Guidelines | Ohio Counseling Association
The mission of OCA is to promote and advance the profession of counseling.

Volume 35, Number 3—Summer 2009

Letter from the President

William O' Connell
President, OCA

Dear OCA Member,

It is June 2009 and I am completing my term as President of the Ohio Counseling Association. I want to thank the Executive Committee including Daniel Cruikshanks, Past President; Jake Protivnak, President-elect; Kelly Schubert, Parliamentarian; Tim Luckhaupt, Treasurer; and Jonathan Lent, Secretary for their leadership and assistance. In addition, I wish to thank all Committee Chairs, Committee Members, Division Presidents and Chapter Presidents for supporting the initiatives we set forth this year to expand membership, establish working relationships with co-providers of service, and provide quality continuing education opportunities to members. In addition, OCA has maintained our relationship with Towner Policy Group. As you will see in this news letter, legislative advocacy is paramount to the work of our organization. Thanks to Carolyn Towner, Amanda Sines and Kristy Smith who have always been available to consult with our membership about State related policy and rule issues.

We have new leadership. Dr. Jake Protivnak will introduce you to his plans for increasing the visibility of OCA in the professional community in the coming months. I want to express my gratitude to Kelly Schubert and Amber Lange for accepting nominations from their respective division and/or chapter to be on the slate for President-elect. Kelly Schubert was voted President-elect for the 2009-2010 term. Kelly has been involved in Executive Committee for several years and will be a tremendous asset to the future of OCA.

Counselors face a struggle in the year ahead to maintain jobs in schools, community mental health centers, hospitals and other service provider organizations. There are more budget cuts coming and more issues to address. While there is no magic bullet to "fix" all the problems we face as a profession in Ohio, I think it is critical to remember why we entered the field in the first place. We are considered experts in helping others tap into their own resources and strengths to adapt to change. We will need to examine our resources as an organization and find ways to adapt to rising costs without losing sight of our mission to promote the profession of counseling in Ohio. Please join me and your colleagues at OCA by renewing your membership and helping your OCA elected representatives keep counseling in the conversation at the State and local level.

Sincerely,

Dr. William O'Connell
President

In this Issue

Ohio Counseling Association
2008-2009

Members

The Ohio Counseling Association has reached a landmark **1,027 members**! Welcome to all new members and all members who have renewed. For more information on membership or opportunities to be involved, please contact Membership Chair, Marisa White, at us3we3@yahoo.com. Opportunities currently exist for public relations, professional development, and ethics committees.

Join OCA for Life!

A **Lifetime Membership** in OCA is available for a one time membership fee of $600. This will allow individuals to become members of OCA for life without ever needing to renew their membership! Please obtain the new OCA Membership Form by accessing the OCA website at www.ohiocounseling.org.

Another membership category is **Legacy Member**. This is an honor extended by the OCA Executive Council and is reserved for those who have demonstrated outstanding service and leadership during their careers.

Guidelines
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Guidelines is the Ohio Counseling Association's quarterly newsletter published for its members. We welcome your comments, suggestions, and news.

Advertisements and articles are subject to editorial approval and revision. OCA reserves the right to reject any ad or article for any reason.

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The Ohio Counseling Association is a branch of the American Counseling Association

AWARD NOMINATIONS:

NOMINATE A COUNSELOR FOR AN OCA AWARD

DEADLINE: ALL NOMINATIONS MUST BE RECEIVED BY MONDAY, SEPTEMBER 14, 2009

Do you know a professional counselor who provides exceptional service as a clinician? Are you aware of a counselor educator who is an excellent mentor or extraordinary scholar? Do you know an individual who has distinguished service to the counseling profession? Do you know an individual who is innovative and has made a significant impact on the counseling profession? Are you aware of a counselor or counselor educator who has demonstrated extraordinary research through professional publication? Do you know someone who has provided outstanding advocacy for the counseling profession?

Consider nominating a colleague for an OCA Award. These awards will be presented at the 2009 All Ohio Counselors Conference.

