



**Butler County
Mental Health & Addiction
Recovery Services Board**

**STRATEGIC PLAN
2019 - 2021**

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INTRODUCTION

The Butler County Mental Health and Addiction Recovery Services Board (BCM HARSB) is the statutory planning authority charged with responsibility for planning and implementing a system of mental health and addiction services within Butler County. In October 2018, the Butler County Mental Health and Addiction Recovery Services 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, priorities, goals and objectives to guide the completion of its 2019 - 2021 Strategic Plan.

Planning Resources and Documents / Materials Review

A wide variety of planning documents, reports and planning resource materials were reviewed as part of the assessment prior to the development of this strategic plan, including, but not limited to, the Substance Abuse and Mental Health Services Administration (SAMHSA) FY 2019 – FY 2023 Strategic Plan, Recovery Ohio Advisory Council Initial Report Recommendations - March 2019, the Ohio Association of County Behavioral Health Authorities (OACBHA) SFY Biennial Budget Request / Issues and Recommendations for Community Mental Health and Addiction Services Report (2019), the Butler County Community Health Assessment (2017) and Community Health Improvement Plan (2017 – 2019), Butler County's Response to the Opiate Epidemic: A Call to Action Executive Summary (revised and updated June 2018) and Healthy People 20/20. These planning resource documents were reviewed and utilized by the Executive Director of the Board and Brown Consulting, Ltd. as an integral component of the BCM HARSB strategic planning development / process to identify behavioral health trends and were utilized to develop some strategic planning objectives, but were not directly recorded by the local SWOT and Gap analyses.

A review of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for strategic planning priority focus areas was completed, but the most recent OhioMHAS Strategic Plan was published in October 2013 and no longer relevant to this planning process.

The following objectives form the basis for the Assessment Phase of the current BCM HARSB Strategic Planning process:

- Objective 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.

Objective 2: Inventory current addiction recovery and mental health system and review local data to determine trends and patterns in service utilization. Profile and trend Butler County utilization patterns.

Objective 3: Review the current capabilities and continuum of services within Butler County available to support priority target populations (i.e. service availability, access and gaps).

Objective 4: Identify the perception within local government, the professional community and consumers concerning current service delivery system capabilities and future needs.

Objective 5: Complete Assessment / Evaluation and provide planning recommendations prioritizing strategic needs within Butler County based on assessment.

Objective 6: Update Strategic Plan based on Assessment / Evaluation results.

Objective 7: Present updated Strategic Plan to include target service and structure priorities, resource requirements and budget.

METHODOLOGY

An interview / research method approach was employed by Brown Consulting, Ltd. and Board staff to complete the Butler County Mental Health and Addiction Recovery Services 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 addiction recovery concerns / needs of the BCMHARSB are embodied in the update 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 mental health and addiction recovery planning documents meaningful to this project (i.e. political environment, state budget, healthcare reform).
- Complete review of current mental health and addiction utilization trends / patterns of service providers.
- Review BCMHARSB Service Delivery System resources / service capabilities and performances.
- Conduct interviews and facilitate focus groups with mainly mental health and addiction recovery stakeholders to gain subjective view and perception of services capabilities future needs within Butler County:
 - Butler County Mental Health and Addiction Recovery Services Board
 - Health / Helping Professionals

- Criminal Justice
 - Local Government
 - Service Providers
 - Consumer and Family Members
 - Local School System
 - Community Stakeholders
- Complete the review of progress toward goals and objectives in the current BCMHARSB Strategic Plan.
 - Conclude with 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 REVISION

- Using the results of analysis, collaborate with Board leadership to revise / update Strategic Plan to identify:
 - Priorities (population / services, etc.)
 - Strategic Initiatives
 - Goals and Objectives
 - Critical Success Indicators
 - Budget / Resources
 - Performance Measures
- Present updated Strategic Plan to Butler County Mental Health and Addiction Recovery Services Board Governing Body.
- Provide Butler County Mental Health and Addiction Recovery Services Board with twenty-five (25) bound copies and an electronic copy of its Three-Year Strategic Plan.

MISSION AND VISION

The BCMHARSB Board of Directors completed an update and approved the organization's Mission and Vision Statements during a Board Meeting on July 1, 2015 after the merger of the two boards. The BCMHARSB's new Mission and Vision Statements below articulate its current purpose, the nature of its "business" and moving forward, what the addiction and mental health services organization aspires to.

Mission Statement

The mission of the Butler County Mental Health and Addiction Recovery Services Board, in partnership with the community, is to provide a comprehensive recovery oriented system of care and prevention. In addition, the Board will continue to improve the quality of life of Butler County citizens through the support of addiction and mental health recovery services.

Vision Statement

The vision of the Butler County Mental Health and Addiction Recovery Services Board is to ensure a system of care that is best practice based, financially stable and publicly funded. Butler County residents will be provided services and support that are preventative, impactful and measurable.

PLANNING ASSUMPTIONS

State and Federal Mandates

Priorities established in the Strategic Plan are influenced and will continue to be influenced by local, state and federal government mandates and policies.

Behavioral Healthcare Market / Funding

State behavioral health budget decisions are resulting in significant changes in state level services across the entire state. This trend is expected to continue with the implementation of Ohio's Behavioral Health Re-design and Medicaid Managed Care. Planning Boards will seek to determine their evolving role(s) in Ohio and will continue to seek low cost and effective prevention and treatment alternatives from quality driven providers. All funders and providers will be required to be more efficient in the delivery of services.

Human Resources / Personnel

Board and provider staff recruitment and retention of qualified and competent professional staff will continue to become increasingly competitive especially in a very good state economy. Behavioral Service organizations will experience increased demands and costs to recruit and retain qualified professional staff.

Quality and Effectiveness of Care

In a changing and increasingly competitive industry, demonstrated quality efficiencies and effectiveness of care metrics (emphasizing not only process but treatment effectiveness metrics) will need to be continually developed and implemented to better demonstrate service effectiveness and provider accountability.

Coordination / Collaboration / Alliances

Even greater coordination and collaborative efforts of the BCMHARSB and service delivery systems with private and public funding entities, providers, Managed Care Organizations (MCO's), and other health / helping systems will be required.

STRATEGIC PROFILE

The Strategic Profile identifies characteristics of the Butler County Mental Health and Addiction Recovery Services Board for consideration in formulating its 2019 – 2021 Strategic Plan. The results of the profile indicate that the BCMHARSB should concentrate primary efforts on strengthening its leadership potential, fiscal viability, innovative service development and delivery, cultural awareness and competency, and advocacy / public relations strategies.

BCMHARSB STRATEGIC PROFILE

Innovation:

A solid level of innovation / creativity is present. There is creativity and energy from both organizational leadership and the Board of Directors. Generating creative and forward-thinking actions through all levels of the organization should strengthen innovation within all components of the BCMHARSB.

Risk:

A moderate to high orientation to take risks appears to exist. The BCMHARSB should manage future risk through calculated and informed analysis, planning and implementation.

Proactive Futuring:

Proactive futuring is the ability of the BCMHARSB to plan effectively for future success. Capacity for proactive futuring is good. Futures planning and implementation are essential necessities for organizational viability and survival. The strategic planning process demonstrates commitment to proactively responding to the rapid changes occurring in the behavioral health marketplace.

Competitive Stance:

BCMHARSB has the competitive edge regarding planning within the local market area and is positioned as a leader or “HUB” in the local and

STRATEGIC PLANNING ASSESSMENT

PREVALENCE DATA REVIEW

The prevalence estimates reflected on the following pages, along with the analysis of treatment needs, are provided in order to highlight the scope of mental illness and co-occurring disorders present in Butler County and assist the Butler County Mental Health and Addiction Recovery Services 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 (2017 estimates) was identified. Prevalence data was researched and obtained from sources including the National Institute of Mental Health, SAMHSA, the National Institute of Drug Abuse, and the U.S. Center for Disease Control. The data were applied to the national population and extrapolated to the local adult and youth populations to arrive at mental illness and substance use disorder prevalence estimates for Butler County residents.

