
State Fiscal Years 2019-21 Strategic Plan

July 1, 2018 - June 30, 2020



**MENTAL HEALTH &
RECOVERY BOARD**

ERIE & OTTAWA
COUNTIES

Table of Contents

Executive Summary	3
Introduction & Background	7
Planning Context	8
The Strategic Plan	17
Execution & Oversight	23
Appendix: Logic Model	24



Executive Summary

The Mental Health and Recovery Board of Erie & Ottawa Counties (MHRBEO) approved a two-year strategic plan for the timeframe of July 1, 2018 through June 30, 2020 following an extensive and inclusive planning process. The MHRBEO State Fiscal Year (SFY) 2019-21 Strategic Plan priorities reflect its overall operational mission, its vision for the future, and goals to meet priority community needs.

All Board members and staff served as the Planning Team for plan development and decisions. Approaching stakeholder input for the planning process, the MHRBEO leadership fully recognized that to build credibility and trust and to improve services, they needed to work through problems, recognize past mistakes, and listen intently to where change was needed and strengths should be enhanced. As a result of this steadfast determination to be a stronger organization making better-informed choices, a robust stakeholder input process was conducted.

Between January and March 2018, Board members and staff of the MHRBEO proactively garnered the input of its clients, service providers and community partners to provide additional insights into current and emerging needs, and potential areas of future focus. The information base for establishing the planning context included critical insights garnered from a total of 211 elected and community leaders, service providers and clinicians, county partner agencies, first responders, school districts, family members of clients and, very importantly, clients themselves.

Following a series of full-Board and staff planning sessions that featured data analysis and frank discussion, a plan with six priority goals was developed. The strategic plan was adopted at the August 21, 2018 public MHRBEO meeting.

The following overview chart summarizes the MHRBEO's strategic plan, including the organization's charter elements and the priorities being pursued over the next two years. A logic model depiction of the MHRBEO strategic plan can be found in the Appendix.

For more information on the MHRBEO and the public alcohol, drug and mental health system, please visit the agency's website: <https://www.mhrbeo.org>.



Mental Health & Recovery Board of Erie and Ottawa Counties Strategic Plan July 1, 2018 – June 30, 2020	
Mission	Vision Statement
<p>The Mental Health and Recovery Board of Erie and Ottawa Counties plans, funds, directs, and monitors a network that delivers a continuum of behavioral health services to foster wellness for our community.</p>	<p>The community we serve will trust the Board and its staff as proactive leaders and engaged partners to help people lead healthy, productive lives.</p>
Core Values	
<p>On behalf of the people of Erie and Ottawa Counties,</p> <ul style="list-style-type: none"> • We demonstrate uncompromising ethical conduct in our actions. • We fulfill the Board’s role as the oversight agency for community behavioral health services. • We believe that our highest level of responsibility is to those receiving mental health and/or substance use disorder services and their families. • We provide access to resources that are client-directed and achieve positive results through the application of evidence-based interventions. • We listen and respond to the needs of clients, providers, and community members, treating them as partners and with dignity and respect. • We make data-informed decisions to continually seek improvements. • We are good stewards of taxpayer dollars by being strategic, responsible, and accountable, while also requiring efficient, effective, and quality services from our providers. 	
Target Outcomes	
<ul style="list-style-type: none"> • More children and youth have the prevention tools needed to develop and achieve mentally-healthy and drug-free lives. • More children and youth receive appropriate behavioral health support to become socially and emotionally resilient. • More individuals who have a Serious Emotional Disturbance or have a Severe and Persistent Mental Illness diagnosis are served in appropriate settings. • More housing options for the people we serve. • More community members are educated on mental health and substance use disorders. • More individuals with substance use disorders have access to services. • Community Board leadership is visible with more effective programs and business operations. • Enhanced public support for the Board’s mission. 	



Goals with Associated Objectives and Performance Measures	
Goal 1 Increase access to prevention programs focused on school-age children and youth, including trauma awareness.	1a. Develop a coordinated prevention continuum that prioritizes and increases contracted funding for best-practice programs with identified outcomes by March 30, 2019. <i>Measures:</i> Completed plan, Amount of contracted school-age prevention funds
	1b. Work with the Ohio Suicide Prevention Foundation to develop a customized youth strategy for suicide prevention efforts in Erie and Ottawa Counties by June 30, 2019. <i>Measure:</i> Completed Suicide Prevention Strategy & associated measure
Goal 2 Increase services for children and youth with behavioral health issues and/or a diagnosis.	2a. Increase early intervention and treatment capacity in community and school-based settings by June 30, 2019. <i>Measures:</i> # children served, # dedicated funds, # new or enhanced services or strategies
	2b. Prioritize services and supports to the child welfare population to mitigate long-term, out-of-home placements by December 31, 2018. <i>Measures:</i> Reduced placements, Average length of stay
	2c: Update the strategy for individuals with a Serious Emotional Disturbance (SED) diagnosis by December 31, 2019. <i>Measure:</i> New strategy adopted
Goal 3 Increase resources to strengthen the continuum of services for individuals with substance use disorders.	3a. As the County Hub to Combat Opioid Addiction, assess the current substance use disorder continuum against best practices to identify service gaps for target populations and make associated recommendations by February 28, 2019. <i>Measure:</i> Report Issued
	3b. Implement substance-use disorder partial hospitalization by December 31, 2018. <i>Measures:</i> Program implemented, # clients served, Utilization rate
	3c. Increase access to recovery housing commencing December 31, 2018. <i>Measures:</i> # beds available, Average daily population. Measures collected with population-based and demographic information.
	3d. Prioritize supports for first responders, including access to Critical Incident Training (CIT), commencing July 1, 2018. <i>Measures:</i> # Critical-Incident Training sessions, # MH First Aid training sessions
Goal 4 Develop and implement support options for individuals with Severe and Persistent Mental Illness (SPMI) and their personal support systems.	4a. Develop an implementation plan for short-term, crisis-intervention and respite services for individuals with SPMI by June 30, 2020. <i>Measure:</i> Plan approved.
	4b. Implement the Assisted Out-Patient Treatment model by June 30, 2019. <i>Measures:</i> # served, # hospitalization, # incarcerations
	4c. Enhance Consumer Operated Services to support the social network and community involvement of Board-served individuals, commencing July 1, 2018. <i>Measure:</i> # consumer participation
	4d. Engage and support local National Alliance for Mental Illness (NAMI) Chapters, commencing July 1, 2018. <i>Measures:</i> # meetings between NAMI & MHRBEO, # active NAMI members