Nominations will be accepted for the following awards:

CHARLES "CHUCK" WEAVER - For long, consistent, and distinguished service to the counseling profession and exemplary caring for people.
DAVE BROOKS AWARD - To one who has demonstrated a willingness to serve and take responsibility, while creating new paths in the counseling profession.
HERMAN J. PETERS - To one who promotes innovative ideas and theories in the counseling field and has a significant impact on future trends.
SUSAN SEARS "COUNSELOR OF THE YEAR" - One who has gone beyond the call of duty by demonstrating exceptional service as a practitioner and/or counselor educator, through the application of OCA goals.
RESEARCH & WRITING AWARD - One who has demonstrated extraordinary research and writing ability, as evidenced by journal publications for the counseling profession.
PUBLIC POLICY & LEGISLATION AWARD - One who has demonstrated excellent advocacy by engaging in meaningful lobbying on behalf of the counseling profession.

NOMINATION PROCEDURE:

Download the nomination form found at http://www.ohiocounseling.org/awardnominations.htm. Submit the completed nomination form along with a supporting statement of 250 words or less. Letters of support are also encouraged. Attach a current vita and/or brief biographical sketch of nominee. The nominee must be a current OCA member. Send materials via email or postal mail to:
VIA EMAIL: **Jane Cox at jcox8@kent.edu**
VIA POSTAL MAIL:
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Beyond "Just Say No": An Adolescent Risk Prevention Program

Nicole Adamson
Ashlee Graham
Mallory Schell
Youngstown State University

Research suggests that adolescents are almost twice as likely to engage in risky behaviors such as smoking cigarettes and marijuana, chewing tobacco, drinking alcohol, and sexual activity if their peers do the same (Maxwell, 2002). However, adolescents who are surrounded by friends who do not engage in risky behaviors are more likely to abstain as well (Maxwell, 2002). This research supports the importance of peer influences on adolescents' behavior.

In an effort to not only facilitate adolescents' desire to "just say no" to peer pressures, but also increase their skill set in achieving this end, the authors developed a brief, 60-minute intervention program. The presentation was piloted with a group of seventh and eighth-graders attending a PANDA² (Prevent and Neutralize Drug and Alcohol Abuse) Camp. The program was designed to first identify participants' personal values as they relate to the pressures adolescents actually face. The presenters then enhanced the participants' skills so they were aware of how to actually navigate interpersonal situations where they may feel pressured.

In order to initiate values exploration, the participants were asked to finish sentence stems such as "I secretly wish…" and "If I could only save one thing in a fire…" The presenters helped the participants equate their responses with specific personal values. For instance, when a participant responded "I secretly wish… I could feed everyone in the world chocolate and make every person happy," the personal values of caring and helping others were associated. The participants also completed a personal inventory assessing additional values such as honesty, personal safety, and social acceptance. As a result, the participants gained an understanding of the values they want to reflect in their daily behaviors.

To respectfully assert their values when interacting with peers, participants were taught to use an *'I'* statement. This technique effectively empowers teenagers to take personal responsibility for their values and actions, rather than allowing others to control their behavior. The '*I*' statement follows the format "When you *(insert behavior)*, I feel (*insert feeling)*. I would prefer *(insert preferred action)*." For example, "When you pressure me to have sex, I feel uncomfortable. I would prefer to wait to take this step."

After practicing '*I*' statements together, the participants were divided into several small groups. They were given bags filled with slips of paper containing role-play scenarios. The role-play scenarios included pressures to have sex, use drugs/alcohol, and bully or otherwise be unkind to others. The participants practiced asserting their values with their peers.

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Beyond "Just Say No" continued

In the pre-post assessment, the students reported an increase in confidence in their ability to stand up for their rights and beliefs as well as an increase in their understanding of their personal values. It is likely that if students are never asked to identify values, they may not do it on their own. This may leave them vulnerable to conform to outside peer influences. Preliminary analysis suggests that the program was effective in increasing participants' awareness of personal values and their confidence in their ability to manage pressures from others.