	2017 Estimated	2017 Estimated	2017 Estimated
Age	US (%)	Ohio (%)	Butler Co. (%)
Under 18 years	93,481,404 (28.7%)	3,299,386 (28.3%)	113,801 (29.9%)
18 to 64 years	181,425,582 (55.7%)	6,412,235 (55.0%)	212,377 (55.8%)
65 years and over	50,812,192 (15.6%)	1,946,988 (16.7%)	54,426 (14.3%)
TOTALS	325,719,178 (100%)	11,658,609 (100%)	380,604 (100%)

Table 1

United States, State of Ohio, Butler County Population By Age (Estimated 2017)

2010 U.S. Census (2017 Estimations)

Key Findings:

- Total estimated Butler County population in 2017 was 380,604 persons, compared to an actual population in 2010 of 368,130 persons. The estimated increase in the Butler County population was 3.4% between 2010 and 2017. According to the Ohio Development Services Agency, Butler County is projected to grow by 3.4% between 2015 (378,370 persons) and 2020 (390,110 persons).
- Butler County has a smaller elderly population percentage (14.3%) as of 2017 when compared to the US (15.6%) and Ohio (16.7%). The 2017 Butler County population age 18 years and younger (29.9%) is slightly larger than the US (28.7%) and Ohio (28.3%).

Adult Mental Illness Prevalence

Prevalence rates of mental illness published by SAMHSA, NIMH, and NIDA, indicate that about 18.3% of the general adult population will experience some level of mental disorder on an annual basis. Updated population estimates from 2017 (2018 estimates unavailable through the U.S. Census) were applied to the prevalence percentage rates in Table 2 below.

Table 2

Adult Mental Illness Prevalence (Annual) – Butler County, 2017

Disorder	Prevalence (Annual)	Adults (Age 18 and older – 380,604 total pop.)
Any Mental Illness in US Adults	18.3%	71,934
Serious Mental Illness (SMI) in US Adults	4.2%	15,985
Anxiety Disorder	19.1%	72,695
Any Personality Disorder	9.1%	34,635
Major Depression	6.7%	25,500
PTSD	3.6%	13,702
Co-Occurring Disorder	3.4%	12,941
Panic Disorder	2.7%	10,276
Bi-Polar Disorder	2.8%	10,567
Borderline Personality	1.4%	5,328
Schizophrenia/Other Psychoses	.25 - .64%	952 – 2,436

Source: National Institute of Mental Health, SAMHSA, and U.S. Census (2010; 2017 estimates)

Key Findings:

- 18.3% of adults age 18 and over or 71,934 Butler County residents were projected to experience any mental illness during any 12-month period in 2017, while 4.2% or 15,985 Butler County adult residents were projected to experience a serious mental illness during any 12-month period.
- The most prevalent sub-group disorder estimated in the general adult U.S. population are individuals that are projected to have an Anxiety Disorder at 19.1% during any twelve (12) month period of time. It is estimated that on average 72,695 persons 18 and older in Butler County would experience an Anxiety Disorder during any 12-month period.

- Any type of Personality Disorder at 9.1% (34,635 Butler County adults) and Major Depression at 6.7% (25,500 Butler County adults) are the next 2 major sub-categories of mental illness that may impact adults during any 12-month period of time.
- According to SAMHSA, 3.4% (12,941 Butler County adults) are projected to experience a co-occurring disorder (mental illness and substance use disorder) during any 12-month period.

Table 3

Illicit Drug Use in the Past Month Among Individuals Aged 12 or Older in the US in 2017 – Estimated Number in Butler County Aged 10 and Older - 2017

Substance	Aged 12 or Older Number in the US – 2017*	Aged 12 or Older Percentage in the US – 2017*	Estimated Butler Co. Residents 2017 (**Aged 10 and older – 332,426 total population)
Any Illicit Drug Use	30,476,000	10.7%	35,570
Marijuana and Hashish	25,997,000	9%	29,918
Cocaine	2,167,000	0.7%	2,327
Inhalants	556,000	0.2%	665
Hallucinogens	1,438,000	0.5%	1,662
Heroin	494,000	0.2%	665
Misuse of Prescription Psychotherapeutics	5,956,000	2.1%	6,981
Pain Relievers	11,077,000	3.9%	12,965

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH), 2017, 2010 U.S. Census; Ohio Research Office – A State Affiliate of the US Census, 2017.

Note: 1) *Numbers and percentages do not sum to the illicit drug use estimate as individuals may have used more than one illicit drug. 2) **Butler Co. residents aged 10 and older estimates were used due to fact no recent breakdown of residents aged 12 and older was found / available for comparison purposes.

Key Findings:

- According to the SAMHSA Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH) prevalence estimates for 2017, of the approximate 332,426 Butler County residents aged 10 and older, that 10.7% (35,570 persons) may have had “past month” use of any illicit drug.
- It is projected that 9% or 35,570 Butler County residents aged 10 years and older may have used marijuana or hashish in the previous month, that 2.1% (6,981 Butler County residents) are projected to have had “nonmedical” use of prescription psychotherapeutic drugs in the previous 30 days, and that 3.9% (12,965 Butler Co. residents) are estimated to have used pain relievers in the 30 days prior to the survey.

Table 4

Current, Binge and Heavy Alcohol Use Among Individuals Aged 12 or Older in the US (2016 – 2017) – Estimated Number in Butler County Aged 10 and Older (2017)

Substance	Aged 10 or Older Number in the US – 2017	Aged 12 or Older Percentage in the US – 2017	Estimated Butler Co. Residents 2017 (**Aged 10 and older – 380,604 total population)
Current	146,163,753	51.2%	170,202**
Binge	69,656,164	24.4%	81,112**
Heavy Use	17,128,565	6%	19,946**

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2018; 2010 U.S. Census; Ohio Research Office – A State Affiliate of the US Census, 2013.

Note: **U.S. and Butler Co. residents aged 10 and older estimates were used due to fact no recent breakdown of residents aged 12 and older was found / available for comparison purposes.

Key Findings:

- According to the SAMHSA Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH) for 2017, 51.2% of the population 12 years and older were current users of alcohol during the 30 days prior to the completion of the survey. It's estimated that 170,202 (51.2%) of the Butler County residents aged 10 years and older were potentially current users of alcohol during the previous month.
- It is projected that those persons reporting past month use in the NSDUH Survey Report 2014, that 24.4% or 81,112 Butler County residents aged 10 years and older may be considered potentially “binge” use of alcohol in the previous month and that 6% (19,946 Butler County residents) are projected to have “heavy” use of alcohol in the last 30 days.

Table 5

Current, Binge and Heavy Alcohol Use Among Individuals Aged 12 to 20 Years Old in the US (2016 – 2017) – Estimated Number in Butler County Aged 10 to 19 Years Old (2017)

Substance	Aged 10 to 19 Years Old in the US – 2017	Aged 12 to 20 Years Old Percentage in the US – 2017	Estimated Butler Co. Residents 2017 (Aged 10 to 19 Years Old – 55,813 total population)
Current	8,172,472	19.5%	10,884**
Binge	5,029,214	12%	6,698**
Heavy Use	1,383,034	3.3%	1,842**

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Institute on Alcohol Abuse and Alcoholism, 2018; 2010 U.S. Census; Ohio Development Services Agency 2017.

Note: ** U.S. and Butler Co. residents aged 10 to 19 years old estimates were used due to fact no recent breakdown of residents aged 12 to 17 years old was found / available for comparison purposes.

Key Findings:

- According to the SAMHSA Center for Behavioral Health Statistics and Quality, National Survey of Drug Use and Health (NSDUH) for 2017, 19.5% of the population 12 to 20 years of age were current users of alcohol during the 30 days prior to the completion of the survey. It's projected that 55,813 (19.5%) of the Butler County residents aged 10 to 19 years old were potentially current users of alcohol during the previous month.
- It's also projected that 12% or 6,698 Butler County residents aged 10 to 19 years old may be considered potentially "binge" users of alcohol in the previous month and that 3.3% (1,842 Butler County residents 10 to 19 years old) are projected to be considered "heavy" users of alcohol in the last 30 days.

FOCUS GROUP AND INTERVIEW KEY STAKEHOLDER INPUT

During December 2018, and January and February 2019, BCMHARSB staff facilitated a series of focus groups and interviews with sixty-seven (67) participants, that included clients, family members, addictions and mental health administrators and providers, local court, law enforcement and government, social service representatives, BCMHARSB Board members and staff, and other key community stakeholders. The intent was to gain subjective input from the representative populations regarding their perceptions concerning the strengths, weaknesses, opportunities, threats, and service system gaps as they relate to the Butler County addictions and mental health service delivery system.

STAKEHOLDER INPUT RESULTS

The purpose for the series of focus groups and interviews was to identify and examine the addictions and mental health priorities and needs of Butler County residents. Detailed findings do not necessarily represent the expressed opinion of all participants, but provides supplemental information for the needs assessment phase of the Butler County Mental Health and Addiction Recovery Services Board's strategic planning process. The following is a summary of the key findings from the focus groups and interview participant's input regarding the completion of the Butler County Mental Health and Addiction Recovery Services Board's Strategic Plan 2019 - 2021.

