



LORAIN COUNTY BOARD OF MENTAL HEALTH STRATEGIC PLAN SFY 2018-2019

Executive Director Charles Neff

Board Chair: Traci Shed

Adopted April 2017;
Revised October 2017

**LORAIN COUNTY BOARD OF MENTAL HEALTH
STRATEGIC PLAN SFY 2018-2019**

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LORAIN COUNTY BOARD OF MENTAL HEALTH STRATEGIC PLAN SFY 2018-2019

EXECUTIVE SUMMARY

The Lorain County Board of Mental Health (LCBMH) approved a strategic plan for the period of July 1, 2017 through June 30, 2019 following an inclusive planning process. By undertaking thoughtful planning, LCBMH established priorities within its overall base of operational duties.

To illuminate priorities, planners examined program directives, current conditions, emerging trends, and garnered provider, client, family, and community partner stakeholders input to make strategic decisions about future efforts. The final plan focuses goals and targeted objectives to help LCBMH attain its mission and vision for the people of Lorain County. It affirms the mission as foundational to the organization's success.

The planned effort is designed to move performance metrics to demonstrate improved access, sustained, quality care and special initiatives for issues requiring extra focus over the next two years. The combined strategic effort aims to produce better individual outcomes, as shared below.

- A viable, productive, public mental health system serves the community
- More timely access to quality mental health care for people with the most intensive treatment needs
- Increased public awareness and support is evident for mental health and the LCBMH levy
- Fewer suicides
- Fewer individuals with SPMI jailed inappropriately

The plan articulates the department's commitment to helping people embrace mental health and recovery... with four goals with associated objectives and performance metrics. The first two goals are comprehensive in nature and go to the core of the LCBMH mission while goals three and four target specific population needs.

LCBMH staff, providers and partners charged with implementing the strategic plan recognize it will require their ongoing individual and collective commitment, as well as the efforts of the community, to make certain that recommended actions are executed for results. To that end, the LCBMH Executive Team will routinely monitor implementation progress. As conditions change in the organization, the field, the county, the state or with the federal government, LCBMH will adapt and edit goals, objectives and action steps in order to deliver the best service possible and better outcomes for the people of Lorain County.

The following overview chart and logic model depictions of LCBMH's strategic plan provides summaries of the work ahead. More detailed plan charts begin on page 10. For more information on LCBMH and the public mental health system, visit the department's website: <http://lcbmh.org>



LORAIN COUNTY BOARD OF MENTAL HEALTH STRATEGIC PLAN OVERVIEW

MISSION		VISION	
The Lorain County Board of Mental Health plans, funds and monitors a comprehensive system of quality, public mental health services that enhance the health and well-being of the people of Lorain County.		The Lorain County Board of Mental Health leads a sustained, viable mental health system providing outreach and access to timely, effective, integrated, culturally-competent care to the people of Lorain County.	
INDIVIDUAL OUTCOMES			
<ul style="list-style-type: none">■ A productive, public mental health system serves the community■ More timely access to quality mental health care for people with the most intensive treatment needs■ Increased public awareness and support is evident for mental health and the LCBMH levy■ Fewer suicides■ Fewer individuals with SPMI jailed inappropriately			
GOALS & OBJECTIVES			
GOAL ONE Improve access to quality mental health treatment and support services.	1a: Examine the crisis service model and initiate changes as warranted to improve appropriate and timely response in a crisis.		
	1b: Reduce the number of weeks when the wait time for Intensive Community-Based Services is more than 14 days from initial contact.		
	1c: Reduce the number of weeks when the wait time for psychiatric services is more than 14 days after initial contact.		
	1d: Increase the number of programs that receive funding connected to clinical outcomes.		
	1e. Increase the number of housing options for those with SPMI.		
	1f: Ensure that Network clinicians are well trained in practices necessary to meet the clinical needs of clients, including in assessment and treatment of those with co-occurring substance use disorders as evidenced by an increase in the number of dual-diagnosis programs in the provider network.		
	1g: More SPMI clients participate in consumer-operated service and, specifically, in structured recovery-oriented activities.		
	1h: Improve school-based mental health services as evidenced by an improvement in satisfaction surveys completed by school staff and clients.		
	1i: Increase the number of people who are connected to mental health services through the navigator and LCBMH website.		

