

Ohio Mental Health and Addiction Services (OhioMHAS)
Delaware-Morrow Mental Health & Recovery Services Board
Community Plan SFY 2014

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

While the local economic outlook is improving, the long term and in-direct impact of the recession continues to be felt within the two-county area, especially in Morrow County. The relatively high number of unemployed and those without health insurance coverage are still major factors in accessing needed services and the lack of resources for improved system capacity.

With overall population growth projected, we expect the trend of increased numbers of new clients seeking treatment services to continue, especially for crisis intervention, inpatient, and pharmacological management services. In the recently completed community multi-system health assessment and household surveys, local residents identified general mental health issues and increased opiate addictions among the top three major health concerns that need addressed. The two-county population is relatively homogeneous. However, cultural and racial diversity is increasing which the local system of care is aware of and seeking to address. In addition, while the population median age is relatively young, there is a rapid growth in the retired age group (65 and older) residing in the two-county area especially in Delaware County.

Suicide and opiate addiction trends are two focus area in the two-county area. Suicide rates are of concern in both Delaware and Morrow Counties. Morrow County was identified by the Ohio Suicide Prevention Foundation as one of twenty-six high risk for suicide counties in Ohio. The 15-24 age groups have the highest suicide rate in Morrow County. Delaware County suicide rates have been increasing commensurate with the population growth. The 50-69 age group continues to have the highest rate of suicide.

The opiate epidemic is significantly impacting the Board area. Between 2009 and 2013 the number of drug arrests, indictments, and convictions more than doubled, with the largest increase related to opiates. Ambulatory detox services for opiates increased 39% from 2010-2011 and 15% from 2011-2012 (through April 2012), with 81% of the 2012 services being paid for with non-Medicaid dollars. Efforts to expand treatment capacity and utilization of medication assisted treatment for opiate addicted residents are being pursued.

Being a two-county suburban and rural area the population is spread out. There is a lack of public transportation which continues to be a major barrier for a significant number of consumers accessing and consistently engaging in treatment services and supports.

The availability of affordable housing and the number of decent apartments is very limited in general. Access to decent, affordable housing continues to be a significant challenge for persons with mental illness and/or addictions.

On a positive note, DMMHRS Board passed a renewal 5-year property tax levy in November, 2011. The revenue from the levy represents over 70% of the resources available to support the local system of care. While some of the local levies have failed, the DMMHRSB levy results showed an increase in support over previous years which is attributed to the recognition of the impact of difficult economic times on individuals and families, awareness of the higher need for behavioral health services and strong community confidence in the local system.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)
- Every five years, prior to the levy campaign, DMMHRSB does a strategic planning process involving community members to determine the Board's direction based on community needs.
- Ongoing, DMMHRSB staff partner with numerous local agencies that do community needs assessments on a regular basis, such as Delaware General Health District (community multi-system health assessment and household surveys), school districts (Youth Risk Behavior Survey), United Way, and the PEACE Prevention Collaborative.
- Following is a list of community needs relating to the public behavioral health system that have been identified within the past year:
- Specialized housing for adults with severe mental illness in need of respite/hospital step-down, in recovery from addiction, and re-entering the community from incarceration.
 - Increased access to opiate addiction treatment services.
 - Increased access to psychiatrists and psychotropic medications.
 - Increased school-based services, including prevention, early identification and intervention.
 - Support for youth-led prevention.
 - Increased access to psychiatric hospitalization or alternative/diversion for children and youth.
 - Mental health services for the general population.
 - Behavioral health services for inmates in the Delaware and Morrow County Jails.
 - Increased vocational/employment services for behavioral health consumers.
 - Increased availability of supports for adults with severe mental illness being released from jail or prison.
 - Disaster/emergency planning for local public behavioral health system of care.

There are no identified needs resulting from dispute resolutions with Family & Children First Councils.

Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 2).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (See definition “local system strengths” in Appendix 2).
 - Community support
 - Community awareness of behavioral health needs
 - Numerous strong local partnerships
 - Board recognition as a community leader
 - Strategic planning process
 - Quality Improvement efforts
 - Fiscal viability and responsibility
 - Communication planning
 - Flexible provider network with client care primary to their work
 - Ability to be creative and innovative
- a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.
 - Building strong local partnerships, especially with law enforcement
4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 2).
 - Workforce recruitment of psychiatrists, nurse practitioners, independent clinicians, especially in Morrow County
 - Continuing population growth necessitates balancing capacity needs with demands to increase services/programs in continuum of care
 - High community expectations
 - Planning for local system of care without necessary data (i.e. Medicaid)
 - Unclear role in assisting contract providers with the rapid changes in health care, for example Health Homes, separation of Medicaid/non-Medicaid, and coding issues.
- a. What are the current and/or potential impacts to the system as a result of those challenges?
 - Waiting lists for treatment services
 - Inability to grow the local system of care to address needs
 - Breakdown in communication within the system of care and community
 - Decreased community support with potential to not pass levy
- b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.
 - Obtaining the data necessary to plan for the local system of care.
 - How to impact the integration of behavioral and physical health locally.
5. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board

is working to achieve that vision (*see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2*).