Strengths

Focus group, interview and survey participants identified a wide range of strengths related to the Butler County Board and the addictions and mental health service delivery system. Following is a comprehensive list of the **strengths** identified by BCMHARSB key stakeholders:

- Board invited an advocate for the Hispanic community in its Governing Board membership to petition for better community mental health for minorities in the county
- The BCMHARSB's Governing Board members are culturally diverse
- One Board contract provider has over 300 certified interpreters in 92 languages who can travel to Butler County to provide services if necessary
- There is a willingness by the Board to consider increasing culturally and linguistic compliant BH services
- Board provided a training on the Culturally and Linguistically Appropriate Services (CLAS) standards in Health and Health Care in the Summer of 2018 to support diversity
- Good dialogue with local hospitals
- Large number of providers in the county
- Providers are pretty well connected to other agencies and systems
- The BCMHARSB is highly engaged

- Board encourages communication
- There is sense of community support & responsibility in our county
- Board trainings are done well
- There are a number of Evidenced-Based Practices (EBP's) being used by our county providers
- Board endorses an open funding idea
- Some AOD treatment providers target women, children, and infants
- Tax Levies
- Jail MH and AOD pods
- Regarding our Outpatient Probate program - we constantly have out of state visitors to see our programming
- Treatment courts/specialty dockets
- Client Housing for those with mental health issues
- Board Docs software since we can put all Board agendas and minutes on the public web
- Crisis Textline
- Heroin Hopeline
- MRSS Program (youth and family crisis program)
- Good partnership across all sectors in our local community
- Quick Response Team (QRT) programming
- SBIRT evidence based practice AOD programming
- Syringe Exchange/Blood Borne Pathogen Prevention Programming
- County has a number of Coalitions in the county to make good Behavioral Health partnerships in the community
- Local school systems appreciate outreach from the BCMHARSB
- Some good communication between the BCMHARSB and the county community at large
- BCMHARSB resource guide is a strength
- BCMHARSB staff availability is much appreciated
- Providing mental health services to those who can't afford it
- Providers in the county offer a wide variety of services
- Good Provider collaboration & partnerships
- Board members try to be informed and are enthusiastic
- Good workshops and trainings for community mental health education
- Board staff provided Mental Health First Aid Training
- Good Community Outreach
- Board support for BC NAMI
- Board's In Kind support of CIT
- Partnership with local school systems to promote Behavioral Health
- Board focus on Alcohol & Other Drug prevention
- We have a commitment and work together to support the Behavioral Health needs of our residents by being responsive, resourceful, and flexible
- Board and local Behavioral Health systems ability to collaborate
- Board and Behavioral Health system are a committed group of people in the county
- We have had some good public relations and advertising efforts (e.g. billboard campaign)
- We have spearheaded a number of new programs in the county
- We are good stewards of taxpayer funding from our tax levies

- We have a long history of providing services
- The BCMHARSB is stronger than ever from its merger 3.5 years ago
- Willingness to respond and be visible in different Behavioral Health (BH) areas
- The current circumstances facilitate more BH interaction and discussion about mental health and addictions issues (e.g., Dual Diagnosis - MH and DD)
- Number of dedicated agencies in the Butler County community
- Our court system is responsive to get needed information out to assess, survey, and recommend
- Good BH planning overall
- We emphasize BH treatment in lieu of conviction
- Less county political environment
- Old Boys network is decreasing now with more diversity in staffing to Board's and our provider system as well as the staff being closer to the demographics of communities
- There are support networks for Board's such as our Board Association

Weaknesses

Focus groups and interview participants identified a wide range of weaknesses related to the BCMHARSB service delivery system. Following is a comprehensive list of the **weaknesses** identified by BCMHARSB key community stakeholders:

- We need to get an organized listing of BH supports out to private doctors in the county.
- Need for more focused good planning for the future in BH as well as a having reality set in that all providers are not effective and sustainable
- Those with low income are not able to get services unless they have severe MH diagnoses. They need depression and anxiety treatment but do not get to top of waiting lists at MH centers.
- For Psychiatric Hospitals, diagnoses have not been very accurate. Medications prescribed are often inaccurate.
- No specialized Bipolar support groups in the county
- More psychologists needed in the county mental health system.
- Lack of coordination-calling physician who is treating patient- upon admission to hospital. The patient's doctor does not get to give input as to success or failure of medication used in the past. In addition, many patients are placed on unwieldy combinations of medicines.
- Same day psychiatric emergency visits would be helpful.
- Lack of services in other languages in Butler County compared to other counties (e.g., Hamilton County)
- Lack of funding to pay for BH services for people who do not have a SS# but reside in our county and pay taxes
- Lack of primary Spanish speaking providers
- Language translation BH services create a barrier between providers and clients
- Lack of awareness that there is a difference between being linguistically competent and culturally competent
- Lack of knowledge about how many culturally competent providers there are in our county
- Lack of application, implementation, and enforcement of the CLAS standards with providers

- There are a great deal of poorly trained and appropriately certified interpretation services in the county
- To little focus on alcohol abuse at a time when there is an opiate epidemic especially for the Hispanic and other ethnic groups
- For BH proposals at the federal, state, and local (Board) level there is no discussion about the cultural aspects of BH programming and services
- Board does not provide any kind of incentive for providers to perform cultural appropriate and competent services
- Lack of grief groups for Spanish and non-English speaking clients
- Better primary care physician referrals to BH services, which is a barrier
- All funding based on a sliding scale fee
- Board funding needs to support capital, infrastructure funding as well as operational funding to address county provider needs
- Board funding should be allocated more fairly
- Funding is needed to support the entire family
- Board requires a proposal from provider to obtain funding/subsidy
- Limited Recovery Housing
- Local Hospital psychiatric units may close
- Homeless population not addressed appropriately especially BH needs of this group
- Psychiatrist shortage
- MH professional shortage
- BH staff retention and turnover
- EHRs
- Relationship between the Board and BH providers could be better – Make sure communications are constructive not punitive and watch for inconsistent communications
- Make sure any communications between the Board and BH providers is client focused
- Not enough Residential & Housing services for AOD and MH client needs
- Disconnect in services and program for Butler county residents by geography (Great differences and disparities between Middletown, Oxford, Hamilton, etc.)
- Lack of provider collaboration to create an integrated BH service network in the county
- Transportation to the more rural areas of the county
- Preparing for the next generation of clients and the great demand and need including MH & AOD issues
- From Inpatient to Outpatient services, there is a need for better service connection and continuum of care
- Large client deductibles
- Chronic staff turnover
- Early childhood brain trauma & traumatic incident exposure especially for preschooler that is not addressed appropriately
- Lack of trained providers to deal with early childhood population's BH needs including staff, space, and settings
- More clients with private insurance coverage
- The change in the Board sliding scale fee schedule negatively impacts client treatment
- Board is not involved enough with 3rd Party insurance providers
- Board required forms for its clients & provider system are too long, complex, & time consuming and need to be simplified
- Local agencies cutting staff and locations
- High provider administrative overhead rates

- BH provider contract compliance
- BH providers view meeting BCMHARSB requirements as low priority
- Housing for transitional youth
- Medicaid Inpatient Detox has a lack of capacity
- Elementary school age BH resources are lacking
- Comprehensive resource guide is overwhelming with the information provided
- BCMHARSB not providing enough BH guidance in suggested MH/AOD services, programs, and planning for school systems
- More uniformed mental health & addiction standards/best practices in the county
- Need to start younger in addressing BH issues including better assessment, programming and services
- BH providers who take third party insurance
- Need for sharing of BH information & resources
- Not enough psychiatrists
- Need for improved agency/provider collaboration (e.g., identifying clients, services provided, care coordination)
- Lack of a drop off center for people in crisis in need of psychiatric services to provide for client stabilization
- Funding to provide for gaps between insurance payments for treatment and medications
- Lack of appropriate housing and follow up care
- Ineffective and inappropriate case management services especially after hospital discharges
- Case managers are not well trained, experienced and don't have answers to specific questions
- Better BH program regionalization
- Determining county residency for potential BH clients
- Recidivism especially in the jail
- Board does not promote the programs/services that they provide as well as that Board staff provides consults and referrals to treatment
- Education about resources and program especially in the BC jail
- Too much opioid funding focus when funds are needed to address other drugs and mental health issues
- Not enough residential housing
- Lack of a centralized assessment/independent assessor leading to community stakeholders referring for BH services to only whom they know
- Many services in the county but everyone does not know the totality of the services
- Lack of BH services and resources provided to probation officers
- Lack of family counseling availability
- Board and community mental health and addictions system can be rigid and not open to change
- Need to educate board members, staff, providers and system partners on the need for change
- Lack of communication between agencies leading to redundant services and inconsistent outcomes
- Boards and system providers need to be open to share information including processes, programs, and resources
- Lack of feedback from BH providers on the status of client treatment to system collaborators and partners leading to ineffective and appropriate treatment