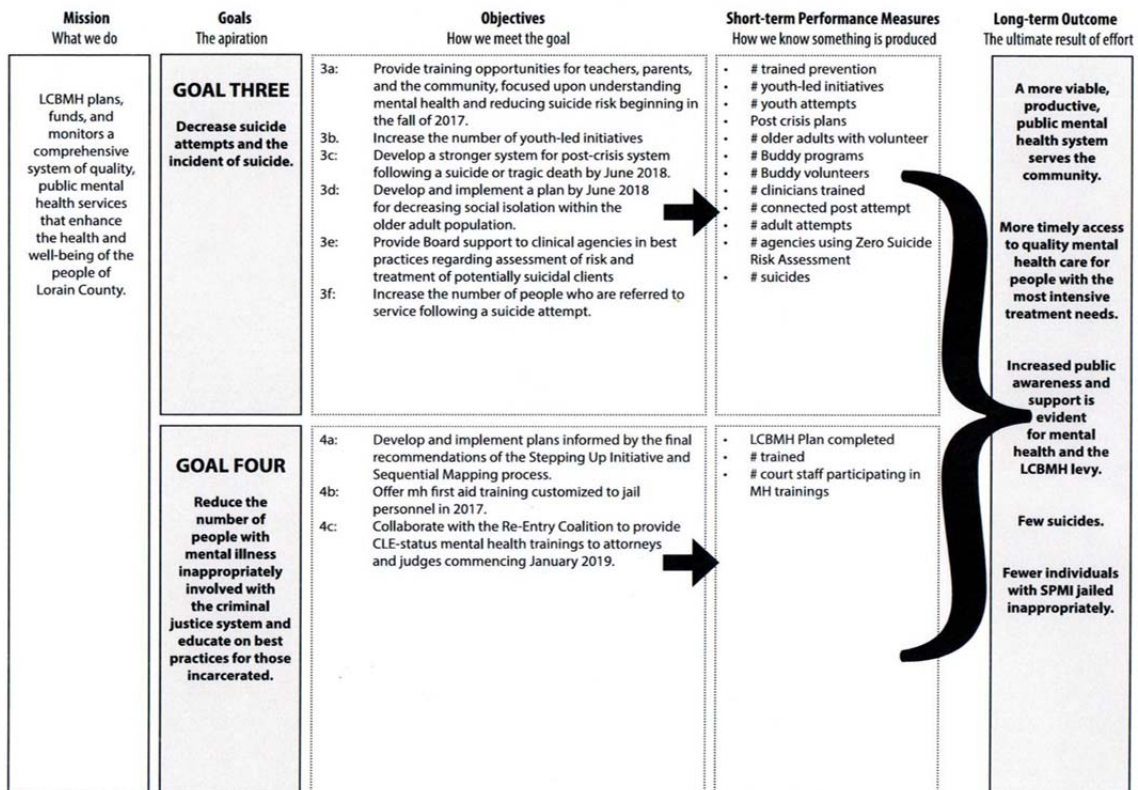
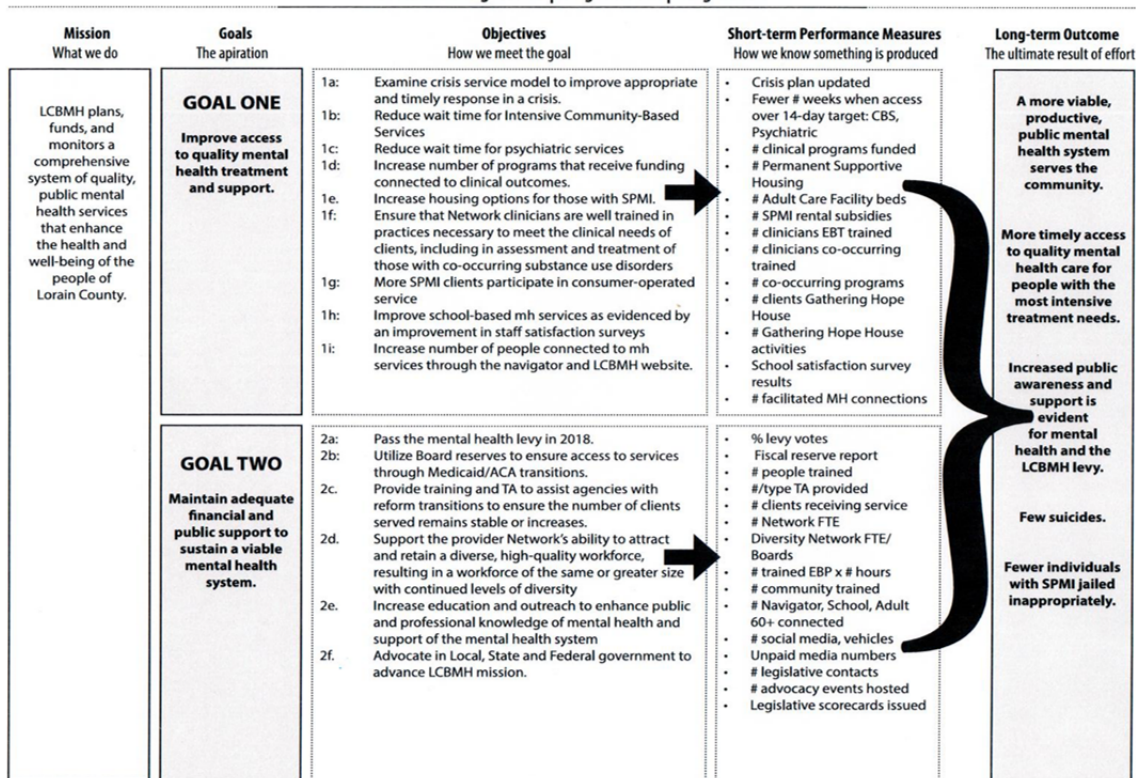


GOALS & OBJECTIVES	
GOAL TWO Maintain adequate financial and public support to sustain a viable mental health system.	2a: Pass the mental health levy in 2018.
	2b: Develop a plan to utilize Board reserves to ensure continued access to services through the transitions associated with the Medicaid Behavioral Health Redesign and potential federal Affordable Care Act transitions.
	2c: Provide training and technical assistance to provider agencies to assist them with navigating challenging reform transitions to ensure the number of clients served remains stable or increases.
	2d: Support the provider Network's ability to attract and retain a diverse, high-quality workforce, resulting in a workforce of the same or greater size with continued levels of diversity.
	2e: Increase education and outreach to enhance public and professional knowledge of mental health and support of the mental health system, resulting in more community members trained in mental health and suicide prevention-related topics.
	2f: Advocate in Local, State and Federal government to advance LCBMH mission.
GOAL THREE Decrease suicide attempts and the incidents of suicide.	3a: Provide training opportunities for teachers, parents, and the community, focused upon understanding mental health and reducing suicide risk beginning in the fall of 2017. (166 in FY 2016)
	3b: Increase the number of youth-led initiatives (8 middle schools in 2016.)
	3c: Develop a stronger system for post-crisis response and connection following a suicide or tragic death by June 2018.
	3d: Develop and implement a plan by June 2018 for decreasing social isolation within the older adult population.
	3e: Provide Board support to clinical agencies in implementation of best practices regarding assessment of risk and treatment of potentially suicidal clients.
	3f: Increase the number of people who are connected to a provider following a suicide attempt. (233 in FY 2016)
GOAL FOUR Reduce the number of people with SPMI inappropriately involved with the criminal justice system and educate on best practices for those incarcerated.	4a: Develop and implement plans informed by the final recommendations of the Stepping Up Initiative and Sequential Mapping process.
	4b: Offer mental health first aid training customized to jail personnel in 2017.
	4c: Collaborate with the Re-Entry Coalition to provide CLE-status mental health trainings to attorney's and judges commencing July 2018.



LCBMH PLAN LOGIC MODEL FORMAT

LCBMH Strategic Plan | Logic Model | Page 1 of 2



Introduction & Background

This document articulates the Lorain County Board of Mental Health (LCBMH) mission, vision, and action agenda for July 2017 through June 2019, as well as how it will organize to accomplish its vital tasks and monitor for results.

The Lorain County Board of Mental Health (LCBMH) operates within Ohio's public mental health system and serves the needs of Lorain county residents. A citizen-board of 18 community leaders determine which services are to be provided and funded based upon state requirements and community needs. The Board members also monitor and evaluate the delivery of these public services. The LCBMH contracts with private, not-for-profit and independent community agencies to provide an array of mental health services. Collaborative partnerships with other public agencies are also an important part of the LCBMH effort. Services include counseling, psychiatry, prevention, consultation, education, peer support, community psychiatric support services, crisis intervention, vocational training, housing development and management and vocational employment support.

To carry out the LCBMH mission, Executive Director Charles Neff supervises a total staff of 11 people and oversees an annual budget of just over \$12.6 million. Upon Director Neff's retirement prior to the July 1 start date of this plan, Kathleen Kern will assume leadership as the LCBMH Executive Director.