<p>Goal 5 Improve the Board's effectiveness and efficiency in pursuit of its mission.</p>	<p>5a. Complete a Board Training Plan for implementation effective January 1, 2019. <i>Measures:</i> Plan completed, # Board members fully trained, % Board members fully trained</p>
	<p>5b. Review Board By-Laws and Committee structure and make any necessary recommendations by January 1, 2019. <i>Measure:</i> Report issued</p>
	<p>5c. Upgrade the process for collecting and analyzing the data needed for informed decision-making by the Board by May 1, 2019. <i>Measure:</i> Process completed</p>
	<p>5d. Institute routine Community Roundtables to ensure ongoing input from, and communication with, the people of Erie and Ottawa Counties. <i>Measures:</i> # Forums held, # participants</p>
<p>Goal 6 Secure public support for the MHRBEO mission and property tax levies.</p>	<p>6a. Initiate and conduct a successful property tax levy campaign. <i>Measure:</i> Campaign Committee operational, Vote tally</p>



Introduction & Background

A viable strategic plan of action to achieve the Mental Health and Recovery Board of Erie and Ottawa Counties' (MHRBEO) vision and to meet mission-based responsibilities – one fully informed by the thoughtful input from those who live and work in Erie and Ottawa Counties – is reflected in this document. It's a living plan several months in the making. The resulting goals will play out for the next two years with measured progress along an established timeline.

The MHRBEO began its strategic planning process in late 2017 to develop a State Fiscal Year (SFY) 2019-21 Strategic Plan commencing July 1, 2018. Board Chairs Betsy Wilber and John Fletcher and Executive Director Brenda Cronin guided the development process.

Emerging from a period of leadership transition, the MHRBEO approached the planning process with a focused, sincere intent to listen and learn from clients, family members, service providers, community partners, public officials, and the people of the counties it serves.

Intentional, thoughtful outreach, combined with diligent data review, were two methodologies utilized to help engender the public's faith in Board decisions.

The State Fiscal Year (SFY) 2019-2021 Strategic Plan development process follows seven major steps.

- *Securing and reflecting upon stakeholder and citizen input for priority-setting.*
- *Exploring the data, policy, and community context for decisions.*
- *Updating the Board's mission statement and core values.*
- *Establishing a vision statement and outcome-based, goal priorities.*
- *Drafting goal-level objectives and performance measures.*
- *Ensuring staff-generated, objective-level work plans with detailed action tasks.*
- *Adopting a process to monitor implementation work plans for results or necessary adjustments.*

All Board members and staff served as the Planning Team for plan development and decisions.

MHRBEO Board Members		
John Fletcher, Chair	Tara Crump	Valerie Parker
Julie Hammond, Vice-Chair	Robert Geib	Steve Poggiali
Connie Kendrick, Treasurer	Ron Guerra	Evelyn Quinn
Sam Artino	Joyce Litten	Herman Robinson
Tim Betton	Charles Murray	Craig Stahl
Connie Cornett	Keith Newton	Betsy Wilber
MHRBEO Staff Members		
Brenda Cronin, Executive Director		
Diane Taylor, Deputy Director		
Lisa Crescimano, Chief Financial Officer		
Alyssa Ryan, Administrative Services Liaison		
Patty Notestine, Office Manager		

The final plan delineates a Mission Statement, Core Values, Vision Statement, Target Outcomes and six goals with associated objectives and performance measures.



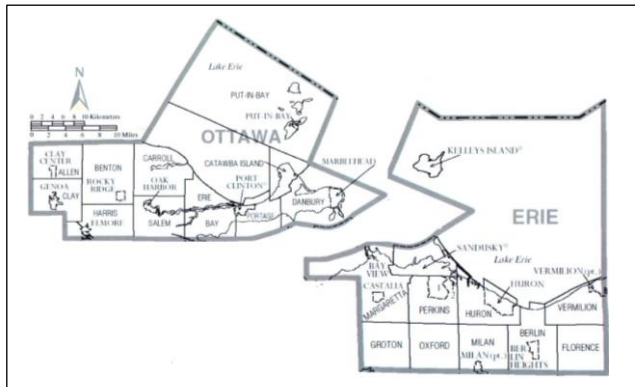
Planning Context

A smart, strategic plan that identifies the right future priorities depends upon fully understanding the current state of affairs – the starting point for future decision-making. The MHRBEO Board members and staff committed to beginning the planning process with an honest assessment of where the organization, as well as the system it supports, stood with its current work.

The MHRBEO reviewed its mission directives, local context and expectations, service record, operational capacity, and trend data to make solid, planning decisions. Leaders of the MHRBEO also actively sought the candid opinions of stakeholders and the public. As with any planning process, the context reflects a point-in-time scan. A brief, far from inclusive, summary of data reviewed throughout the planning process follows.

Erie & Ottawa Counties

The MHRBEO is a multi-county alcohol, drug addiction, and mental health board serving Erie and Ottawa Counties. The total population recorded by the 2016 U.S. Census is 115,743. Sandusky is the county seat of Erie County. Port Clinton is the county seat of Ottawa County. Ottawa County covers almost twice the number of square miles as Erie. Tourism is a major regional industry and fluctuates seasonal population and service needs.



Key population statistics are recorded in the table below.