- Inappropriate and outdated client engagement and progress reports
- Better communication with the county court system about the status of client treatment
- Long Board meetings (e.g. over 2 hours)
- Focus on quantity and not quality of services
- Housing expansion
- Mobile Crisis team follow-ups post crisis
- Transportation (2X)
- Transportation not only to BH treatment but otherwise, for example, to AA or NA meetings or Medical appointments
- Innovation around transportation to get clients to services
- Always looking for additional funding
- Levy funds are limited
- Waiting times for services (2X)
- Better communication between primary care and behavioral health providers and other networks
- Client families will only reach out to providers and stakeholders if in crisis or an emergency is happening
- Stigma and lack of communication about mental health and addiction issues
- Housing after treatment
- Aftercare is often too short
- Long range planning for BH treatment

Opportunities

Focus group and interview participants identified a range of opportunities related to the BCMHARSB service delivery system. Following is a comprehensive list of the **opportunities** identified by BCMHARSB key stakeholders:

- Creating a Greater Cincinnati Latino Coalition program here in our county
- Professor Ligia Gomez from the University of Cincinnati who provides a certification program emphasizing Spanish for Social Workers & Health Care Professionals
- Board and provider system to accept MARCC or Tax ID's verses SS# to gain access to BH services in the county
- Board to provide credible and appropriate trainings to increase provider's cultural competence in the county
- Board to do leg work to understand the particulars around interpreter certifications, qualifications, level of competence and provide a resource list (this can be placed on the Board's website)
- Board to provide in its RFP and AIP/AFF processes on how diversity/multi-culturalism is addressed in these documents, programs, and services.
- Create a "safe space" so our county residents can talk about mental health and addiction issues for Hispanics and other minorities
- Board can provide BH education brochures in other languages such as Spanish to try to reduce stigma also
- Board can translate and provide BH educational brochures and handouts on MH topics such as mental health professional types, MH terminology, signs of substance abuse, and MH resources in the county for minorities

- Need for a Hispanic Center in the county, which can be used for BH referrals, resources, health care promotion, and drop in emergency assistance services
 - Emphasizing that the overall wellbeing of a person includes mental health
 - Better substance abuse disorder screenings for Detox
 - Use alternative transportation services like Lyft services
 - Board should bucket fund AOD and MH programming/services
 - Aggressive homeless outreach funding
 - Middletown jail treatment funding
 - Better integration of Hospital clients back in the community/outpatient services (No Referral System currently)
 - Implement “Population Health” at Hospitals
 - Referral to appropriate Relational/Family Therapy for the treatment of preschoolers and youth
 - Find better data sources to benchmark service effectiveness with local national, state, and local performance metrics
 - Better collaboration with Managed Care Organizations/Collaborate on resource needs in the county
 - More full integration of MH and Addictions financially and clinically
 - Better BH provider education to support enhanced audits
 - Enhancing our collaborative relationships with providers and stakeholders in the community
 - Better approaches to the allocation of BCMHARSB funds
 - More trainings on accounting, budgeting and claims processing
 - Increase the influence and presence of ADAMHS Board’s in the county communities
 - ADAMHS Board free trainings for our provider system and county residents
 - Use any county residents’ crisis as a chance to educate about resources and services
 - Need to find a way to continue Drug Free Coalitions in the county when their funding goes away
 - More BH family care: prevention, education, services and program
 - More peer to peer education and prevention
 - Support for Greater Miami Services (GMS) is important and critical (Step Down/Step Up unit for state hospital)
 - BH clients involved with the criminal justice system have a great opportunity with system staff and resources to be referred for appropriate treatment
 - Fort Hamilton Hospital modernization of psych services and expansion of payer sources beyond government funders
 - Housing expansion & options for BH clients
 - Very long housing wait times for BH clients
 - Step down housing from inpatient psychiatric units or GMS
 - Need for community education and training about BH
 - Encourage a greater amount of clients to continue with treatment
 - Better coordination of mental health and addiction treatment
 - Better education about mental illness, addiction, suicide, and violence
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- Focusing more so on awareness of mental wellness and prevention
 - Better contacts with AA/NA organizations
 - Expansion of BH youth services
 - Expansion of Elderly BH care
 - Better communication between the court, Board, jails, and provider systems

- The usefulness of a system-wide Release of Information (ROI)
- Board and provider directors need to be open to education, constructive feedback and change
- To always look at staff development and outcomes as not only serving people but as issues of organizational culture with great potential to work together and collaborate about
- To always consider the benefits of mergers
- Utilizing technology to support BH
- The Board being a BH education and treatment resource broker. Any training and education sessions can be recorded and distributed to be used repeatedly as a resource to everyone
- Use of local media (e.g. Hamilton TV) to get the information out about community resources.
- Expanding Drug Coalition Education Services
- Offering education to our service providers about effective and appropriate accounting
- Better Support for NAMI
- Promoting the independence of behavioral health clients
- Promote expanded best practices especially crisis services
- Enhancing the Board and NAMI partnership
- The need to work more closely together and collaborate
- Training and education about BH resources in the county including probation officers, specialized docket providers, judges, and management teams for instance. Ongoing follow up meeting are needed for constant updates since the services and programming presentations are constantly changing
- Foster a relationship with the Bar Association to educate attorneys about BH and resources available
- Better more reliable use of the Board's GOSH enrollment and billing software

Threats

Focus group and interview participants identified a range of threats related to the BCMHARSB service delivery system. Following is a comprehensive list of the **threats** identified by BCMHARSB key stakeholders:

- Lack of awareness in the Hispanic and other minority communities about mental health and how strong mental health stigma is
- Cultural spiritualism is emphasized a great deal in some minority populations (e.g. Hispanic) instead of mental illness & mental health
- Lack of quality data about the BH needs of minority populations (e.g. Hispanics) in our county especially those who are undocumented
- Board not providing funding to address the needs of undocumented clients
- The impact of anti-immigrant rhetoric and its impact on deterring these individuals from seeking BH services due to harassment fears
- State Hospital systems lack of capacity
- Loss of agencies due to BH Redesign/Managed Care Carve In
- Loss of mental health levies
- Loss of hospitals especially psychiatric units
- Loss of Medicaid Expansion

- When local systems fear and resist changing
- Arrogance in that Boards and providers can be the only ones to serve clients well. No one else can provide these BH services
- Lack of funding (3X)
- Social media and its connection to suicides
- Not addressing Marijuana laws: Medical and Recreational use
- Loss of Drug Free Coalitions in the county
- Local levies are limited
- Lack of knowledge about the Board & the community MH and Addiction system
- Stigma (4X)
- Need for more MH and Alcohol and other drug prevention
- Not providing the message, “It is not okay to get high”
- Medical marijuana legalization
- Attitude toward the acceptance of marijuana
- Mental health clients using marijuana to cope
- Not educating the public on the negative effects to Marijuana
- Our current social climate and desensitization to legal drug use
- Silos vs. recognition of dual diagnosis
- Lack of trust in BH services
- Complacency to address BH issues
- Psychiatric and hospital bed shortage
- Acceptance of violence (e.g., mass shootings)
- Lack of community education about mental illness and addictions as well as resources for treatment in the community. Remember people only seek and pay attention to the information when they are in need of the services/resources
- Distance between Boards and providers to support BH clients and collaborative between providers/Boards/stakeholders
- Recognitions that drugs are big business
- Lack of education programming about BH issues
- Managed Care Organizations (MCO’s) lack of understanding about client populations the providers serve
- Value-Based payments
- BH Redesign
- MCO’s in general
- Change in leadership at Ohio state level
- Conflict between MCO’s profit margins vs. outcomes vs. denial of services
- Infrastructure/Knowledge of billing denials & payment processing costs money
- Costs of implementing BH Redesign & Managed Care Carve including the need for additional staff and resources
- Lack of payments for MCO’s denied provider claims
- Disconnect between MCO’s and provider reporting

Service Delivery System Gaps

Focus group and interview participants identified a range of perceived gaps related to the BCMHARSB service delivery system. On review, several trends related to the **service delivery system gaps** identified by community stakeholders included, but were not limited to:

1. Transportation

2. Housing (Adequate general capacity, transitional and halfway housing)
3. Public education / marketing regarding behavioral health issues / resources
4. Workforce development / retention
5. Reduction of local inpatient behavioral health beds