LCBMH launched a strategic process in late 2016 to develop a plan of action for the time period of July 2017 –June 2019. Executive Director Charles Neff directed the strategic planning process supported by Associate Director Kathleen Kern and the Board's Governance Committee Chair Andrew Smith. Jacqueline Romer-Sensky of The JRS Group, Ltd. served as a consultant/facilitator to the strategic planning process.

The process followed five major planning steps that included Planning Team meetings, numerous Staff input sessions, as well as provider and community stakeholder involvement.

1. Exploring the context for planning, including data collection and analysis.
2. Soliciting input from County leaders, service providers, clients, families, county partners, and community partners (63 consulted directly representing a wealth of interested parties) as well as LCBMH Board Members and staff.
3. Updating the Mission Statement and crafting a new Vision Statement.
4. Selecting target outcomes to achieve, and adopting goals, objectives and associated performance measures to move toward obtaining those outcomes.
5. Establishing a process for drafting and monitoring implementation work plans.

The combined experiences, perspectives and commitment of Board members, staff and stakeholders helped ensure that a pragmatic, results-oriented plan was generated.

THE PLANNING TEAM

Board Members

Tim Carrion
Maurita Ferguson
Karen Sutera
Traci Shed
Debra Singleton
Andrew Smith
Sanford Washington

Staff Members

Joseph Carver
Holly Cundiff
Heather Distin
Blanche Dortch
Kathleen Kern
Patrice McKinney
Charles Neff
Clare Rosser



PLANNING CONTEXT

Understanding the operating environment is critical to making solid judgments regarding what actions to prioritize. LCBMH explored its program directives, county-based context, service record, operational capacity, and trend data to make pragmatic, go-forward determinations.

Since the department's Executive Team and staff comprised the planners, their day-to-day working knowledge of LCBMH meant not all baseline or foundational data needed to be reviewed to begin dialogue. 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.

The Role & Responsibilities of a Mental Health Board Ohio Revised Code 340.01

Ohio's Alcohol, Drug Addiction and Mental Health Boards (ADAMH) Boards are the State of Ohio's statutorily empowered partners, governed by volunteer Boards made up of consumers, family members, and other local leaders representing the communities they serve. Lorain County has separate Mental Health (MH) and Alcohol & Drug Addiction Services (ADAS) Boards.

Mental Health Boards, to the extent resources are available, are responsible for development of a community mental health support system which provides for prevention, treatment, support, and rehabilitation services and opportunities.

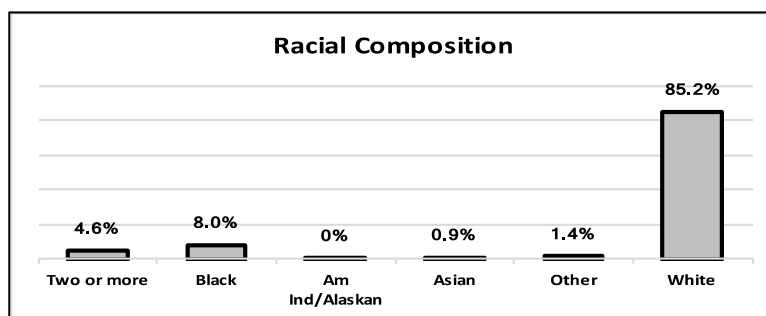
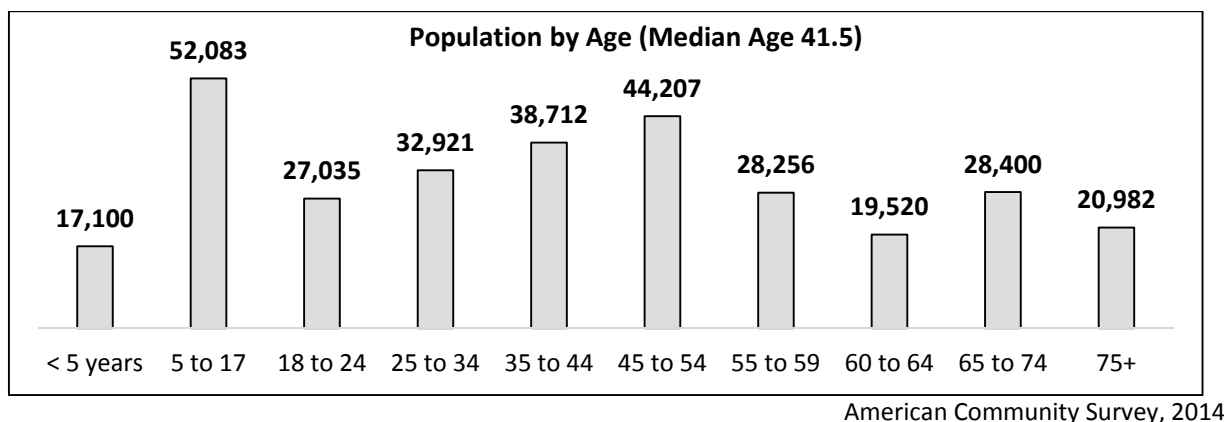
Primary duties include:

1. Establish a unified system of treatment for mentally ill persons.
2. Establish a community support system.
3. Protect the personal liberty of mentally ill persons so that they may be treated in the least restrictive environment.
4. Encourage the development of high quality, cost effective, and comprehensive services, including culturally sensitive services.
5. Foster the development of comprehensive community mental health services, based on recognized local needs, especially for severely mentally disabled children, adolescents, and adults.
6. Promote the delivery of high quality and cost-effective mental health services.
7. Promote the participation of persons receiving mental health services in the planning, delivery, and evaluation of services.



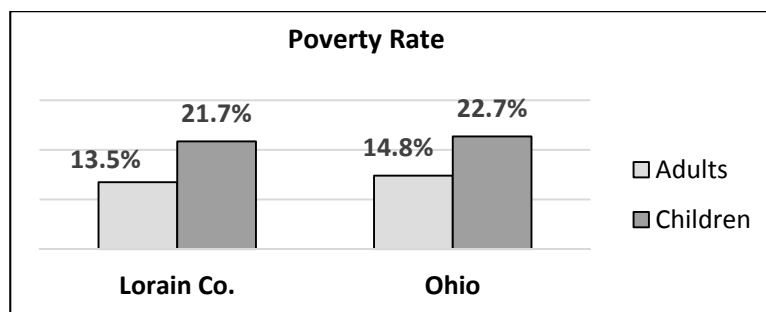
Lorain County

The U.S. Census Bureau (2015) reports 305,147 people live in Lorain County, a slight increase over the 2012 census. The county seat is Elyria, and Lorain is the tenth largest city in Ohio. The county covers 923 square miles.



