NOTE: OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

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: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

Delaware County continues to be the fastest growing county in Ohio and is rapidly approaching 200,000 residents. It is the 15th most populated county in Ohio. Morrow County has some population growth but remains in the 35,000 residents range. The improved economy has brought new construction projects throughout the counties, especially in Delaware. As in the past, providing the needed capacity for services within a growing Delaware County is challenging, particularly in the current "BH redesign" environment with many details unknown. Although the Delaware-Morrow Mental Health & Recovery Services Board (DMMHRSB) is fortunate to have the required components of the Continuum of Care, meeting capacity needs continues to be a challenge. The population growth in the Board area is unique, as most other Board areas have had static or declining populations over the last decade or more.

The DMMHRS Board area spans the full spectrum of community types. Southern Delaware County is a suburban area, expanding the boundaries of Columbus metro. The city of Delaware functions as a small urban area. Northern Delaware County and Morrow County are rural areas. Each of these areas has unique strengths and needs.

The racial/ethnic mix of both counties remains predominately Caucasian, Delaware at 89.6% and Morrow at 97%. Two other ethnic/racial groups in Delaware County that have shown some growth are Asian (4.5%) and African-American (3.6%).

Morrow County’s largest population age group is 45-64 years (28.9%) and has a median age of 40.6. Delaware County’s largest population age group is 0-17 years (28.6%) and has a median age of 37.5.

The rate of children living in poverty is 21% in Morrow County and 5% in Delaware.

Delaware County is the healthiest county in Ohio for the second year in a row. In health factors and health behaviors for Ohio, Delaware County is 1st and Morrow County is 37th.

The high school graduation rate in Morrow County is 91% and Delaware County is 97%, compared to the overall state rate of 83%. Educational attainment by residents of the two counties for a Bachelor’s degree or higher is 14.2% for Morrow County and 50.4% for Delaware County.

Both counties are challenged by limited public transportation that is not able to meet the needs of the residents. Although DMMHRSB allocates funds for client transportation to and from treatment services, often there are no transportation services available to purchase.
Even with transportation challenges, unemployment is low in the Board area, with more than two thirds of the residents working outside their respective counties with an average commute of 30 minutes.

There continues to be a shortage of safe, adequate, and affordable housing in both counties. Although there are numerous housing developments being built in Delaware County, most are too expensive to be affordable by persons with low incomes, even with subsidies.

Communities in both counties in the Board area are committed to positive working relationships between systems and services for the benefit of residents. There are many active and engaged partners and strong collaboratives. One area where this is especially evident is the opiate epidemic. Opiate addiction continues to increase in the Board area and with it a rising need for treatment services. Morrow County has a higher percentage of opiate overdose deaths than most counties. Delaware County overdose deaths have been slightly lower the past two years. In both counties, 85% of all arrests are drug related. Consistent coordination of efforts by DMMHRSB with providers, law enforcement, courts, EMS, schools, coalitions, Job & Family Services, and health departments have helped to maintain the situation. There is a willingness to consider innovative programs and to approach the problem from multiple directions.

DMMHRSB is an active participant and strong supporter of the Delaware Suicide Prevention Coalition. This fall, the 6th Annual Suicide Prevention Walk will be held with increasing community support. Ohio Wesleyan University students have become one of the growing supporters of the Walk. Both Delaware and Morrow Counties have seen decreases in deaths by suicide in the last 2 years. The most noticeable decrease has been in teen suicide deaths. This decrease coincides with the implementation of the Board funded Signs of Suicide prevention program provided to all public middle and high schools in both Delaware and Morrow Counties.

In May of 2015, the DMMHRSB began a community trauma-informed care (TIC) initiative in Delaware County with excellent support from community public agencies seeking to improve their services. Fifty-three representatives from fourteen public agencies have received training in TIC. They have participated in planning sessions to develop an action plan and training plan. The criminal justice system has shown special interest in implementing TIC. DMMHRSB with assistance from law enforcement and the courts applied for a GAINS Center grant for a train-the-trainer event specific to the criminal justice system. Unfortunately, Delaware County did not receive a grant. However, Stark County did receive one of the grants and the GAINS Center has invited Delaware County to send two representatives to the two-day training. The two representatives will then be prepared to train others locally.