Following is a comprehensive list of the **service delivery system gaps** identified by BCMHARSB key stakeholders:

- We need more support groups
- Linguistically appropriate bereavement counseling as well as other counseling and support groups
- Spanish speaking providers
- Lack of BH prevention and education literature in other languages
- Lack of county trainings on cultural competence
- Community health workers/peer support specialists to support minority groups (e.g. Hispanics) in the county
- Lack of coordinator among people doing home visits (e.g., Head Start, Help Me Grow) to gather data/information on how much they are involved with minor communities (e.g. Hispanic) doing health promotion. Who is doing what in this area?
- Transportation
- Not covered Medicare & 3rd party insurance funding gap (for working poor)
- Detox services for alcohol & Benzodiazepines (lack of capacity)
- Collaboration with Hospitals for other treatment opportunities for better patient outcomes
- Addressing the needs of co-occurring disorders which place clients at high risk
- Pain management of BH clients
- Integration of BH and primary health care
- Letting county residents know what services, programs, and providers are here and available to them and for them
- Trade organizations providing more data
- MCO are failing
- Not only to support opioid programming but how to pass a successful levy
- Educating the public that becoming addicted is often not a choice
- People do not understand addiction
- Provide more specialized eating disorder treatment
- Adequate and appropriate housing
- Education on Mental health
- Marijuana Laws identifying myths and misconceptions
- Lack of education about coping and life skills
- Helping individuals to address the rapid change we all face in our lives
- High turnover rates for mental health positions
- Preventing crisis with more proactive approaches emphasizing prevention and education
- Implementing and integrating mental health wellness techniques in the general school classrooms with students and teachers
- Lack of education about BH services and resources in the county
- Transitional housing
- Halfway houses

- Promoting the independence of Behavioral Health clients
- Promote expanded best practices especially crisis services
- Outreach to Behavioral Health clients who need services
- Educating churches and our religious community about Behavioral Health Services
- Need better awareness of Behavioral Health Services and educating the public and marketing these services
- Too many Boards and too many providers
- Education to manage change effectively and folks embracing change with a genuine commitment to it
- People do not know what BH resources are available and how to access them
- Lack of centralized assessment and access
- Lack of coordination in our drug and mental health task forces
- Integration of primary and behavior health
- Insurance to support BH treatment
- Knowledge deficit about MH and Addiction
Alcohol is a huge profitable business
- Lack of relating and community association with people feeling alienated especially with an over reliance on technology to communicate
- Lack of aid to support advertising messages to promote mental health and anti-addiction
- Technology addiction and the programming and services to address it
- Education on BH
- Addressing e-cigarettes and vaping with education
- Truly integrated treatment including MH, AOD, and Medical/primary care
- Skilled BH professionals who understand the complexity of and can implement integrated care
- Lack of training (e.g., billing, accounting, dual diagnosis)
- BH data that is not accurate or unreliable
- Board needs to audit all of its funded programs especially grant funded programs
- Closing of psychiatric units at local hospitals
- Silo-ing of programming
- Any Board imposed billing and information gap

SUMMARY AND RECOMMENDATIONS

The purpose of the Strategic Plan is to strengthen the BCMHARSB for future sustainability and success in a changing and increasingly demanding environment. In order to do so, the BCMHARSB Strategic Plan is based on a needs assessment of Butler County behavioral health system of care and the combined expertise and input of internal and external community stakeholders.

Based on an ongoing internal review of the progress made on BCMHARSB's 2015 – 2018 Strategic the current assessment process of researching community behavioral health gaps, needs and system strengths, the development / updating of the new 3-year Strategic Plan will require the ongoing commitment and collaboration of the BCMHARSB Board, staff and community leadership. The 2019 - 2021 Strategic Plan is intended to be a living document that will be updated to position the BCMHARSB to meet future behavioral health needs of Butler County residents. Components of this plan will require modification based on the availability of funding, capital and changes in state mandates.

Based on input from key community stakeholders, the BCMHARSB has identified strengths and weaknesses / opportunities to successfully move the Board's Mission and Vision forward.

Some key strengths identified by community stakeholders included, but are limited to good partnerships across all sectors in the community, County Coalitions, providers / provision of a wide variety of behavioral health services in the community, Treatment Courts specialty dockets, training opportunities in the county system, National Alliance on Mental Illness, partnerships with local school systems, the Board's focus on alcohol and drug prevention, the emphasis on BH treatment in lieu of conviction(s), Board's willingness to embrace culture of its members and its community, and the Board serving as a good steward of taxpayer funding from the tax levies.

Key weaknesses identified by stakeholders included, but were not limited to transportation options for BH clients seeking services, recovery / residential housing, the

potential for loss of psychiatric beds in Butler County, BH professionals shortage including psychiatry, lack of Medicaid inpatient detoxification capacity, local agencies reducing staff and service locations, high provider administrative costs, case managers are not well-trained / experienced, and waiting times for services.

Key opportunities identified by stakeholders included, but were not limited to better SUD screening for detoxification services, full integration of mental health and addictions, better approaches to allocation of BCMHARSB funds, the need for more trainings on accounting, budgeting and claims processing, more peer-to-peer education and prevention, housing expansion and options for BH clients, community education on mental illness, addictions, suicide and violence, expansion of youth BH services, expansion of elderly BH services, to always consider the benefits of mergers, enhancement in cultural awareness and competence, and expanding Drug Coalition education services.

The following Strategic Initiative Areas were identified to form the basis for BCMHARSB's 2019 - 2021 Strategic Plan. It's recommended that the Butler County Mental Health and Addiction Recovery Services Board utilize the assessment information contained in this report along with other planning and support documentation provided by BCMHARSB staff to identify strategies, goals and timeframes related to the following strategic initiative areas and are used to formulate the foundation for the Board's new three (3) year strategic plan:

STRATEGIC INITIATIVES (In order of priority)

Leadership

Finance

Quality Improvement and Outcomes

Treatment and Recovery Supports

Prevention and Promotion

Information Technology

Culturalism

Communication

**BCM HARSB 2019 – 2021
STRATEGIC INITIATIVES AND GOALS**

STRATEGIC INITIATIVE: LEADERSHIP

STRATEGIC GOAL: *TO ENHANCE OUR IDENTITY AS A COLLABORATIVE CENTER AND A RESOURCE FOR EXCELLENCE IN THE PLANNING AND DELIVERY OF BEHAVIORAL HEALTH CARE SERVICES IN BUTLER COUNTY WHILE MEETING IDENTIFIED COMMUNITY ADDICTION AND MENTAL HEALTH NEED.*

#	Objectives / Actions	Leader	Y1 Months		Year Y2 Months		Y3		Performance Goal	Performance Measurement Source	Status
			Months								
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Ensure a dynamic and knowledgeable BCM HARSB Board of Directors.										
1.1	Review and update Board governance policy and procedure, as indicated.	Board Chair and Executive Director	X	X					Updated Board governance policies	Board Governance policies	
1.2	Formulate and implement a Board Member Recruitment Plan.	Board		X	X	X	X	X	Implementation of completed plan	Plan activities schedule	
2.0	Open, maintain, and strengthen partnerships with all levels of local, state and federal organizations.										
2.1	Continue to work with state and local partners to further integrate physical and behavioral health treatment, services, and supports and shared funding.	Executive Director and Staff	X	X	X	X	X	X	Service agreements	Executive Director Reports	
2.2	Enhance / utilize relationships / collaborations with universities / educational institutions.	Executive Director and Staff	X	X	X	X	X	X	Establish schedule, follow-up	Executive Director Reports	
2.3	Cultivate workforce development strategies.	Executive Director and Staff	X	X	X	X	X	X	Workforce Development Plan	Executive Director Reports	
3.0	The BCM HARSB will be a resource for supporting and retaining a dynamic workforce in the Butler County behavioral health system of care.										