Hispanic or Latino of any race, 9.2%, 28,134

Economic indicators show county median household income (\$52,457 LC / \$49,429 OH) and the per capital income (\$26,804 LC / \$26,953 OH) are comparable to statewide levels and overall poverty levels are below Ohio rates. Educational attainment is also comparable at the high school degree (89.1% LC / 89.1% OH) and Bachelor Degree (22.8% LC / 26.1% OH) levels. During the planning period, the county unemployment rate was slightly below Ohio numbers.



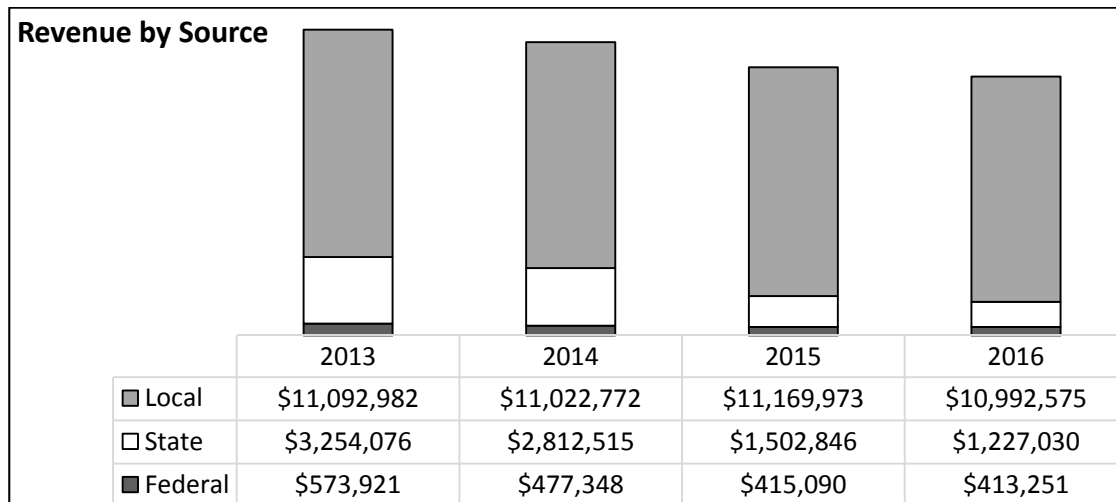
The county's Medicaid population plays a significant role in how the LCBMH approaches its mission. Approximately 17% of the county's adult population and 51% of the county's children receive Medicaid. Medicaid is a jointly funded federal-state health insurance program for low-income people. It covers children, the aged, blind and/or disabled, and others who receive federal income maintenance assistance.



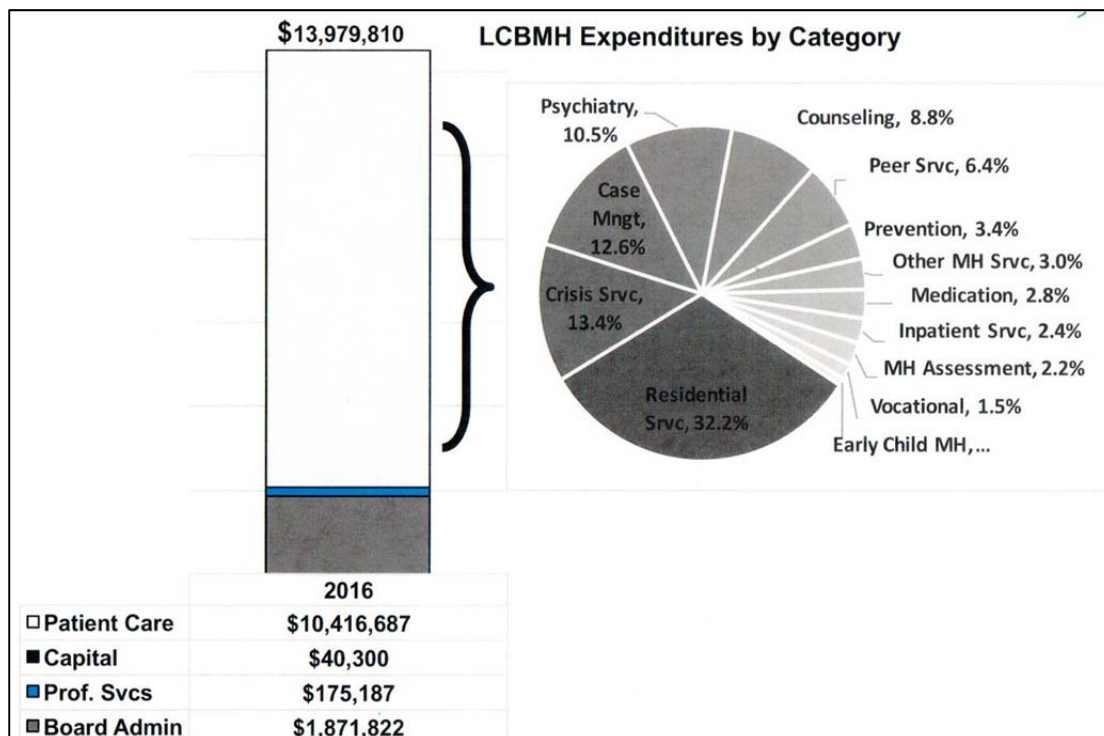
The LCBMH System

Financials

Revenue for Fiscal Year 2016 totaled \$12,632,853. This reflects an overall decrease in available funding since 2013. A reduction in state financial support to the Board system account for most of the decrease. The chart below demonstrates the vital importance of local property levies dedicated to mental health services to LCBMH's ability to serve those in need of mental health service and care.



On the expenditure side, direct service and care for clients accounts for the vast majority of the budget.

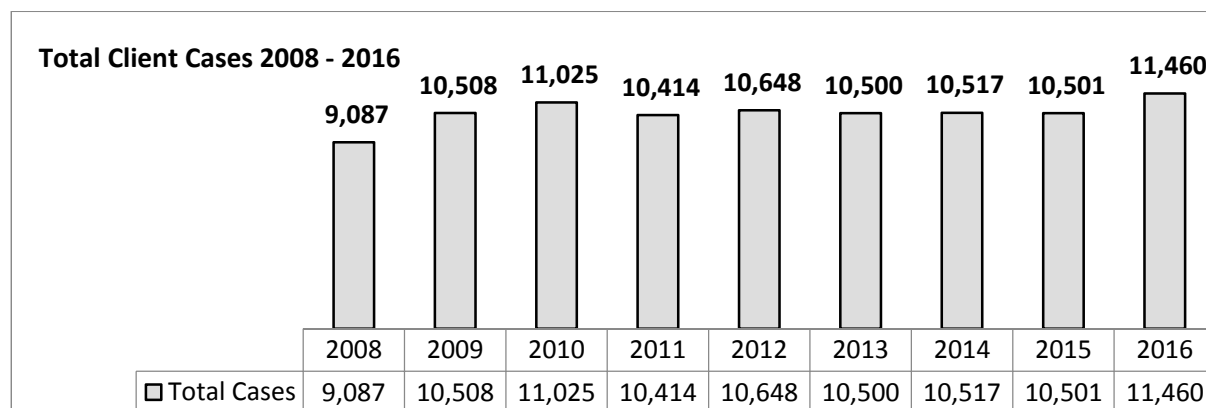


Services & Support

The LCBMH is committed to assuring that the people of Lorain County live healthier lives. It supports individuals with a variety of mental health and wellness needs along its continuum of care.. Amongst those served, a high priority must be given to individuals with Severe and Persistent Mental Illness (SPMI) as a vulnerable population for whom LCBMH holds focused responsibility.

