

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2019 and 2020**

Enter Board Name: Delaware-Morrow Mental Health & Recovery Services

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

Delaware County continues to be the fastest growing county in Ohio and has exceeded 200,000 residents. Morrow County has minimal population growth with just under 35,000 residents. New construction projects have increased over the last year in both counties. Providing the needed capacity for services within a growing Delaware County is challenging, particularly while experiencing the struggles with BH redesign and hiring clinical staff. 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 DMMHRS Board area spans the full spectrum of community types. Southern Delaware County is a suburban area, expanding the boundaries of the city of Columbus. The city of Delaware functions as a small urban area, while Northern Delaware County and Morrow County are rural areas. Each of these areas has unique strengths and needs.

Delaware County Information:

- 14th largest populated Ohio County
- Racial/ethnic mix 85% Caucasian, Asian 5%, African American 3%
- Median age of 38.4
- Rate of individuals living in poverty 5%
- High school graduation rate is 97%
- Residents with a bachelor's degree or higher 50.4%

Morrow County Information:

- 69th largest populated Ohio County
- Racial/ethnic mix 97% Caucasian
- Median age of 41.8
- Rate of individuals living in poverty 9.7%

- High school graduation rate is 91%
- Residents with a bachelor's degree or higher 14.2%

Delaware County has been named the "Healthiest County in Ohio" by the Robert Wood Johnson Foundation for the past four years. In 2018, it was ranked the 12th healthiest county in the U.S. by U.S. News & World Report.

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. In response to this need, DMMHRSB contracted with a local transportation company in Delaware County to ensure clients are able to attend scheduled appointments.

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.

Morrow County is expected to see growth with the August 2019 opening of the Dollar Tree/Family Dollar Regional Distribution Center, which is projected to create 400 jobs. The hope is that it will allow residents to work in county as opposed to traveling to Franklin and Delaware Counties for higher paying jobs. Concerns are already being expressed about the lack of sufficient local workers and transportation to and from the site.

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. In Morrow County there is a general lack of housing available.

DMMHRSB uses the GOSH system for electronic billing and claims from providers. BH Redesign and Carve In have impacted our treatment providers both large and small. The billing complexity and lower rates has challenged all treatment contract providers. Agencies that have been struggling are now at high risk financially. Larger agencies that were seemingly well prepared for the changes are struggling.

DMMHRSB's next levy will be on the ballot in 2021. The 1 mill levy is vital to the local system of care as it provides 80% of the system's revenue. The Board has been able to increase funding for recovery support services and school-based prevention as a result of the savings from Medicaid Expansion. There are concerns that if Medicaid Expansion is discontinued, there may not be enough funding to provide for the needed treatment services, while maintaining the prevention programs currently in the schools.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

In early 2019, DMMHRSB launched a strategic planning update process that secured informed input from its clients, client families, service providers, community partners, and county leaders. Through data analysis and discussion of challenges and opportunities facing the system, a plan with four priority goals and associated objectives was developed. The strategic plan was adopted by the DMMHRSB at the June 13, 2019 DMMHRS Board meeting.

Through the process, key themes emerged that focused on the need for the Board to emphasize community-based care as well as prevention/early intervention efforts; infuse more flexibility into outreach and access to

care approaches; encourage ways to foster and reward good care and services; and prepare the system for aggressive population growth.

The four goals framing future work are:

- Goal #1: Mental Health & Wellness-Enhance the continuum of care to improve mental health and wellness.
- Goal #2: Substance Abuse-Enhance the continuum of care to address substance abuse.
- Goal #3: Mental Illness & Substance Abuse Recovery-Expand efforts to assist individuals on their path to recovery.
- Goal #4: Board Operations-Upgrade the scope, scale, and methodology of Board approaches to meet current individual and community demand; while setting the stage for population growth.

In addition to the DMMHRSB's strategic planning process, the Community Health Improvement Assessments and the Community Health Improvement Plans (CHIP) for both counties provide valuable information and identified needs.