DMMHRSB successfully implemented the GOSH system for electronic billing and claims for providers. As of January 2016, MACSIS is no longer used for claims processing.

DMMHRSB will have a renewal levy on the ballot in November. This revenue is vital to the local system of care as it provides about 80% of the system’s revenue. Medicaid expansion has been very helpful in allowing clients, who may not have received services or received very limited services, to seek treatment. This has reduced the funding that DMMHRSB allocates toward treatment service needs, while increasing the availability of funding for recovery support services. By expanding the recovery support services we have been better able to meet the Continuum of Care requirements. However, without levy funding and the continuation of Medicaid expansion, DMMHRSB would be unable to meet most of the requirements of the Continuum of Care.

Data Sources: Delaware County Regional Planning Commission, U.S. Census Bureau & American Community Survey (updated July, 2015), Delaware General Health District (2016).
2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

The compilation of the primary needs of the DMMHRSB system of care is the following list synthesized from a number of community assessments and a strategic planning process:

- Timely access to drug treatment (opiates)
- Individuals with severe and persistent mental illness, particularly those without a strong support network
- Continue and enhance the Recovery Oriented System of Care
- Housing for persons with mental illness and recovering from addiction
- Adequate public transportation to and from treatment appointments
- Continue support of suicide prevention programs
- Increase trauma-informed approach and trauma specific services
- Young children with social/emotional/behavioral problems
- Sufficient mental health professionals and psychiatrists to fill vacancies
- More school-based prevention and early intervention programs
- Increase educational opportunities for the general public to increase awareness/ knowledge of mental illness/addiction, reduce stigma, and increase access and utilization of treatment services.
- Training for provider agencies in evidence-based practices that enhance the system of care

These needs and others were reviewed during the FY 2017-2018 DMMHRSB strategic planning process and the following goals and strategies were selected:

Goal 1: Enhance the continuum of care to improve mental health and wellness.
- Increase school-based prevention and early intervention services for preschool through high school.
- Ensure services for special populations, including persons with severe and persistent mental illness and/or addiction, children/youth, and older adults.
- Strengthen in-home services and supports.
- Provide supports for family members.

Goal 2: Meet the addiction challenge of the community, with a focus on opiates.
- Improve access to a range of innovative, proven treatment options.
- Expand family education and engagement.
- Increase prevention programs with community partners.

Goal 3: Expand efforts to assist individuals on their path/journey to recovery.
- Expand availability of peer supports.
- Implement Supported Employment/Individual Placement and Support.
- Increase housing options for those with mental illness and addiction.
- Enhance focus on persons with mental illness and/or addiction involved in the criminal justice system.
- Support and promote initiatives that improve mental health and wellness.

Goal 4: Provide leadership to support the Board’s mission. “The Delaware-Morrow Mental Health & Recovery Services Board promotes recovery and overall well-being by planning, funding, coordinating and monitoring public..."
mental health and addiction services. These services are delivered across the life span of Delaware and Morrow County residents through a network of community providers.”

- Secure passage of the levy.
- Advocate for integrated health solutions of physical, mental, and addiction care for persons with mental illness and/or addictions.
- Provide community and professional education to increase awareness, improve quality, and reduce stigma.
- Provide public outreach regarding how to recognize symptoms, and when and how to access services.

a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

There were two primary assessments that inform the DMMHRSB on community needs. The first is the Community Health Improvement Plan (CHIP) for Delaware County. Delaware General Health District led an extensive assessment process, beginning in 2013, with numerous community partners from the public and private sectors. Both substance use and mental illness were included in the top five focus areas for the FY 2014-2018 CHIP. The DMMHRSB has responsibility for the majority of the strategies identified, many of which have been in process for a year or more. The Board receives assistance from community partners and providers in implementing the strategies.

Morrow County has recently begun a community health assessment process in which DMMHRSB is involved. Mental health and substance abuse most likely will be focus areas of that CHIP as well. DMMHRSB seeks to provide the same or similar strategies from Delaware County as appropriate and necessary to meet Morrow County needs. The fact that our providers are located in both counties helps this process.

