

Lorain County Mental Health Board Strategic Plan

Jan. 2014 - June 2016; Extended through June 2017*



Adopted December 05, 2013.
***Current plan extended through**
6/30/17 per Resolution 15-12-06.

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Executive Summary

The Lorain County Board of Mental Health (LCBMH) approved a strategic plan for the period of January 1, 2014 through June 30, 2016 following an inclusive planning process. The final plan focuses on the pursuit of four goals to help LCBMH attain its mission and vision for the people of Lorain County.

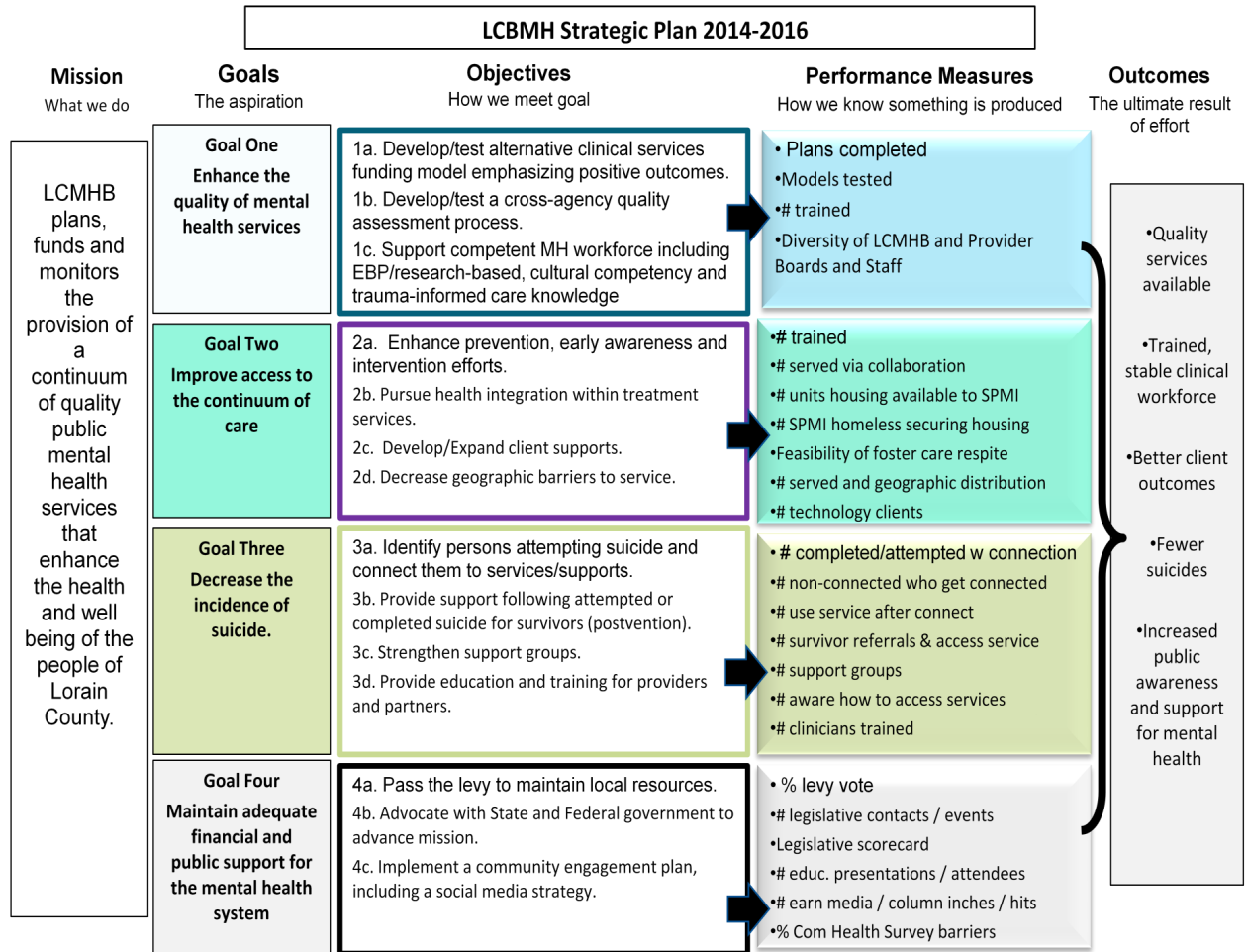


Board members and staff are committed to executing The LCBMH 2014-16 Strategic Plan. To that end, LCBMH will routinely monitor implementation progress. As conditions change in the organization, the field, in our county, our state and our federal government, LCBMH will adapt and edit goals, objectives and actions steps in order to deliver the best service possible.

The following overview chart and logic model depictions of LCBMH's strategic plan provide summaries of the work ahead. For more information on LCBMH's operations and strategic direction, please visit the website at www.lcmhb.org.