Delaware County has completed their most recent CHIP for 2019-2022. Mental health and addiction were found to be the top priority areas and rated as the highest area of need. Under the priority topic of "Mental Health" there are six strategies:

1. Implement community-based education to promote positive mental health.
2. Universal school-based suicide awareness and education programs.
3. Research the use of technology to deliver mental health services (Suicide crisis hotlines and cell phone-based programs).
4. Improve mental health and substance abuse referral process.
5. Screen for clinical depression for all patients 12 or older using a standardized tool.
6. Evaluate school district implementation of community-based prevention programming that supports *Positive Behavioral Interventions & Supports* (PBIS) (School-based violence prevention programs)

Under the priority of "Addiction" there are six strategies:

1. Expand screening, brief intervention and referral to treatment (SBIRT) model.
2. Expand community-based comprehensive programs to reduce alcohol abuse.
3. Evaluate school district implementation of community-based prevention programming that supports *Positive Behavioral Interventions & Supports* (PBIS) (School-based alcohol/other drug prevention programs)
4. Increase community awareness and education of risky behaviors and substance abuse issues and trends.
5. Increase safe disposal of prescription drugs.
6. Increase policies to decrease availability of tobacco products.

Morrow County's most recent CHIP is for 2017-2019. They are in the process of developing their 2020-2022 plan. The Morrow County CHIP identified substance use and mental health as two of their top four priority areas. Under the priority area "Improve Adult and Youth Mental Health" there are six strategies:

1. Increase awareness of trauma-informed care.
2. Increase the number of primary care physicians screening for depression during office visits.
3. Re-establish suicide prevention coalition.
4. Provide *Mental Health First Aid* training.
5. Expand the *Leader in Me* program.

6. Implement evidence-based bullying prevention programs.

Under the priority area “Decrease Adult and Youth Substance Abuse” there are five strategies:

1. Expand evidence-based programs and counseling services targeting youth and families.
2. Increase treatment options for those with substance use disorders.
3. Expand efforts of the *Drug and Alcohol Awareness & Prevention* (DAAP) coalition.
4. Increase the number of health care providers screening for drugs and alcohol.
5. Expand *Hidden in Plain Sight* program to reduce alcohol and drug use among youth.

As an additional note, the funding that has been available to address the opioid epidemic is appreciated. However, this has done little to address the ongoing problem of alcohol use, or the growing use of cocaine and methamphetamine as heroin use decreases.

- a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board’s plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

As mentioned above, the DMMHRSB strategic planning process provided the primary information to inform the identified community needs. The process was facilitated by a private contractor, who has assisted the Board through the last 3 strategic plans. Focus groups were held with mental health clients (Safe Harbor Peer Support Services-Annie’s & No Limits), substance use disorder clients (Maryhaven), and family members (NAMI). One-on-one interviews were conducted with key community stakeholders in both counties. Surveys were received from judges in county courts. Surveys were also received from local school districts. The process utilized demographics, claims data, DMMHRSB performance outcome data, 2016-2017 Youth Risk Behavior Scale Survey (YRBSS), and data from the most recent Community Health Assessments for each county. From this information the DMMHRSB Strategic Planning Committee developed a plan with four priority goals as discussed above.

The CHIP process in both Delaware & Morrow Counties also provided needs assessment information. Both counties utilized the Hospital Council of Northwest Ohio to facilitate the process. DMMHRSB staff were active participants in both county assessments and plans. In Delaware County, the Partnership for a Healthy Delaware County participates in the Community Assessment and CHIP processes. The Partnership includes over 60 individual, community and agency representatives. The previous Community Health Assessment was reviewed, as well as the data collected from community and stakeholder surveys.

In Morrow County more than 50 Morrow County Community Partners were involved in completing a “Identifying Key Issues and Concerns” worksheet. A ranking exercise was used to determine the most significant health issues or concerns for both adults and youth.

The general needs identified have remained consistent over the last two strategic planning processes. DMMHRSB will update the strategic plan at the end of the current two-year plan and participate in the Community Health Assessments in both counties when they are implemented again.

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

As described previously, DMMHRSB staff have been actively involved in the Community Health Assessments and Improvement Plans for both Delaware and Morrow Counties. It was not surprising that both mental health and substance abuse once again rose to a priority level for both counties. DMMHRSB has positive working relationships with both county health districts, including sharing assessment information and joint surveys.

In attempting to integrate our strategic plan goals and strategies with the CHIPs, we encountered different perspectives between the overarching “health” versus “behavioral health” but were able to come to consensus.

The advantage is in further development and deepening of the relationships between agencies and learning from each other. Some examples of this include the implementation of SBIRT with primary care in Delaware County. In Morrow County a Collective Impact Grant has assisted in the development of an Opiate Dashboard. The Delaware General Health District has epidemiologists that work with DMMHRSB on data relating to mental health and substance abuse issues identified in the CHIP.

