

Ohio Mental Health and Addiction Services (OhioMHAS)
Butler County Mental Health Board Community Plan SFY 2014

Environmental Context of the Plan/Current Status

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

The Butler County Mental Health Board currently serves a population of 370,589 residents per the 2012 Census Estimate. The racial makeup for the county is as follows: 87.2% White, 7.8% Black/African American, 4.2% Hispanic, 2.6% Asian, 0.3% Native American, 0.1% Native Hawaiian and Other Pacific Islander. Persons under 5 years represent 6.4% of the population. Persons under 16 represent 24.6% of the population. The population percentage for persons 65 years of age or older is 12.4%. Female persons represent 51% of the population. The median household income is \$55,497.00. The average per capita income is \$26,397.00. The poverty rate is 12.9%. There are 149,076 housing units with a home ownership rate of 70.9%. The median home value is \$160,400.00. There is 135,104 households in the county. There are 2.62 persons per household. Persons with at least a high school education make up 87.6% of the population. Persons with a Bachelor's degree or above make up 26.5% of the population.

The Butler County Mental Health Board served 9,595 consumers in FY 2012. Of these cases 2.5% were under the age of 5 years, 32.2% were between the ages of 5-17 years, 39.7% were between the ages of 18-44 years, 20.6% were between the ages of 45-64, and 5% were ages 65 and over. Cases seen by income level include: 39% \$0-\$1,200, 13% \$1,201-\$6,000, 20% \$6,001-\$10,800, 11% \$10,801-\$15,600, 5% \$15,601-\$25,500, 4% \$20,401-\$25,200, 3% \$25,201-\$31,200, 3% \$31,201-\$48,000, and 2% \$48,001 and above.

PREVALENCY DATA REVIEW

The development and analysis of prevalence estimates and treatment needs provides a view of the estimated magnitude of mental health and co-occurring disorders in Butler County as a resource for the Butler County Mental Health Board in strategic planning, decision-making and prioritization of resource allocation.

METHODOLOGY

National, state and Butler County population data from the 2010 U.S. Census was obtained. Prevalence data was researched and obtained from sources including the National Institute of Mental Health, SAMHSA, the National Institute of Drug Abuse, the National Co-morbidity Survey Replication (NCS-R), the U.S. Center for Disease Control and individual research studies. The data were applied to the national population and extrapolated to local population to arrive at prevalence estimates for Butler County.

Prevalence

Table 1
US, Ohio, Butler County Population By Age (2010)

Age	US (%)	Ohio (%)	Butler County (%)
Under 18 years	74,181,467 (24.0)	2,730,751 (23.7)	92,604 (25.1)
18 to 24 years	30,672,088 (9.9)	1,099,491 (9.5)	41,638 (11.4)
25 to 34 years	41,063,948 (13.3)	1,409,959 (12.2)	44,956 (12.2)
35 to 49	63,779,197 (20.6)	2,334,965 (20.2)	76,232 (20.7)
50 to 64 years	58,780,854 (19.0)	2,339,323 (20.3)	70,125 (19.0)
65 and over	40,267,984 (13.0)	1,622,015 (14.0)	42,484 (11.5)
TOTALS	308,745,538 (100)	11,536,504 (100)	368,130 (100)

2010 U.S. Census

- Total actual Butler County population in 2010 was 368,130. Compared to an estimated population in 2005 was 339,309 persons. The actual increase in Butler County population was 8.4% between 2005 and 2010, compared to 5.3% between 2000 and 2005. Butler County’s population is projected to continue to grow over the next 10 years.
- Comparatively, the United States population grew at a rate of 9.7% from 2000 through 2010, and Ohio’s estimated growth in population was only 1.6% from 2000 to 2010. Butler County’s population grew at 10.6% over the same time period which is above average for Ohio and is the 9th fastest growing county in the state.
- Butler County has a smaller elderly population percentage (11.5%) as of 2010 when compared to the US (13%) and Ohio (14%), while the 2010 Butler County population age 18 to 24 years is slightly larger than the US (9.9%) and Ohio (9.5%). Other age groups are consistent when compared to the US and Ohio.

Adult Psychiatric Prevalence

Prevalence rates published by NIMH, NIDA, DSM-IV, and the Archives of General Psychiatry indicate that 30% of the general adult population will experience some level of psychiatric disorder on an annual basis. The estimated psychiatric prevalence percentages for adult in the United States has continued at the same levels as were identified during 2006. Updated population actuals from 2010 were applied to the prevalence rates in Table 2 below.

