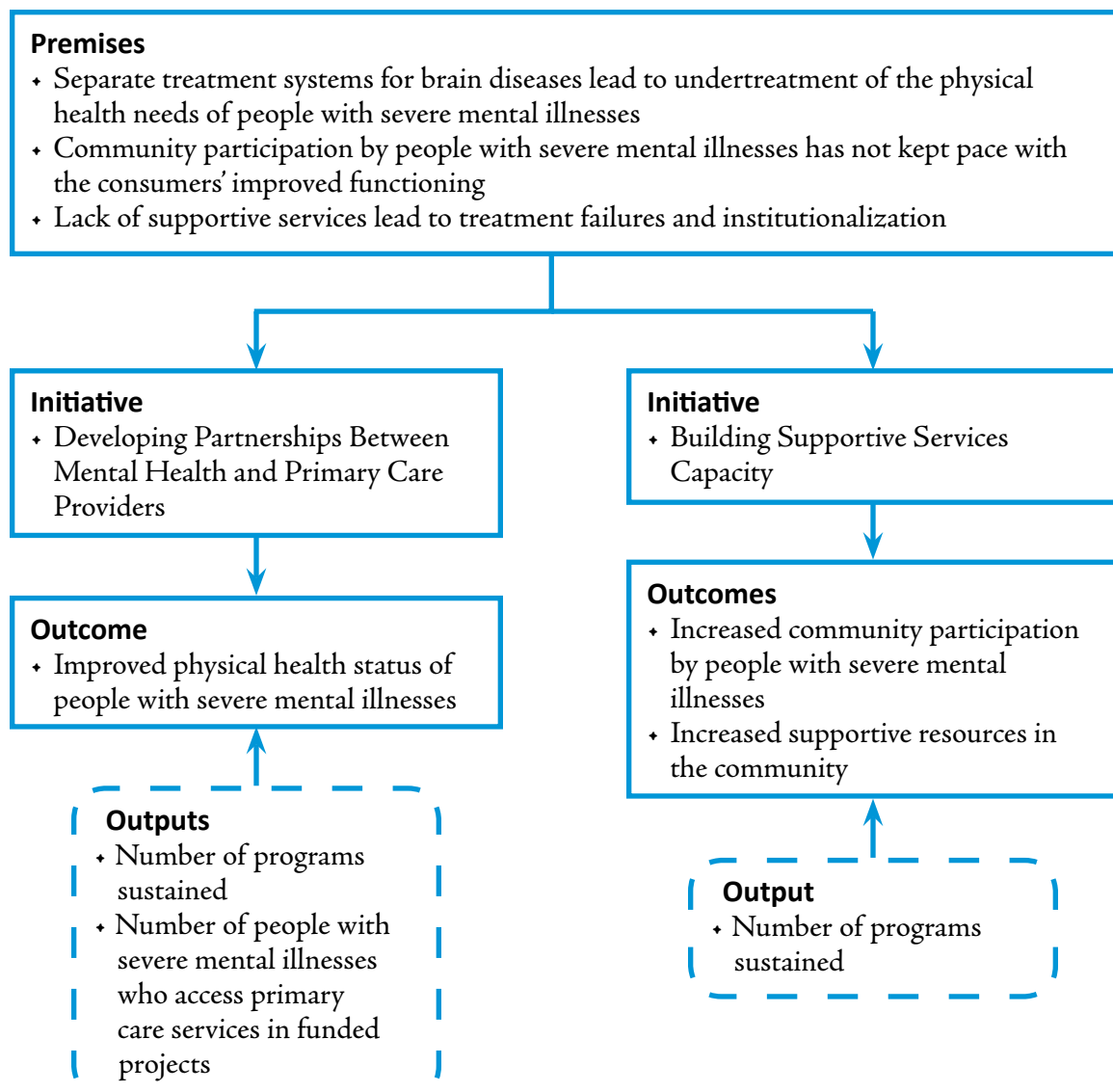
Output: Number of programs sustained

Of the three grants that closed in 2009 in this strategy, all three were sustained beyond the end of the grant period, including the two social enterprise grants. For this strategy as a whole, the sustainability rate is now 91%.

Grants awarded in Achieving Clinical Excellence strategy	44
Projects with active Foundation grants	15
Projects whose Foundation funding has ended	32
Projects that continue to operate after Foundation funding has ended	29
% of grants that are sustained after Health Foundation funding has ended	91%

Note: This table does not include operating programs or grants for which sustainability does not apply (such as planning grants, equipment purchases, technical assistance, and others).