In order to assert personal values, an adolescent must first be aware of these values. These pressures do exist for adolescents and if they do not learn the requisite skills required to navigate these situations, risky behavior will emerge. The group of seventh and eighth-graders embraced this lesson and the vast majority requested to participate in similar lessons in the future. This program is suggested as a potentially effective way of helping adolescents increase their awareness of personal values while also providing them with the skills they need to be successful.

References

Maxwell, K. A. (2002). Friends: The role of peer influence across adolescent risk behaviors. *Journal of Youth and Adolescence, 31*(4), 267-277.

OSCA Professional Networking Site Launched—From Shawn Grime

The Ohio School Counselor Association is launching a new professional networking site known as the Ohio School Counselor Association Network hosted by Collective X. As a member or friend of OSCA, you have been invited to join this new site. OSCA membership is **not** required to join.

The OSCA Network will allow professionals in Ohio to connect and collaborate with others through various tools. You can post discussion questions and get feedback from others, share files that others may find useful or download files that will help you, and get updated on cur rent happenings within OSCA. There is a discussion post already started for you to share your thoughts, impressions and suggestions about the Network. The site is still in development stages and we hope to have it fully up and running come August.

This site is similar to the ASCA Scene, which some of you may already be members of. If so, you will not have to create a new account. You can access both networks using your one account. Just click on the Switch Groupsites function in the top right and go to find groups to add the OSCA Network to your account.

Otherwise you will need to create a new account. When you click to become a member, you will choose your own username and password and will be asked to answer some questions and set up a profile. This site is intended for professional use only so you may bypass any information on the social profile.

Go to **http://ohioschoolcounselor.collectivex.com** to quickly and easily create a new account or add the Network to your existing Collective X account through the ASCA Scene. Please feel free to start posting discussions, sharing files, and exploring the other features of the site.

Counselors Maintaining Ethical Practices When Counseling Clients with Disability-Related Issues

Brandy Kelly, PhD, PCC-S, OACES Ethics Committee Chairperson
Rachel Hoffman, MSEd, PCC, Doctoral Candidate, OACES Ethics Committee Member
Jessica Knopp, OACES Ethics Committee Member
Julie Lenyk, OACES Ethics Committee Member

Professional counselors who provide counseling services to clients with disability-related issues (e.g., physical handicap, vision/hearing impairment, developmental delay) must display an awareness of potential ethics-related issues with this population. There is a growing population of individuals with disabilities and professional counselors are therefore encouraged to expend increased efforts toward ethically serving this population (Smart & Smart, 2006). The purpose of this article is to increase counselors' awareness regarding their ethical responsibility to adequately understand and serve this population and to encourage counselors to advocate for the unique needs of people with disabilities.

Smart and Smart (2006) suggested that counselors may lack the necessary proficiency needed to best serve the needs and challenges of people with disabilities. They base this claim on the belief that few counseling programs provide sufficient training regarding disability concerns. According to the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2001), counselor-trainees must demonstrate knowledge in eight core curricular areas including social and cultural diversity and human growth and development. Counselors do receive training in multicultural counseling theories, identity development, strategies for working with diverse populations, and human behavior, including an understanding of the behavior of people with disabilities. Disability-related issues are therefore likely to be addressed throughout the counselor-training curriculum. However, as suggested by Smart and Smart, there does not appear to be a course directly addressing the needs of people with disabilities. Counselors may want to seek additional education (i.e., continuing education units) to assure competency if they are working with this population.

