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DMMHRSB.org Launches New Web Site

This past year, the Delaware-Morrow Mental Health and Recovery Services Board launched its new web site to serve as a community resource. The web site features general information about mental illness and substance abuse treatment and recovery.

DMMHRSB will be promoting its web site more aggressively to connect residents with provider agencies funded by DMMHRSB that offer services within the two-county area.

www.dmmhrrsb.org



BEHAVIORAL HEALTHCARE
FOR OUR COMMUNITY

UPDATE

Fall 2008

Our Role in the Community

DMMHRSB's strategic plan continues to be implemented with strong community support and input. Levy dollars, state and federal funding are invested in the network of behavioral health treatment and prevention services. Over the past year, there was special emphasis in the following areas:

- Maintained an accessible comprehensive provider network and enhanced services while living within current budget (**no new taxes**)
- Increased the number of persons served by over 5% from the previous year
- Concluded a comprehensive assessment of the prevention services within the two county area resulting in a more focused funding approach and monitoring of evidenced-based and effective programs serving youth
- Communicated results from the 2006 Youth Risk Behavior Study
- With our Delaware Adult Court partners completed the planning phase and began placing participants into the specialized adult mental health docket
- Continued support for specialized juvenile court drug abuse and mental health dockets for youth and families in both counties
- Conducted the third CIT training for first responders and law enforcement to psychiatric emergencies
- Worked with members of the Ohio Legislature in support of state resources to support local services, appropriate Medicaid management and cost containment tools and insurance parity expansion
- Continued to fund the mini-grant program for organizations to implement innovative, diversified community-based initiatives that will compliment the mental health and/or recovery education and prevention services
- Enhanced the system capacity of vocational / employment readiness services and supports for persons with behavioral health issues to remain employed or seek employment



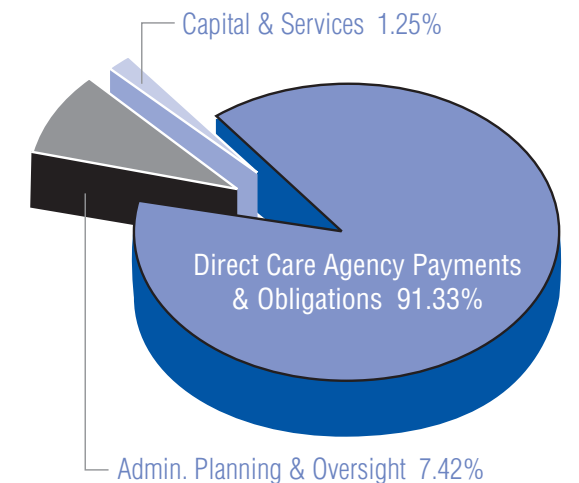
Annual Report for FY 2008

Delaware-Morrow Mental Health
& Recovery Services Board

Revenue	2008
Ohio Dept. of Mental Health	\$3,194,496
Ohio Dept. of Alcohol & Drug Addiction	\$975,177
Local Levy	\$6,140,894
Medicaid	\$3,092,118
Other	\$166,694
Totals	\$13,569,378

Expenditures	2008
Direct Care Agency Payments	\$11,360,133
Admin. Planning & Oversight	\$923,293
Capital & Services	\$155,204
Totals	\$12,438,629
FY08 Obligations	\$3,679,356
Totals	\$16,117,985

2008 Expenditures & Obligations





UNDERAGE DRINKING a National and Local Issue

“The myth of underage drinking as a harmless rite of passage is in reality unhealthy, unsafe and unacceptable.”

Underage drinking continues to be a national problem and also impacts our local community. In 2007, Acting U.S. Surgeon General Steven Galson visited central Ohio to raise awareness and urge change in attitudes toward underage drinking.

Citing a 2005 report, Dr. Galson said that Ohio’s cost of \$2.7 billion was 14th highest in the nation in 2005 based on deaths, assaults, medical treatment and lost wages from underage drinking. The

myth of underage drinking as a harmless rite of passage is in reality unhealthy, unsafe and unacceptable.