Lorain County Board of Mental Health Strategic Plan 2014 - 2016

Mission Statement		Vision Statement	
The Lorain County Board of Mental Health plans, funds and monitors the provision of a continuum of quality public mental health services that enhance the health and well being of the people of Lorain County.		In a changing health care environment, LCBMH leads a system of community-based service partners in the development of innovative practices that demonstrate positive outcomes for all residents of Lorain County who seek mental health care.	
Goals & Objectives			
Goal One Enhance the quality of mental health services.	Goal Two Improve access to a continuum of care.	Goal Three Decrease incidence of suicide among youth and adults.	Goal Four Maintain adequate financial and public support for the system.
1a) Develop and test within two years a plan for an alternative funding model for clinical services that emphasizes positive outcomes. 1b) Develop and test within one year a plan for a standardized, cross-agency quality assessment process. 1c) Support development of a highly competent mental health workforce, including a focus on evidence/research-based practices, cultural competency and trauma-informed care.	2a) Enhance prevention, early awareness, and intervention efforts. 2b) Pursue integration of health and mental health treatment services. 2c) Provide and assist with the development of expanded supports for consumers. 2d) Decrease geography as a barrier to services.	3a) Identify persons attempting suicide and connect them to services/supports. 3b) Provide support following attempted or completed suicide for survivors (postvention). 3c) Strengthen support groups. 3d) Provide education and training for providers and partners.	4a) Pass the levy. 4b) Advocate in State and Federal government to advance our mission. 4c) Implement a community engagement plan, including a social media strategy by June 2014.



A larger version of the logic model summary can be found on page 16.

Introduction

This document articulates the Lorain County Board of Mental Health's (LCBMH) mission, vision and action agenda for January 2014 through June 2016 as well as how it will organize to accomplish its vital tasks and monitor for results.

By state law, the LCBMH plans, develops, funds, manages and evaluates community-based mental health services for its county population. The public funds administered by the Board include local, state and federal dollars. The Board contracts with direct service providers for prevention, assessment, treatment, hospitalization and support services and partners with other public and non-profit agencies to create a public system of care. Support services can include housing, peer support, vocational and employment services and other programs that promote mental health.

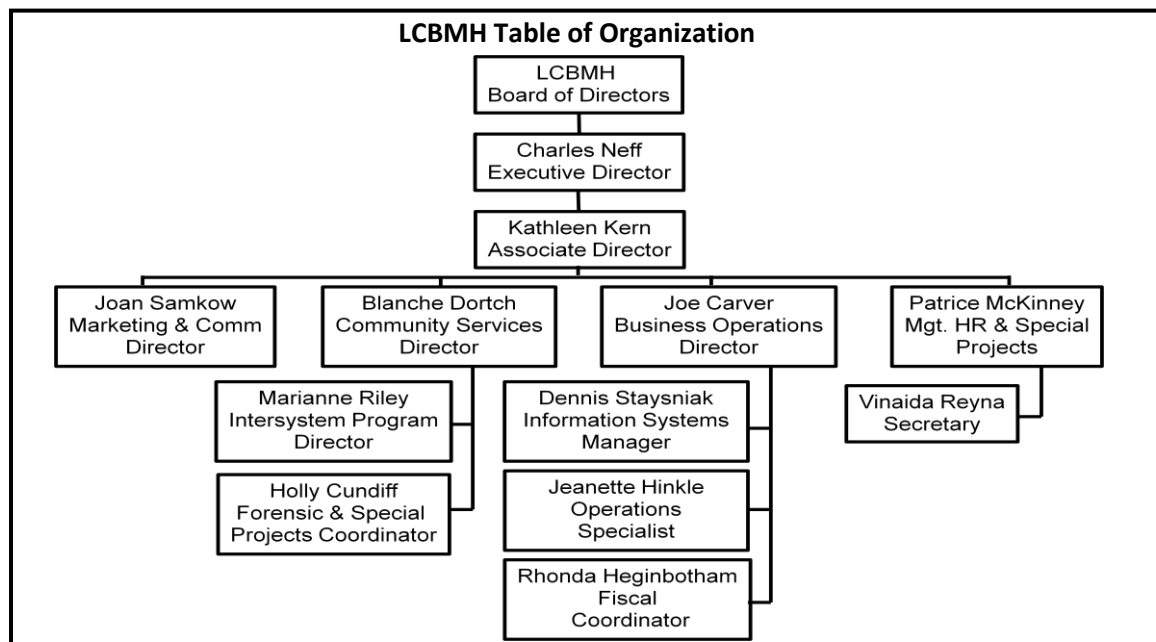
The Board plays no role in the delivery of services paid for by insurance benefits or with an individual's private funds.

LCBMH is governed by an 18-member, citizen-led, volunteer Board. Twelve Board members are appointed by the Lorain County Board of County Commissioners, and six Board members are appointed by the Ohio Department of Mental Health and Addiction Services. Board members represent business, education, non-profits, faith-based, healthcare, law enforcement and consumers. The Board employs a staff of 12 to fulfill its mission.

LCBMH Board Members

Natalie A. Trachsel, *Chair*
 Judith Reich, *Vice Chair*
 Traci Shed, *Secretary*
 David Ashenhurst, *Chief Governance Officer*

Edward J. Baker
 Sheryl A. Billman
 Maurita Ferguson
 Tracey A. Frierson
 James Heron
 Joseph Hribar
 Rhoda Lee
 Mark Provenza
 Natalio Rodriguez
 Cynthia Leano-Sellers
 Ruth Skladan
 Andrew Smith
 Sanford Washington



LCBMH launched a strategic process in the fall of 2013 to develop a plan of action for the time period of January 2014 –June 2016. Board Chair Natalie A. Trachsel and Executive Director Charles Neff directed the strategic planning process. 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 discussion at Board meetings and planning team sessions as well as focus groups and individual stakeholder interviews.