Table 2
Adult Psychiatric Prevalence – Butler County Population, 2010

Disorder	Prevalence (Annual)	Adults (Age 18 and older - 275,526 total pop.)
All Psychiatric Disorders	30.0%	82,658
Simple or Social Phobia	8.0%	22,042
Major Depression/Bipolar	10.0%	27,553
Anxiety Disorder	4.7%	12,950
Co-Occurring Disorder	3.5%	9,643
Panic Disorder	2.3%	6,337
Schizophrenia/Other Psychoses	0.3%	827
Borderline Personality	2.0%	5,511
Paranoid Personality	1.5%	4,133

Source: NIMH, DSM-IV TR, SAMHSA, 2010 U.S. Census

Key Findings:

- It’s projected that 30% of adults age 18 and over or 82,658 Butler County residents will experience any psychiatric disorder during any 12-month period of time.
- The most prevalent sub-group disorder estimated in the general adult U.S. population continues to be Major Depression/Bipolar Disorder at 10% during any twelve (12) month period of time. It is estimated that on average 27,553 persons 18 and older in Butler County will experience Major Depression/Bipolar Disorder.

Table 3
Transitional Youth Psychiatric Prevalence (Age 18 to 24 Years) –
Butler County Population, 2010

Disorder	Prevalence (Annual)	Transitional Youth (Age 18 – 24 Years – 41,638 total pop.)
All Psychiatric Disorders	30.0%	12,491
Simple or Social Phobia	8.0%	3,331
Major Depression/Bipolar	10.0%	4,164
Anxiety Disorder	4.7%	1,957
Co-Occurring Disorder	3.5%	1,457
Panic Disorder	2.3%	958
Schizophrenia/Other Psychoses	0.3%	125
Borderline Personality	2.0%	833
Paranoid Personality	1.5%	625

Source: NIMH, DSM-IV TR, SAMHSA, 2010 U.S. Census

Key Findings:

- It’s projected that 30% of transitional youth age 18 to 24 years or 12,491 Butler County residents will experience any psychiatric disorder during any 12-month period of time.

Child and Adolescent Psychiatric Prevalence

Prevalence rates published by the National Institute of Mental Health indicate estimated 20% (or 1 in 5) children, either currently or at some point during their life, have had a seriously debilitating mental disorder. Lifetime prevalence of any mental disorders in U.S. adolescents: Results from the National Comorbidity Study, 2010 – Adolescent Supplement (NCS-A) indicated that the lifetime prevalence of 13 to 18 year olds is 46.3%, while lifetime prevalence of “Severe” Disorder in 13 to 18 year olds is 21.4% prevalence for any disorder.

The Centers for Disease Control and Prevention’s National Health and Nutrition Examination Survey (HNANES) shows psychiatric prevalence data for children ages 8 to 15 years (Table 3). These data show that approximately 13% of children ages 8 to 15 years had a diagnosable mental disorder within the previous year. For the purpose of estimating child and adolescent prevalence in this assessment we used the percentages from the Center for Disease Control HNANES survey prevalence estimates for youth age 8 to 15 years. The authors were not able to locate reliable Butler County population data for this specific age range (8 – 15 years). The authors decided to use 2010 US Census data for youth age 5 to 18 years and apply the CDC prevalence data in the attempt to best determine Butler County youth psychiatric prevalence. *Use discretion when applying the population psychiatric prevalence to the Butler County children and adolescents totals.

Table 4
12 Month Psychiatric Prevalence for Children 5 to 18 Years - Butler County Population

Disorder	Prevalence (Annual) Age 8 – 15 Years	Children and Adolescents Age 5 – 18 Years* (66,700 total pop.)
Any Disorder	13.1%	8,738
ADHD	8.6%	5,736
Mood Disorders	6.4%	4,269
Major Depression	2.7%	1,801
Conduct Disorder	2.1%	1,401
Anxiety Disorders	0.7%	467
Panic Disorder	0.4%	267
Generalized Anxiety Disorders	0.3%	200
Eating Disorder	0.1%	68

Source: Centers for Disease Control (CDC), National Health and Nutrition Examination Survey (NHANES), 2010 US Census

Key Findings:

- The Butler County child and adolescent population (5 to 18 years) in the 2010 U.S. Census was 66,700 persons.
- According to Centers for Disease Control prevalence estimates, of the 66,700 youth ages 5 to 18 years in Butler County, it is estimated that 8,738 or 13.1% of those youth will experience any type of psychiatric disorder during the adolescent period of their youth. Attention Deficit Hyperactive Disorders at 8.6% are the most prevalent (5,736 persons), followed by Mood Disorders (including Bipolar and Major Depressive Disorders) at 6.4%, or 4,269 persons age 5 to 18 years.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

METHODOLOGY

An interview / research method approach was employed by Brown Consulting, Ltd. to complete the Butler County Mental Health Board Three (3) Year Strategic Plan assessment. In order to achieve the primary goal and objectives defined for the Strategic Plan, the following approach was utilized by Brown Consulting, Ltd.

PHASE I – PROJECT PLANNING

- Collaborate with Board Executive Director to ensure the concerns / needs of the Mental Health Board are embodied in the revised Strategic Plan. Develop project schedule, identify stakeholder participants and confirm deliverables.