The Delaware and Morrow County populations are not widely diverse, although this has been changing as the population continues to grow. The Board monitors the demographics of the two county populations in order to be aware of any significant increase in minority populations and their potential needs. HelpLine, the local information & referral agency, monitors this closely and reports any trends that they see. The poverty culture has been identified in Morrow County for many years. In response, various local agencies provide trainings on the poverty culture periodically.

It is the expectation of the Board that agencies provide staff with cultural competency training on an annual basis. Access to online and webinar trainings have been especially helpful in this area for the smaller agencies. The Board encourages agencies to have the written information about services available in Spanish at a minimum.

Within the past year, contract providers have had a slight increase in the need for interpreters in a variety of languages. This can be costly since most interpreters require payment for mileage to and from Columbus. In order to support agencies in providing this important service, DMMHRSB has established a fund available to all contract providers to assist in covering the cost of interpreting services.

Priorities

6. Considering the Board’s understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities, and add the Board’s unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

Priorities for Delaware-Morrow Mental Health & Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Addressed by local AOD providers through Women’s Grant.
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Addressed by local Family Drug Court & Interagency Youth Cluster.
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Orient the system of care toward earlier intervention while continuing to meet the needs of children with SED.	<ul style="list-style-type: none"> • Enhance core services & supports for children & families. • Increase services in-home & in-county. 	<ul style="list-style-type: none"> • Number of children using core services & supports • Service utilization in-county vs. out-of-county. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Too much uncertainty with Medicaid expansion & dual eligibles to determine. Plan to maintain current treatment & support service levels.
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Increase intersystem collaboration to proactively participate in Federal Health Care Reform Implementation, Medicaid Expansion & Health Homes.	<ul style="list-style-type: none"> Engage local partners in dialogues regarding ACA & Medicaid Expansion local impact & resources. Work across systems to raise community awareness. Advocate for behavioral health consumers & educate about options. 	<ul style="list-style-type: none"> Number of contacts. Partners who attended. Number of consumers enrolled in Medicaid. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Continue to advance consumer voice & choice in recovery.	<ul style="list-style-type: none"> Administer consumer surveys, Mental Health Statistics Improvement Program (MHSIP) & Youth Services Survey for Families (YSS-F), annually to treatment providers. Continue to support the use of Feedback Informed Treatment & MyOutcomes at Central Ohio Mental Health Center (COMHC). Continued support of the Peer Support program at the Consumer Outreach Centers. 	<ul style="list-style-type: none"> Each agency to have a consumer satisfaction score of 90% or above. Client aggregate of 55% or above on reaching service targets & 6 or above for Average Raw Change in MyOutcomes. Number of certified Peer Support Specialists. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant
***Priorities Consistent OHIO MAS Strategic Plan**

Treatment: Veterans				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Increase capacity for opiate addiction treatment services.	<ul style="list-style-type: none"> • Serve more individuals with opiate addiction. • Expand number of individuals able to receive Medication Assisted Treatment (MAT) services. • Expand the length of time each individual can receive MAT. 	<ul style="list-style-type: none"> • Number of individuals served in MAT services within a year. • Average length of stay in MAT services. • Relapse rate of individuals in MAT. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Increase housing options for adults with severe mental illness (SMI).	<ul style="list-style-type: none"> • Increase capacity for supportive housing for adults with SMI. • Increase funding for housing subsidies. • Expand housing supports for adults with SMI. 	<ul style="list-style-type: none"> • Completion of supportive housing project. • Number of additional housing subsidies. • Number of FTEs dedicated to housing supports. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

				__ Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*				__ No assessed local need __ Lack of funds X Workforce shortage of therapists able to serve young children. X Other (describe): Provide early childhood mental health consultation to early childhood centers.
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): Addressed by Community Partnerships including Prevention Collaborative, Suicide Prevention Coalition, Drug-Free Delaware, & Opiate Task Force.
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Continue to develop youth-focused prevention & early intervention in partnership with community agencies.	<ul style="list-style-type: none"> • Determine Board's role & contribution within overall community system of prevention programming for children & families. • Determine priorities for children & youth prevention & early intervention services within the system of care. 	<ul style="list-style-type: none"> • Number of meetings/events of local prevention collaborative attended by Board staff. • Annually identify the top 3 local issues of school-age children to be addressed with Board funding. 	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Promote wellness in Ohio's workforce				__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): Addressed in partnership with local Health Departments.
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in				X No assessed local need __ Lack of funds

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.
None at this time.