1. Exploring the context for LCBMH's planning effort
2. Soliciting input from Board members, service providers, consumers, county partners and LCBMH staff
3. Updating LCBMH's Mission and Vision Statements
4. Determining priorities; adopting goals, objectives and associated performance measures/objectives
5. Establishing a process for drafting and monitoring implementation work plans

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

LCBMH Planning Team		
David Ashenhurst	Kathleen Kern	Marianne Riley
Joe Carver	Patrice McKinney	Joan Samkow
Holly Cundiff	Charlie Neff	Traci Shed
Blanche Dortch	Judith Reich	Natalie A. Trachsel

Planning Context

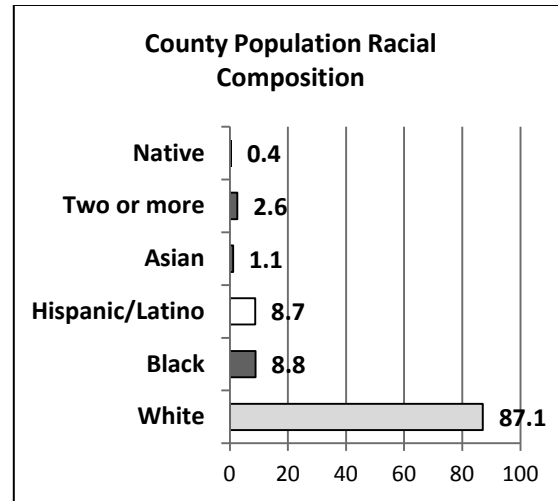
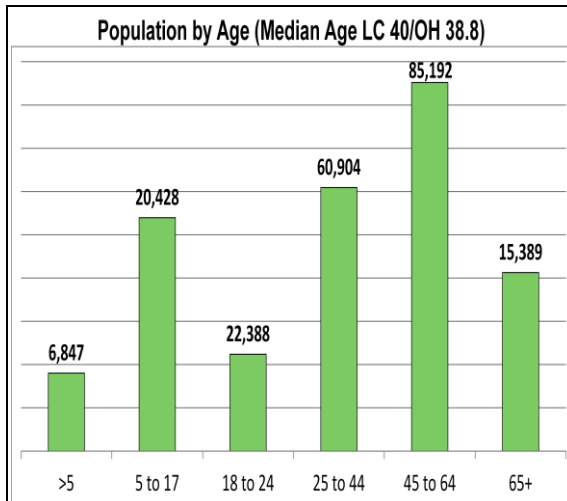
Understanding the operating environment is critical to making solid judgments regarding what actions need to be prioritized. LCBMH explored its county-based context, its service record and operational capacity and current and emerging trends to make pragmatic, go-forward determinations. As with any planning process, the context reflects a point-in-time scan. A brief summary of the data reviewed throughout the planning process follows.

Total Population 301,478

- Slight growth from 2000 (+5%)
- Largest City – Lorain County Seat – Elyria
- High School Graduates: 86.7% (Ohio 87.8%)
- Bachelor Degree or higher graduate attainment: 21% (Ohio 24.5%)
- Unemployment Rate 7.4% (Ohio 6.9%), Aug. 2013
- Veteran Status: 8.9% (Ohio 7.7%)
- Disability Rate: 10.6% (Ohio 10.8%)
- Percentage of births paid for by Medicaid: 39.1% (Ohio 45%)
- Poverty Rate
 - All Ages: 14.4% (Ohio 14.2%)
 - Child: 22% (Ohio 24%)