PHASE II - ASSESSMENT

- Complete industry scan to include a review of local and state planning documents meaningful to this project (i.e. political environment, state budget, healthcare reform).
- Complete review of current utilization trends / patterns of service providers.
- Review Mental Health Service Delivery System resources / service capabilities and performances.
- Conduct interviews and facilitate focus groups with stakeholders to gain subjective view and perception of services capabilities future needs within Butler County:
 - Mental Health Board
 - Health / Helping Professionals
 - Criminal Justice
 - Local Government
 - Service Providers
 - Consumers
- Conclude on analysis. Articulate analysis to result in the identification of new or ongoing initiatives, priorities and resource requirements to guide the development of the service delivery system and update the Strategic Plan.

PHASE III – STRATEGIC PLAN DEVELOPMENT

- Using the results of analysis, collaborate with Board leadership to complete the Strategic Plan to identify:
 - Priorities (population / services, etc.)
 - Strategic Initiatives
 - Goals and Objectives
 - Critical Success Indicators
 - Budget / Resources
 - Performance Measures

Service Delivery System Gaps

Focus group, interview and survey participants identified a wide range of gaps related to the Butler County Board and the mental health service delivery system. On analysis, several trends related to the identified service delivery system gaps emerged including, but not limited to:

- 1) Housing
- 2) Dual Diagnosis services
- 3) Psychiatric services and psychiatrists
- 4) Board / system public relations capabilities
- 5) Prevention / early intervention services
- 6) Inpatient detoxification / mental health

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

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

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 2).

Strengths

Focus group, interview and survey participants identified a wide range of strengths related to the Butler County Board and the mental health service delivery system. On analysis, several trends related to the identified strengths emerged including, but not limited to:

- 1) Collaboration between the BCMHB, provider agencies and other system stakeholders and willingness to problem solve.
- 2) The availability of Board staff to agencies.
- 3) The mental health system’s continuum of care with a good variety of MH services available.
- 4) Good accountability between the Board and agencies.

The Butler County Mental Health Board is always willing to provide assistance to other boards and/or to state departments in all areas illustrated in this community plan.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 2).

Weaknesses

Focus group, interview and survey participants identified a wide range of weaknesses related to the Butler County Board and the mental health service delivery system. On analysis, several trends related to the identified weaknesses emerged including, but not limited to:

- 1) BCMHB public relations / image in general, including not a lot of coverage of activities, community awareness, knowledge, understanding and “branding” of the organization and service delivery system.
- 2) Personnel / staff retention / turnover rates (contract agencies)
- 3) Wait lists for initial services are too long, especially for psychiatry (adults and youth)
- 4) Funding stability
- 5) Transportation
- 6) Housing
- 7) Psychiatric services

Upon obtaining these results, here is what the Butler County Mental Health Board foresees as current and/or potential impacts to its system of mental health care. Funding stability (Number four) and Board public relations (Number one) are always a concern. Educating the citizens of Butler County regarding the need and importance of the provision of mental health services is an ongoing practice. This task is magnified in its importance in the upcoming two to three years when our two mental health levies, which are key to service funding, are up for re-newel and/or replacement. Staff shortages in our agencies (Numbers two and seven) means consumers could have a longer wait to obtain services (Number three). Ancillary services (Numbers five and six) are always in short supply. Consumer housing is always being developed, but the need continues to grow. The lack of easily accessible, public transportation in certain parts of Butler County is an ongoing issue. Funding services and helping consumers obtain mental health services in a timely fashion are areas in which the Butler County Mental

Health Board strives to improve on a continuing basis.

The Butler County Mental Health Board is always willing to receive assistance/ideas/solutions from other boards and/or state departments in the process of collaborative problem solving.

5. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (*see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2*).

Opportunities

Focus group, interview and survey participants identified a wide range of opportunities related to the Butler County Board and the mental health service delivery system. On analysis, several trends related to the identified opportunities emerged including, but not limited to:

- 1) Enhance overall public relations for the BCMHB and mental health system, increase visibility, ensure effective levy campaign
- 2) Increase community education
- 3) Early intervention and prevention programs
- 4) Develop dual diagnosis services for adults and youth
- 5) Explore benefits of merger between the BCMHB and BCADAS Board

The results obtained by the Butler County Mental Health Board (BCMHB) illustrates how this Board works to establish a culturally competent system of care. Each year the BCMHB works to enhance the overall public relations with county consumers and residents. Participating in NAMI meetings, involvement in various community entities, educational and prevention presentations done in the community, and a dynamic presence on the internet all factor in how this Board stays in touch with the various cultural groups we serve. The BCMHB now has trained staff to provide mental health first aid to groups in the county as part of its active community education programming. Through these interactions with our community, the BCMHB then assesses not only the cultural needs of our community, but the professional educational needs of clinicians working with our contract providers. Programs are arranged or developed from these assessments to meet these needs and the Board offers programming usually free of charge to clinicians and the general public. The BCMHB also maintains a public presence at various community vocational expos, public festivals, and participates in nationally affiliated mental health months and weeks to stay in touch with the community we serve. Through its affiliation with the Ohio Association of Community Behavioral Health Authorities, this Board stays congruent with cultural needs of state and county consumers and residents. The Butler County Mental Health Board also strives to implement regularly scheduled Cultural Competency Training.