Category	Erie County	Ottawa County
Population	75,107	40,636
Population Trend	Down 2.6% since 2010	Down 1.9% since 2010
Median Income	\$48,011.00	\$53,914.00
Child Poverty Rate	20.1%	15%
Unemployment Rate, June 2018	5.4%	5.5%
Adult Disability Prevalence	14.1%	15.9%
Adult Population on Medicaid (19-64 years)	19.8% or 8,237 people	12.45% or 2,262 people

The overarching demographic trend for the two-county area is the aging of the population. The median age of the two counties is between five and eight years older than Ohio’s median age of 39.3 years.

The MHRBEO System

By state law, the MHRBEO plans, develops, funds, manages and evaluates community-based mental health and addiction services for its counties’ populations (Ohio Revised Code 340). The public funds administered by the Board include local, state, and federal dollars. The Board contracts with direct service providers to create a public system of care to assist those with mental illness and substance use disorders and to promote overall prevention, treatment, recovery and wellness. The Board is not responsible for the delivery of services paid for by insurance benefits or with an individual’s private funds. However, the Board is responsible for investigating complaints and grievances concerning the rights of persons seeking or receiving addiction services, mental health services, or recovery supports.

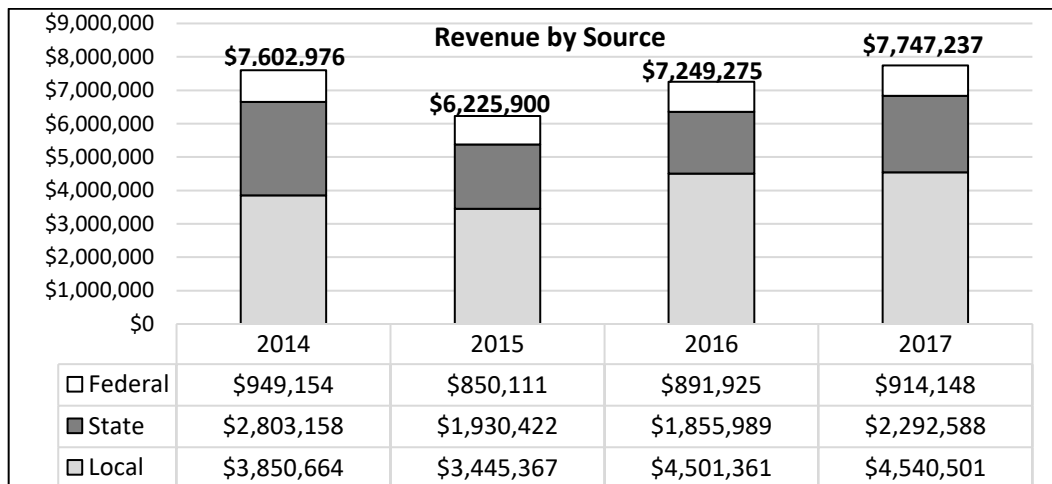


The MHRBEO is governed by a publicly-appointed 18-member, volunteer Board. Eight members are appointed by the Ohio Department of Mental Health and Addiction Services, seven by the Erie County Board of County Commissioners, and three by the Ottawa County Board of County Commissioners. Members of the Board are community leaders, professionals in the mental health and substance use disorder fields, clients, and people interested in helping people and the community. The Board employs a staff of five to fulfill its mission.

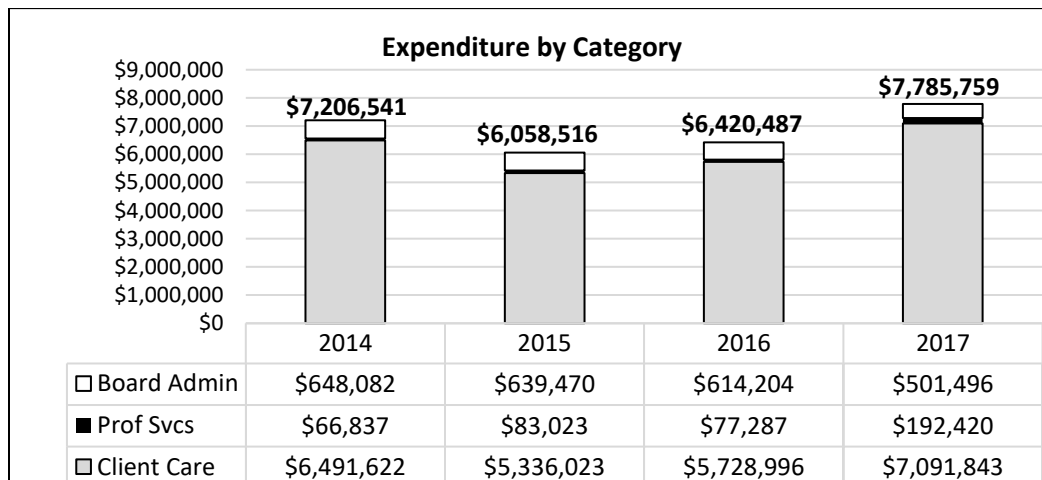
Financials

The behavioral health system in Erie and Ottawa counties relies on local, state, and federal dollars for financial support to sustain an annual budget approaching \$8 million. The funding mainstays are the voter-approved MHRBEO property tax levies. The two levies (a five-year, .3 mills and a ten-year, .7 mills) generate just over \$4.5 million annually. Voters in both counties have voted to approve recent levies to benefit citizens in need of service. No county general revenue funds are received by the MHRBEO.

State and federal funding for mental health and substance use disorder services is lower in 2017 than 2014. As demand for services continues to increase, local property tax funds have taken on an increasingly critical role in supporting the behavioral health system. The chart below reflects the MHRBEO funding base over the last four years.