The second primary assessment is the Board’s strategic plan which has historically been done in the year prior to a levy campaign. The DMMHRSB FY 2017-2018 Strategic Plan was recently completed. The findings were identified through the CHIP, surveys, interviews and focus groups of clients, family members, stakeholders, community leaders, school districts, and providers. This information was then presented to the DMMHRSB strategic plan committee for refinement into the strategic plan goals and objectives outlined above.

Other information used in the assessment process comes from a stakeholder’s survey and the local Sequential Intercept Mapping (SIM) process.

DMMHRSB also utilizes data collected semi-annually in a quality improvement process. The data includes outcome reporting and is collected from billing claims, BH Cube, providers, and consumer and stakeholder satisfaction surveys. This information provides a method for assessing the manner in which care is accessed and provided. The process monitors providers within the system of care for progress achieved, accountability, and evaluation. The information compiled also helps to identify needs and gaps and to inform decision making.

In addition, DMMHRSB is involved in the Delaware County United Way Collective Impact initiative which provides information on the needs of the community. The Youth Risk Behavior Scale Survey (YRBSS) is implemented in both counties with DMMHRSB taking the lead with other community agencies. The superintendents have committed to implementing the YRBSS every two years. The Delaware and Morrow County school districts benefit from the data, as do other organizations using the aggregated data for grant writing and planning purposes.

b. Child service needs resulting from finalized dispute resolution with Family and Children First Council
This has not been an issue due to the work of the Interagency Youth Cluster in Delaware County and a wraparound program in Morrow County.

c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals

As mentioned above, it is difficult to find safe, affordable housing in both counties. DMMHRSB contracts with a housing agency, Del-Mor Dwellings. The agency works very hard to manage the needs of those coming out of the hospital as a priority. Central Ohio Mental Health Center (COMHC) provides residential services through the STAR Center, which is a 7-bed supervised facility. Historically it has provided for brief stays to prevent hospitalization, step down from the hospital, and respite. Currently, STAR has been functioning at 100% occupancy due to increased needs for this level of care, mostly due to population growth. The Board area does not have any other residential facilities available in-county. Del-Mor Dwellings is completing a housing project that will provide more permanent living with 24-hour supports for 7 persons with severe mental illness. The clients that will live in this unit have already been identified, some currently residing in the STAR Center.

d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

Over ten years ago, DMMHRSB participated in a recovery initiative with assistance from the Ohio Department of Mental Health and Ohio Wesleyan University. It was out of this initiative that our two consumer operated centers were developed. Since that time, the Board and consumers have formed a close working relationship and a continued interest in promoting recovery together.

Most recently, the need for enhanced recovery support services was determined. Safe Harbor Peer Support, the Center of Vocational Alternatives (COVA)/Southeast, Inc. (SE), and the Board formed a work group to explore ideas. The workgroup met for about a year exploring different options. The final result was the establishment of a comprehensive peer support program provided by COVA/SE. The program includes peers (Recovery Guides) for persons with SMI, SA/MI, re-entry, and addiction. To support these individuals in their work the Board funded the development of an online recovery website specifically for residents of Delaware and Morrow Counties (patterned after one developed by COVA/SE for the Franklin County ADAMH Board). The Recovery Guides and website have been in process of implementation since late spring of 2016. This is a very exciting program that the workgroup will continue to assess and advise in the program’s development.

e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

The DMMHRSB system of care meets the requirements of the Continuum of Care. The system needs are centered on building capacity for all services and supports. Additional recovery housing, especially for women has been identified as one gap. For more than ten years, the Board has monitored access to services due to the continued growth in the Board area and responded as funding has allowed. OhioMHAS has been helpful to our system by providing funds for housing options. Continued support in this area would be helpful.

The other challenge of the Continuum of Care, “BH Re-design”, and service provision in general, is the shortage of an available workforce to fill the positions needed to build capacity. The trend of a shortage in psychiatrists continues, however the shortage of independently licensed counselors and social workers, especially with experience, is an increasing issue for DMMHRSB providers and Central Ohio in general.