Priorities

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

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): not applicable to this MH Board
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):not applicable to this MH Board
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):not applicable to this MH Board
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): not applicable to this MH Board
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Develop a seamless continuum of care (SED children and adolescents) which supports prevention, early intervention, treatment, and consumer recovery.	-Complete a study of child and adolescent programming and identify Butler County Mental Health Board priorities by: -Review and expand intensive home based services -Review and expand early intervention programming	-Board staff to oversee the completion of program reviews. -Board staff will oversee the implementation of evidenced –based and sound clinical practices for SED population. -Board staff and contract providers will develop outcomes for these practices	<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"> - Review and expand mental health prevention programming for this population -Review and support efforts to recruit and retain competent psychiatrists to increase/improve system of care Pharmacological Management Capacity for SED population. - 	<ul style="list-style-type: none"> -Board staff will review all outcomes and quality practices for this population. -Board staff will work with contract agencies in monitoring psychiatric needs for SED population. -Board staff will develop, implement and measure a comprehensive, multifaceted plan to recruit and retain psychiatrists to serve SED children and adolescents in the system of care. -Board staff will research and consider alternative options to increase psychiatry capacity for SED children and adolescents through the use of physician assistants, APRN's, general practitioners, and contracting with vendors through outsourcing etc. and measure all success rates. -Board staff to monitor/measure these strategies via quality assurance statistics, waiting list management, and scheduled meetings with Butler County mental health contract providers. 	
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Develop a seamless continuum of care (Adults with Serious Mental Illness (SMI)) which supports prevention, early intervention, treatment, and consumer recovery.</p>	<ul style="list-style-type: none"> -Identify and define SMI indigent care capacity for SMI population. -Support efforts to recruit and retain competent psychiatrists to increase/improve system of care Pharmacological Management Capacity (including SMI population). -Identify and encourage evidence-based practice standards for SMI treatment and prevention program services. 	<ul style="list-style-type: none"> -Board staff to research, finalize and complete definition of indigent care capacity for SMI population. -Board staff to communicate needs and capacities of indigent care to provider agencies and will monitor these needs via quality assurance processes. -Board staff will develop, implement and measure a comprehensive, multifaceted plan to recruit and retain psychiatrists to serve SMI adults in the system of care. -Board staff will research and consider 	<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):

			<p>alternative options to increase psychiatry capacity for SMI adults through use of physician assistants, APRN's, general practitioners, and contracting with vendors through outsourcing, etc. and measure all success rates.</p> <p>-Board staff will evaluate the feasibility of requiring evidence-based practice models of the organizations providing treatment and preventative services to SMI adults.</p> <p>-Board staff and agencies will develop outcome standards and quality assurance protocols for programming with appropriate Butler County contract mental health providers.</p> <p>-Board staff will monitor/measure these strategies via quality assurance statistics, waiting list management, and scheduled meetings with contract providers.</p>	
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Support and help facilitate consumers using the OhioMHAS' "Health Home Pilot Project" located at Butler Behavioral Health Services in efforts to assess any expansion of this service model.	<ul style="list-style-type: none"> -Review health home service strategies rendered by this pilot project. -Discuss the feasibility of other agencies adopting this service model. -Study possible adaptations of this model for use with non-Medicaid clients. 	<ul style="list-style-type: none"> - Board staff to review outcome measures, treatment outcomes, and overall cost savings information generated by this Medicaid pilot program in order to evaluate applicability to Butler County Mental Health Board subsidized/funded services. 	<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):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Develop a seamless continuum of care (recovery support services for individuals with mental or substance abuse disorders) which supports prevention, early intervention, treatment, and consumer recovery for	<ul style="list-style-type: none"> - Research and prioritize support for implementation of an evidenced – based best practice dual disorder treatment program within the services delivery system. -Identify specific populations and their 	<ul style="list-style-type: none"> - Board staff will develop /monitor program specific outcome measures. -Board staff will develop/monitor program quality assurance standards. -Board staff (in conjunction with staff from the Butler County ADAS Board as 	<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):

	individuals with mental health or substance use disorders.	needs of these services. -Develop collaborations with the Butler County ADAS Board when indicated.	needed) will evaluate and monitor all findings regarding outcomes and quality assurance protocols presenting this information to participating agencies and the full Butler County Mental Health Board.	
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	Develop a seamless continuum of care (Veterans Services) which supports prevention, early intervention, treatment, and consumer recovery.	-Research and prioritize support for implementation of an evidenced based best practice for mental health services for veterans.	-Board staff to implement a best-practice model for mental health services for Veterans Services. -Board staff will develop and monitor outcome measures and quality assurance protocols for this population. -Board staff will evaluate the potential to incorporate mental health services conducted for this population by Miami University (grant funded program) into a larger population base.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): No assessed local need but MH Board monitors ongoing MI/DD Strategic Therapeutic Assessment Respite Treatment (START) model now in its 5 th year of implementation
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Not applicable to this MH Board

Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Develop a seamless continuum of care (homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing) which supports prevention, early intervention, treatment, and consumer recovery.	-Address service delivery housing needs	-Board staff will complete a review/inventory of service delivery housing capacity, utilization, and effectiveness in meeting projected need. -Board staff will review and update the current Butler County Mental Health board Housing Plan. - Board staff will regularly schedule reviews of housing statistics/usage/needs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): No assessed need but participated in a grant with Miami University to develop an LGBTQ module for their Mental Health First Aid (MHFA) programming. Monitoring the impact of this module.
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Maintain a rehabilitation program designed to teach life skills, interpersonal skills, vocational skills, and provide educational opportunities to this population.	-Continue requesting Hotspot funds from OhioMHAS. -Continue program collaboration with the Montgomery County ADAMHS Board. -Continue professional interface with program provider, Daybreak (Alma's Place). -Board will continue to support the TIP Program at St. Josephs Orphanage.	-Board staff will review scheduled quality reports and utilization reviews. -Board staff will review consumer outcomes. -Board staff will conduct periodic meetings with collaborative partners. -Board staff will conduct periodic review of the program's admissions process and criteria.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	Develop a seamless continuum of care (early childhood mental health ages 0 through 6) which supports prevention, early intervention, treatment, and	-Define and identify the Butler County Mental Health Board's Prevention and Early Intervention model. -Complete a study of early childhood	-Board staff will develop/monitor program specific outcome measures. -Board staff will develop/monitor quality assurance standards.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	consumer recovery.	programming and identify Butler County Mental Health Board priorities in order to expand early intervention programming.	-Board staff will provide outcome and quality assurance information /results to the respective Butler County contract agency providers and the full Butler County Mental Health Board.	
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Develop a seamless continuum of care which supports prevention, early intervention, treatment, and consumer recovery.	-Define and identify the Butler county Mental Health Board's Prevention and Early Intervention model. -Complete a study of child and adolescent programming and identify Butler County Mental Health Board priorities.	-Board staff will research, develop, and implement a plan for mental health prevention and early intervention within the service delivery system. -Board staff will review and expand early intervention programming. -Board staff will review and expand mental health prevention programming. -Board staff will develop outcome and quality assurance protocols in order to measure these programs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce				<input checked="" 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 type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Not applicable to this MH Board.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Treatment/Prevention: Crisis Intervention Services interface with local Emergency Management Services (EMS)	Develop a continuum of care (Crisis Intervention Services with EMS) which supports prevention, early intervention, treatment, and consumer recovery.	-Identify a system mental health provider agency/Butler County Mental Health Board collaborative to assist in the development of the formalized interface between Crisis Intervention Services and Butler County EMS systems. -Consider prioritization of emergency management and critical incident debriefing in the development planning.	-Board staff will develop, in conjunction with these agencies (mental health agencies providing crisis intervention services, and local EMS) valid outcome measures and quality assurance protocols. -Board staff will research and develop its role of the county mental health system working with the Butler County disaster services.
Treatment/Prevention: "Specialized Dockets" Court Model(s)	Develop and/or maintain a continuum of care ("Specialized Dockets" Court Model(s)) which supports prevention, early intervention, treatment, and consumer recovery.	-Complete an analysis/review of current "Specialized Dockets" Court Models operated by contract mental health providers and the local court systems.	-Board staff will, if indicated, identify priorities and develop plan for improvement. -Board staff to develop outcomes and quality assurance protocols for Butler County contract mental health providers and local court systems involved with the "Specialized Dockets" Court Model.
Treatment/Prevention: Professional turnover in the local service delivery system	Develop a continuum of care which supports prevention, early intervention, treatment, and consumer recovery that fosters professional environments that discourages staff turnover in the local services delivery system.	-Facilitate provider agency/Board collaboration to develop and implement a system-wide Staffing Stabilization Plan. -Identify and recruit/retain behavioral health employees with specialization(s) in system-wide areas of need.	-Board staff will develop and facilitate a formalized Staffing Stabilization Committee in collaboration with contract mental health provider agencies.
Treatment/Prevention: Trauma-Informed Care	Develop a continuum of care (Trauma Informed Care) which supports prevention, early intervention, treatment, and consumer recovery.	-Research and identify trauma-informed care practices within the service delivery system. -As indicated, develop and implement a plan to enhance trauma-informed care practices within the system of care.	-Board staff will assess Trauma-Informed Care practices to evaluate the needs contract mental health providers would have for these services. -Board staff will assist and collaborate with any implementation of Trauma-Informed Care services with any specified Butler County mental health contract provider as appropriate. -Board staff will develop and then monitor