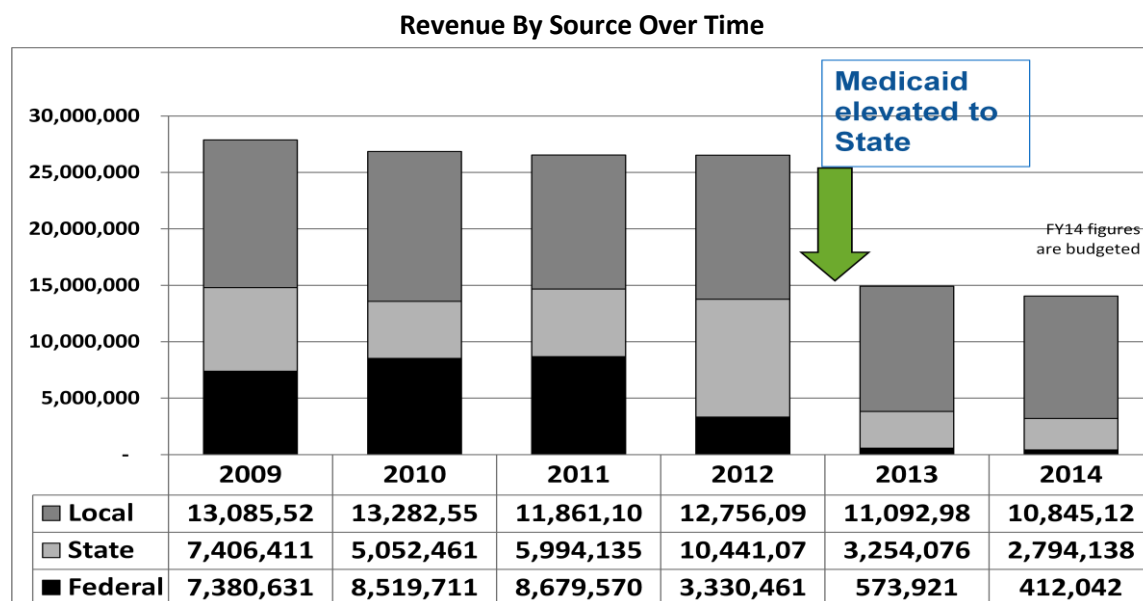
U.S. Census Bureau, 2010/12



Funding

Board funding comes from federal, state and local sources. Federal funding mainly stems from federal block grants that generally pass through the State. The Ohio Department of Mental Health and Addiction Services allocates General Revenue Funds and special grants to the Board for the purchase of community services. LCBMH generates funding through two local property tax levies. A five-year, 1.2 mil renewal property tax levy was approved in May 2010 and generates approximately \$7.4 million annually. A second five-year, .6 mill renewal property tax levy was approved in November 2012 that generates approximately \$3.5 million annually. Both renewal levies won the approval of 67% of voters.

As the chart indicates, the percentage of revenue for mental health services contributed to LCBMH from federal and state government has been shifting in recent years. The SFY 2013 mix for \$14.9 million in total revenue was 74% local, 22% state and 4% federal.



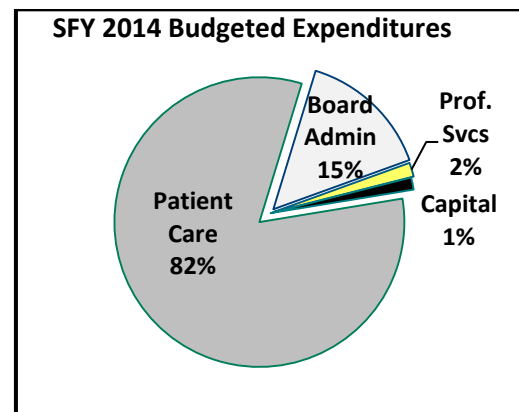
Understanding federal and state funding trends is complicated by a relatively recent change in state Medicaid administration policy. In State Fiscal Year (SFY) 2013 Medicaid administration transferred from local Boards to the State. This means local Boards were no longer responsible for Medicaid match or Medicaid administration related to mental health or addiction services for Medicaid-eligible populations. In SYF 2012, federal “match” payments began to transition off of LCBMH financial statements as final Medicaid payments were reconciled. This accounts for lower federal funding amounts and corresponding service units in trend analysis as the system rebases with Medicaid as a State responsibility

Determining resource levels for the 2014-16 planning period is difficult. During the planning process, the State approved expanded eligibility for Medicaid to 138% of the federal poverty level for adults. This means Medicaid may pay for some mental health services currently paid for with local resources. At the same time, it may mean that LCBMH will be called upon to provide support services to a larger number of Medicaid recipients in order to ensure treatment outcomes are achieved.

Finally, the roll out of the federal Affordable Care Act (ACA) is just underway. Its staged implementation will greatly impact this planning period. The financial implications are undetermined at this time. LCBMH will vigilantly monitor all Medicaid and ACA developments in order to meet new challenges and seize new opportunities. Amidst all this change, one trend remains clear. The overall reliance on local funding continues to grow.

LCBMH follows prudent fiscal policy. For SFY 2014, LCBMH budgets 82% of its resources for patient care and supports. Part of LCBMH’s public stewardship includes a fund reserve. The reserve’s purpose is to:

- Follow standard, financial protocols:
- Provide financial cushion to help ensure uninterrupted delivery of vital services and supports in times of financial downturns: and
- Maintain accessible and safe facilities.



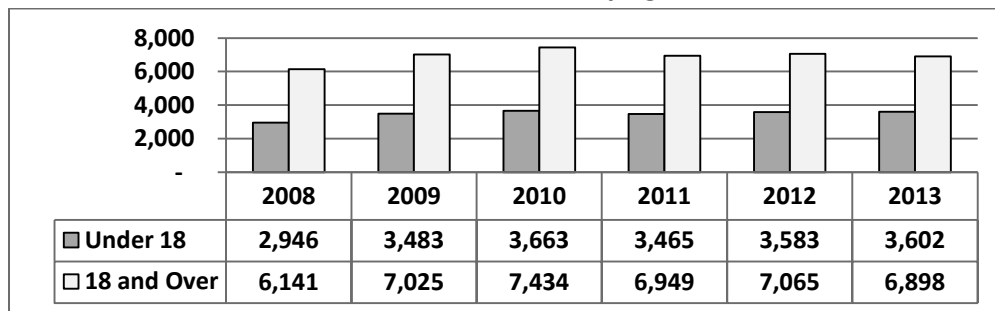
Consumers / Programs

To fulfill its mission LCBMH invests in and monitors the quality of numerous individual and group programs to improve mental health and assist those with mental illness. Programs include:

