



# **STRATEGIC PLAN 2014 - 2016**

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*Prepared for*

## **TRI-COUNTY BOARD OF RECOVERY AND MENTAL HEALTH SERVICES**

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## **INTRODUCTION**

The Tri-County Board of Recovery and Mental Health Services is the statutory planning authority charged with responsibility for planning and implementing a system of mental health services within Darke, Miami and Shelby Counties. In January 2013, the Tri-County Board of Recovery and Mental Health Services engaged the services of Brown Consulting, Ltd. to facilitate the review, analysis and update / revision of the Tri-County Board's 2014 – 2016 Strategic Plan. The following goal and objectives form the basis for the assessment phase of the planning process:

- Goal:** Develop the Tri-County Board's Strategic Plan to successfully guide the future development of the Recovery and Mental Health Service Delivery System within Darke, Miami and Shelby Counties.
  
- Objective 1:** Review existing Strategic Plan to determine current status of plan. Complete industry scan with respect to State/ National trends.
  
- Objective 2:** Inventory current Tri-County alcohol/drug and mental health system and review local data to determine trends and patterns in service utilization. Profile and trend Darke, Miami and Shelby Counties utilization patterns.
  
- Objective 3:** Assess the current capabilities and continuum of services within Darke, Miami and Shelby Counties available to support priority target populations (i.e. service availability, access and gaps).
  
- Objective 4:** Identify the perception within local government, the professional community and consumers concerning current service delivery system capabilities and future service needs.
  
- Objective 5:** Use the completed Assessment, Facilitate One Day Strategic Planning Retreat with Boards Leadership Group to identify and prioritize strategic initiatives for Darke, Miami and Shelby Counties.
  
- Objective 6:** Articulate full Strategic Plan based on Assessment/ Evaluation results and Strategic Planning Retreat. Present full Strategic Plan to include, initiatives, goals, target services, resource requirements and budget.

# **METHODOLOGY**

## **PROJECT PLANNING**

In order to effectively create the Tri-County Board's 2014 – 2016 Strategic Plan to successfully guide the future development of the Recovery and Mental Health Service Delivery System within Darke, Miami and Shelby Counties, the SAMHSA "Description of a Modern Behavioral Health System" is being utilized as a model for the assessment / development of the new Strategic Plan (A full description of the SAMHSA Modern Addictions and Mental Health Service System model is available for review on request, while brief overview is provided in this report below). In order to achieve the primary goal and objectives defined for the Strategic Plan, the following approach has been utilized by Brown Consulting, Ltd.

1. Complete a review existing Strategic Plan to determine current status.
2. Complete industry scan to include a review of local and state planning documents meaningful to this project (i.e. political environment, state budget, etc.).
3. Review Alcohol/Drug and Mental Health Service Delivery System resources / service capabilities and performance.
4. Conduct interviews and facilitate focus groups with stakeholders to gain subjective view and perception of future needs within Darke, Miami and Shelby Counties. Participants included:
  - Tri-County Board members and staff
  - Health / Helping Professionals
  - Courts, Law Enforcement, Criminal Justice
  - Local Government
  - Service Providers
  - Consumers
5. Conclude on analysis. Articulate analysis to result in the identification of new or ongoing initiatives, priorities and resource requirements to guide the future development of the service delivery system.

## Industry Trends

- **Medicaid Expansion**
  - Estimated increase by 12,000 individuals becoming eligible for Medicaid locally, with 2,000 to 3,000 needing behavioral health services locally
  - Need for Benefit Specialists
  
- **Affordable Care Act** impact on behavioral health systems and providers
  
- **Behavioral Health Parity**
  
- **Ohio Department of Mental Health and Addiction Services** (OhioMHAS)
  - Increase in Prevention activities (Population changes)
  - Integrated approach to Behavioral Health services
  - Integrated approach to Primary Healthcare
  
- **Health Homes Model**
  - Funding uncertainties
  
- **Housing**
  - Need for specialized housing
  - Need major re-design as to how we do housing (Training, re-shaping mission, etc.)
  - Increased funding for housing
  