			any related outcome measures and quality assurance protocols.
Treatment/.Prevention: Senior Mental Health Services	Develop a continuum of care (Senior Mental Health Services) which supports prevention, early intervention, treatment, and consumer recovery.	-Complete a review/analysis of the mental health services to seniors in Butler County. -As indicated, develop and implement a Senior mental health needs plan.	-Board staff will conduct a review/analysis of available mental health services for the Senior population of Butler County. -Board staff will maintain current programming and develop new programming as indicated in collaboration with social service providers and contract mental health providers. -Board staff will continue to monitor outcome measurement's and quality assurance protocols for existing Senior mental health programming. -Board staff will develop new outcome measurements and quality assurance protocols for Senior mental health programming as indicated by review for appropriate Butler County mental health providers.
Treatment/Prevention: Family Therapy Model	Develop a continuum of care (Family Therapy Model) which supports prevention, early intervention, treatment, and consumer recovery.	-Research, develop, and implement an evidenced-based best practice Family Therapy Model in the Butler County mental health system of care.	-Board staff will identify Family Therapy Model(s) and develop a plan(s) to implement within the Butler County mental health system of care. -Board staff will develop new outcome measurements and quality assurance protocols for any Family Therapy Model adopted for use by Butler County contract mental health providers.

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.

Priority if resources were available	Why this priority would be chosen
(1)The provision of mental health services to adult consumers suffering from Personality Disorders. Evidence-based treatments, such as Dialectic Behavioral Therapy (DBT) would be a treatment(s) of choice for this population.	Statistics show an increase in the prevalence of young adults diagnosed with a type of personality disorder nationwide. One of the treatments of choice for those suffering this disorder is Dialectic Behavioral Therapy (DBT). Unfortunately, this treatment has many non-billable components that Medicaid, and most insurance companies do not reimburse. These ancillary components are integral parts of this best-practice model, and without them, endanger the fidelity of this treatment regime. Also, the consumer entering a DBT program often has to commit to participating for one year. Again, this commitment need often makes current funding practices problematic.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

The Butler County Mental Health Board (BCMHB) is involved in much key collaborations at this time, including collaboration with the Butler County Alcohol Drug and Addictive Services Board (BCADAS).

Fort Hamilton Hospital, Hamilton, Ohio- See explanations in section "9".

The Butler County Jail, Hamilton, Ohio- The BCMHB contracts with Transitional Living Inc. (TLC) to provide mental health services in the Butler County Jail. The Board funds three social workers who are physically located in the jail. They are contracted to work exclusively with county residents, non-county residents, federally detained ICE inmates, and inmates detained by the U.S. Marshall's Service currently housed in this facility. The social workers provide mental health assessments and treatment services, support the jail psychiatrist, and provide referrals to community based mental health services to the prisoners when they are released. This program enables consumers being discharged from the jail to have a smooth transition to community services with minimum disruptions to accessing mental health treatments.

The Council on Aging of Southwestern Ohio (COA) - The BCMHB and the COA has collaborated on funding and implementing two evidence-based practices designed for the senior population, PEARLS and IMPACT (called UPLIFT). Community Behavioral Health Inc. (CBH) is the agency designated to provide these two services through their UPLIFT Program. Both PEARLS and IMPACT are designed to assist seniors suffering from mild to moderate forms of depression in a brief, strategic format. Depression scales are given on a regular basis throughout the programs, and the BCMHB has received very positive results in helping this population decrease their levels of depression and hopelessness. CBH coordinates with the COA and the Butler County Elderly Services Program in the linkage and referral process in order to meet the mental health needs of this growing population of consumers. The BCMHB and the COA each contributes financial resources towards the operation of the UPLIFT Program.

The Butler County Board of Developmental Disabilities (BCBDD)-The BCMHB and the BCBDD Boards in the recent past worked with The Health Foundation of Greater Cincinnati to develop collaborative services for the dually diagnosed (MI/DD) population in Butler County. The two Boards chose the evidenced –based practice, Systemic Therapeutic Assessment Respite & Treatment Program (START) as the treatment vehicle for this grant. The grant has since ended, but this collaboration continues with both Boards continuing the funding. START provides prevention and intervention services to individuals with developmental disabilities and complex behavioral health needs through crisis response training, consultation, and respite. The goal of the program is to create a support network that is able to respond to the crisis needs at the community level. Providing community-based, person centered supports that enable an individual to remain in their home or community placement is the first priority. START receives referrals from multiple sources, including providers, families, and crisis services including Mobile Crisis Management (MCM Teams). In the case of a crisis referral START will provide immediate technical assistance to the MCM, the family, and the provider. The START team members will begin the process of prevention and intervention for the individual consumer. Routine referrals will be staffed for meeting admittance criteria and the disposition is communicated to the referral agent. Services are available to people who are at least 10 years of age with a diagnosed developmental disability and co-occurring mental illness or significantly challenging behaviors. START services can be delivered at home, at a residence, or in a day treatment program.

Services are based on individual need, situation, and assessment.