According to the Ohio Counselor Social Worker Marriage and Family Therapist (CSWMFT) Board, counselors shall not discriminate on the "basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, veteran status, or *mental or physical challenge* (Rules for Standards of Ethical and Professional Conduct Standard 4757-5-02). It is important for individuals with disabilities to have their experiences valued and validated by professional counselors (Smart & Smart, 2006). Smart and Smart emphasized that it is the counselors' responsibility to seek additional education when working with individuals with disabilities. Individuals with disabilities may experience numerous barriers that hinder their full participation in society; therefore, counselors need to be well-prepared to handle their unique needs (Humes, Szymanski, & Hohenshil, 1989). This in turn decreases the likelihood of counselors carrying out discriminatory practices and increases the likelihood of practicing in an ethical manner.

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Ethical Practices

Counselors are not only required to abide by the code of ethics, but are also encouraged to advocate on behalf of their clients. People with disabilities are often denied basic human rights; therefore, advocacy may begin with assuring that persons with disabilities have accessibility to facilities and counseling services (Cottone & Tarvydas, 2007). When people with disabilities access counselors' services, they must caution against falling into the practice of either over-looking the disability or over-emphasizing the significance of it in the individual's life. Counselors are encouraged to view each client as a person with unique needs, skills, and strengths and therefore "more than a disability" (i.e., the disability is only one part of the individual; Smart & Smart, 2006).

Although the treatment of individuals with disability-related issues is multifaceted, a few general recommendations are provided with the intention of influencing counselors to act in accordance with ethical practices. Counselors are encouraged to "check in" with their clients regularly regarding their experience of being disabled and give adequate attention to perceptions of being victims of prejudice and discrimination (Smart & Smart, 2006). Counseling interventions should be implemented to assist in the understanding of the client's worldview, including an understanding of the intersections of multicultural factors (e.g., gender, race, age, disability, socioeconomic status; Banks, 2008). As more people with disabilities request counseling services, it is the counselor's responsibility to be competent in the treatment of their unique needs and issues.

References

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Council for the Accreditation of Counseling and Related Educational Programs. (2001). *Standards*. Retrieved May 26, 2009, from http://www.cacrep.org/2001Standards.html

Humes, C. W., Szymanski, E., M., & Hohenshil, T. H. (1989). Roles of counseling persons with disabilities. *Journal of Counseling & Development, 68*, 145-150.

Ohio Counselor Social Worker Marriage and Family Therapist Board. (n.d.). *Rules for Standards of Ethical and Professional Conduct*. Retrieved May 21, 2009, from http://www.cswmft.ohio.gov/ethics.stm

Smart, J. F. & Smart, D. W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling & Development, 84*, 29-40.

Counselor Awareness of Disabilities

Teresa Hedges, M. Ed., PC

As professional counselors it is important for us to be aware of all areas in our communities in which counseling can be beneficial or which may allow us to help create a positive impact on the clients that are served. There are no doubt a large variety of populations of potential clientele that may not realize how counseling can benefit them. Consider the following scenarios:

Consider for example, the middle-aged man who has worked for twenty years in his profession. He has been looking forward to retirement in the future, that his young family is almost grown. Suddenly, without warning an industrial accident renders him unable to physically do his job anymore. He not only struggles with the physical issues accompanying his injuries, but also struggles with the emotional issues that accompany loss of his role, financial uncertainty, the roller coaster of fighting for compensation and the changes that occur within his family unit as he no longer prepares for retirement as planned and anticipated, but now begins to ascertain how to navigate the changes related to disability. Social networks become a concern as he is no longer able to enjoy the same recreational events with his friends that he used to. In an instant his life has turned topsy-turvy. Initially, the focus is on his health and mending physically, but eventually as the wounds heal outside the emotional turmoil often begins on the inside.

This gentleman may seek physical therapy at his local chiropractic or physical therapy office. This is an area that is not highly recognized as a setting in which clinical counseling can play a very important role. Clients served in this arena have often been victims of traumatic accidents, occupational accidents, degenerative conditions or even amputations. A model of care based on holistic methods in this setting can address not only the physical needs of clients, but also can address the underlying emotional issues that often accompany physical trauma or debilitation. Some of these issues include post traumatic stress; pain management; depression/anxiety; grief and loss due to changes in lifestyle, occupation, or even loss of limbs. Counselors may use such theoretical foundations as resiliency theory or existentialism to assist the client to begin building a strong foundation for success in long-term healing by identifying and reinforcing resilient characteristics and meaning that may not be readily apparent to the injured client. Alcohol and substance abuse assessments and support may be important due to self-medicating tendencies, or addiction or tolerance to prescription medications due to long-term use in chronic injury.