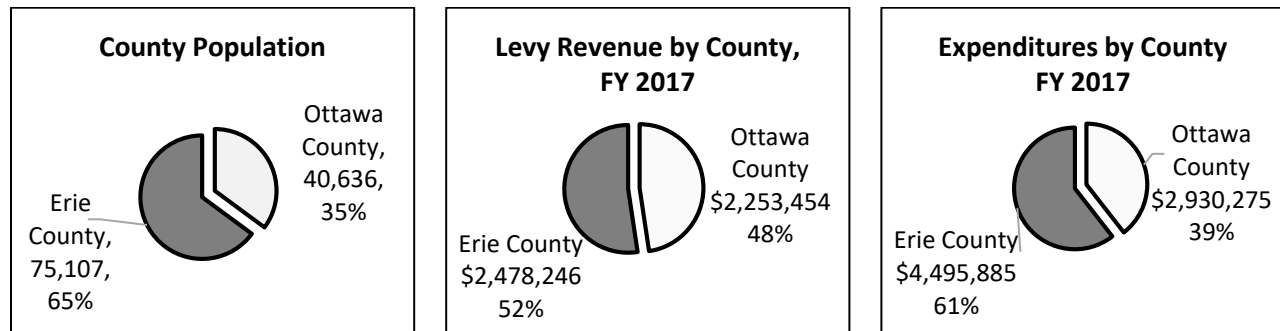


The vast majority of the MHRBEO’s expenditures go to client direct care and services delivered via a system of local providers. The chart below shares expenditure details over the last four years.



The outlay for mental health and substance use disorder splits fairly equally. The 2018 MHRBEO budget dedicates 62% of client care funds to mental health issues and 38% to substance use disorders. Many clients require both mental health and substance use disorder service allocations. Board administration expenses remain under 10% of the total operating budget in the coming year.

The MHRBEO expenditures also remain proportionate to the counties served as depicted in the charts below.



Data: MHRBEO

The MHRBEO has focused considerable attention in recent years on ensuring sound fiscal management. While the MHRBEO does not hold a formal cash reserve fund, it does prudently manage carry-over funds to ensure appropriate cash flow and fund balances in the event of economic downturns or major funding reductions.

The MHRBEO budget does not reflect Medicaid services which are covered directly by the Ohio Department of Medicaid using a mix of federal and state funding. Medicaid covers many behavioral health treatment services and supports for eligible populations.

Services & Supports

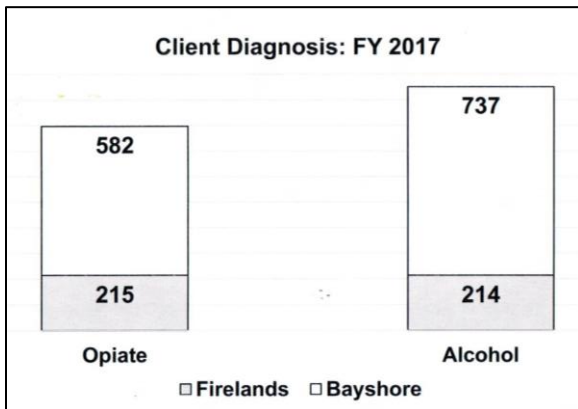
Last year, MHRBEO-funded providers served thousands of individuals along its continuum of care ranging from prevention and early intervention to treatment and ongoing supports, as well as general community education and public advocacy. The continuum of care serves individuals dealing with mental illness and substance-use disorders (SUD). Approximately 27,000 clients received assistance from the MHRBEO system in 2017; 68.7% from Erie County and 31.3% from Ottawa County. As previously stated, the split between mental illness and substance use disorder funded services is 62/38. The majority of clients served were between age 18 and 54 years. It's important to note that many programs serve a wide age range, including aging populations.

The Board reviewed considerable service data during the planning process. A few statistics of note include:

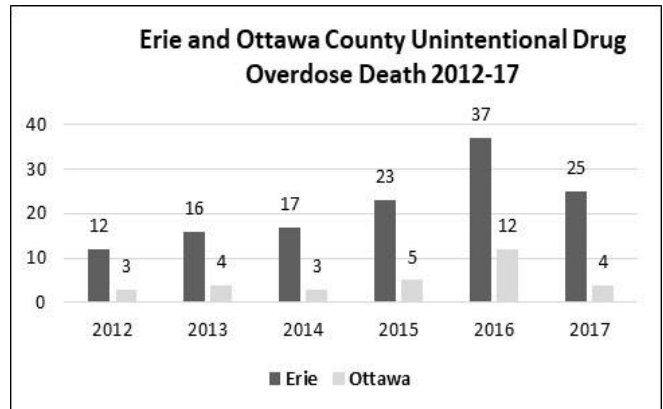
- Crisis hotline calls, as received by the MHRBEO's contracted provider, totaled 232 for substance use and 12,878 for mental illness in 2017.
- 1,127 units of local, inpatient, mental health services were provided for Erie and Ottawa County individuals in 2017. Additionally, on average, nine beds are occupied on any given day by Erie and Ottawa County residents at Northern Ohio Psychiatric Hospital.
- 75% of inmates in county jails have a prescription due to mental illness.
- Self-reported data from youth of both counties reflected a total of 112 youth contemplating suicide and 56 youth attempting suicide in 2017.



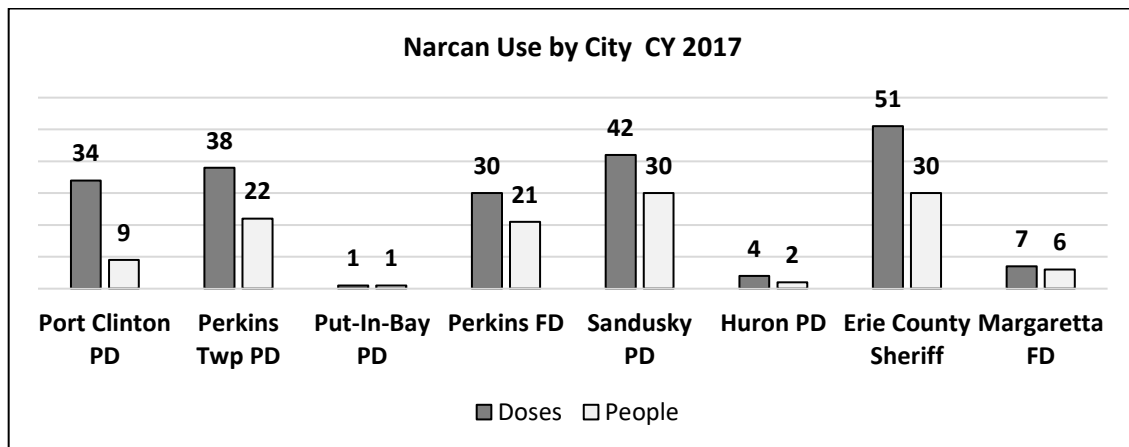
- The number of women with substance use disorders giving birth in local hospitals increased from 15 in 2016 to 25 in 2017.
- Substance use was cited as a reason for the public child welfare system to remove a child from a parent’s home in 67% of cases in Erie County and 74% of cases in Ottawa County in 2017.
- Alcohol remains the number one substance use diagnosis last year by local providers.
- Unintentional opiate deaths rose from 15 in 2012 to 49 in 2016. Due to first responder and family use of Narcan/Naloxone to combat opioid overdoses we are started to see a decline in 2017.