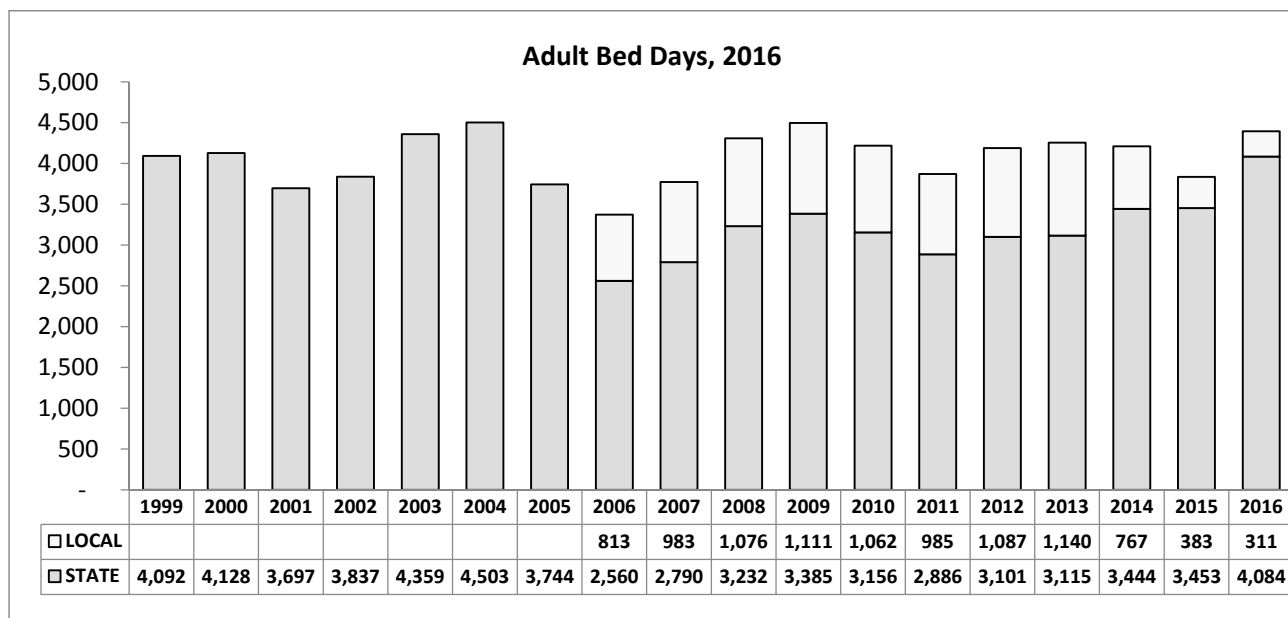
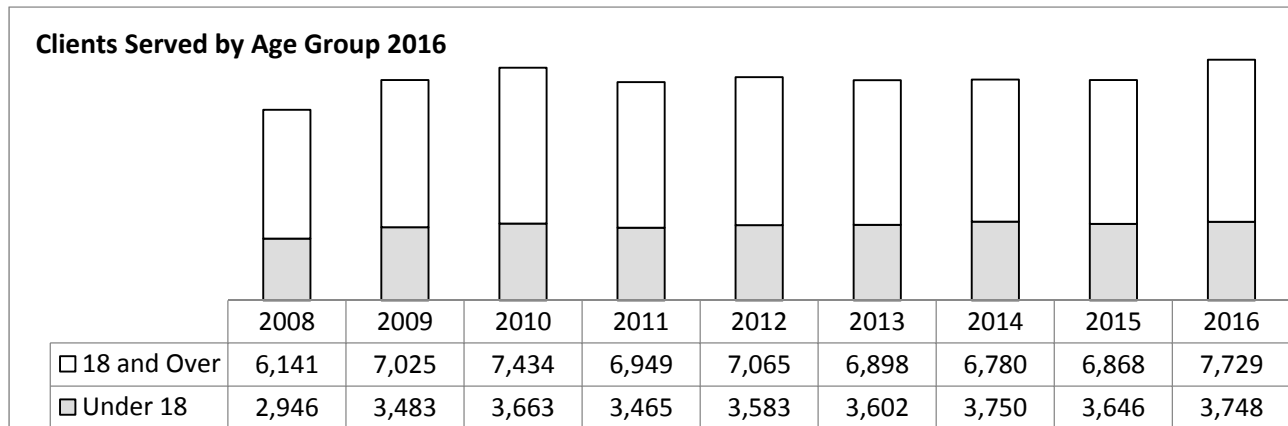
An overview of major services and the service provider network is listed below. For most services, the breadth of the LCBMH provider network allows for client choice for the 11,460 people served in 2016.

LCBMH Funded Programs	LCBMH Provider Network
<ul style="list-style-type: none"> Emergency Stabilization Services Supported Housing for Severe & Persistent Mental Illness Intensive Community Based Services (adults and youth) Evidence Based Practices Trauma Informed Care Vocational and Recovery Support Peer Support (Consumer Operated Services, Crisis, & Residential) Money Management Prevention, Consultation, Workforce, Community Education Linkage and Early Intervention (Navigator Program) Integrated Services Partnership 	<p>Child-Serving Agencies</p> <ul style="list-style-type: none"> Applewood, Beech Brook, Bellefaire JCB, Firelands, Nord, OhioGuidestones, Pathways, <p>Adult-Serving Agencies</p> <ul style="list-style-type: none"> Far West, Firelands, Nord, Ohio Guidestones, Pathways <p>Granted Agencies</p> <ul style="list-style-type: none"> Prevention: Big Brothers Big Sisters, Catholic Charities, Lucy Idol Center for the Handicapped Recovery Support: El Centro, Gathering Hope House, Lutheran Metropolitan Ministry of Cleveland, NAMI, New Sunrise Properties, Safe Harbor, Lutheran Metropolitan Ministry



Severe and persistent mental illness, or SPMI, is the term mental health professionals use to describe mental illnesses with complex symptoms that require ongoing treatment and management, most often varying types and dosages of medication and therapy.