- | | | |
|------------------------------------------------------------|---------------------------------------------|---------------------------------------|
| ▪ Emergency Stabilization Services | ▪ Evidence Based Practices | ▪ Prevention, Consultation, Education |
| ▪ Supported Housing for Severe & Persistent Mental Illness | ▪ Trauma Informed Care | ▪ Linkage and Early Intervention |
| ▪ Intensive Community Based Services(adults & youth) | ▪ Vocational and Recovery Support | ▪ Integrated Services Partnership |
| | ▪ Peer Support (Consumer Operated Services) | |
| | ▪ Money Management | |

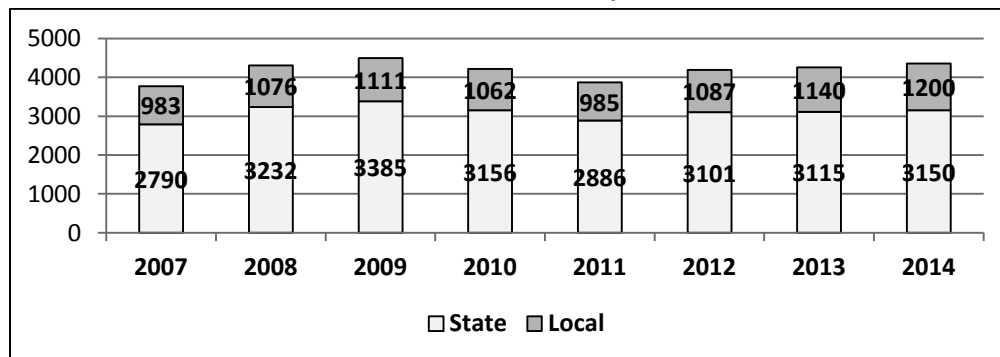
Last year, 10,500 Lorain County residents received care or support funded by LCBMH. Of those, 53 percent were male, and 47% were female. Adults served represented 66% of the population served; children and youth represented 34%.

Total Clients Served By Age



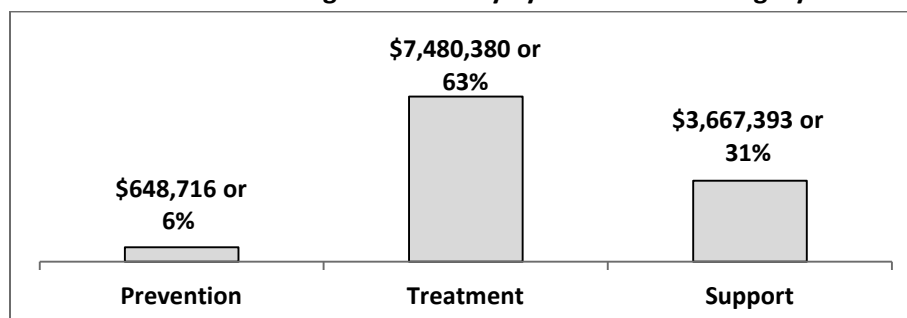
The majority of people with mental illness live, work and receive treatment and support in the community, not in hospital settings. However, due to the acuity needs and cost associated with hospitalization or residential care, LCBMH closely monitors the adult civil psychiatric bed days as well as forensic state bed days utilized by clients.

Adult Civil Bed Days



For planning purposes, LCBMH calculated how it distributes funding and programming across the system in the broad categories of prevention, treatment and support services. This information becomes increasingly important as LCBMH contemplates the impact of implementation of State Medicaid Expansion and the federal Affordable Care Act on treatment costs and where the demand for services will fall in the near and long term.

SFY 2014 Funding Allocation by System of Care Category



Service Providers

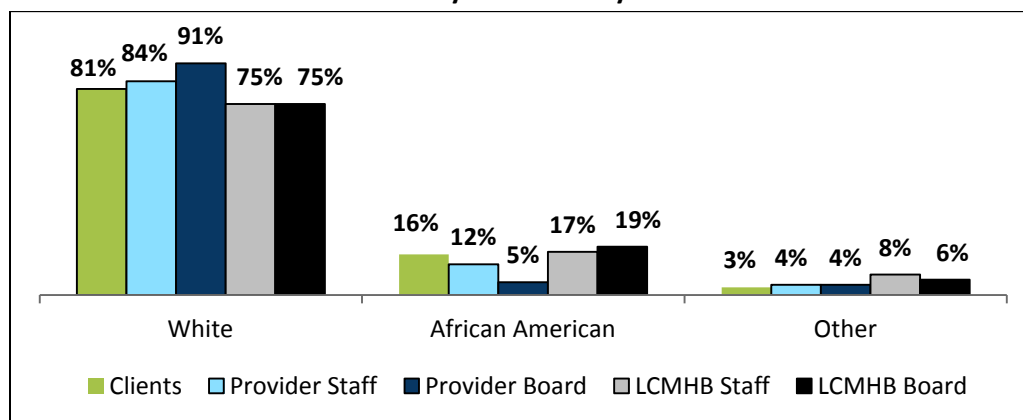
LCBMH contracts with service providers to deliver direct services to consumers.