For years, DMMHRSB has worked with local providers and schools to create prevention-based programs to decrease the number of underage youth who drink alcohol or use drugs. One powerful tool was the funding of the “Youth Risk Behavior Study” conducted by DMMHRSB and the emergence of the Drug-Free Delaware Coalition.

The results of the survey shed light on some disturbing trends.

- Nearly 35 percent of high school students had consumed alcohol 30 days prior to the survey.
- Nearly 60 percent of high school students had consumed alcohol at some time in their lives.
- 25 percent of middle school students had admitted to having used alcohol.
- And, most alarming was the increase of binge drinking by students.

The results from the survey are being used by local schools, the Board and community partners to increase dialogue with parents and students, and to help guide decision-making for community-wide efforts to curb underage drinking.



In late 2006, Ohio became the 38th state to enact mental health insurance parity. The legislation requires health insurance plans to offer the same coverage for mental illnesses as they do for physical ailments.

Seven “biologically based mental illnesses” are covered under the law, including schizophrenia, bipolar disorder and obsessive-compulsive disorder. However, insurance companies can opt out of the law’s requirements if they demonstrate that it increased the cost of coverage by more than 1% over six months.

In April 2008, experts from around Ohio, including DMMHRSB Executive Director Steve Hedge, testified at the Ohio House of Representatives in support of HB 384, the Equal Access Bill. The proposed legislation, seen as the next logical step to the state’s current mental health parity law would prohibit discrimination in health care policies regarding the diagnosis and treatment of mental illness and substance abuse or addiction conditions.

Economic statistics have been cited about the cost of untreated illness, including that for about every dollar spent for substance abuse treatment, a return of up to seven dollars is realized from a reduction of drug-related crime and criminal justice costs.

The Ohio Legislature is continuing to hold committee hearings on the legislation.

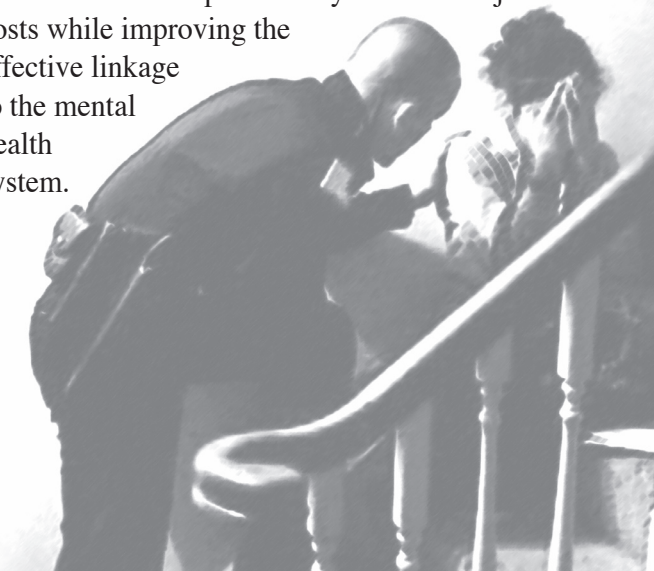
Delaware/Morrow Counties Becoming Leaders in CIT Training

Over the past two years, DMMHRSB has trained 51 sheriff deputies, EMS, fire and local law enforcement in Crisis Intervention Team training or CIT. This specialized training prepares first responders to better understand the issues and needs of mental health consumers who come in contact with the criminal justice system.

In the most tragic circumstances, a law enforcement encounter with a person with mental illness leads to violence, resulting in injury or death to officers, the individual himself or even innocent bystanders. People with mental illness often become fearful when confronted by a law enforcement officer; their behavior is frequently perceived as aggressive toward officers rather than protective of self.

CIT fosters a greater understanding of situations that may involve mental health consumers by creating specific strategies, provides proven practical methods and an understanding of the community mental health services and provider resources available.

CIT is an effective collaborative effort between law enforcement, mental health providers, mental health advocates and consumers and the criminal justice system. A CIT first responder can problem-solve various situations, identify mental health consumers and develop strategies to interact. It is a proven way to reduce injuries and costs while improving the effective linkage to the mental health system.



Crisis Intervention Team Training