IDENTIFIED CHALLENGES

The Planning Team thoroughly reviewed system data, community data, and the input of LCBMH stakeholders/partners in order to inform their own strategic debate. When considering priorities for the next two years, both opportunities and challenges surfaced.

■ Access to Care

In recent years, LCBMH resources have stretched to meet demand for mental health services and supports, particularly in light of fewer state dollars. The LCBMH Provider Network has implemented new approaches to provide more services resulting:

- Increased number of community members trained in how to recognize mental health concerns and what to do for people who need service
- Improved housing access for PATH Clients
- Increased transportation options for mental health appointments
- Implementation of a pilot respite program for at-risk youth
- Implementation of a navigator program, wherein a bilingual social worker can link callers to the service that best meets the needs of the child or adult seeking care.



However, critical service waits persist, particularly in times of crisis. More options must still be developed for recovery supports, like housing. Improving access to care remained the number one issue – across the board – for all involved in setting the 2017-19 agenda.

- The Health Care Marketplace and the pressure system on mental health care providers
The public mental health system knows how to adapt to change. The current system has navigated changes initiated by The Affordable Care Act, Medicaid, and OhioMHAS. All involved in planning for the next two years cautioned that potentially greater change – with potentially greater systemic consequences – is on the horizon.

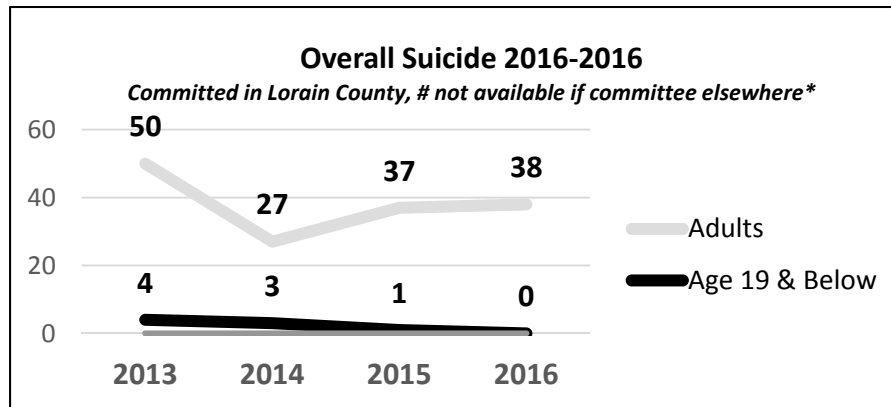
- The Affordable Care Act's (ACA) fate and the design of its potential replacement remain outstanding. The eligibility of more than half of adult Medicaid recipients in the county is tied to the ACA. In SFY 2016, the county's Medicaid expansion population drew \$3,018,583 for Mental Health Services. While the Medicaid system is not managed by the LCBMH, Medicaid modifications generally change the overall dynamics of funding, service availability, and provider stability. Concern abounds that any loss in Medicaid mental health funding will not be filled at the federal or state level and will increase pressure on local mental health levy dollars.
- Ohio is moving forward with its Medicaid Behavioral Health Redesign. Within the next 18 months, the state will:
 - Shift reimbursement codes, change code definitions, and add new codes to better align Medicaid with Medicare in a budget-neutral financial base, resulting in a more complex billing system relative to the one currently used by providers.
 - Modify reimbursement rates; some up and some down. To maintain finances, this may require some agencies to restructure the menu of services and how they are delivered in order to yield maximum reimbursement for services.
 - Institute stricter licensure requirements/credentials dictating who may provide what service. They will result in the modification of job descriptions and department assignment of some clinical staff.
 - Move behavioral health care clients and providers toward managed care which is likely to limit how many current providers receive managed care panel contracts.

These intended state actions will change the way many providers in the LCBMH network conduct business on administrative, financial, workforce, technological, and other operational fronts. The potential unintended consequences of state actions will require LCBMH to be vigilant to maintain quality service and choice for people with mental health needs.

- Suicide

The Lorain County community rallied to the cause of preventing suicide after more than 50 suicides occurred in 2013. Since then the Lorain County Suicide Prevention Coalition has undertaken numerous steps to mitigate the issue. The LCBMH has deployed assets on the suicide prevention and specific intervention strategies for those most at risk of attempting or have attempted suicide. Family support services have also increased. Still, much remains to be done. The cause of preventing suicide was top-of-mind for LCBMH stakeholders providing planning input.





*It's important to note that data is based only on those who the Lorain County Coroner determines to have died by suicide. Lorain County residents who die in another county are not included, so numbers may underestimate total number of suicides by county residents.

■ Mental Health & the Criminal Justice System

As is the case with much of the nation, many of the people in jails and prisons have a serious mental illness. Many times individuals with severe and persistent mental illness (SPMI) are incarcerated because law enforcement, the mental health system, and families do not have other options for helping them to maintain in the community.

The Lorain County jail estimates that 20% of the jail population has severe mental illness. The Lorain County Sheriff's Department offers mental health treatment, including a special pod for males, but the individual has to be willing to receive the treatment. Often these individuals have not been willing to accept treatment in the community which has resulted in incarceration.

The LCBMH has been a part of the Stepping Up Initiative since its inception in June 2016. Stepping Up is a statewide initiative that seeks to divert the mentally ill out of the criminal justice system and into treatment. Initiative members are now considering how to develop an accurate data profile of the problem. In the near term, representatives from the full spectrum of the criminal justice system intend to generate an appropriate plan for Lorain County, inclusive of a standardized data system capable of tracking progress.

■ Issues to monitor for potential system adjustments

The planning process illuminated additional areas for pursuit. Some of these will be addressed via ongoing, basic operations, including a sustained focus on quality and cost-effectiveness. Others may be pursued if conditions and operational capacity make it feasible over the next two years. The list is lengthy but includes special populations like children, youth, senior citizens, and co-occurring disorder populations. Inter-system coordination, geographic challenges, system diversity, and consumer-operated supports also remain on the LCBMH screen.



THE STRATEGIC PLAN

The Mission

A mission is an enduring statement of purpose for a system that identifies the scope of its operations and reflects its priorities. A Mission Statement reflects what an organization does, who is served, and what is achieved.

The LCBMH Mission Statement captures the scope and scale of the meaningful work and public service delivered by the Board and its provider service delivery network.

MISSION
The Lorain County Board of Mental Health plans, funds and monitors a comprehensive system of quality, public mental health services that enhance the health and well-being of the people of Lorain County

The Vision

Planners defined a vision as a concise, word picture that sets the overall direction for what the organization strives to attain in the future. A vision describes a desired state that can be made possible when aggressively pursued. It should create positive tension on the goals. It should help explain the “why” of what the organization pursues.