LCBMH Service Providers	
<i>Direct Care / Treatment</i>	
<i>Child Serving Agencies</i>	<i>Adult Serving Agencies</i>
Applewood Beech Brook Bellefaire JCB Firelands Nord OhioGuidestone Pathways	Far West Firelands Nord Ohio Guidestone Pathways
<i>Granted Agencies</i>	
<i>Prevention</i>	<i>Support</i>
Big Brothers Big Sisters Catholic Charities Labor Lucy Idol Center for the Handicapped	El Centro Gathering Hope House Lutheran Metropolitan Ministry of Cleveland NAMI* New Sunrise Properties Safe Harbor Volunteer Guardianship

(*Affiliated Agency)

LCBMH recognizes the importance of respecting and promoting cultural competence and diversity within the mental health system. LCBMH tracks the diversity of its own Board members and staff and that of its service provider organizations in relation to the diversity of the clients the system serves.

Diversity across the System



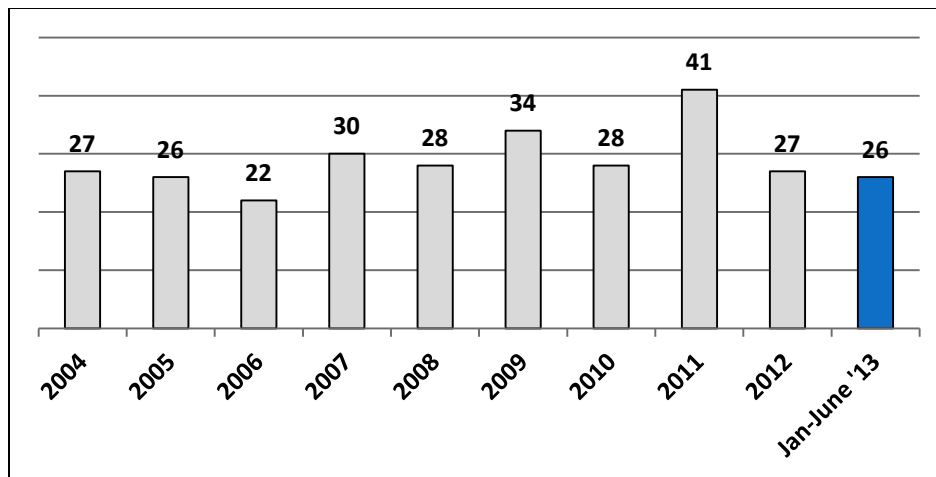
Stakeholder Input & Analysis

LCBMH proactively garnered the input of its consumers, service providers and county partners to provide additional insights into current and emerging needs. While a complete list of insights and suggestions were thoroughly reviewed by the LCBMH Planning Team, key inputs that drove decisions are referenced below.

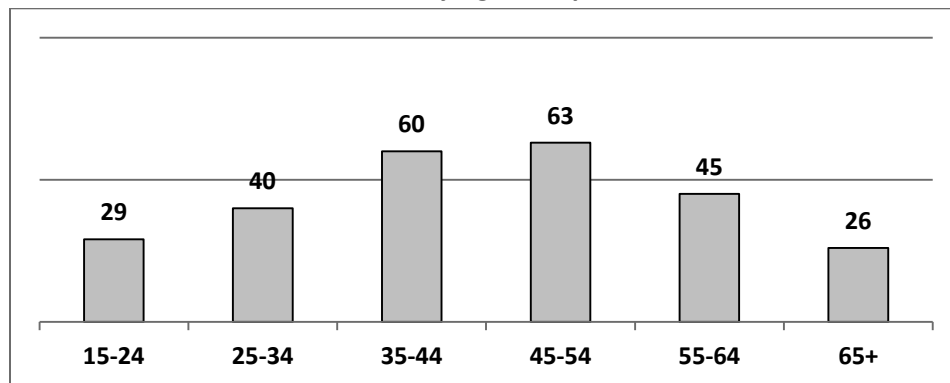
Stakeholder Input Synthesis

Success to Build Upon	<ul style="list-style-type: none"> • Community support for LCBMH and its mission • LCBMH commitment to quality services; including client-centered approaches and strong clinical knowledge • Quality providers across the continuum of service needs • County agency and community partnerships • Peer Support and Client Directed Services • Utilization of Evidence-Based and/or Research-Based Practices
Challenges	<ul style="list-style-type: none"> • Lack of affordable, quality housing for clients • Access to transportation; countywide • Geographic gaps in service • Need for client independent living skills and employment • Adequate family supports • Stigma and community awareness • Balance of high-end, critical care needs with ability to fund more prevention and support services • Forensic issues • Growing heroin problem in community and LCBMH engagement in potential solutions • Maintaining a quality, culturally competent workforce in a competitive job market (more so with expected increase in demand generated by Affordable Care Act implementation) • Matching funding/payment to true costs and to outcomes • Correctly calibrating LCBMH quality monitoring/oversight with cost to providers
Emerging Trends	<ul style="list-style-type: none"> • On almost all fronts, demand continues to increase without a corresponding increase in resources • Troubling suicide trends; particularly among youth • Integration of physical and mental health • Need for sustained focus on trauma-informed care • Issues increasing among younger children, school-age children and youth transitioning to adulthood • Move toward more on-site or satellite location options for services (in-home, at-school, etc.) • Technology applications
Outside Impacts to Navigate	<ul style="list-style-type: none"> • Ohio Medicaid eligibility expansion for adults • Federal Affordable Care Act implementation • Federal Mental Health Parity rules • Government fiscal constraints / budgets