DMMHRSB will continue to be actively involved in the CHIPs, as well as any projects or initiatives that benefit the well-being of residents of both counties. Further alignment of the plans is difficult when the timelines and expectations of the plans are different. However, DMMHRSB will continue the work of integrating our strategic plan goals and strategies with the CHIPs and expect this will improve over time.

- c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

This has not been an issue in Delaware or Morrow County.

- d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

The primary need of individuals being released from the state hospital to the community is finding safe, affordable housing. In spite of all the building happening in Delaware County, the cost of housing exceeds the means of clients. Morrow County has limited housing available.

DMMHRSB contracts with a housing provider, Del-Mor Dwellings. The agency works hard to manage the needs of its residents coming out of the hospital as a priority. However, they have a wait list of 80-100 clients seeking housing. Del-Mor Dwellings is finalizing plans for a housing development project that will provide more permanent living with supports for 40 persons with severe mental illness. This project will most likely not be completed until sometime in 2021.

The STAR Center, a seven bed, short-term residential facility has been an important resource. It is no longer under the management of a DMMHRSB contract provider. DMMHRSB is able to pay for use of individual beds, but at a premium price. The Board area does not have any other residential facilities.

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

DMMHRSB continues to need certified peers in both mental illness and substance use disorders. Our peer support provider has experienced difficulty in finding and keeping local certified peers. The few we have were certified under a prior certification process. DMMHRSB plans to provide the certification peer training locally within FY 2020 in the hopes of developing this important workforce.

- f. 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 focused on building capacity for all services and supports to address the population growth. This includes the need for facilities in which to provide services. Many contract provider agencies have outgrown their current workspace. Finding facilities that meet the need is a challenge, as well as affordability. The shortage in the clinical workforce also impacts the ability to grow capacity. Housing resources are also needed for severely mentally ill adults and adults in recovery (recovery housing).

- g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

Growth and expansion of crisis services has increasingly become a high need for our Board area. Since losing the contract for crisis intervention services in the Emergency Department at OhioHealth Grady Hospital in Delaware two years ago, there have been concerns about continuity of care and quality of crisis services being provided. A growing number of free-standing emergency departments from all the Central Ohio hospital systems are in Delaware County with various levels of behavioral health crisis service provision. Nationwide Children's Hospital and Mt. Carmel Hospitals transport many of the behavioral health clients to their hospital main campus in Columbus rather than provide services in their facilities in Delaware County. Law Enforcement and EMS would like one place to take clients in the county, like the NetCare model in Columbus, which includes the availability of crisis beds. DMMHRSB has been supporting crisis services by increasing the crisis line of service through contract providers and various creative arrangements. We have also been exploring mobile crisis service provision. Our local hotline, HelpLine, has worked with the Board to increase the clinical skill level of

hotline staff in order to better screen and refer appropriately over the phone, becoming a hub for local services in both Delaware and Morrow Counties.

The school-based mental health services funded by DMMHR SB have become the default crisis intervention services for youth during school hours. These are services that are provided to the 8 school districts in Delaware and Morrow Counties. We hope to partner with the districts to optimize the new student wellness funding they are to receive beginning this school year to expand the school-based services currently provided.

Prevention and early intervention are a focus of DMMHR SB system of care, especially in regards to youth. Our needs again have to do with having the capacity to meet the growing needs.

3. 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. Instructions are found on page 10 of the Guidelines).

Priorities

4. 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? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

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 section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Priorities for Delaware-Morrow Mental Health & Recovery Services Board