The Butler County Family & Children First Council (FCFC) - The BCMHB currently contributes \$195,000.00 in total funding as part of its collaboration with the FCFC. Other Butler County collaborators include Butler County Children's Services, Butler County Juvenile Court, and the Butler county Board of Developmental Disabilities. Ohio statute requires each county FCFC to provide a mechanism to provide services coordination for families involved with multiple systems and agencies. Streamlining the implementation of the "Wraparound" concept and increasing practice excellence are the priorities in Community Wraparound for FY 1013. A comprehensive evaluation plan was implemented, group coaching for facilitators was integrated into supervision, and fiscal oversight was consolidated. Building on the strength and success of Wraparound, enhancements in data analysis and increasing parental empowerment continue to be the two program goals for FY 2013.

The Butler County Alcohol Drug and Addiction Services Board (BCADAS) - The BCMHB and the BCADAS have collaborated to develop the program called Evidence Based Practice Integrated Services Interventions for the Justice Involved Client. The program and the grant that supports it was approved by the Ohio Department of Rehabilitation and Corrections. The grant will serve a specific population of severely mentally ill, substance involved adults returning to Butler County from prison after felony convictions. This population is referred to the a BCMHB contract agency, Forensic and Mental Health Services Inc. (FMHS), the identified community linkage partner with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) . FMHS has been collaborating with OhioMHAS' Community Linkage Program for two years. The BCADAS Board is working to support FMHS staff through training in the assessment of substance abuse use and risk of relapse. The treatment protocol is also being evaluated for validity and adherence to evidence based practices with the support of a consultant through the BCADAS.

The Montgomery County ADAMHS Board-The BCMHB and the Montgomery County ADAMHS Board have collaborated to provide care to Severely Mentally Disabled (SMD), young adults, ages 18-24. The development of this collaboration stemmed from the FY2012 Hotspot initiative funded by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). A type 1 residential program, Alma's Place operated by the Daybreak Program in Dayton, Ohio was chosen to provide these services. Daybreak has a history of providing quality residential care and treatment to the area's young adult population for over 35 years. Alma's Place was already established as a residential facility, so both boards were able to utilize the majority of the available dollars to establish and provide ongoing support for treatment services. Alma's Place has the capacity to house six young men and six young women, providing a safe environment which is supervised 24 hours a day. Butler County has four designated beds, and Montgomery County has eight designated beds. The program provides the following services: medication monitoring, transportation assistance and accompaniment when appropriate, referrals, individual and group counseling, prompts and assistance with activities of daily living (ADLs), life skills classes, vocational preparation, and paid supportive employment opportunities, school enrollment, recreational activities, and advocacy with medical appointments.

Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

The Butler County Mental Health Board (BCMHB) continues to effectively manage the usage of bed days at

Summit Behavioral Healthcare (SBH). In FY 2013, the Board contracted for 8 civil and 12 forensic beds per day. The fiscal year ended with this Board being 187 beds underutilized. This Board is estimating that the FY 2014 usage of state hospital beds will be underutilized as well given current data from the Ohio Department of Mental Health and Addiction Services. The Associate Executive Director of Mental Health Services of the Board assists in the collaboration with contract providers who work with consumers while the consumers are in SBH, and with the administrative and clinical staff at SBH. This person also facilitates monthly meetings with all providers from mental health services, housing, supportive services, and our local hospital, Fort Hamilton Hospital, Hamilton, Ohio in coordinating services for consumers who are at risk of gaining an admission to SBH. This monthly meeting is titled the System Unification Meeting (SUM). This Board staff also interfaces as needed with both administrative and clinical staff at SBH assisting in case dispositions. The Butler County Probate Court conducts initial and 90 day follow-up hearings on site at SBH.

The Butler County Mental Health Board (BCMHB) contracts with a local contract agency, Community Behavioral Health Inc. (CBH) to provide services related to the Board's Continuity of Care Agreement with SBH. CBH employs the Chief Clinical Officer Designee (CCOD), who is a licensed psychologist. The CCOD acts as the "gatekeeper" for all admissions to SBH coordinating with local hospitals in efforts to follow the Board's policies as well as implementing protocols and rules in the Continuity of Care agreement. The Board's Chief Clinical Officer (CCO) is a contracted licensed psychiatrist. The CCO is available to review problematic cases, assess consumers for discharge from SBH, provide testimony in probate court, and provide training to the Board's appointed Health Officers. CBH also employs the Forensic Monitor. The Forensic Monitor is very active in interfacing with staff at SBH regarding discharge planning and linking consumers to community mental health services. The Forensic Monitor also works closely with the local probate court in monitoring mental health treatment of civilly committed consumers. This position also makes periodic reports to the Butler County Probate Court regarding the consumer's progress towards recovery. The Forensic Monitor works closely with Board staff to make sure linkages occur properly, and to request any need for additional services that may occur if there is an increase in consumer needs.