2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)
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.

### 3. Strengths:

- **a.** What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?
  - Support of levy voters/community for mission
  - Partnership outreach & skills – catalyst for action and change
  - Strong staff and leadership
  - History of turning plans into action
  - Knowledge and willingness to apply best practices to surfacing and ongoing issues
  - Strong service provider base with multiple providers for client choice
  - Strong program base, i.e. CIT, school-based prevention, Opiate Task Force
  - Peer supports, including Annie’s, No-Limits, and NAMI
  - Fiscally responsible reputation

- **b.** 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, including Multi-System Crisis Intervention Team (MACIT), Re-entry, and Stepping Up (SIM).

### 4. Challenges:

- **a.** What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?
  - Limited state funding to allow for building capacity of services to meet a growing population
  - Continued spread of opiate addiction, including to younger and non-traditional addiction populations
  - Waiting lists for addiction treatment, especially detox
  - Growing demand for provider workforce leading to turnover
  - Increased social/emotional/behavioral problems in younger children
  - Increased demand for child protective services due to addiction/mental illness
  - Lack of safe, affordable housing for persons with severe mental illness and addiction
  - Legalization of marijuana
  - Impact of “BH Re-design” on the system of care clients, providers, and community
  - Transportation challenges for clients
  - Lack of statewide vision or knowledge of how things work on a community level.
  - Availability of in state, high quality and effective short-term residential treatment for children.
  - Statewide & regional initiatives distracting from local identified needs

- **b.** What are the current and/or potential impacts to the system as a result of those challenges?
  - Board unable to contract for the full range of services and the amount needed to serve residents
  - Limited access to treatment
• Inability to grow the local system of care to address needs
• Increased homelessness of persons with mental illness and addiction
• Breakdown in communication within the system of care
• Decreased community support with potential to not pass levy
• Children not receiving the services they need
• Decrease in prevention and early intervention services for children

c. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

How to locally impact the integration of behavioral and physical health.

5. Cultural Competency

a. 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.

The Delaware and Morrow County populations are not widely diverse, as mentioned previously. 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 for years in both counties, especially Morrow County. In response, various local agencies provide trainings on the poverty culture on a regular basis.

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. Although the number of identified Spanish speaking persons is low, the local free clinic serves many. In an effort to reach that population, DMMHRSB partners with the clinic and Mental Health America of Franklin County to provide pro bono counseling services at the clinic to serve individuals in need.

Priorities

6. Considering the board’s understanding of local needs, the strengths and challenges of the 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.
<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
<th>Strategies</th>
<th>Measurement</th>
<th>Reason for not selecting</th>
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<tbody>
<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</td>
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<td>X No assessed local need</td>
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<td>__ Other (describe):</td>
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<td><strong>SAPT-BG:</strong> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</td>
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<td>__ No assessed local need</td>
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<td>__ Workforce shortage</td>
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<td>X Other (describe): Need being addressed by special program “Stable Cradle”.</td>
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<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</td>
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<td>__ No assessed local need</td>
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<td>__ Workforce shortage</td>
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<td>X Other (describe): Addressed by local Family Drug Court, Stable Cradle Program, Interagency Youth Cluster &amp; recent grant from Ohio Supreme Court.</td>
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<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</td>
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<td>X No assessed local need</td>
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<td>__ Other (describe):</td>
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</table>
| **MH-BG:** Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED) | Enhance the continuum of care to improve mental health & wellness. | ▪ Increase school-based prevention & early intervention services for preschool through high school students.  
▪ Ensure services for special populations, including persons with severe and persistent mental illness and/or addiction, children/youth, and older adults.  
▪ Number of schools in districts that are receiving Board funded prevention & early intervention programs available to them.  
▪ Contract with additional provider(s) to increase services to children & families  
▪ Re-development of IHBT or similar services for children with SED & their families. | | __ No assessed local need |
| | | | | __ Lack of funds |
| | | | | __ Workforce shortage |
| | | | | __ Other (describe): |
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)

- Strengthen in-home services & supports.
- Provide supports for family members.
- Continue/increase support for NAMI of Delaware & Morrow Counties.
- Number of individuals/families accessing NAMI supports.

MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing

- Enhance the continuum of care to improve mental health & wellness.
- Ensure services for special populations, including persons with severe and persistent mental illness and/or addiction, children/youth, and older adults.
- Provide supports for family members.
- Re-develop SA/MI team to meet ACT criteria.
- Number of individuals/families accessing NAMI supports.

MH-Treatment: Older Adults

- Enhance the continuum of care to improve mental health & wellness.
- Ensure services for special populations, including persons with severe and persistent mental illness and/or addiction, children/youth, and older adults.
- Explore options for additional services to older adults.
- Number of services added for older adults.
- Number of older adults served.

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

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
<th>Strategies</th>
<th>Measurement</th>
<th>Reason for not selecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</td>
<td>Expand efforts to assist individuals on their path to recovery.</td>
<td>Enhance focus on persons with mental illness and/or addiction involved in the criminal justice system.</td>
<td>Number of individuals served by in-jail and re-entry services. Recidivism rates. Participation in the local Stepping Up initiative.</td>
<td>No assessed local need Lack of funds Workforce shortage Other (describe):</td>
</tr>
<tr>
<td>Integration of behavioral health and primary care services</td>
<td>Provide Leadership to support the Board’s mission.</td>
<td>Advocate locally for integrated health solutions for physical, mental, &amp; addiction services.</td>
<td>Identify contacts in the community regarding integration Document signs of integration within system of care.</td>
<td>No assessed local need Lack of funds Workforce shortage Other (describe):</td>
</tr>
<tr>
<td>Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support,</td>
<td>Expand efforts to assist individuals on their path to recovery.</td>
<td>Expand availability of peer supports. Implement Supported Employment (SE)/ Individual Placement &amp; Support</td>
<td>Number of COVA/SE Recovery Guides Successful implementation of SE/IPS at one treatment agency.</td>
<td>No assessed local need Lack of funds Workforce shortage Other (describe):</td>
</tr>
<tr>
<td>Priorities</td>
<td>Goals</td>
<td>Strategies</td>
<td>Measurement</td>
<td>Reason for not selecting</td>
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<tr>
<td><strong>Prevention:</strong> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</td>
<td>Enhance the continuum of care to improve mental health &amp; wellness.</td>
<td>Increase school-based prevention &amp; early intervention services for preschool through high school students.</td>
<td>Number of students receiving Board funded prevention programming by school/district, Number of students receiving Board funded prevention by program.</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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<tr>
<td><strong>Prevention:</strong> Increase access to evidence-based prevention</td>
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<td></td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
</tr>
<tr>
<td><strong>Prevention:</strong> Suicide prevention</td>
<td>Expand efforts to assist individuals on their path to recovery.</td>
<td>Support &amp; promote initiatives that improve the mental health &amp; wellness of our community</td>
<td>Number of suicides by county &amp; by age group, Number of individuals receiving suicidal follow up.</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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</table>
Prevention: Integrate Problem Gambling
Prevention & Screening Strategies in Community and Healthcare Organizations

<table>
<thead>
<tr>
<th>X No assessed local need</th>
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<tr>
<td>Lack of funds</td>
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<tr>
<td>Workforce shortage</td>
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<tr>
<td>Other (describe):</td>
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<thead>
<tr>
<th>Board Local System Priorities (add as many rows as needed)</th>
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<tr>
<td><strong>Priorities</strong></td>
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<td>N/A</td>
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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.