3.1	The Board will be a resource to support and maintain the behavioral healthcare workforce in Butler County.	Executive Director and Staff	X	X	X	X	X	X	Workforce Development Plan	Executive Director Reports	
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STRATEGIC INITIATIVE: FINANCE

STRATEGIC GOAL: *MAINTAIN FINANCIAL VIABILITY OF THE BCMHARSB AND THE SERVICE DELIVERY SYSTEM THROUGH EFFICIENT AND ACCOUNTABLE FINANCIAL MANAGEMENT.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status	
			Y1 Months		Y2 Months		Y3					
			1-6	7-12	1-6	7-12	1-6	7-12				
1.0	Address prospective budget changes.											
1.1	Assess levy needs, when applicable.	Executive Director, Board and Staff	X		X			X		Tax Budget projections – Annually	Tax Budget	
1.2	Adapt BCMHARSB to changes related to Managed Care Organization (MCO) implementation, if applicable. (Build better partnerships with MCO's/)	Executive Director and Staff	X	X	X	X				Meeting with Managed Care Organizations, as applicable	Meeting agendas, minutes	
1.3	Research and better define value-based & performance-based contracting within BCMHARSB system of care.	Executive Director and Staff		X		X			X	Research value-based contracts, as applicable	Contracts	
1.4	Address the application of value-based & performance based budgeting /contracting models.	Executive Director and CFO			X					Research performance-based contracts, as applicable	Contracts	
1.5	Identify prioritized programs / services that the BCMHARSB would support.	Executive Director, Board and Staff		X		X			X	Program / Services prioritization list	Contracting Plan	
1.6	Develop and implement a written fair funding allocation process.	Executive Director, Board and Staff	X		X			X		Fair funding allocation process	Board meeting minutes	
1.7	Enhance and formalize the existing financial forecast model and ensure continued reliability and validity.	Executive Director, Board and Staff	X		X			X		Formalized financial forecasting model	Board meeting minutes	
1.8	Develop and implement a plan to ensure Accounts Payable 30-day billing policy compliance that includes documented and ongoing monitoring component.	Executive Director, Board and Staff		X						Accounts Payable 30-day billing policy	Board-approved Policies and Procedures	

1.9	Ensure that Medicaid reforms do not undermine the ability of BCMHARSB system to meet needs for the population not covered by Medicaid.	Executive Director and Staff	X	X	X	X			Identify population, specific needs and available resources		
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STRATEGIC INITIATIVE: QUALITY IMPROVEMENT AND OUTCOMES

STRATEGIC GOAL: *ENSURE A QUALITY IMPROVEMENT (QI) PHILOSOPHY THAT EMPLOYS DATA-INFORMED DECISION MAKING AND VALID AND RELIABLE OUTCOMES.*

#	Objectives / Actions	Leader	Y1 Months		Y2 Months		Y3		Performance Goal	Performance Measurement Source	Status
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Evaluate the BCMHARSB Quality Improvement Plan.										
1.1	Update and modify the BCMHARS Quality Improvement (QI) Plan as needed to include enhanced outcome measurements, program evaluation, data sets and benchmarks.	Executive Director and Board QI Staff	X						Implement revised system-wide QI Plan	QI Plan	
1.2	In order to establish local co-occurring disorder prevalence rates, ensure the identification and receipt of co-occurring disorder data sets from providers.	Executive Director and Board QI Staff			X				Identification of Butler County co-occurring disorder prevalence rate	Executive Director Report	
2.0	Identify and align with projected Managed Care Organization's priorities.										
2.1	Collaborate w/ OACBHA and MCO's in developing value-based payment capabilities in partnership with MCO's to achieve improvement outcomes.	Executive Director and Staff	X	X	X				Implement value-base contracting	OACBHA meeting minutes	
2.2	Work with OACBHA and MCO's to identify and adopt common metrics, data sharing and standardization across Boards, MCO's and OhioMHAS.	Executive Director and Staff		X	X	X			Implement standardized protocol	OACBHA meeting minutes	
2.3	Facilitate communication and position of BCMHARSB as a trusted advisor and BH "county Hub" for system response to urgent situations linking high-risk client members of MCOs to needed services.	Executive Director and Staff	X	X					Establish meetings with MCO	Executive Director Reports, Risk Management meeting minutes	
3.0	Develop and promote system of care outcomes measurement / management system.										

3.1	Establish a credible, comprehensive and diverse performance outcome measurement system.	Executive Director and Board QI Staff		X	X				Outcomes Management Plan / System	Executive Director Reports	
3.2	As part of the updated QI Plan and Process, develop a performance indicator monitoring system to improve the quality of care / quality of life measurements for individuals and families that emphasizes local, reliable, meaningful and relevant metrics.	Executive Director and Board QI Staff		X	X	X	X	X	Identified, developed and implemented enhanced performance indicators / metrics.	Executive Director Report / QI Reports to the Board	
3.3	Develop and implement a plan to generate data to identify the number of Butler County residents who engage in eating disorder behaviors for adults and youth.	Executive Director and Board QI Staff		X	X	X	X	X	Identified, developed and implemented enhanced performance indicators / metrics.	Executive Director Report / QI Reports to the Board	
4.0	Ensure the Culture of Quality re-certification.										
4.1	Assign Board staff and other resources to effectively ensure COQ re-certification is realized.	Executive Director and Staff		X					COQ Re-certification	Executive Director Reports	

STRATEGIC INITIATIVE: TREATMENT AND RECOVERY SUPPORTS

STRATEGIC GOAL: *FUND AND MAINTAIN A HIGH QUALITY, COST EFFECTIVE ADDICTIONS AND MENTAL HEALTH SERVICE DELIVERY SYSTEM THAT SUPPORTS TREATMENT AND RECOVERY.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Advocate for and continue to support Recovery-Oriented System of Care.										
1.1	Utilize the recent and future ROSC Survey results and develop a plan that reflects the results.	Executive Director and Co-quality Coordinator				X			Completed Plan	Executive Director Reports and Board minutes	
2.0	Prioritize timely access to services.										
2.1	Evaluate and plan (as needed) for improved access to services.	Executive Director and Staff	X	X					Complete access evaluation	Access survey	
2.2	Research the appropriateness of centralized access to the BH system in Butler County.	Executive Director and Staff			X				Completed research centralized access model	Executive Director Reports and Board minutes	
2.3	Continue to evaluate and plan for improved access to all services with appropriate monitoring.	Executive Director and Staff	X	X	X	X	X	X	Ongoing system access monitoring	Executive Director Reports	
2.4	Develop and implement relevant client access targets for the community mental health and addictions system including time to assessment, treatment, and pharmacological management sessions.	Executive Director and Staff	X	X	X	X	X	X	Increased availability and access to treatment services	Executive Director Reports	
3.0	Assume leadership role in efforts to increase / improve system of care Pharmacological Management capacity and access.										
3.1	Research and consider alternative options to increase psychiatry capacity through use of physician assistants, APRN's, general practitioners, BH system restructuring, contracting with vendors through outsourcing, etc.	Executive Director and Staff	X	X	X	X	X	X	Increased availability and access to psychiatric services	Executive Director Reports	
4.0	Identify and encourage evidence-based models for treatment program services system-wide.										

4.1	Complete and update in an ongoing way an overall assessment of all programming to identify and categorize programs as Evidenced-Based (EB), Modified Evidence-Based (MEB), or Non-Evidenced-Based (NEB)	Board Staff		X						Increased availability to EB services	Executive Director / Staff Reports
4.2	Evaluate the feasibility of the Board requiring the implementation of EB models of addiction and mental health treatment and prevention services.	Board Staff		X						Increased availability and access to psych. services.	Executive Director / Staff Reports
4.3	Ensure the ongoing monitoring of evidence-based treatment practice models system-wide.	Board Staff			X	X	X	X		Increased availability and access to psychiatric services	Executive Director / Staff Reports
4.4	Ensure the use of the best available Standardized Screening tools for early identification and intervention to best address the needs of Butler County residents.	Executive Director and Staff		X	X	X	X	X		Completed analysis, selection and implementation of a system-wide standardized early identification and intervention screening tool, if indicated	Executive Director / Staff Reports
4.5	Board to identify evidence-based best practices to provide some level of outpatient treatment services to better address eating disorders in adults and youth.	Executive Director and Staff			X	X	X	X		Identification / implementation of evidence-based best practice eating disorder treatment models, if indicated	Executive Director / Staff Reports
5.0	Complete a full analysis / review of the Crisis Intervention System.										
5.1	Complete a review / analysis of the entire crisis continuum, including mental health and alcohol and other drug services across the crisis continuum from pre-crisis to post-crisis. Implement recommendations if feasible and cost effective.	Executive Director and Staff		X	X					Completion of a CIS analysis and implementation , if feasible	Executive Director / Staff Reports
6.0	Complete a full analysis / review of the Butler County residential treatment capacity and effectiveness.										
6.1	Complete a review / analysis of mental health and alcohol and other drug residential treatment services for adults and implement recommendations if feasible and cost effective.	Board Staff			X	X				Completion of a MH/SUD residential treatment capacity analysis and implementation, if feasible	MH/SUD Residential Services Analysis and Board meeting minutes