Substance Abuse & Mental Health Block Grant Priorities

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 (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<u>To increase the number of healthy, recovering mothers who can deliver a drug-free baby in a stable environment.*</u>	<ul style="list-style-type: none"> ▪ <u>Provide support, linkage and resources to pregnant woman with substance use disorders through the Stable Cradle Program at Maryhaven in Delaware & Morrow Counties.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of unduplicated pregnant women served in the program.</u> ▪ <u>Number of participants able to achieve & maintain abstinence.</u> ▪ <u>Number of babies of participants born drug-free.</u> 	<input 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 (for boards): Parents with SUDs 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)	<u>Provide services & supports to parents with substance use disorders, who have dependent children, in order for them to provide a safe & healthy home environment & maintain/reinstate custody.*</u>	<ul style="list-style-type: none"> ▪ <u>Refer to local SUD treatment services.</u> ▪ <u>Refer to Stable Cradle Program at Maryhaven.</u> ▪ <u>Refer to Ohio START Program.</u> ▪ <u>Create a Family & Child Team of community providers & family &/or refer to FCFC Interagency Youth Council.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of participants in the Stable Cradle Program & Ohio START Program.</u> ▪ <u>Number of successful discharges from Stable Cradle Program & Ohio START Program.</u> 	<input 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 (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)				<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)	<u>Enhance the continuum of care to improve mental health & wellness.</u>	<ul style="list-style-type: none"> ▪ <u>Expand the geographic reach of services, utilizing community-based models or technology, to provide improved access to care.</u> ▪ <u>Build capacity toward a more comprehensive, 24/7 crisis response system, including but not limited to: Expanded capacity for after-hours, face to face crisis intervention</u> 	<ul style="list-style-type: none"> ▪ <u>Number of provider sites by service type.</u> ▪ <u>Number of youth served by the new Intensive Home-Based Services.</u> ▪ <u>Number of clients served after-hours & their demographics.</u> ▪ <u>Completed crisis infrastructure plan.</u> 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<u>services & assess crisis infrastructure needs.</u> <ul style="list-style-type: none"> ▪ <u>Strengthen mental health referral process from local emergency departments to behavioral health provider network.</u> 	<ul style="list-style-type: none"> ▪ <u>Completed evaluation of current referral system.</u> ▪ <u>Completed referral protocols.</u> 	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<u>Enhance the continuum of care to improve mental health & wellness.</u>	<ul style="list-style-type: none"> ▪ <u>Expand the geographic reach of services, utilizing community-based models or technology, to provide improved access to care.</u> ▪ <u>Build capacity toward a more comprehensive, 24/7 crisis response system, including but not limited to: Expanded capacity for after-hours, face to face crisis intervention services & assess crisis infrastructure needs.</u> ▪ <u>Ensure implementation of Assertive Community Treatment (ACT) services.</u> ▪ <u>Strengthen mental health referral process from local emergency departments to behavioral health provider network.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of provider sites by service type.</u> ▪ <u>Number of clients served after-hours & their demographics.</u> ▪ <u>Completed crisis infrastructure plan.</u> ▪ <u>Number of clients receiving ACT services.</u> ▪ <u>Completed evaluation of current referral system.</u> ▪ <u>Completed referral protocols.</u> 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	<u>Expand efforts to assist individuals on their path to recovery.</u>	<ul style="list-style-type: none"> ▪ <u>Increase housing capacity for behavioral health clients by 10%.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of certified recovery housing beds.</u> ▪ <u>Number receiving tenant-based rental assistance.</u> ▪ <u>Number living in permanent supportive housing.</u> 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults				<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 partnership between SourcePoint, Syntero & Board.

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): <u>Addressed by numerous partnerships, such as re-entry programs, peer support, clinicians in county jails, & specialized treatment dockets.</u>
Integration of behavioral health and primary care services				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): <u>Lack of FQHCs in board area is a barrier, as well as many receive health care out of county. Continues to be a future goal.</u>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<u>Expand efforts to assist individuals on their path to recovery.</u>	<ul style="list-style-type: none"> ▪ <u>Increase number of certified peer supporters by 10%.</u> ▪ <u>Increase housing capacity for behavioral health clients by 10%.</u> ▪ <u>Update & expand the reach of consumer-operated services (COS) with initial focus on adopting outreach-driven, inclusive, contemporary COS model & upgrading No Limits facility.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of peers certified by population focus.</u> ▪ <u>Number of certified recovery housing beds.</u> ▪ <u>Number receiving tenant-based rental assistance.</u> ▪ <u>Number living in permanent supportive housing.</u> ▪ <u>Number of unduplicated COS clients by site, including demographics.</u> ▪ <u>Completed facility improvements.</u> ▪ <u>Amount invested in facility improvements.</u> ▪ <u>Number of clients served by IPS.</u> 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ul style="list-style-type: none"> ▪ <u>Ensure implementation of Individual Placement & Support (IPS) to assist with employment opportunities.</u> 	<ul style="list-style-type: none"> ▪ <u>Number and percent of job starts.</u> 	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)				<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> <u>Other (describe): Addressed as an overarching goal of healthcare, including MH & SUD, through local Community Health Improvement Plans (CHIPs).</u>
Prevention and/or decrease of opiate overdoses and/or deaths	<u>Enhance the continuum of care to address substance abuse.</u>	<ul style="list-style-type: none"> ▪ <u>Expand the geographic reach of services, utilizing community-based models or technology, to provide improved access to care.</u> ▪ <u>Ensure implementation of treatment services available outside traditional business hours.</u> ▪ <u>Expand screening, brief intervention, & referral from health & other community partners to behavioral provider network.</u> ▪ <u>Strengthen substance use disorder referral process from health care systems to behavioral health provider network.</u> 	<ul style="list-style-type: none"> ▪ <u>Number provider sites by service type.</u> ▪ <u>Number providers using technology for service provision.</u> ▪ <u>Services available during non-traditional hours.</u> ▪ <u>Number clients participating in non-traditional hours.</u> ▪ <u>Number screening sites</u> ▪ <u>Number screened by site.</u> ▪ <u>Completed evaluation of current referral system.</u> ▪ <u>Completed referral protocols.</u> 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach				<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> <u>Other (describe): Addressed in Board's past strategic plan for system of care & some community public service organizations who</u>