<table>
<thead>
<tr>
<th>Priority if resources were available</th>
<th>Why this priority would be chosen</th>
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<tbody>
<tr>
<td>(1)</td>
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</table>
8. Describe the board’s accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

DMMHRSB is fortunate to have the opportunity to work with so many individuals and groups in Delaware and Morrow Counties with the desire to collaborate on projects and issues, working together to solve problems in support of each other. All interactions and collaborations in the Board area can only strengthen our mission, which includes the Continuum of Care. DMMHRSB contract providers are the critical partners we collaborate with in the community. They are also part of any community collaborations which the Board initiates. Following are some of the partnerships of DMMHRSB:

One of the most important collaborative relationships of the Board is with The Safe Harbor Consumer Operated Centers, Annie’s in Delaware City and No Limits in Mt. Gilead. Over the years the Board has had to provide much oversight to the Centers as they struggled with leadership and financial issues. Now the Board and Safe Harbor enjoy a more mature relationship of sharing and support. Safe Harbor was a key member of the group formed by the Board to explore and develop options for peer support services. The Centers are willing to assist when we need consumer input or they have something exciting to share, for example a soap making cottage industry to raise funds. Conversely, the administration and clients are comfortable asking the Board for assistance when there is a need.

Another key collaborative relationship is NAMI of Delaware & Morrow Counties. After years of struggling to become established, they are strong and growing with lots of passion and initiative. They are another resource for input regarding system issues and are more than happy to assist when invited. They are becoming part of the community and garnering support to help promote education and awareness with the many classes they offer. Board staff recently had the opportunity to work with them in developing a program for Mental Health Awareness Week at a local high school.

Delaware County has two partnerships that directly impact individual client care. One is the Interagency Youth Cluster that has been in existence for more than 30 years. Representatives of DMMHRSB, Children’s Services, Juvenile Court, Board of Developmental Disabilities, Family & Children First Council, and direct service providers meet monthly. Cluster reviews cases of multi-system children who have the highest risk for out-of-home placement and who’s Family & Child Team (FACT) is requesting assistance. The case may also be a new resident to the county or one that suddenly needs a higher level of care. Often times the cases simply involve putting together a FACT to address the needs. Cluster also accepts cases of children and families in situations that are deteriorating and need quick interventions, more of an early intervention model. The collaborative efforts have reduced the number of children placed out-of-home over the years. Cluster works together to put services in place to support the child and family and keep them together.

MACIT is the other partnership, mentioned below in the “Innovative Initiatives” section. It is patterned after the Interagency Youth Cluster, but serving adults.

DMMHRSB is a participant and supporter of the Drug-Free Delaware (DFD) Coalition which was established in 2007.
There are more than 20 committed organizations as members. The original focus of the Coalition was to reduce underage drinking. This has evolved into a mission to create a healthy environment for youth to grow and thrive by advocating for and supporting prevention and intervention efforts targeting alcohol, tobacco, and other drug use/abuse. In 2009, DFD received a five-year federal Drug-Free Communities Support Grant. For outcomes the Coalition used data from the YRBS that was administered by DMMHRSB to all county middle and high schools. In 2013, DFD partnered with DMMHRSB to administer the YRBS. Coalition activities include Red Ribbon Rally, Parents Who Host Lose the Most Campaign, alcohol compliance checks by the Delaware City Police Department, and Prescription Drug Drop Boxes.

The Opiate Task Force was established by DMMHRSB and Delaware City Municipal Court for the express purpose of fighting opiate abuse in Delaware County. By sharing resources and information, community involvement, and action, the Opiate Task Force intends to make a significant impact on opiate abuse. The Task Force has a wide and varied following that is eager to work together to understand the opiate situations and find solutions. Much of what the Task Force has done has been to educate the community about the opiate epidemic.

Out of the community interest in tackling the opiate problem, and the numerous opiate groups that were being formed county-wide, it was determined that a community liaison position would be developed to coordinate and communicate efforts. The Delaware County Sheriff is the employer of the Substance Use/Opiate Liaison, with DMMHRSB and several other community organizations contributing to the position. The position has recently been filled and is expected to evolve according to identified needs of the community. DMMHRSB is excited to be part of this initiative and the possibilities this person will bring to the community.

DMMHRSB is an active partner in Drug & Alcohol Awareness & Prevention (DAAP) of Morrow County is a grassroots coalition that came together about a year ago. DAAP is in the process of formalizing the group by establishing bylaws and a memorandum of understanding. This group of local organizations, agencies, and community members, provide drug and alcohol awareness to the Morrow County community, through educational programs, speakers, and organized events.

