

Systems Working Together: Ohio's Interagency Agreement

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State Agency collaboration: The problem in 1998

- People with co-occurring MI/MRDD are underserved by both systems
- Philosophies and approaches differ
 - Customer centered vs. turf or fiscal centered
- MH blames MRDD and MRDD blames MH
- Resources are not combined
- Collaborative approaches are discouraged
 - Liaison is legal office
 - Clinical approaches are difficult

Essentials for success: Shared Vision and Mission

- Departments' vision and mission are different
- Identify common grounds to work on
 - Best practices
 - Identify barriers
 - resources
 - beliefs
 - Training
- Create a process
- Tangible value and mission approaches will guide future developments



Essentials for Success: Bring together the right people

- Department leadership
- Representative community people
 - Clinical people
 - Administrative people
 - State resources
 - Statewide organizations
 - Consumer/family members



The Ohio Response

- Both Directors recognize the problem and appoint an Advisory Committee to
 - Identify Best Practices
 - Recommend Ways to overcome barriers between systems
 - Train staff in both systems

Organized Sub-committees Around These Priorities

- Sub-committees expanded to include knowledgeable and interested people from around the state
- Developed plans which were reviewed by the Advisory Committee and recommended to the Directors



First Years

- Developed Best Practices document
- Series of training events
 - Stand alone
 - Fifth column approach
- Begin attacking systems barriers



Recognized need to have a formal agreement

- Working well together
- Identify a number of steps that need to be taken to assure next steps are accomplished

Overview of the new ODMR/DD- ODMH Interagency Agreement

- Four Sections
 - Purpose
 - Joint Responsibilities
 - ODMH Responsibilities
 - ODMR/DD Responsibilities

Purposes

- Find ways to most efficiently and effectively meet the needs of people with MI/MR
- Work together toward the implementation of best practices in all treatment and habilitation settings
- Develop and support a Coordinating Center of Excellence (CCOE)

Joint Responsibilities

- Each agency to name a point person
- Form committees or work groups to work on specific tasks
- Provide information to relevant personnel within each department
- Facilitate meetings between locals to accomplish the purposes
- Develop and revise and annual training plan

ODMH Responsibilities

- Identify individuals with MR/DD in IBHS
- Adapt programs, as needed, in IBHS to better meet needs of individuals with MR/DD and MI
- Assure that BHO staff working with dually diagnosed individuals demonstrate competency to work with this population through the BHO competency assessment program

ODMH Responsibilities (cont.)

- Within the parameters of state and federal laws regarding confidentiality
 - To assign staff at each BHO responsibility to maintain contact with the CBMR/DD
 - To provide relevant information and/or records to CBMR/DD prior to discharge so that the plan in place takes information into account
 - Determine if a person with MR/DD has ever been served by MH system upon request from ODMR/DD
 - Actively seek services from ADAMH/CMH Board when a person with MR/DD is shown to have MI

ODMH (cont.)

- Provide or arrange for training of MH agency personnel to serve dually diagnosed individuals
- Act as a communication link between MR/DD system and MH system
- Provide TA relating to MI in the development of special programs in facilities within MR/DD settings

ODMR/DD Responsibilities

- Within the parameters of state and federal laws relating to confidentiality
 - Determine if an individual with MR/DD has ever been served by ODMR/DD or a CBMR/DD, upon request from ODMH
 - Determine if an individual is eligible for services and to administer or arrange for an OEDI, upon request of ODMH or other agent
 - To provide or arrange for the provision of relevant records, if any exist, from ODM/DD or a CBMR/DD, if a person is being served by ODMH
 - To actively seek services and supports from CBMR/DD when a person with MI is identified as having MR/DD

ODMR/DD (cont.)

- Recognize that a person in an ODMH hospital will need provisions for housing and services upon discharge to avert homelessness
- To provide or arrange for training for state and local MH personnel in areas including but not limited to identification of MR/DD, behavior management, vocational programs, and sexuality training
- Promote the involvement of CBMR/DD personnel in the treatment process, as soon as MH services are initiated

ODMR/DD (cont.)

- Provide or arrange for training of CBMR/DD to serve individuals with dual diagnosis
- Act as a communication link between ODMH and CBMR/DD or other local providers
- Provide TA in regard to MR/DD in the development of special programs within MH settings
- Provide or arrange for the provision of training for ODMH personnel in the administration of the OEDI

Important points

- Agreement only as good as the faith of those implementing its provisions
- Agreement designed to have parallel provisions
- Agreement only as good as the current information available

Development of a Coordinating Center of Excellence (CCOE)

- Partnership between many parties
- Funding Parties
 - ODMR/DD
 - ODMH
 - ODDC
- Service Parties
 - Wright State University Department of Psychiatry
 - Nisonger Center, OSU
 - Cincinnati Childrens Developmental Disabilities Division
 - A player to be named

Coordinating Center of Excellence

- Training
- Consultation
- Follow-along
- Research
- Technical assistance
- Further development of best practices



Wright State University

- Professorship in MI/MR
- Funded jointly by ODMRDD, ODMH, Montgomery CBMRDD, Montgomery Alcohol, Drug Addiction, and Mental Health Services Board
- Purpose: Train psychiatric residents to work with individuals with disabilities