The LCBMH is looking beyond a basic plan of action to determining how it can help the community hope for and attain the best outcomes possible for those who call Lorain County home. The LCBMH strives to achieve beyond foreseeable expectations. Its vision provides a positive tension to do more every day to secure results.

VISION
The Lorain County Board of Mental Health leads a sustained, viable mental health system providing outreach and access to timely, effective, integrated, culturally-competent care to the people of Lorain County.

OUTCOMES

Outcomes are the ultimate performance measure. Outcomes reveal the end results of actions; the consequences of basic program effort and focused goal endeavors generally related to effectiveness or productivity of the organization and the difference for people

OUTCOMES
<ul style="list-style-type: none">▪ A more viable, productive, public mental health system serves the community▪ More timely access to quality mental health care for people with the most intensive treatment needs▪ Increased public awareness and support is evident for mental health and the LCBMH levy▪ Fewer suicides▪ Fewer individuals with SPMI jailed inappropriately



Goals, Objectives and Performance Measures

Goals are directional statements of long-term results needed to achieve the mission and the vision and to attain positive movement on selected outcomes. Goals are further defined 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. In the LCBMH plan, if no deadline is stated, the target completion date is June 30, 2019.

Performance measures document progress toward accomplishing goals and objectives. Measures usually track a percentage change, an increase or decrease in a target number or the completion of a deliverable product. Establishing baseline performance levels and benchmark, or target, performance expectations are the first step for those charged with implementing goals and objectives.

As with any planning process, the dialogue and decisions embedded in each recommended goal and objective were robust. Goal and objective language rarely captures the depth and breadth of effort required for successful implementation. Summary language also makes it difficult to impart the positive, and sometimes cascading, impact executing a goal or objective can have on the LCBMH system and local community. For each goal, corresponding detailed work plans with action steps, assigned responsible parties, and due dates are part of the overall effort undertaken by the staff.

LCBMH funds and administers a complex, comprehensive system addressing the mental health of its constituents. Services range from

- prevention efforts to advance the well-being of Lorain Countians,
- a wide range of early intervention and treatment services needed to meet the continuum of needs with those with mental illness, to
- recovery-oriented supports that help people be mentally healthy and a part of the social and economic community.

The plan features four goals that point all effort – across all programs – toward ensuring quality services are available at the right scale to achieve better outcomes for clients and the community.

Goal One: Improve access to quality mental health treatment and support services.

Goal Two: Maintain adequate financial and public support to sustain a viable mental health system.

Goal Three: Decrease suicide attempts and the incidents of suicide.

Goal Four: Reduce the number of people with mental illness inappropriately involved with the criminal justice system and educate on best practices for those incarcerated.

The Importance of Mission-driven Action

As articulated, the LCBMH plan directs energy, focus and resources to specific, goal-initiatives and results. The choices identified in the plan are important and strategic. LCBMH actions and basic programming not specifically called out in the plan also remain important. It goes without saying how essential it is for all of the LCBMH’s staff, its network, and its partners to be mindful to use the vision and goals to guide daily choices.



LCBMH GOAL ONE: Improve access to quality mental health treatment and support services.

At the core of the mission, the LCBMH must maintain focus on improving the client experience and delivering quality service and care as key facets of securing better overall outcomes. Clients need to smoothly access needed services in a timely manner. Improving access is a straightforward concept. Attaining improved access is a challenging proposition. Achieving improved access requires constantly re-calibrating the scope and scale of program offerings and the capacity of the provider network that delivers the programs, all within an increasingly complex health care marketplace. Budgetary constraints must also be balanced. By committing to goal one, the LCBMH plans to improve timely access to its clients utilizing a staged approach detailed below.

GOAL ONE: Improve access to quality mental health treatment and support services.		
ID	Objective	Performance Metric
1a.	Examine the crisis service model and initiate changes as warranted to improve appropriate and timely response in a crisis.	<ul style="list-style-type: none">■ New plan completed■ Additional measures from developed plan
1b.	Reduce the number of weeks when the wait time for Intensive Community-Based Services is more than 14 days from initial contact.	<ul style="list-style-type: none">■ Fewer # of weeks when access is over 14-day target
1c.	Reduce the number of weeks when the wait time for psychiatric services is more than 14 days after initial contact.	<ul style="list-style-type: none">■ Fewer # of weeks when access is over 14-day target
1d.	Increase the number of providers that receive funding connected to clinical outcomes.	<ul style="list-style-type: none">■ Higher # clinical programs receiving funding based upon clinical outcomes
1e.	Increase the number of housing options for those with SPMI. (Benchmark 35-40 Permanent Supportive Housing) (Benchmark: 3 to 4 Adult Care Facilities add five beds) (Benchmark: 148 to 168 rental subsidies)	<ul style="list-style-type: none">■ Increased # Permanent Supportive Housing units■ Increased # of Adult Care Facilities contracted for beds■ Increased rental subsidies available to persons with SPMI
1f.	Ensure that Network clinicians are well trained in practices necessary to meet the clinical needs of clients, including assessment and treatment of those with co-occurring substance use disorders as evidenced by an increase in the number of dual-diagnosis programs in the provider network.	<ul style="list-style-type: none">■ Increased # clinicians trained in research-based clinical practices■ Increased # of clinicians participating in co-existing MI/SUD trainings■ Increased # co-occurring disorder programs
1g.	More SPMI clients participate in consumer-operated service and, specifically, in structured recovery-oriented activities.	<ul style="list-style-type: none">■ Increased # clients attending Gathering Hope House■ Increased # group activities offered at Gathering Hope House
1h.	Improve school-based mental health services as evidenced by an improvement in satisfaction surveys by school staff and clients.	<ul style="list-style-type: none">■ Increased satisfaction survey results with school-based services
1i.	Increase the number of people who are connected to mental health services through the Navigator and LCBMH website.	<ul style="list-style-type: none">■ Increased # of people receiving facilitated connection to mental health services



LCBMH GOAL TWO: Maintain adequate financial and public support to sustain a viable mental health system.

Perhaps now more than ever, the health care marketplace within which the public mental health services and care system operates is chaotic and financially volatile. Against this roller-coaster of ever-changing federal, state, and private-pay financial-and policy-infrastructure, the LCBMH and its network must delivery quality service.

The health care marketplace of today does not look like the health care marketplace of five years ago. Within the next two years, there will be even more unprecedented changes in the way behavioral health services will be funded and delivered in Ohio. Highly cognizant of this backdrop, the LCBMH must prioritize efforts to ensure the public mental health system can remain a stable force for quality service at the level of need. The LCBMH recognizes that a goal to maintain a viable system would, in normal times, seem like complacency. In 2017, maintaining and sustaining a system of care is most likely the greatest challenge facing LCBMH within this planning period. To meet this goal, LCBMH must work closely with its providers to navigate changing conditions, educate and advocate for the care its clients deserve, and seek public engagement and support to continue the mission.