6.2	Complete a review / analysis of mental health and alcohol and other drug residential treatment services for youth and implement recommendations if feasible and cost effective.	Board Staff		X	X					Completion of a MH/SUD residential treatment capacity analysis for youth and implementation, if feasible	MH/SUD Residential Services Analysis for youth and Board meeting minutes
7.0	Complete a review / inventory of housing capacity, utilization and effectiveness in meeting projected need.										
7.1	Review and inventory existing housing resources in the county for recovery housing, group homes, drop-off centers, etc. for residents with mental health and alcohol and other drug diagnoses	Board Staff		X						Completed BH housing inventory	Executive Director / Staff Reports
7.2	Develop a comprehensive housing plan to address mental health and recovery housing needs in the county including group homes, step down, transitional aged youth, and sober living facilities.	Executive Director and Staff			X					Completed Housing Plan	Executive Director / Staff Reports and Board meeting minutes
8.0	Consider increasing addiction services capacity system-wide.										
8.1	Complete an outpatient Addiction Services capacity review / analysis and make recommendations for implementation, if indicated and cost effective.	Board Staff		X						Completed Addiction Services capacity analysis	Executive Director / Board meeting minutes
9.0	Evaluate Butler County addictions and mental health consumer transportation capabilities, gaps and needs.										
9.1	Complete a new survey and update the most recent addiction and mental health consumer transportation study and implement recommendations if indicated and cost-effective.	Board Staff		X						Completed and updated transportation analysis	Executive Director / Board meeting minutes
9.2	Board to develop a transportation support plan.	Executive Director and Staff			X					Completed Transportation Support Plan	Executive Director / Board meeting minutes
9.3	Board will ensure the continuation of assessing barriers to transportation to behavioral health treatment and when identified, provide resources to effectively address the identified barrier.	Executive Director and Staff		X	X	X	X	X		Completed Transportation Support Plan	Executive Director / Board meeting minutes
10.0	Evaluate Employment and Vocational services programming.										

10.1	Complete an evaluation of Employment / Vocational programming and based on recommendations create and implement plan for system improvements.	Executive Director and Staff				X				Completed Employment / Vocational evaluation	Executive Director / Board meeting minutes	
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STRATEGIC INITIATIVE: PREVENTION AND PROMOTION

STRATEGIC GOAL: *ENSURE A KNOWLEDGABLE GENERAL PUBLIC, ELECTED OFFICIALS, AND OTHER STAKEHOLDERS ABOUT ADDICTIONS AND MENTAL HEALTH SERVICES THROUGH ADVOCACY AND PUBLIC EDUCATION ACTIVITIES.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Ensure the development, implementation, and expansion of prevention services through an updated “Prevention Philosophy” and “Community Prevention Plan”.										
1.1	Examine and identify, in conjunction with prevention partner agencies, current gaps and redundancies in addictions and mental health prevention programs and services.	Board Staff	X	X					Creation of a prevention services needs assessment plan	Meeting minutes, planning product(s)	
1.2	Develop and implement an updated comprehensive community prevention plan including mental health and addictions.	Board Staff		X	X				Implementation of a community prevention plan	Community prevention plan	
1.3	Implement new, innovative and best-practice prevention strategies where available.	Board Staff			X	X	X	X	Implementation of new prevention strategies	Prevention contracts, service agreements	
1.4	Train stakeholders when needed in existing best practice models for prevention services.	Board Staff			X	X	X	X	Implement trainings	Training evaluations	
1.5	Develop local expertise to deliver prevention training to the system and community at large.	Board Staff		X	X	X	X	X	Increase the number of Ohio Certified Prevention Specialists (OCPS) working in the prevention system	Number of prevention professionals in the system reporting OCPS certification	
1.6	Partner with NAMI, OACBHA and other key partners to create and implement a collaborative stigma reduction team.	Executive Director and Board staff	X	X	X	X	X	X	Established partnerships, documented actions	Executives Director / staff reports	

1.7	Research the feasibility to develop and implement a Suicide Prevention Task Force in Butler County.	Executive Director and Board staff		X	X	X	X	X	Implementation of a community prevention plan that includes a Suicide Prevention Task Force	Community prevention plan / Executive Director and staff reports	
1.8	Develop a cross-systems stigma reduction plan.	Executive Director and Board staff			X	X	X	X	Implementation of a community prevention plan that includes the cross-stigma reduction	Community prevention plan / Executive Director and staff reports	
1.9	Ensure the provision of utilization of the Board's resources for behavioral healthcare prevention services across the lifespan from preschool children through seniors.	Executive Director and Board staff		X	X	X	X	X	Implementation of a community prevention plan that includes services throughout the lifespan	Community prevention plan / Executive Director and staff reports	
1.10	Develop and implement community-wide public education that addresses the identification of alternative pain management therapies beyond prescription medications.	Executive Director and Board staff	X	X	X	X	X	X	Implementation of a community-wide prevention plan that addresses alternatives pain management therapies.	Community prevention plan / Executive Director and staff reports	
1.11	Provide support and other resources for families affected by mental illness and substance use disorders participation in trainings, grief, and trauma support groups.	Executive Director and Board staff			X	X	X	X	Implementation of a community prevention plan that includes resources and support to families.	Community prevention plan / Executive Director and staff reports	
2.0	Increase the visibility and community's understanding of BCMHARSB.										
2.1	Development and implementation of a BCMHARSB enhanced Media Plan.	Executive Director			X				Implementation of the Media Plan	Media log	
2.2	Identify and utilize new corporate and public partnerships.	Executive Director	X	X	X	X	X	X	Increase the number of new contacts	Executive Director Reports	
2.3	Designate duties of Board staff and/or consider external sub-contracting(Needs more clarification for meaning)	Executive Director and Board	X	X	X	X	X	X	Establish semi-annual contacts and ED Reports	Letters, meetings, updated job descriptions	
2.4	Consider organizational name change.	Executive Director, Staff and Board			X				Board decision	Board meeting minutes	
3.0	Ensure the implementation of the BCMHARSB Advocacy / Public Relations Plan.										
3.1	Identify and prioritize bi-lingual groups or segments to target advocacy and public relations efforts toward. Implementation as indicated.	Executive Director and Staff		X	X	X	X	X	Prioritized / targeted bi-lingual groups or segments	Executive Director and Staff reports	

3.2	Develop and implement an improved plan to publicize the system of care in an ongoing campaign that includes community-based mental health, addictions, suicide awareness, mental wellness, and prevention services.	Executive Director and Staff			X	X	X	X	Developed and implemented public relations plan.	Executive Director and Staff reports	
3.3	Offer an enhanced training program to public on mental illness via free trainings and educational seminars through an organized training approach inclusive of Board members, staff, providers, system stakeholders, and other supports.	Executive Director and Staff			X	X	X	X	Develop and implement public education training plan.	Training schedule, Executive Director and Staff reports	
3.4	Research and identify philanthropic foundations and individual donors with the catchment area. Develop and implement a plan to generate revenue / capital for special projects.	Executive Director, Board and Staff		X	X	X	X	X	Develop and implement special projects foundation / donor plan.	Executive Director reports and Board minutes	
3.5	Review and utilize the ROSC Survey results provided by OACBHA (state Board Association) to use in media campaign, levy promotion and other public education activities.	Executive Director and Staff	X	X	X	X	X	X	Develop and implement ROSC-based PR Plan.	Executive Director reports and Staff reports	
3.6	Develop and support addictions and mental health stigma reduction campaign. Incorporate into the Board advocacy and public relations plan.	Executive Director and Staff		X	X	X	X	X	Develop and implement the advocacy/ public relations Plan.	Executive Director reports and Staff reports	
3.7	Provide system leadership on supporting behavioral healthcare coalitions with public and private partnerships with healthcare providers to identify local needs and strategies to address them.	Executive Director and Staff	X	X	X	X	X	X	Developed list of activities related to coalition building	Executive Director reports and Staff reports	