				have developed & implemented an agency TIC Action Plan. Currently being addressed through local Community Health Improvement Plans (CHIPs) as an overarching community goal.
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	<u>Enhance the continuum of care to improve mental health & wellness.</u>	<ul style="list-style-type: none"> ▪ <u>Expand universal prevention programs to include all elementary, middle & high school buildings in all 8 public school districts.</u> ▪ <u>Increase number of students served by school-based prevention & early intervention services.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of children in grades K-12 served by school district by program.</u> ▪ <u>Percent of public school buildings with programs.</u> ▪ <u>Number of students in grades K-12 served by school district.</u> 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention				<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): <u>DMMHRSB only funds evidence-based prevention programs.</u>
Prevention: Suicide prevention	<u>Enhance the continuum of care to improve mental health & wellness.</u>	<ul style="list-style-type: none"> ▪ <u>Expand Signs of Suicide (SOS) Program to include all middle & high school buildings in all 8 public school districts.</u> ▪ <u>Increase number of students served by school-based prevention & early intervention services.</u> ▪ <u>Delaware Suicide Prevention Coalition meetings & activities such as the Annual Suicide Prevention Walk.</u> 	<ul style="list-style-type: none"> ▪ <u>Number of children in middle & high schools by school district receiving SOS.</u> ▪ <u>Percent of public school buildings with SOS program.</u> ▪ <u>Number of students in grades K-12 receiving school-based services by school district.</u> ▪ <u>Number of participants in Annual Suicide Prevention Walk.</u> 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
---	--	--	--	---

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
<u>Board Operations</u>	<u>Upgrade the scope, scale, and methodology of Board approaches to meet current individual & community demand; while setting the stage for population growth.</u>	<ul style="list-style-type: none"> ▪ <u>Prepare for a successful property tax renewal levy campaign.</u> ▪ <u>Upgrade data information system and associated practices to facilitate data-driven and results-based decision-making.</u> ▪ <u>Plan & implement a value-based, outcome-oriented provider funding model.</u> ▪ <u>Identify specific workforce recruitment & retention actions to aid the system's providers.</u> ▪ <u>Convene working committee to examine how population growth may impact DMMHRSB system & make recommendations to address recommended growth.</u> 	<ul style="list-style-type: none"> ▪ <u>Campaign committee operational.</u> ▪ <u>Total levy passage vote by county.</u> ▪ <u>IT system upgrades completed.</u> ▪ <u>New procedures implemented.</u> ▪ <u>Model plan completed.</u> ▪ <u>Action(s) identified.</u> ▪ <u>Implementation plan completed.</u> ▪ <u>Findings Issued.</u> ▪ <u>Plan with performance metrics completed.</u>

- Not part of the DMMHRSB FY 2019-2020 Strategic Plan.

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, 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, including the continuum of care. 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. Our frequent interactions allow for timely dialogue about potential trends and specific service needs.

DMMHRSB collaborates with all contract providers on development of new and expanded services, as well as many community initiatives. This has become critical as the population growth continues. With two contract providers new to the local system of care in the last two years, it is necessary to be able to work closely together on planning and development to increase capacity, meet priorities and avoid unnecessary duplication of services.

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 appropriate services. There is a willingness to consider innovative programs and to approach the problem from multiple directions. One such program provides clinicians in each county jail funded by DMMHRSB.

DMMHRSB is an active participant and primary funder of the Delaware Suicide Prevention Coalition. This fall, the 9th Annual Suicide Prevention Walk will be held at Ohio Wesleyan University (OWU). The OWU student members of Active Minds are involved in the Walk. The support and number of participants increase every year.