Data: Firelands/Bayshore



Data: Ohio Department of Health



Data: Collected by MHRBEO from Law Enforcement

The MHRBEO contracts with service providers to deliver direct services and supports to clients and their families. The MHRBEO recognizes that people living with mental illness and substance use disorders are facing chronic diseases that require chronic disease management as well as short-term and longer-term recovery supports that allow each person to live their best, healthy life. An overview of major services and the associated contracted provider is outlined in the chart that follows.



MHRBEO Current Service Continuum		
Prevention	<p>Bayshore Counseling Services</p> <p>Firelands Counseling & Recovery Services</p> <p>School Districts</p>	<ul style="list-style-type: none"> • Prevention programs address identified needs of school-age children in multiple (but not all) school districts • Boys and Girls Clubs • Character Counts • Conflict Resolutions (teacher-students) • DINA program • Early Childhood Mental Health • Lesbian, Gay, Bisexual, Transgender Support Group • Mental Health Liaisons in all school districts, child care centers, and juvenile court • 1,2,3,4 Magic Focus (strengthen child relationship) • Parenting Classes • Prevention, Offering, Wellness, Education & Resources (P.O.W.E.R.) • Put Parents First • Question, Persuade, Repeat (QPR) Suicide Prevention • STAR (Sharing, Teamwork, Acceptance, Relationships) • Stop Bullying Now • Suicide prevention outreach and screening • Whole Child Matters • Youth at Risk • Youth-Led Prevention • Youth-to-Youth afterschool program
Criminal Justice	<p>Services offered in the court, county jail and juvenile detention</p>	<ul style="list-style-type: none"> • Ottawa County Common Plea Court: Drug Addiction Treatment Alliance Court (DATA) • Ottawa County Family Dependency Treatment Court: HOPE (Helping Our Parents Excel) • Adult Services <ul style="list-style-type: none"> ○ Case Management ○ Diagnostic Assessment ○ Drug Screening ○ Individual and Group Counseling ○ Linkage and Referrals ○ Jail Liaison, Mental Health and Substance Use Disorder ○ Men and Women Support Group ○ Re-Entry Coalition ○ Bridge program – two-week prescription post release ○ Psychotropic Medication grant – Jail reimbursement funding • Juvenile Detention Center <ul style="list-style-type: none"> ○ Anger Management and Coping Skills ○ Juvenile Detention Liaison



		<ul style="list-style-type: none"> ○ Linkage and Referrals ○ Social Skills Group
Treatment	<p>Bayshore Counseling Services</p> <p>Firelands Counseling & Recovery Services</p> <p>Northern Ohio Psychiatric Hospital</p>	<ul style="list-style-type: none"> • Case Management • Crisis Hotline • Crisis Assessment • Day Treatment • Diagnostic Screening & Assessment • Drug Screens • Emergency Stabilization • Group and Family Counseling <ul style="list-style-type: none"> ○ Anger Management, Battered Intervention, Coping Skills, Gambling, Recovery Group, Systemic treatment for emotional predictability and problem solving • Individual Counseling • Intensive Outpatient SUD • Medication Assisted Treatment • Medication Evaluation and Monitoring • Psychiatric Evaluation and Medical Services • Psychiatric Hospitalization • Residential Treatment • Outpatient Detox • Vocational Services
	<p>Erie County Health Department</p> <p>Surest Path to Recovery</p>	Inpatient Detox



Recovery Supports	Erie Shore Network Genesis by the Lake Light House Sober Living Oak House Sandusky Artisans Recovery Community Center Volunteers of America	<ul style="list-style-type: none"> • Information and Referral • Peer Supporters • Psychosocial Support • Recovery Housing • Recovery Supports • Social Network Opportunities • Supportive Housing
Surrogate Services	Catholic Charities of Toledo Private Attorneys	<ul style="list-style-type: none"> • Benefits Consultation • Family Education and Support • Guardianship Services

Stakeholder Voice

Over the past few years, Board members serving on the MHRBEO faced many hard truths about past shortcomings in previous Board decisions and the performance of its staff. MHRBEO Board members recognized that previous performance fell short of community needs and expectations. To improve, new Board appointees and retained members made a conscious decision to change performance. A new Executive Director was engaged, staffing was adjusted, and new standards were set for ongoing community engagement, provider partnerships, and overall quality program and financial standards.

Approaching stakeholder input for the planning process, the MHRBEO leadership fully recognized that to build credibility and trust and to improve services they needed to work through problems, recognize past mistakes, and listen intently to where change was needed and strengths should be enhanced. As a result of this steadfast determination to be a stronger organization making better-informed choices, a robust stakeholder input process was conducted.

Between January and March 2018, Board members and staff of the MHRBEO proactively garnered the input of its clients, service providers, and community partners to provide additional insights into current and emerging needs, and potential areas of future focus. The information base for establishing the planning context included critical insights garnered from a total of 211 elected and community leaders, service providers and clinicians, county partner agencies, first responders, school districts, family members of clients, and, very importantly, clients themselves.