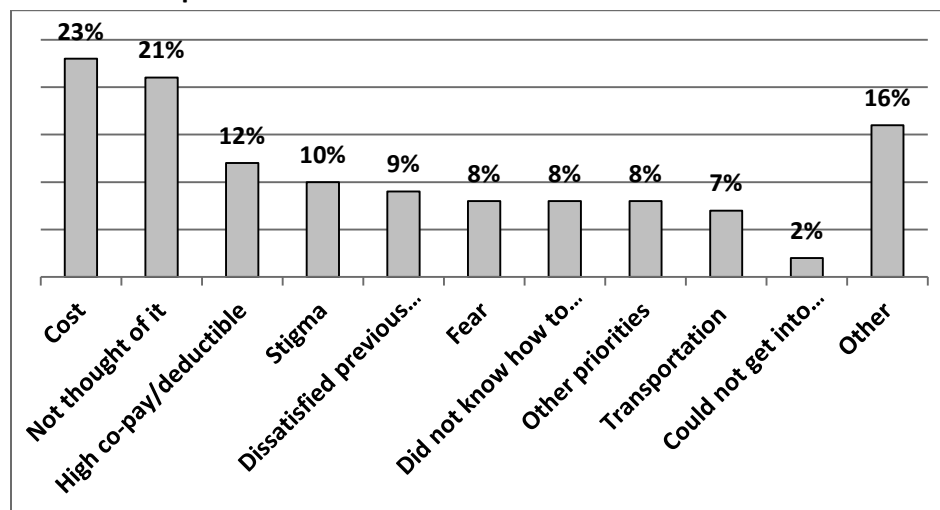
Stakeholders expressed the need to concentrate on many issues during focused discussion. However, almost everyone associated with the mental health system expressed alarm over suicide deaths in Lorain County. When looking at the last available comparison data from 2011, the county suicide rate of 14.92% exceeds the Ohio rate of 12.56%. More alarming, the Lorain County Coroner's Office data indicates that suicide deaths through June of 2013 are already almost equal to the number of suicide deaths in all of the previous year.

Suicide Deaths 2004 – mid-year 2013

Planners were also dismayed to acknowledge that three youth under the age of 15 had completed suicide since August 2012.

Suicide Deaths by Age Group 2004 - 2012

Reported barriers to services were also reviewed. Input was obtained from the 2011 Lorain County Community Health Assessment.

Reported Barriers to Mental Health Assistance - Adults

The Strategic Plan

Mission Statement

A mission is an enduring statement of LCBMH's purpose. It reflects what the organization does, for whom, and to what end.

LCBMH Mission Statement
The Lorain County Board of Mental Health plans, funds and monitors the provision of a continuum of quality public mental health services that enhance the health and well being of the people of Lorain County.

Vision Statement

A vision statement sets an overall direction of what LCBMH wants to be within the next five years. A vision is something to be pursued.

LCBMH Vision Statement
In a changing health care environment, LCBMH leads a system of community-based service partners in the development of innovative practices that demonstrate positive outcomes for all residents of Lorain County who seek mental health care.

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 needing to be tackled to meet 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 plan is divided into four goals.

- Goal One: Enhance the quality of mental health services.
- Goal Two: Improve access to a continuum of care.
- Goal Three: Decrease incidence of suicide among youth and adults.
- Goal Four: Maintain adequate financial and public support for the system.

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.

GOAL ONE Enhance the quality of mental health services.

The quality of mental health prevention, treatment and support services matter to the outcomes people achieve. LCBMH, its providers and partners want people to receive services that truly help them. To that end, Goal One sets the stage for LCBMH to establish the kinds of positive outcomes it wants to pursue as well as the kinds of research- and/or evidence-based services it will support to achieve appropriate results. This approach is not new to LCBMH. As a result, objectives outline next steps for quality such as aligning the funding model to emphasize positive outcomes and standardizing a cross-agency quality assessment process that helps LCBMH contract for quality services.

Goal One also recognizes the short- and long-term challenges facing providers and partners in maintaining and elevating the competence of its valued mental health workforce. Potential LCBMH actions include advancing training and recruitment opportunities.

Goal One: Enhance the quality of mental health services.		
ID#	Objective	Performance Measure
1a	Develop and test within two years a plan for an alternative funding model for clinical services that emphasizes positive outcomes.	<ul style="list-style-type: none"> • Plan completed • Plan tested
1b	Develop and test within one year a plan for standardized, cross-agency quality assessment process.	<ul style="list-style-type: none"> • Plan completed • Plan tested
1c	Support the development of a highly competent mental health workforce, including a focus on evidence/research-based practice, cultural competency and trauma-informed care.	<ul style="list-style-type: none"> • # trained in Evidence-Based Practice, cultural competency, trauma-informed care • Diversity of LCBMH and Service Provider Boards and staff

GOAL TWO Improve access to a continuum of care.