Outcomes and Outputs for Treating the Whole Person who Has a Severe Mental Illness



Outcome: Improved physical health status of people with severe mental illnesses

Of the three grants that closed this year, one was a mental health and primary care integration project. With treatment on-site at the mental health center, 239 of the 328 clients (73%) with diabetes were able to have a HbA1C less than 8%. (*HbA1C is a test to measure levels of blood sugar.*) An HbA1C of 8% may seem high: the American Diabetes Association recommends an HbA1C below 7%. However, the HbA1C levels of people with severe mental illnesses are so high that reaching 8% is a significant improvement for them.

Outcome: Increased community participation by people with severe mental illnesses

One grant that closed this year addressed employment, and 125 out of 151 (83%) people with mental illnesses in the program obtained jobs. Of the 125 people who obtained jobs, 100 (80%) maintained the jobs at 60 days.

Outcome: Increased supportive resources in the community

One project that closed this year primarily served people with schizophrenia, who often have difficulty relating to others and tend to be isolated. The project aimed to increase social skills and social participation. The project was a small, intensive, and long-term program. Of 12 graduates, 10 (83%) increased participation in social activities.

Output: Number of programs sustained

Of the 28 grants that have closed in this strategy, 26 were sustained after Health Foundation Funding ended, for a 93% sustainability rate.

Grants awarded in Treating the Whole Person who Has a Severe Mental Illness strategy	40
Projects with active Foundation grants	15
Projects whose Foundation funding has ended	28
Projects that continue to operate after Foundation funding has ended	26
% of grants that are sustained after Health Foundation funding has ended	93%

Note: This table does not include operating programs or grants for which sustainability does not apply (such as planning grants, equipment purchases, technical assistance, and others).

Output: Number of people with severe mental illnesses who access primary care services in funded projects

Over 2,400 people with severe mental illnesses accessed primary care services on-site at mental health centers over the past year as result of grant-funded projects.

Public Policy Work

Policy Goals

The Severe Mental Illness focus area has a policy goal for each of its strategies:

Strategy	Goal
Achieving Clinical Excellence	Payment systems support clinical effectiveness and evidence-based practices.
Treating the Whole Person who Has a Severe Mental Illness	People with severe mental illnesses have increased access to physical health care.

Policy Environment

The National Alliance on Mental Illness (NAMI) started in 1979 to improve the lives of people with severe mental illnesses and their families. NAMI is the most formidable grassroots mental health advocacy organization in the country. NAMI has a state organization in all 50 states and there are more than 1,200 local affiliates. NAMI's grassroots advocacy work has aligned well with the Health Foundation's own policy goals to address inadequate payment systems and to increase access to physical health care. With this in mind, the Health Foundation has supported local NAMI affiliates to carry out their advocacy work. This support has included:

- Establishing a NAMI affiliate in Northern Kentucky
- Helping NAMI Hamilton County develop strategic and fundraising plans
- Helping NAMI Hamilton County reach out to minority communities
- Strengthening the NAMI affiliates in Butler, Warren, Clinton, and Clermont Counties by helping them hire part-time paid executive directors who will increase advocacy efforts in their communities.

Extended Impact of the Focus Area

Direct Charitable Activities

The Senior Program Officer spent significant time this past year in helping various grantees prepare proposals for federal grant opportunities. The time included participating in project planning sessions, reviewing proposal drafts, providing consultation, and writing support letters. She helped five organizations in their pursuit of federal grants. Two of these five organizations received grant awards, one for \$1.7 million to help homeless individuals with mental illnesses and substance use disorders and another for \$2 million to provide integrated mental health and primary care services.

The other area that demanded increased attention this past year was grantee concerns over sustainability. The Senior Program Officer consulted with a number of programs to solve problems and brainstorm ideas to help grantees deal with the economic downturn and the issues it presented in continuing or sustaining their projects. Some of the solutions involved reconfiguring services, revising the scopes of projects, and extending grant periods. Sometimes, the time was spent being a supportive sounding board as grantees figured out the best courses of action.

Organizational Change

Mental health treatment agencies are facing flat or decreased funding, but demand for mental health services is growing. The dilemma is how to deliver more services and maintain quality with shrinking resources. On the

one hand, social enterprise can be a way to increase unrestricted revenue to support the organization's mission. On the other hand, starting a social enterprise could also take money and resources away from the mission-related work until it becomes profitable, which can take a few years.

The Health Foundation responded by developing and issuing a request for proposals for social enterprises in late 2006. The Health Foundation expected each organization to start with a planning grant that produced a thorough business plan for a new social enterprise. After completing the business plan, grantees could submit a start-up proposal.

To date, the Health Foundation has awarded nine planning grants. Out of these nine planning projects, five launched social enterprises, three determined it was not feasible to start a social enterprise, and one is still in the planning process.