DMMHRSB continues to lead the local trauma-informed care initiative with over 14 community public agencies that began in 2015. The initiative includes a group of "champions" from all contract provider agencies working together and supporting each other through the process. The current focus is to provide training, consultation, and support to those working to develop and implement internal agency plans.

NAMI of Delaware & Morrow Counties has become a growing and vital part of the DMMHRSB system of care and the local community. They are very active in community events in partnership with DMMHRSB. They have worked with the DMMHRSB to expand education and awareness classes to support the need of Delaware's growing communities. Most recently they have been able to garner more support in Morrow County to provide additional classes. They have also expanded the scope of their programming to include support groups for family members and individuals with a mental illness.

DMMHRSB is an active participant and supporter of the Family & Children First Council (FCFC) in both Delaware and Morrow Counties. As part of the Delaware County FCFC, the Interagency Youth Council (IYC), has

representatives of DMMHRSB, Children’s Services, Juvenile Court, Board of Developmental Disabilities, Health District, and direct service providers that meet monthly. They review cases of multi-system children who have the highest risk for out-of-home placements. The child and family are often new residents to the county and unfamiliar with available local services and supports. Many times, the cases simply involve putting together a Family & Child Team (FACT) to address the needs. IYC also accepts cases of children and families in situations that are deteriorating and need quick interventions. IYC members work together to put services in place to support the child and family and keep them together. Over the last ten years the type of multi-system youth needing assistance has changed dramatically from youth predominately with a diagnosis of Attention Deficit Hyperactivity Disorder and/or Oppositional Defiant Disorder to youth on the autism spectrum with greater safety needs.

The Multi-Agency Community Intervention Team (MACIT), which is patterned after the IYC, is a community partnership that works collaboratively to meet the needs of multi-system, high-risk adults who are in crisis and have law enforcement contact. Led by the Delaware City Police Department in conjunction with the DMMHRSB and the Delaware Board of Developmental Disabilities, MACIT develops client focused teams with the goal of reducing crises, negative outcomes and law enforcement involvement with adults with mental illness.

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.

DMMHRSB is an active partner and supporter of Drug & Alcohol Awareness & Prevention (DAAP) of Morrow County. 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.

There is strong collaboration with DMMHRSB and local law enforcement and courts 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. The CIT program is inclusive of officers at OhioHealth Grady Hospital, Ohio Wesleyan University and Columbus State Community College in Delaware County. The officers from the Preservation Parks of Delaware County and the Ohio Department of Natural Resources are also frequent participants.

DMMHRSB has developed strong, collaborative relationships around re-entry. 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 to assist in the successful transition of inmates with a mental disorder or substance use disorder back into their community. In addition, Delaware County received a LINC grant that through a local partnership is working to further develop and formalize a practical re-entry plan, process and community linkage for “restored citizens” with a mental health and/or a substance use disorder detained in the Delaware County Jail. The LINC team includes an in-reach specialist and a dedicated full-time peer mentor.

DMMHRSB is a founding member of the Prevention Education in All Classroom Environments (PEACE) Collaborative that is supported in part by a grant from DMMHRSB. The Collaborative is made up of representatives from schools and local organizations that provide prevention programming, as well as those interested in prevention services in the schools. 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 (NCH) is a partner with the Board on several issues. 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 through NCH.

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 to impact state policy on behavioral health issues, provide educational opportunities for Board staff, and share information and ideas.

Inpatient Hospital Management

6. 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.

Utilization of State Hospitals, predominately TVBH, continues to show moderate growth with the increasing population, especially in Delaware County. There continues to be an issue of clients waiting days in emergency departments for available beds to be admitted to all psychiatric hospitals. At times, TVBH will not take referrals on weekends.

Marion General continues to provide consistent availability of inpatient psychiatric services for both insured and uninsured clients. However, the availability of probate services in out-of-county hospitals, other than Franklin County, sometimes presents a barrier. DMMHRSB pays for psychiatric hospital stays for indigent clients.

Private hospitalization for children is more difficult to access, including the Crisis Stabilization beds at Nationwide Children’s Hospital.

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.**

A. HOSPITAL	Identifier Number	ALLOCATION
N/A		

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.

B. AGENCY	Identifier Number	SERVICE	ALLOCATION
N/A			

SIGNATURE PAGE

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2019-2020

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Delaware-Morrow Mental Health & Recovery Services Board

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].