STRATEGIC INITIATIVE: INFORMATION TECHNOLOGY

STRATEGIC GOAL: *RESEARCH AND ADOPT CURRENT INFORMATION TECHNOLOGIES TO IMPROVE AND ENHANCE COLLABORATION AND COMMUNICATION TO BEST SERVE THE BCMHARSB, COMMUNITIES, CONSUMERS AND CLIENTS.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Ensure state-of-art information technology capability exists at the BCMHARSB.										
1.1	Ensure the development of a BCMHARSB Information Technology Plan.	Executive Director / Board Staff		X					Information Technology Plan	Executive Director reports, Board meeting minutes	
1.2	Identify and implement utilization of state-of-the-art social media and other IT technologies to improve communication, education and access for Board, providers, consumers and clients	Executive Director / Board Staff		X					Information Technology Plan	Executive Director reports, Board meeting minutes	
1.3	Research the feasibility of the BCMHARSB being electronic in all operations (paperless).	Executive Director / Board Staff			X	X			Paperless feasibility report	Executive Director reports, Board meeting minutes	
1.4	Identify and utilize new technologies for community education / advocacy, communication and other BCMHARSB and Butler County needs.	Executive Director / Board Staff			X	X	X	X	Information Technology Plan	Executive Director reports, Board meeting minutes	
1.5	Develop local expertise to deliver prevention training to the system and community at large.	Board Staff		X	X	X	X	X	Increase the number of Ohio Certified Prevention Specialists (OCPS) working in the prevention system	Number of prevention professionals in the system reporting OCPS certification	
1.6	Partner with NAMI, OACBHA and other key partners to create and implement a collaborative stigma reduction team using cutting edge and current technology.	Executive Director and Board staff	X	X	X	X	X	X	Established partnerships, documented actions. Identify IT resource supports.	Executives Director / staff reports	

STRATEGIC INITIATIVE: CULTURALISM

STRATEGIC GOAL: *TO PROVIDE EFFECTIVE EQUITABLE, UNDERSTANDABLE, AND RESPECTFUL QUALITY CARE AND SERVICES THAT ARE RESPONSIVE TO DIVERSE CULTURAL HEALTH BELIEFS AND PRACTICES, PREFERRED LANGUAGES, BEHAVIORAL HEALTH LITERACY AND OTHER COMMUNICATION NEEDS.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Ensure development and implementation of Culturally and Linguistically Appropriate Services (CLAS).										
1.1	Develop, educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and procedures on an ongoing basis.	Executive Director / Board Staff		X	X	X	X	X	CLAS policies and procedures, Board and staff trained	Executive Director reports, Board meeting minutes	
1.2	Provide easy-to-understand print and multi-media BH materials and signage in languages commonly used in Butler County.	Executive Director / Board Staff		X	X	X	X	X	CLAS proficient materials and signage onsite	Executive Director / Staff reports	
1.3	Conduct ongoing assessments of the BCMHARSB CLAS-related activities and integrate CLAS-related measures into its measurement and continuous quality improvement activities.	Executive Director / Board Staff			X	X	X	X	CLAS-related outcome measures	Executive Director / Staff reports	
1.4	Create a culturally and linguistically appropriate conflict/grievance resolution processes that are appropriate to identify, prevent, and resolve conflicts or complaints to the organization.	Executive Director / Board Staff		X	X	X	X	X	CLAS-related conflict / grievance policies and procedures	Executive Director / Staff reports	

STRATEGIC INITIATIVE: COMMUNICATION

STRATEGIC GOAL: *ENSURE EFFECTIVE AND EFFICIENT COMMUNICATIONS IN ALL ASPECTS OF BCMHARSB ACTIVITY.*

#	Objectives / Actions	Leader	Y1 Months		Year Y2 Months		Y3		Performance Goal	Performance Measurement Source	Status
			1-6	7-12	1-6	7-12	1-6	7-12			
			Months	Months	Months	Months	Months	Months			
1.0	Ensure the development and implementation of effective communication strategies both internally and externally at the BCMHARSB.										
1.1	To promote a high-level of constructive communication between the Board and the provider system in settings and communication modalities.	Executive Director, Staff and Board	X	X	X	X	X	X	Plan for measurable effective communication	Executive Director reports, Staff reports	
1.2	Promote an enhanced level of relating and communication between all members of Board staff.	Executive Director and Board Staff	X	X	X	X	X	X	Measurable effective communication results	Executive Director reports, Board Staff meeting minutes	
1.3	Research implementing cutting edge/state of the art media/technology to promote effective and cost effective communications across all community BH stakeholders.	Executive Director and Board Staff			X				Research / Analysis report and recommendations	Executive Director reports, Board meeting minutes	
1.4	Support training and education about effective communications approaches and methodologies to avoid mistakes, miscommunications, and support positive relating across all BH stakeholders.	Executive Director and Board Staff	X	X	X	X	X	X	Implementation of Board communication training schedule	Executive Director reports, Board Staff meeting minutes	
1.5	The Board will continue to identify and implement a more comprehensive media campaign to educate the public about mental illness and addiction, reduce stigma, provide for the access to treatment and emphasize, "treatment works people recover".	Executive Director and Board Staff			X	X	X	X	Developed media campaign implementation	Executive Director reports, Board Staff meeting minutes	
1.6	The Board will educate the public about alternative pain therapies beyond prescription medications.	Executive Director and Board Staff		X		X		X	Development and implementation of the Alternative Pain training schedule	Executive Director reports, Board Staff reports	

2.0	Establish a plan for engagement with the Faith Community.										
2.1	The Board will establish a partnership with the local faith community to educate on behavioral health resources in our local system of care, and identify faith-based recovery programs.	Executive Director and Board Staff			X	X	X	X	Identification of a faith-based partnership development plan / strategy and training schedule	Executive Director reports, Board meeting minutes	

ADDENDA

- Key Community Stakeholder Participant List**

ADDENDUM A

KEY COMMUNITY STAKEHOLDER PARTICIPANT LIST

The following individuals provided input into Butler County Mental Health and Addiction Recovery Services Board’s 2019 – 2021 Strategic Plan assessment phase through participation in focus groups or interviews. Their contributions to the planning process were of significant help in gaining their subjective perception of the BCMHARSB’s service delivery system capabilities, needs and direction for planning purposes.

- | | |
|--------------------|--|
| Anonymous | Tristate Regional BH Consultant |
| Wayne Gillkison | Court Director |
| Noah Powers | SAMI Judge |
| Dr. Ted Hunter | BCMHARSB Board Member |
| Wayne Mays | BCMHARSB Board Member |
| Kim McKinney | BCMHARSB Board Member |
| Rev. Gary Smith | BCMHARSB Board Member |
| Pat Deis-Gleeson | BCMHARSB Board Member |
| Christine Hacker | BCMHARSB Board Member |
| Dave Swigonski | BCMHARSB Board Member |
| Mathew Himm | BCMHARSB Board Member |
| Rhonda Benson | NAMI BC Executive Director |
| Suzanne Stracke | NAMI Volunteer |
| Candace Martin | NAMI Volunteer |
| Jenny Sounders | NAMI Connections Facilitator/Volunteer |
| Benjamin Heroux | NAMI Connections Facilitator |
| Wes Sounders | NAMI Board Member/Volunteer |
| Dennis Murray | NAMI Connections Facilitator/Volunteer |
| Berni Murray | NAMI Program Director/Education Staff |
| Alyssa Louagie | NAMI Association Director |
| Jamie Simpson | Envision Partnership Prevention Specialist |
| Jeff Madden | Fairfield City Schools |
| Deb Neyer | Fairfield Prevention Coalition Director |
| Donna Martin | Fairfield City Schools |
| Erica Green | Fairfield City Schools |
| Kris Vitale | DeCoach Rehab Center |
| Kaleb Barrows | DeCoach Rehab Center |
| Kimberly Handegard | DeCoach Rehab Center |

Neicole Knott
Steve Cahill
Tiffany Compton
Alex Welty
Angela Wallace
Dana McDonald
Laura Sheehan
Eric Cummins
Susan Ballard
Kelly Hibner-Kalb
Carrie Hampton
Karen Swedersky
Leslie Jewett
Wendy L. Waters-Connell
Ross Hollman
Michelle Swartz
Carolyn Winslow
Suzanna Lozano
Paulene Edwards
Deanna Proctor
Lynn Harris
Debra Cotter
Dr. Michael Miller
Patrick Reynolds-Berry
Angie Lederwood
Michael Pucke
Norma Quinteros
Adalica Carrillo
Cassandra Keisey
Scott Fourman
Tiffany Lombardo
Martina Weber
Marian Rhodus
Lauren Costello
Angela Creech
Denise Boyd
Janie Hils
Patti Quinn
Ellen Stollings
Scott Rasmus

Beckett Spring Hospital
Community Behavioral Health (CBH)
CBH
CBH
CBH
CBH
St. Joseph's Orphanage
St. Joseph's Orphanage
Community Health Alliance
St. Als
St. Als
YWCA
YWCA
Catholic Charities of SW Ohio
Catholic Charities of SW Ohio
Big Brother Big Sisters
Modern Psych and Wellness
Access Counseling
Access Counseling
Access Counseling
Access Counseling
Access Counseling
BCMARSB Medical Director
Catholic Charities
CDC Behavioral Health Services
BCMARSB Board Member
NAMI/Volunteer
Butler Behavioral Health Services
BCMARSB Attorney
BCMARSB Staff
BCMARSB Staff