In 2009, the Health Foundation started seeing the results of its social enterprise initiative. First, all of the social enterprise grantees reported that the experience of planning and launching social enterprises has been transformative for their organizations. The following quote typifies this feeling:

The support from the Health Foundation made a critical difference by giving us the resources to hire expert help with our business plan and then the resources to implement it. The ability to use experts really helped us develop the kind of business planning and market research that for-profit businesses do. This gave great confidence to my Board in taking on the risk and investing agency time and resources in this effort. The business principles that we learned along the way have also strengthened the way we think about all of our agency business and how we market it to our clients and donors. The experience of planning and launching a social enterprise has been one of the richest experiences of my 35-year career and one of the most stressful. Having the Foundation's support and the benefit of peers going through the same process made a huge difference. We would not have been able to do without the Health Foundation support and resources and their wisdom of investing in planning and working capital.

Yet, the social enterprise initiative has not been without its difficulties. Three grantees completed planning for a social enterprise and decided not to launch the business. One decided not to go forward because the agency leadership and the board were divided on what business to start. In another, the agency developed an excellent business plan but decided not to start due to the economic downturn. The third agency realized that the market for their business idea was shifting too rapidly to take the risk.

The agencies that launched their businesses with mixed results so far. They have learned that:

- ✦ The business plan provides a good road map for the social enterprise, but organizations need to be flexible to make changes as the external environment shifts
- ✦ Social enterprises take longer to launch than expected. One year is unrealistic to expect even modest revenue.
- ✦ Most nonprofits underestimate the importance of quality marketing plans and good sales skills
- ✦ Starting a social enterprise takes an amazing amount of time and dedication

Social enterprises are not for the faint-of-heart. Just like other businesses, not every social enterprise will be successful. Time will tell if the Foundation social enterprise grants will be viable sources of revenue for our grantees.

Relationship Building

The Senior Program Officer helps develop relationships among Health Foundation grantees and with other foundations across the country who focus on mental health:

- ♦ Regular grantee meetings add great value for grantees in terms of information-sharing, networking, and problem-solving. The Senior Program Officer regularly convenes three grantee groups: evidence-based practice grantees, social enterprise grantees, and criminal justice grantees. Sometimes the Senior Program Officer presents educational materials or invites speakers on relevant topics. Grantees give project status reports at each meeting. Grantees learn from one another. An example of this is in the evidence-based practice group. The grantees are at different stages of implementing practices and several have visited projects that are further along. The benefits of this are tremendous. The newer grantees can learn the pitfalls that can occur in their project and also can use materials or techniques that were successful.
- ♦ The Senior Program Officer was influential in the formation of a special interest group, the Behavioral Health Funders Network (BHFN), within Grantmakers in Health (GIH).¹ She helped plan the formal kick-off of the BHFN at the GIH Annual Meeting in March 2009. She participated in three sessions focused on behavioral health at the same meeting. In June 2009, she published an article for the GIH publication, *Views from the Field*. The topic was foundations and social enterprise. She also presented lessons learned from the Health Foundation's work in criminal justice and mental health at the GIH Fall Forum in November 2009. She is a member of the BHFN steering committee that plans audio conference calls, coordinates GIH presentations, and links grantmakers working on similar behavioral health initiatives.

These efforts to foster collaborative relationships among behavioral health grantmakers across the country promote a network that can exchange knowledge, learn about emerging trends, reduce stigma associated with behavioral health, and support both innovative approaches and evidence-based treatment in communities.

Systems Change

Over the past year, the Health Foundation has funded cross-system data projects that will result or have resulted in system change. Highlights from some of these projects are included below.

- ♦ Due to information gaps and miscommunication between homeless service providers and the mental health system, homeless people with severe mental illnesses had difficulty accessing mental health assessment and subsequent connection to treatment services. A Health Foundation grant led to the development of an electronic referral system in Hamilton County to link homeless people who have mental illnesses to treatment services.
- ♦ In Hamilton County, those eligible for SSI/SSDI can work with a number of agencies to assist with the application process. Each agency was using different approaches with varying degrees of success. Additionally, the agencies did not have ways to communicate with one another, which resulted in system-wide fragmentation, duplication, and inefficiency. The end result was that people eligible for SSI/SSDI were denied benefits or experienced long delays before approval. A Health Foundation grant led to the implementation of a coordinated, county-wide system for SSI/SSDI applications for people with severe mental illnesses in Hamilton County.

¹ *Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Its mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness. Formally launched in 1982, GIH is known today as the professional home for health grantmakers, and a resource for grantmakers and others seeking expertise and information on the field of health philanthropy.*