Throughout a series of one-on-one interviews, stakeholder input groups, and community forums, participants were asked to help identify:

- Strengths and challenges to address
- Data and trends to inform future strategy
- Goal proposals
- Sage counsel on fundamental issues

Plan Input Process
• 2 Public Forums
• 4 Consumer Input Sessions
• 1 Provider Input Session
• 4 Partner Input Sessions (Family & Children First, First Responders, School Districts)
• 2 Family Input Sessions
• 27 Telephone Interviews

Stakeholder Findings

The clients of MHRBEO generously gave of their time and expertise to inform future goals. Overall, clients expressed appreciation for current services and supports. Clients shared stories of supportive service providers, caring clinicians, and the value of peer-supports and client-operated services. Clients and family members also illuminated the need to do more to maintain personal wellness, improve relationships, and engage more fully in the community and the workplace. The need for more recovery supports such as social networks, mentors, housing, transportation, and vocational services frequently emerged in conversation. Clients were also particularly eloquent about the need for an increased focus on prevention. Clients urged the MHRBEO to help young people make better choices regarding substance use and to teach them how to recognize the signs that they may need help with their overall wellness.

As part of planning discussions, participants reviewed key client and family themes as summarized in the chart below.

Client and Family Key Themes
1. Seeking expansion of Peer Support.
2. Largely satisfied with out-patient, basic treatment options and providers, but see provider stress with retaining qualified staff at the level needed for quality service.
3. Believe residential or in-patient treatment options could be expanded.
4. Major need for longer-term recovery supports, i.e. counseling, employment, life skills.
5. Housing, Housing, Housing – more is needed.
6. Family voice and family support lacking overall.

Discussions with key system stakeholders and the general public were equally candid. While most stakeholders expressed the opinion that there were many strengths within the public behavioral health system, they also expressed disappointment that the MHRBEO had not always been the leader the community needed. Most stakeholders indicated noticing needed MHRBEO improvement in 2017. However, the overall voiced expectation was for stronger, more visible performance. The chart below summarizes Stakeholder Findings.

Stakeholder Findings
A. Board constituencies are overwhelmed by the Opiate Epidemic and other drug addictions and identify the Board’s lack of leadership as a significant problem.
B. The community voiced deep-seated concern for the wellness of children and youth. The expectation is that the Board will step up across the spectrum from prevention to trauma-informed care.
C. Stakeholders remain unsure that appropriate treatment and recovery services are in place for SPMI clients and those with substance use disorders. Many believe additional residential



treatment and crisis services are needed for both populations. This may be indicative of an overall lack of understanding of what the Board's continuum of care approach is or should be. Providers believe they have vital information and perspective to help develop an appropriate program continuum.

- D. There is a level of unease regarding the quality of Board administration and oversight of the public mental health and addiction system. Most believe progress has been made, but that more needs to be done in short order. Areas of focus most frequently mentioned were:
 - a. Contract & financial management
 - b. Quality Standards and compliance monitoring
 - c. Deployment of best practices; including training
 - d. Systemic perspective; including recognition of Medicaid, the Affordable Care Act and other marketplace dynamics impacting a viable provider network.
- E. The community needs more information from the Board to address real concerns or incorrect perceptions that inequitable decisions are being made regarding the allocation of funds and choices affecting service delivery as it pertains to: Ottawa v. Erie County, Rural access in relationship to county-seat access, Opiate Epidemic focus v. Mental Health focus.
- F. Stakeholders voiced a general lack of faith in Board member knowledge, initiative, and independence, rooted in a history of insular decision-making and minimal community partnership, on key issues directly related to the mission. Stakeholders report this plays out as
 - a. A lack of respect toward providers
 - b. Less-than-informed debate at meetings
 - c. Limited visibility within the community
 - d. Lack of leadership on key issues of importance

Significant stakeholder consensus emerged regarding go-forward strategy. Within a myriad of suggested populations, children suffering trauma was most frequently cited as an underserved population needing focus. The opioid epidemic was highlighted as the most concerning trend to be addressed. The most frequently mentioned future goal-proposals were:

1. Improve timely access to psychiatrists by recruiting and retaining additional providers.
2. Increase services to children who have experienced trauma due to parent choices leading to involvement with the child welfare system or incarceration.
3. Increase access to residential treatment options; including crisis beds.
4. Increase access to prevention programs with a focus on young people.
5. Increase resources to strengthen and expand peer support services.

Board Appreciation

Board members and staff of the MHRBEO wish to acknowledge and thank all the individuals and organizations who gave freely of their time and spoke openly of future needs. The candid input provided prompted discussion that was frank and substantial and greatly impacted the strategic direction of the developed plan. The voice of the people of Erie and Ottawa Counties enriched the process. Special thanks to organizations that accommodated input groups and to St. John's Lutheran Church and The Ebenezer Baptist Church for hosting open, community forums.



The Strategic Plan

The Mission

A mission is an enduring statement of purpose that identifies an entity's scope of operations and reflects priorities. A Mission Statement reflects what an organization does, who is served, and what is achieved.

MISSION
The Mental Health and Recovery Board of Erie and Ottawa Counties plans, funds, directs, and monitors a network that delivers a continuum of behavioral health services to foster wellness for our community.

Core Values

Core Values articulate how an organization conducts itself in carrying out its mission and guide behavior. They set expectations for staff and partners and improve discretionary decision-making.

CORE VALUES
On behalf of the people of Erie and Ottawa Counties, <ul style="list-style-type: none">• We demonstrate uncompromising ethical conduct in our actions.• We fulfill the Board's role as the oversight agency for community behavioral health services.• We believe that our highest level of responsibility is to those receiving mental health and/or substance use disorder services and their families.• We provide access to resources that are client-directed and achieve positive results through the application of evidence-based interventions.• We listen and respond to the needs of clients, providers, and community members, treating them as partners and with dignity and respect.• We make data-informed decisions to continually seek improvements.• We are good stewards of taxpayer dollars by being strategic, responsible, and accountable, while also requiring efficient, effective, and quality services from providers.

The Vision

Planners defined a vision as a concise, word picture that sets the overall direction for what the Board strives to attain in the future. It describes a desired state that can be achieved if aggressively pursued. It creates positive tension on goals and helps explain the "why" of what the organization pursues.