DMMHRSB shares a strong collaboration with the local criminal justice systems in both counties. This is due in part to the Board successfully providing CIT training twice a year with support and guidance from the Delaware County Criminal Justice Association. Over the years, the Sheriff and local law enforcement have become increasingly involved with the planning and provision of the CIT program.

DMMHRSB has developed a strong, collaborative relationship around the re-entry initiative. The Board received several grants that assisted in providing the seed money to put into place services for inmates with mental illness returning to the community from prison or jail. The Re-entry Coalition has expanded services through Board funding to work closely with the Delaware County Jail and the West Central Community-Based Correctional Facility. One part of the program that looks to be successful is the use of Vivitrol for addicted inmates returning to the community. In addition, out of the re-entry work the need for more behavioral health services in the jails was identified. As a result, DMMHRSB funds two full-time clinicians to work in the Delaware County Jail and the Morrow County Jail. Needless to say, the Sheriffs in both counties appreciate the Board’s assistance. In addition, DMMHRSB is involved in the Delaware County Stepping Up Initiative currently taking place.

DMMHRSB is a founding member of the Prevention Education in All Classroom Environments (PEACE) Collaborative that is supported as part of a grant from the Board for a Youth Empowerment Coordinator. The Collaborative is made up of representatives from schools and local organizations that provide prevention programming, as well as
those interested in prevention services. Through its work with the collaborative, the Board has been able to continue 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.

Nationwide Children’s Hospital has shown interest in expanding its partnership with DMMHRSB over the last several years. Board staff have met with NCH staff periodically to discuss areas of mutual interest. Many Delaware and Morrow County residents access behavioral health services through NCH, even driving to downtown Columbus to receive those services. NCH and DMMHRSB share growing pains and the desire to provide children and their families with the best possible services. Currently DMMHRSB purchases youth crisis stabilization beds at the main campus in Columbus. The Board area is also part of the Early Childhood Mental Health Consultation Program at NCH funded through OhioMHAS. Plans are in process to expand the partnership for increased services for children.

The Board is an active member of the Ohio Association of County Behavioral Health Authorities (OACBHA), which is an avenue for Boards to work together, sharing information and ideas.

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### Inpatient Hospital Management

**9. Describe the interaction between the local system’s utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.**

The Board’s Care Management Director has regular contact with TVBH staff regarding admissions and discharge planning. Access to private hospitals continues to be difficult, even with insurance, due to the continued lack of psychiatric hospital beds in Central Ohio. For individuals without insurance and/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 has improved some with the opening of an inpatient unit at Nationwide Children’s Hospital (NCH). In the short time they have been open, it is clear that more beds will be needed. This Board area is pleased to see the plans to expand those services in the near future. The ability to use the Youth Crisis Stabilization Unit (YCSU) at NCH continues to be very helpful when needed and available. Delaware and Morrow Counties are second after Franklin County in usage of the YSCU at NCH.

Utilization at TVBH continues to be 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. As mentioned previously, housing can be a challenge upon discharge.

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### 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 is believed to 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.

NOTE: The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

DMMHRSB in partnership with local law enforcement and the Delaware County Board of Developmental Disabilities formed a Multi Agency Crisis Intervention Team (MACIT). It was developed out of an identified need and the concerns of local CIT officers. MACIT functions as a community problem solving mechanism for clients that are at risk for arrest or harm due to dangerous or disruptive behaviors. This group develops and implements cooperative solutions to reduce risk and address client issues.

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.
N/A

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 is believed to be important for the local system to share with the department or other relevant Ohio communities.

DMMHRSB has concern about the impact of “BH Re-design” on the local system of care and most importantly on clients. We understand the need for changes that have been too slow to come and attempts to improve the statewide system through modernization and progressive thinking. The impact of most concern is that many smaller agencies will not be able to survive financially in the short run. Small agencies are the foundation of the behavioral health system in rural, less populated areas of the state. They are a part of the community. The impact of the loss of even one provider in these areas may be devastating to smaller systems of care and the community.
Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.

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<th>A. HOSPITAL</th>
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B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

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<th>B.AGENCY</th>
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