Traumatic brain injury can leave an individual with symptoms of behavioral issues, cognitive limitations, and even memory loss. If undiagnosed or unrecognized the symptoms can be blamed on other types of mental health disorders. Hux et al., (2009) illustrate that failure to associate brain injury impairments with behaviors can lead to ineffective or inappropriate coping, interventions or remediation strategies. Undiagnosed traumatic brain injuries can lead to identify those individuals that may need further assessment for closed head injuries.

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complications in educational, vocational, cognitive, social, emotional, and physical areas of one's life. A simple screening tool administered by an on- site counselor can begin to help identify those individuals that may need further assessment for closed head injuries.

By providing ease of access to on-site counseling services clients who are most likely experiencing some type of physical impairment can benefit from no longer needing to receive referrals or go outside of the physical therapy setting to receive emotional and mental health supports. A team approach to treatment can help identify specific needs and resources that each client has or can be matched with the goal being optimal healing and rehabilitation back into everyday aspects of their lives.

This type of collaboration demonstrates how counseling can work together with other disciplines in a manner that compliments each other and provides benefits and more successful healthy outcomes for clients.

References

Hux, K., Schneider, T., & Bennett, K. (2008). Screening for traumatic brain injury. *Brain Injury, 23*(1).

Check out OCA's website at **www.ohiocounseling.org**

The website includes:

-Membership information
-Ability to join or renew membership online
-Access to previous issues of *Guidelines*
-Links to chapters and divisions
-Legislative information
-Upcoming events
-Executive council member list and contacts

Considerations when Counseling Individuals with Disabilities

Dee Dee Hecht Hewit, MRC, CRC

When counseling an individual with a disability, a counselor needs to be mindful of any attitudes, stigmas, or stereotypes they may hold about the word disability. If you were asked to define the word disability, what would you answer with? If you were then asked what the word disability *means* to you, you may give more consideration to your answer that may be attributed to personal or professional experience. I experienced this when I asked doctoral students in a course I was taking. I asked them what the definition of disability was. They were able to quickly give a definition, such as "not able to do a task; not able to work". Then they were asked what does the word disability *mean* to them. There was consideration before answering, and their responses reflected a personal reference such as cultural and societal norms.

When an individual with a disability seeks counseling, the presumption may be that they are seeking out counseling as a result of their disability. This may or may not be correct, but as counselors we need to remain open to the varied reasons why anyone seeks out counseling. The effect of a disability the individual experiences vary from individual to individual as well as the individual's support system such as spouses, children, parents, siblings, friends, coworkers and schoolmates . What might be considered a severe disability to one person may be insignificant to another person. The disability should not be assumed that it will result in psychological turmoil. Frustration, inconvenience and grief, can be present for an individual experiencing a disability, but it can also offer psychological growth as well (Martin, 2007).

A counselor's personal training and competence of working with individuals with disabilities should be taken into consideration. Is it reasonable to ask the client to educate their counselor about their disability? Or is it more reasonable, and ethical, that a counselor acquire education/training and experience about disabilities. Another important consideration is the environment where the individual with a disability will be receiving the counseling. Is the counselor, in private practice or agency, willing to accommodate for the various disabilities that an individual may have such as physical/mobility, visual, hearing/communicative, and cognitive to name a few.

I have not touched on any one topic in depth, but attempted to cover various topics broadly. In this way, counselors can initially think about areas that need to be considered when counseling an individual with a disability. All of the topics mentioned may or may not be personal considerations, but remember who you are wanting to serve.