VISION
The community we serve will trust the Board and its staff as proactive leaders and engaged partners to help people lead healthy, productive lives.



Target Outcomes

Outcomes define the ultimate result of effort stated in a measurable format, i.e. plan “deliverables.” Outcomes provide the overarching targets for goals in alignment with the Vision. Target outcomes can be about the improvement in people’s lives or system performance addressing quantitative or qualitative deliverables.

TARGET OUTCOMES
<ul style="list-style-type: none">• More children and youth have the prevention tools needed to develop and achieve mentally-healthy and drug-free lives.• More children and youth receiving appropriate behavioral health support to be socially and emotionally resilient.• More individuals who have a Serious Emotional Disturbance or have a Severe and Persistent Mental Illness diagnoses are served in appropriate settings.• More housing options for the people we serve.• More community members educated on mental health and substance use disorders.• More individuals with substance use disorders have access to services.• Community Board leadership is visible with more effective programs and business operations.• Enhanced public support for the Board’s mission.

Goals, Objectives and Performance Measures

Goals are directional statements of long-term results needed to achieve the mission and the vision. Goals are clarified by the objectives associated with them. Objectives lay out the “how to” or major action areas that move the project toward the goal. Objectives are generally more refined, measurable, and can readily be assigned completion dates. Performance measures document progress toward attaining goals. Measures usually track a percentage change, an increase or decrease in a target number, or the completion of a deliverable product.

The MHRBEO plan directs energy, focus, and resources to specific goals and objectives. The choices identified in the plan are important and strategic. Any MHRBEO program not specifically called out in the plan or listed as part of a goal workplan also remains important. To meet its mission, the MHRBEO remains committed to the sound administration of best-practice programs for the full range of populations served.

The MHRBEO SFY 2019-21 Strategic Plan prioritizes six goals. What follows is a quick overview of each goal’s priority context with a chart that outlines the goal’s objectives and performance measures.

- **MHRBEO Goal One:** Increase access to prevention programs focused on school-age children and youth, including trauma awareness.

The need to focus much more intently on promoting substance-use prevention and educating young people on issues associated with mental health and substance use disorders emerged as a primary need within the Erie and Ottawa County community. The MHRBEO and its stakeholders recognized that prevention and early education can save lives, avoid heartache, and identify issues for help before they intensify. Trauma research strongly supports this approach. In selecting this goal focus,



the MHRBEO recognizes the potential return-on-investment the work can yield in terms of public funds and, more importantly, in terms of the future trajectory of the lives of children and youth.

Goal One: Increase access to prevention programs focused on school-age children and youth, including trauma awareness.		
#	Objective	Performance Measure(s)
1a	Develop a coordinated prevention continuum that prioritizes and increases contracted funding for best-practice programs with identified outcomes by March 30, 2019.	<ul style="list-style-type: none"> • Completed plan • Amount of contracted school-age prevention funds
1b	Work with the Ohio Suicide Prevention Foundation to develop a customized youth strategy for suicide prevention efforts in Erie and Ottawa Counties by June 30, 2019.	<ul style="list-style-type: none"> • Completed Suicide Prevention Strategy & appropriated associated measure

- **MHRBEO Goal Two:** Increase services for children and youth with behavioral health issues and/or a diagnosis.

The MHRBEO system needs to provide more access to appropriate care to children and youth. Providing support to younger populations has emerged as a priority for future effort.

The misuse of opioids has intensified the need to assist children whose parents' substance use disorders have created trauma in their lives. Additionally, some mental health issues first surface during adolescence and identifying and addressing those needs early matters. The MHRBEO anticipates significant partnerships with the child welfare system, school districts, and other community organizations that focus on assisting children and youth.

Goal 2: Increase services for children and youth with behavioral health issues and/or a diagnosis.		
#	Objective	Performance Measure(s)
2a	Increase early intervention and treatment capacity in community and school-based settings by June 30, 2019.	<ul style="list-style-type: none"> • # children served • # dedicated funds • # new or enhanced services
2b	Prioritize services and supports to the child welfare population to mitigate long-term, out-of-home placements by December 31, 2018.	<ul style="list-style-type: none"> • Reduced placements, • Average length of stay
2c	Update the strategy for individuals with a Serious Emotional Disturbance (SED) diagnosis by December 31, 2019.	<ul style="list-style-type: none"> • New strategy adopted

- **MHRBEO Goal Three:** Increase resources to strengthen the continuum of services for individuals with substance use disorders.

As the Opioid Epidemic continues to sweep Ohio and Erie and Ottawa Counties, the MHRBEO recognizes that addressing substance use disorders is fundamental to its mission. The MHRBEO also recognizes that many committed organizations serve on the epidemic's front-line every day. Stakeholders clearly articulated that dealing with opiates and other drug abuse is their foremost concern – pointing to the impact on individuals, families, schools, workplaces and the community.



As MHRBEO steps up efforts against opioid misuse, it will negotiate with all concerned parties on

County Hub Program to Combat Opioid Addiction *Ohio Revised Code 340.3*
 (A) There is hereby created the county hub program to combat opioid addiction. The purposes of the program are as follows:
 1. To strengthen county and community efforts to prevent and treat opioid addiction;
 2. To educate youth and adults about the dangers of opioid addiction and the negative effects it has on society;
 3. To promote family building and workforce development as ways of combatting opioid addiction in communities;
 4. To encourage community engagement in efforts to address the purposes specified in divisions (A)(1) to (3) of this section.
 (B) The program shall be administered by each board of alcohol, drug addiction, & mental health services. If the service district a board represents consists of more than one county, the board shall administer the program in each county.
 (C) Not later than Jan. 1, 2020, each board shall submit a report to the department of mental health & addiction services summarizing a board’s work on, and progress toward, addressing each of the program’s purposes.

next steps and how best to align efforts in conjunction with its statutory charge as a County Hub to Combat Opioid Addiction.

The MHRBEO is committed to addressing addiction to all substances and the need for ongoing recovery supports. Across

the spectrum, the MHRBEO will do more to educate the community on what is being done, what remains to be done, and how to access services or participate in being part of the solution.