Goal Two represents LCBMH's commitment to improving access to mental health promotion and prevention as well as treatment and supports for those with mental illness in a changing health care landscape. Objectives include, among other actions,

- increasing awareness utilizing Mental Health First Aid and other prevention and awareness trainings.
- Reaching out to current partners and new audiences so more people assist with prevention, awareness and early intervention.
- Broadening and strengthening school-based collaborations to reach children and youth.

Objectives also recognize that mental health is essential to overall health. LCBMH knows that an individual's physical and mental health are intertwined when it comes to overall wellbeing and to reducing costs. LCBMH wants to be at the forefront of how this approach unfolds.

This goal also prioritizes innovative and collaborative actions that will provide additional client supports like housing and peer supports as well as new ideas that begin to eliminate geography as a barrier to service within Lorain County.

Goal Two: Improve access to a continuum of care.		
ID#	Objective	Performance Measure
2a	Enhance prevention, early awareness, and intervention efforts	<ul style="list-style-type: none"> • # of individuals trained • # served in collaboration
2b	Pursue integration of health and mental health treatment services	<ul style="list-style-type: none"> • To Be Determined
2c	Provide and assist with the development of expanded supports for consumers	<ul style="list-style-type: none"> • # / Units of supportive housing available • # homeless with SPMI housed • Determination on feasibility of respite foster care options for youth • New supports implemented for persons with MI
2d	Decrease geography as a barrier to services	<ul style="list-style-type: none"> • # served / geographic distribution • In-service Board/Agency use of technology options

GOAL THREE Decrease incidence of suicide among youth and adults.

Amidst all the mental health needs facing Lorain County, the increasing incidences of suicide and suicide attempts emerged as a target issue that required priority attention. LCBMH plans to continue its collaborative work with the Lorain County Suicide Prevention Coalition while providing addition supports and training to vulnerable individuals.

Goal Three: Decrease incidence of suicide among youth and adults.		
ID#	Objective	Performance Measure
3a	Identify persons attempting suicide and connect them to services/supports	<ul style="list-style-type: none"> • # hospitalized for attempted suicide • # attempted without established relationship to service provider • # of non-connected individuals who connect to a service provider • # of individuals who utilize services after provider connection
3b	Provide support following attempted or completed suicide for survivors (postvention)	<ul style="list-style-type: none"> • # survivors seen by the Loss Team • # referrals given to survivors • # of survivors able to access services (% of referrals accessed)
3c	Strengthen support groups and awareness of resources	<ul style="list-style-type: none"> • # community support groups • # of people aware of how to access services in the Community Health Survey
3d	Provide education and training for providers and partners	<ul style="list-style-type: none"> • # clinicians trained

GOAL FOUR Maintain adequate financial and public support for the system.

LCBMH has been and remains a stable organization that has demonstrated adaptability over the last few years in the face of public financial swings, increased demand for service, and new policy direction in Medicaid and the Affordable Health Care Act. LCBMH, its providers and its partners help people. The mental health system yields results. LCBMH has a track record of solid financial management and a commitment to quality service for its clients. Goal Four focuses on telling the story of the mental health system to secure resources for its mission and to raise public awareness regarding mental health, accessing services and promoting the well-being of the people of Lorain County.

Goal Four: Maintain adequate financial and public support for the system.		
ID#	Strategy	Performance Measure
4a	Pass the levy to maintain needed local resources	<ul style="list-style-type: none"> • % of votes for the levy
4b	Advocate in State and Federal Government to advance our mission	<ul style="list-style-type: none"> • # of contacts with legislators or their staff. • # of advocacy events we attend or host measured quarterly. • Legislative scorecards for those targeted for advocacy.
4c	Implement a community engagement plan, including a social media strategy by June 2014	<ul style="list-style-type: none"> • # of community presentations • # of presentation attendees • # earned media hits • # inches of earned print coverage • Positive change on survey regarding barriers to service

The Board adopted The LCBMH 2014-2016 Strategic Plan on December 5, 2013.

Tracking Implementation

LCBMH's members and Executive Director are committed to executing The LCBMH 2014-16 Strategic Plan. To that end, the Executive Director will assume responsibility for establishing objective-level work plans. He will develop and share Progress Reports with the Board at routine intervals to ensure accountability. Routine reports also provide an opportunity for more in-depth discussion of challenges and opportunities that emerge as the plan is implemented.

Finally, any strategic plan must remain dynamic going forward. As conditions change in the organization, the field, in our county, our state and our federal government, LCBMH will stand ready to adapt and edit goals, objectives and actions steps in order to deliver the best service possible to Lorain County residents.

The logic model depiction of LCBMH's strategic plan on the next page provides a summary of the work ahead. For more information on LCBMH's operations and strategic direction, please visit the website at www.lcmhb.org.

LCBMH Strategic Plan 2014-2016