Priority if resources were available	Why this priority would be chosen
(1) <u>N/A</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.
- The Safe Harbor Consumer Operated Centers in both counties, Annie's Outreach (Delaware) and No Limits (Morrow), are celebrating their 10th Anniversary. The programs have been through many rough spots over the years, but are now strong community organizations. With encouragement from DMMHR SB to provide a higher quality of Peer Support services, five consumers have received their Peer Support Certification. The centers also provide five evidence-based programs, including WRAP, WMR, Bridges, and Advanced Directives.
 - DMMHR SB in partnership with the Delaware County Criminal Justice Association and the Law Enforcement Training Center have completed 14 CIT trainings. The Delaware Police Department has more than 90% of their officers trained, with new officers being the only ones not trained. The CIT trainings are provided twice a year and are well attended by local law enforcement, EMS, and fire department staff.
 - Multi-agency Crisis Intervention Team is a new initiative that came out of the relationships and knowledge established through the local CIT trainings. It is a collaborative effort between DMMHR SB, law enforcement, Central Ohio Mental Health Center, and the Board of Developmental Disabilities to problem-solve issues regarding clients of concern. The clients are adults with severe mental illness and/or developmental disabilities who frequently come to the attention of local law enforcement. The advisory group meets quarterly to discuss issues and review progress. Smaller teams comprised of service providers meet as necessary to work on addressing the issues directly with the client. This initiative has gone a long way to further solidify the positive working relationships with law enforcement and the community.
 - DMMHR SB has been working with Delaware Police Department (DPD) and Central Ohio Mental Health Center (COMHC) on a State Council of Governments Pilot Project. The project uses an information system to provide daily communication with COMHC regarding individuals in contact with DPD who are current clients or may have mental health issues. The communications allow COMHC staff to intervene with their clients and provide outreach to those who are not. The plan is to have the system used county-wide.
 - In working with the county Opiate Task Forces and Drug Free Delaware, DMMHR SB has helped to raise awareness of the growing concerns of prescription drug misuse and opiate addiction within the Board area and provided numerous drop boxes to safely dispose of prescription medication.
 - Through the TVBH Collaborative, DMMHR SB helped to establish youth crisis stabilization beds with Nationwide Children's Hospital (NCH). This project provides up to 72 hours of intensive crisis care for youth in crisis and their families. Upon discharge, NCH provides linkage to appropriate community resources for continued services. This project has allowed DMMHR SB to identify and provide treatment to a group of youth not typically involved with the local system of care.
 - Delaware County has received a number of grants to assist with the re-entry of inmates to the community from prison and jail. DMMHR SB has been instrumental in planning for the needed supports and programs to assist those returning with severe mental illness to successfully integrate into the community.
 - DMMHR SB is a founding member of the Prevention Education in All Classroom Environments (PEACE) Collaborative. The collaborative is made up of individuals from schools, local agencies that provide prevention programming, and those interested in prevention services. Through its work with the collaborative the Board has been able to contribute to a consistent, comprehensive prevention plan for local school-age children. The plan is reassessed annually to determine the primary issues that need to be

addressed and inform the programming provided.

- DMMHRSB has recently become part of a pilot project with OMHAS and TVBH to provide videoconferencing between TVBH, Board and COMHC. This will allow direct service and Board staff to attend team meetings at TVBH without having to travel.

Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee
- The Board's Care Management Director has regular contact with TVBH staff about admissions and discharge planning. It is increasingly difficult to admit adults, even with insurance, to private hospitals due to the continued lack of psychiatric hospital beds in Central Ohio. If a private hospital bed is located in Columbus, for an individual with no insurance or income, it is extremely expensive for the Board to assume the cost. Marion General is one of the few private hospitals that our residents have been able to utilize for a reasonable rate. Private hospitalization for children is nearly impossible without sending them to Youngstown, Zanesville, or Cincinnati. The ability to use the Youth Crisis Stabilization Unit at Nationwide Children's Hospital has helped with this need, but there are times when inpatient hospitalization is necessary and no beds are available. Utilization is expected to increase as the population continues to grow, especially in Delaware County. Treatment services continue to be consistently available upon discharge from the state hospital, although recent declines in available psychiatric time may cause some delays. Housing is a challenge in the Board area since there is a lack of safe, affordable housing, group homes and residential facilities. Central Ohio Mental Health Center has a seven bed transitional housing unit, STAR Center, which is used for hospital diversion and hospital step-down. STAR has been at capacity for the past several years. There is also a need for a higher level of supervised housing for the individuals with the most severe illnesses.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation. N/A

Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

See the attached DMMHRSB FY 2013 Annual Report.

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

The projected expansion of Ohio's Medicaid program for persons with mental illness and/or substance abuse to access needed treatment is very promising. However, until the rules and regulations are fully implemented it is too early to know the full impact. The same is true for the implementation of the Federal Affordable Care Act (ACA). The number of low income individuals and their families that will have new and/or expanded access to behavioral health and health care is still unclear. The current focus is for the Board and contract providers to educate local stakeholders and assist eligible consumers seeking benefits and/or a marketplace plan.

The elevation of the Ohio's Medicaid community mental health and addiction services to the Ohio Department of Medicaid and the overall Medicaid reforms are having major impact on the local delivery system. Movement to "medical homes", changes to the benefit design and plan, focus on outcomes and managed care approach will change the way the consumer receives services and relates to the provider, and how the current and/or new providers will relate to the existing system of care and community supports.

Clearly, the Board's role and allocation of resources will evolve as the above mentioned changes occur over time.