Goal 3: Increase resources to strengthen the continuum of services for individuals with substance use disorders.		
#	Objective	Performance Measure(s)
3a	As the County Hub to Combat Opioid Addiction, assess the current substance use disorder continuum against best practices to identify service gaps for target populations and make associated recommendations by February 28, 2019.	<ul style="list-style-type: none"> • Report Issued
3b	Implement substance-use disorder partial hospitalization by December 31, 2018.	<ul style="list-style-type: none"> • Program implemented • # clients served • Utilization rate
3c	Increase access to recovery housing commencing December 31, 2018.	<ul style="list-style-type: none"> • # beds available • Average daily population Measures collected with population-based and demographic information
3d	Prioritize supports for first responders, including access to Critical Incident Training (CIT), commencing July 1, 2018.	<ul style="list-style-type: none"> • # Critical Incident Training sessions # MH First Aid training sessions

- **MHRBEO Goal Four:** Develop and implement support options for individuals with Severe and Persistent Mental Illness (SPMI) and their personal support systems.

Assisting people with SPMI and supporting their friends and family is at the core of the MHRBEO’s charge. Supporting a holistic approach so individuals can be well and live productively in the community is at the core of this goal. Targeted goal-four effort will close current gaps in the behavioral health continuum of care and recovery supports. Building on the strengths of the



MHRBEO's consumer-operated-services is also a smart, best practice. And, respecting the vital role that friends and families play in an individual's support system, the MHRBEO wants to do its part to champion a vibrant local chapter of the National Alliance for Mental Illness.

Goal 4: Develop and implement support options for individuals with Severe and Persistent Mental Illness (SPMI) and their personal support systems.		
#	Objective	Performance Measure(s)
4a	Develop an implementation plan for short-term, crisis-intervention and respite services for individuals with SPMI by June 30, 2020.	<ul style="list-style-type: none"> • Plan approved
4b	Implement the Assisted Out-Patient Treatment model by June 30, 2019.	<ul style="list-style-type: none"> • # served • # hospitalization • # incarcerations
4c	Enhance Consumer Operated Services to support the social network and community involvement of Board-served individuals, commencing July 1, 2018.	<ul style="list-style-type: none"> • # consumer participation
4d	Engage and support local National Alliance for Mental Illness (NAMI) Chapters, commencing July 1, 2018.	<ul style="list-style-type: none"> • # meetings between MHRBEO & NAMI • # active NAMI members

- **MHRBEO Goal Five:** Improve the Board's effectiveness and efficiency in pursuit of its mission.

Every organization can improve. Every organization should evolve to serve its constituencies. The MHRBEO is resolute in its determination to be a trustworthy, transparent organization that leads a quality behavioral health system capable of producing positive change for the people it serves. Recent changes have yielded progress and improved accountability. Goal 5 objectives lay out the next steps for progress. Particular focus will be made to upgrading the MHRBEO's capacity to utilize data to more fully inform decision-making, including value-based contracting. As good public stewards, the MHRBEO also intends to continue hosting public forums to keep open the lines of communication with the people of Erie and Ottawa Counties.

Goal 5: Improve the Board's effectiveness and efficiency in pursuit of its mission.		
#	Objective	Performance Measure(s)
5a	Complete a Board Training Plan for implementation effective January 1, 2019.	<ul style="list-style-type: none"> • Plan completed • # Board members fully trained • % Board members fully trained
5b	Review Board By-Laws and Committee structure and make any necessary recommendations by January 1, 2019.	<ul style="list-style-type: none"> • Report issued
5c	Upgrade the process for collecting and analyzing the data needed for informed decision-making by the Board by May 1, 2019.	<ul style="list-style-type: none"> • Process completed
5d	Institute routine Community Roundtables to ensure ongoing input from, and communication with, the people of Erie and Ottawa Counties.	<ul style="list-style-type: none"> • # Forums held • # participants



- **MHRBEO Goal Six:** Secure public support for the MHRBEO mission and property tax levies.

The people of Erie and Ottawa Counties have demonstrated their willingness to financially support their family, friends, neighbors, and community members who need assistance from the public behavioral health system by voting in support of the MHRBEO property tax levies. The MHRBEO values and respects the support its levies receive. These levies are the foundation of the MHRBEO’s public service. Going forward, it is vitally important that local voters understand the full scope of the MHRBEO system, the ongoing needs of people with mental illness or substance use disorders, and how their continued financial support strengthens the community.

Goal 6: Secure public support for the MHRBEO mission and property tax levies.		
#	Objective	Performance Measure(s)
6a	Initiate and conduct a successful property tax levy campaign.	<ul style="list-style-type: none"> • Campaign Committee operational • Vote tally



Execution & Oversight

The leadership of MHRBEO is committed to fully executing the SFY 2019-21 Strategic Plan. The Executive Director will assume responsibility for working with all appropriate stakeholders to develop objective-level work plans. Monitoring the execution of the two-year plan will utilize the following process:

- The Executive Director will hold accountability for ensuring that assigned action items associated with work plans are completed by responsible parties by designated due dates.
- The Executive Director will provide quarterly monitoring updates to the Board's Planning & Oversight Committee.
- The Planning & Oversight Committee will provide a summary report to the full-Board twice a year. The six-month report will highlight plan implementation progress as well as action items or areas in need of full-Board discussion.
- Beyond routine communications, the Executive Director, Planning & Oversight Committee, or full Board will engage in necessary conversations on any aspect of plan implementation as warranted.

Finally, the strategic plan must remain dynamic going forward. As policies or other operating conditions change, the MHRBEO will stand ready to adapt and edit goals, objectives, and actions steps in order to deliver the best service possible to Erie and Ottawa County residents.

For more information on the MHRBEO and the public alcohol, drug addiction and mental health system, please visit the agency's website: <https://www.mhrbeo.org>.



APPENDIX

A Logic Model

A logic model depiction of the MHRBEO SFY 2019-21 Strategic Plan follows. This format can prove useful for general communication purposes and for grant application processes.