The Butler County Mental Health Board (BCMHB) contracts with Fort Hamilton Hospital (FHH), Hamilton, Ohio, to provide the Extended Stay Program (ESP) located on their inpatient psychiatric unit. The ESP program's purpose is to lengthen the stay on the inpatient psychiatric unit of consumers who are indigent or have exhausted their insurance benefits in efforts to avoid a transfer to a state hospital. This program is monitored by the Associate Executive Director of Mental Health Services. Consumers must be an admitted patient on the unit who would benefit from ten to fourteen days of additional inpatient treatment. Consumers can be on community probate status if needed. The grant awarded to FHH is for the amount of \$200,000.00 per year and also includes the provision of a social worker/case manager whose role is to do follow-up and linkage. BCMHB is also working with FHH in the development of an outpatient mental health crisis response program using key contract agency programming. The BCMHB and FHH want to make sure that consumers who present at the Emergency Department that are not admitted to the Inpatient Unit are seen quickly by contract agency programs that provide these key services: mental health crisis intervention, medications, housing, and linkage services. FHH is in the midst of construction of a four bed expansion to their existing ED to provide space to implement this program.

Innovative Initiatives (Optional)

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

a. Service delivery

The Butler County Mental Health Board (BCMHB) has collaborated with Butler County Jobs and Family Services (BCJFS) department to fund a Medicaid worker. In years prior, BCJFS has had to reduce Medicaid processing personnel due to budget cuts. The BCMHB was approached by BCJFS with a proposal stating if BCMHB would provide funding for ½ of a position, BCJFS could secure the other half in order to re-establish a full time position that would process Medicaid applications. The BCMHB agreed to this with the stipulation that this person would be dedicated to helping mental health consumers apply for Medicaid. BCJFS agreed, and now our consumers have a specialist to work with at BCJFS in the Medicaid application process.

b. Planning efforts

The Butler County Mental Health Board is the statutory planning authority charged with responsibility for planning and implementing a system of mental health services within Butler County. In August 2013, the Butler County Mental Health Board engaged the services of Brown Consulting, Ltd. to conduct a successful planning process culminating in a Three (3) Year Strategic Plan. The planning process includes an assessment component that results in the identification of initiatives and priorities to guide the completion of a Three (3) Year Strategic Plan. The following objectives form the basis for the assessment phase of the planning process:

1. Review Strategic plan to determine current status of plan. Complete an industry scan with respect to State/National Healthcare reform and impact on Board funding.
2. Inventory current mental health system and review local data to determine trends and patterns in service utilization. Profile and trend Butler County utilization patterns.
3. Review current capabilities and continuum of services within Butler County available to support priority target populations (i.e. service availability, access and gaps).
4. Identify the perception within local government, the professional community and consumers concerning current service delivery system capabilities and future needs.
5. Complete Assessment/Evaluation and provide planning recommendations prioritizing strategic needs within Butler County.
6. Update Strategic Plan based on Assessment/Evaluation results.
7. Present updated Strategic Plan to include target service and structure priorities, resource requirements, and budget.

c. Business operations

See #12.

d. Process and/or quality improvement

Process and /or quality improve activities will be completed by the Butler County Mental Health Board via its strategic planning process (three year process), its bi-annual review of progress made meeting goals set forth in this strategic plan, and its ongoing quality improvement formats working with contract agencies (see #10 b.).

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.

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.

As part of its strategic planning process, the Butler County Mental Health Board (BCMHB) discovered a need to increase community awareness of its role and services it provides. The BCMHB found that the dissemination of this information needed expedited due to two upcoming mental health levies that will be crucial to maintaining current service levels amongst our contract providers. Also, the BCMHB wanted at the same time to help reduce the stigma associated with persons who suffer from mental illness. The BCMHB decided on a strategy of increasing awareness and client advocacy through the use of social media. The BCMHB decided on these related strategies:

- The BCMHB completed a major update to the desk-top web-site to include a mobile version.
- The BCMHB established a Facebook Page
- The BCMHB in 2014 will incorporate a video component into the website by using YouTube.
- The BCMHB is in the process of developing a promotional video.
- The BCMHB is developing a Linked-In Page to promote its community mental health system.

Open Forum (Optional)

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

With the advent of the expansion of Medicaid, the Butler County Mental Health Board since mid-2012 has been developing its own billing/adjudication software system. The Great Office Systems Helper (GOSH) has been used in previous years as a client enrollment application here at the Butler County Mental Health Board. If and when MACSIS is dropped as a claims system by OhioMHAS, an updated version of GOSH will assume the primary role of the total claims adjudication system. GOSH is being developed for implementation collaboratively by Boards in

Richland, Clermont, Montgomery and Butler Counties, with the potential for usage in other Board areas.

The BCMHB is in the process of assessing the impact of Medicaid Expansion and is actively involved with its provider system to determine the fiscal and clinical impact of this expanded federal program. In February, the Board hopes to have some early projections as data from its provider systems is collective and analyzed. This analysis will support revenue and clinical program planning for SFY14 and beyond.

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.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **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	ODADAS UPID #	ALLOCATION

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	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

Business Operations: Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

Cultural Competence: (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Culturally Competent System of Care: The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

Local System Strengths: Resources, knowledge and experience that is readily available to a local system of care.

Local System Challenges: Resources, knowledge and experience that is not readily available to a local system of care.

Planning Efforts: Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

Service Delivery: Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.