References

Martin, E. D., Jr. (2007). *Principles and Practices of Case Management in Rehabilitation Counseling.* (2nd ed.). Springfield, Illinois: Charles C. Thomas Publisher, LTD.

Basic Facts about Deaf Clients: What Every Therapist Should Know about Deaf Clients

Julie Curtis
The University of Akron

Counselors commonly prepare for various crises or consider how to make the office more comfortable all who seek services. One type of client a therapist may encounter, but could find themselves unprepared to help is a client with hearing loss.

First, knowing the appropriate terms to use in session and out will help establish a initial working alliance. Someone who prefers the term deaf, with a lowercase spelling generally does not see the hearing loss as an important feature in everyday life. A typical description of such a client would be "I am a 45 year old Asian woman, deaf in both ears since age 25". The state of being deaf may have existed since birth or it may be the result of gradual loss overtime. A client who prefers the term deaf usually does not know any form of signed communication and has little to no association with being deaf as a culture or lifestyle. Clients who prefer the term "Deaf" with a capitalized spelling almost always have a full loss of hearing in both ears and find this feature to be a major factor in everyday life. Deaf clients usually know some form of signed language and adapt various functions in their lives around Deaf culture. Growing up a client may have attended a special school for the Deaf, seeks job specially designed for those with hearing loss or actively participates in group outings and social events. A hard of hearing client has a lesser hearing range than what is considered normal but is not fully at loss and can still use their hearing for most communication purposes. Depending on circumstances of cause and current function some will see the loss as a minor inconvenience they have adapted to over the years, where others may struggle with fitting in between the hearing and deaf world.

An important thing to remember is although used commonly in legal documents the wording "hearing impaired" is considered by many to be offensive or degrading as it implies being less than the standard instead of an alternative. For additional information please see the National Association of the Deaf's website at http://www.nad.org.

Quick facts for working with a Deaf/deaf client:

- The Colorado Bar Association advises some clients have been raised less trusting of the hearing community, since deafness was previously seen as a medical condition and needing to be "cured".
- According to the National Institute on Deafness and Other Communication Disorders (http://www.nidcd.nih.gov/)approximately 90% of deaf children are born to hearing parents.
- Hearing Aids and cochlear implants may increase hearing, but do not recreate the experience.
- Many clients use American Sign Language (ASL); however there is also Pidgin Sign English, Signed English, writing and several other forms of communication..
- It is crucial for client comfort, time considerations and cost effectiveness to know a client's preferred mode of communication before seeking an interpreter.
- ASL is a visual language.

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What Every Therapist Should Know continued

Some studies argue Deaf clients can't read above a 4th grade level, others claim they can but comprehension is maintained at a lower level, still others show variations in Deaf clients abilities are the same as those in hearing clients. As a clinician, be prepared to simplify and expand if needed.

There are additional considerations once in session with a client. If working with an interpreter speak directly to the client, as if you are the only people in the room. Do not pose questions to the interpreter about the client such as "please ask him/her…". Remember to keep your face clearly visible for the client to read facial cues since many emotional expressions are universal and have the room well lit to aid in this process. Speak using a normal tone and speed, but do not be alarmed if there is a delay in response as the conversational flow may lag a few minutes between you and the client by using a third party. Also, consider for some clients the lower reading comprehension and possible lack of exposure to certain terminology or slang. It may be necessary to explain words or rephrase questions. Try to eliminate the inclination to repeat yourself word for word only slower. Having another person in the room may also lead to issues of confidentiality. Often the Deaf community is small and close-knit; everyone seems to know each other and/or each others' business. Even after establishing a working alliance with the interpreter keep this in mind if a client needs referred out for substance abuse treatment or other community services.

Working with a D/deaf or hard of hearing client does not need to be something to overcome, but instead an experience to enjoy. Remember to find out from the client how to classify the hearing loss and what form of communication to use. Treat each individual with the same respect and confidentiality concerns as you would any other client remembering to never over generalize. A good way to prepare for the experience is to find out what is required by your agency, local or state programs. It is within our ethical codes to seek knowledge on clients we are unfamiliar with so it would be a great disservice to a client not to be willing to learn and help.