GOAL TWO: Maintain adequate financial and public support to sustain a viable mental health system.		
ID	Objective	Performance Metric
2a:	Pass the mental health levy in 2018.	<ul style="list-style-type: none"> ■ % vote for levy approval
2b:	Develop a plan to utilize Board reserves to ensure continued access to services throughout Medicaid Behavioral Health Redesign and federal Affordable Care Act transitions.	<ul style="list-style-type: none"> ■ Identify level of unallocated reserves available ■ Fiscal Report appropriate to allocation
2c:	Provide training and technical assistance to provider agencies to assist them with navigating challenging reform transitions to ensure the number of clients served remains stable or increases. (Baseline for client service: 11,460)	<ul style="list-style-type: none"> ■ Increased # trainings & people trained ■ # & type of technical assistance provided ■ # clients able to access service will remain stable or increase from baseline 11,460
2d:	Support the provider Network's ability to attract and retain a diverse, high-quality workforce resulting in a workforce of the same or greater size with continued levels of diversity.	<ul style="list-style-type: none"> ■ Network staff and Board diversity reflect county demographic ■ Lower employee turnover rate ■ Increase # FTEs (reflect hires) ■ Stable or Increased % of FTE/Board diversity ■ Increased # staff trained in EBP practices by # hours trained
2e:	Increase education and outreach to enhance public and professional knowledge of mental health and support of the mental health system, resulting in more community members trained in mental health and suicide prevention-related topics.	<ul style="list-style-type: none"> ■ Increased # community members trained on mental health topics, including recognition and response to MH symptoms ■ Increased # connected to Navigator, School-based consultation, Adult 60+ consultation ■ Increased # audience for newsletter, Facebook ■ Track unpaid media coverage (# stories/where/reach)



2f:	Advocate in Local, State and Federal government to advance LCBMH mission.	<ul style="list-style-type: none"> # contacts with legislators or their staff. # advocacy events attend or host quarterly Legislative scorecards for those targeted for advocacy.
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LCBMH GOAL THREE: Decrease suicide attempts and the incidents of suicide.

Suicide is a human tragedy that must be prevented. The LCBMH has worked with a rallied community in recent years to mitigate suicide attempts and incidents of suicide. The support of all involved with the Lorain County Community Health Improvement Plan and the Lorain County Suicide Prevention Coalition have made a difference in alleviating the crisis. Still, much work remains. Goal Three reflects the LCBMH system's steadfast commitment to decrease suicide attempts and the incidents of suicide while promoting overall mental health and wellness.

GOAL THREE: Decrease suicide attempts and the incidents of suicide.		
ID	Objective	Performance Metric
3a:	Provide training opportunities for teachers, parents, and the community, based upon understanding mental health and reducing suicide risk and expanded suicide prevention beginning in the fall of 2017.	<ul style="list-style-type: none"> Increased # of teachers/parents trained on mental health/suicide prevention topics
3b:	Increase the number of youth-led initiatives (Benchmark: 8 middle schools in 2016).	<ul style="list-style-type: none"> Increased # of youth-led initiatives focused on reducing risk factors for suicide Decreased # youth reporting suicide attempts To focus on quality rather than quantity of You Belong Programs for middle school students Include a goal to reduce the percentage of six graders reporting suicide attempts within the past year when the PRIDE assessment is re-administered in 2018
3c:	Develop a stronger system for post-crisis response and connection following a suicide or tragic death by June 2018.	<ul style="list-style-type: none"> Appropriate post-crisis response plans developed and implemented in no less than four school districts
3d:	Develop and implement a plan by June 2018 for decreasing social isolation within the older adult population.	<ul style="list-style-type: none"> Plan developed on time Increased # older adults with volunteer Increased # Buddy Program events and # participants at Quarterly socialization events
3e:	Provide Board support to clinical agencies in implementation of best practices regarding assessment of risk and treatment of potentially suicidal clients. (Baseline: 1)	<ul style="list-style-type: none"> Increased # agencies utilizing the Zero Suicide Risk Assessment Increased # clinicians trained in best practices for assessment and treatment of potentially suicidal patients
3f:	Increase the number of people connected to a provider following a suicide attempt. (233 in FY 2016)	<ul style="list-style-type: none"> Increased # connected to a provider after presenting to hospital due to suicide attempt



LCBMH GOAL FOUR: Reduce the number of people with mental illness inappropriately involved with the criminal justice system and educate on best practices for those incarcerated.

People with mental illness who are involved with the criminal justice system represent specific challenges to the systems with whom they interact. Sometimes, individuals wind up in the custody of law enforcement as a last resort effort to protect the public and keep the individual safe. Sometimes, individuals must be incarcerated for crimes committed, but also need specialized supports to cope with their mental illness while in jail.

The LCBMH has been working with the broad-based Stepping Up Initiative to determine appropriate go-forward strategies in a collaborative criminal justice/mental health system model. The LCBMH also believes enhanced training is important to quality care. Additionally, access to care support strategies articulated in Goal One should also have a positive impact on attaining Goal Four targets.

GOAL FOUR: Reduce the number of people with mental illness inappropriately involved with the criminal justice system and educate on best practices for those incarcerated.		
ID	Objective	Performance Metric
4a:	Develop and implement plans informed by the final recommendations of the Stepping Up Initiative and Sequential Mapping process.	■ LCBMH plan informed by Stepping Up Initiative
4b:	Offer mental health first aid training customized to jail personnel in 2017.	■ Increased # trained
4c:	Collaborate with the Re-Entry Coalition to provide CLE-status mental health trainings to attorneys and judges commencing July 2018.	■ Increased # court staff participating in mental health-related trainings

TRACKING IMPLEMENTATION

The LCBMH and its Executive Director are committed to implementing The LCBMH Strategic Plan FY 2018-2019. To that end, the Executive Director will assume responsibility for overseeing staff, providers, and appropriate working groups to develop and execute objective-level work plans.

Routine Strategic Plan Progress Reports, no less than quarterly, will document progress on assigned action steps and changes in performance metrics. It will be presented and discussed with the LCBMH Governance Committee. These progress reports will also provide an opportunity for more in-depth discussion of challenges and opportunities that emerge as the plan is implemented. Updates will also be provided at full meetings of the Board.

Finally, any strategic plan must remain dynamic going forward. It cannot be a static document. It must be an evolving document that guides priorities. As conditions change with the LCBMH, the field, the county, the state or the federal government, the LCBMH will stand ready to adapt goals, objectives and actions steps to deliver the best service possible and improved outcomes to Lorain County residents.

For more information on LCBMH operations and strategic direction, please visit the Board website at <http://lcbmh.org>.