The following sites are helpful resources to begin your exploration.

Americans with Disabilities Act
http://www.ada.gov/

Gallaudet University
http://www.gallaudet.edu/

Hands and Voices
http://www.handsandvoices.org/

Hearing Loss Association of America
http://www.hearingloss.org/

National Association of the Deaf
http://www.nad.org

National Institute on Deafness and Other Communication Disorders
http://www.nidcd.nih.gov/

Towner Policy Group Update

The Ohio Counseling Association is a member of the Coalition for Healthy Communities, a consortium of 27 statewide organizations advocating for quality mental health and addiction services. The Coalition has put together the information and call for action below regarding the proposed cuts to Ohio's budget. Please read the information and consider taking one of the action steps suggested below.

BUDGET UPDATE:

The Ohio Senate and House of Representatives have each taken action on Am. Sub. H.B. 1, the Fiscal Year 2010 - 2011 Biennial Budget. The bill will now go to a Conference Committee where three legislators from the House and three from the Senate will work to reconcile the differences between the two versions of the bill. It is anticipated that additional cuts will be made to parts of the state's budget. It is absolutely imperative that consumers, family members, providers, board personnel, and other behavioral health advocates communicate directly with House and Senate leaders and their own legislators indicating the urgent need to safeguard the community alcohol, drug addiction and mental health system from further cuts.

Your advocacy is critical to any chance of success in putting a stop to the deterioration of our behavioral health care system here in Ohio. Legislators listen to the members of the Coalition, but what makes all the difference is your voice directly communicated to your elected representative. If we do not act, consumers and their loved ones will pay the price in reduced service availability. Ohio's behavioral health system is on the verge of collapse! Specifically, we need your help in advocating for the changes below.

BUDGET CHANGES NEEDED:

The Coalition for Healthy Communities calls on the General Assembly to take the following action on Am. Sub. H.B. 1:

Mental Health:

1. Transfer $31 million in Disproportionate Share Hospital (DSH) funds in each year of the biennium from the Ohio Department of Job and Family Services budget to the Ohio Department of Mental Health budget. DSH funds are federal reimbursement dollars for indigent care provided in ODMH state hospitals. This transfer will eliminate the need for ODMH to have to take funds out of community mental health services to pay for the increased cost of care to serve forensic patients in state mental health hospitals.
Forensic patients are those who are court involved.

Alcohol and Drug Addiction:

2. Restore the $3.4 million in funding to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) budget for community alcohol and drug addiction services which was cut in the Senate version of the bill, but not in the House version. If funded at the Senate-passed level, ODADAS is projected to lose $4,525,167 in federal funding.

Continued on next page

Towner Policy Group Update

MH & AoD Combined:

3. Restore the $3.8 million that was cut from the Residential State Supplement (RSS) program in the Ohio Department of Aging's budget. These funds are used to provide supportive housing for individuals with severe mental illness and substance abuse disorders.

4. Restore the 0.5% Medicaid rate increase for behavioral health services included in the House budget. Behavioral healthcare providers have not had a rate increase in 12 years.

CALL TO ACTION:

Step One
Write, call or e-mail the Legislative Leaders listed below and ask them to support the four changes outlined above.

Step Two
Write a letter to the editor of your local paper stating why you support the four changes. Send a copy of the letter to your local legislators.

Step Three
Contact your local House Representative and Senator and urge them to support the four changes. To find out who your Senator and Representative are and how to contact them, go to: www.legislature.state.oh.us.

Step Four
Urge three people who you know to complete steps 1-4.

SENATE LEADERS AND CONFEREES

The Honorable Bill Harris, President
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Towner Policy Group Update

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HOUSE LEADERS AND CONFEREES

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The Coalition for Healthy Communities is a consortium of 27 statewide organizations advocating for quality mental health and addiction services.