- **Electronic Health Record**
  - High cost product
  - Need for system integration
  
- **Future Funding Dependent on Demonstrated Performance / Outcomes**

## **Description of a Good and Modern Addictions and Mental Health Service System**

**SAMHSA, April 2011**

The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010—together referred to as “The Affordable Care Act (ACA)” recognizes that prevention, early intervention and when necessary, treatment of mental and substance use disorders are an integral part of improving and maintaining overall health. In articulating how these conditions should be addressed in a transformed and integrated system, SAMHSA describes what services are included in a modern addiction and mental health system in order to clarify the roles and responsibilities associated with its structure, financing and operation.

A modern mental health and addiction service system provides a continuum of effective treatment and support services that span healthcare, employment, housing and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective. It is a public health asset that improves the lives of Americans and lengthens their lifespan.

As part of the modern system’s vision, the integration of primary care, mental health and addiction services must be an integral part of the vision. Mental health and addiction services need to be integrated into health centers and primary care practice settings where most individuals seek health care. In addition, primary care should be available within organizations that provide mental health and addiction services, especially for those individuals with significant behavioral health issues who tend to view these organizations as their health homes.

## **Tri-County Board Strategic Plan: Agency Services Inventory, 2013**

In May of 2013, Tri-County RMHS Board staff completed a system Agency Services Inventory to support the Board's Strategic Planning process. By completing the survey, the Tri-County Board of Recovery and Mental Health Services is better equipped to make planning and funding decisions regarding current and future prevention, treatment, and recovery support services purchased by the Tri-County Board. There were eight (8) respondent agencies from the service delivery system. A full narrative of the Agency Services Inventory Report is available as an addendum. Following is a summary overview of the results of Agency Services Inventory:

The 2014 - 2016 Strategic Planning survey assessed the Tri-County Board's current provision of prevention, intervention, treatment, and recovery support services to determine current system alignment with the eleven (11) domains of SAMHSA's continuum of services in a "good and modern" addictions and mental health service system. These domains include

1. Health Homes and Integrated Physical Healthcare
2. Prevention and Promotion
3. Engagement Services
4. Outpatient Services
5. Medication Assisted Services (Medication services)
6. Community Supports (Rehabilitation)
7. Habilitation (Other Supports)
8. Intensive Support Services
9. Out of Home Residential Services
10. Acute Intensive Services
11. Recovery Support

### **Results:**

#### **Section 1 - Health Homes and Integrated Physical Health Care**

Of the 8 respondents, none are currently providing health homes and/or integrated physical healthcare.

#### **Section 2 - Prevention and Promotion Services**

Seven of the eight agencies identify themselves as providing prevention services. Community Housing Inc. is not currently providing prevention services. Below is a summary of the types of prevention services being offered:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Motivational Interviews
- Tobacco Cessation
- Parent training

- Facilitated Referrals
- Relapse prevention/wellness recovery support
- Warm line

### **Section 3 - Engagement Services**

All eight agencies stated they provide engagement services. Following are the engagement services the respondents identified:

- Mental Health Assessment
- AOD Assessment
- Gambling
- CPST Assessment
- Psychiatric Assessment
- Psychological Evaluations
- Self-Directed Budgeting
- Benefits Assessment
- Readiness Preparation Assessment (Stages of Change)
- Community Outreach promoting service availability
- Crisis Service Planning
- Consumer Family Education
- Wraparound Services

### **Section 4 - Outpatient Services**

Individual counseling services are provided by:

- Five of the agencies provide individual counseling for youth (5-17) and adults (18-64).
- Four agencies serve older adults (65+).
- One agency serves children (0-4).

Group therapy is provided by:

- Five agencies service adults (18 – 64).
- Three agencies serve older adults (65+).
- Four agencies service youth (5-17).
- No agencies provide group therapy for children (0-4).

Family therapy is being provided by three agencies and Multi-systemic family therapy is provided at two agencies.

Caregiver consultations are being provided five agencies.

### **Section 5 - Medication Services**

Medication services are provided at:

- Four of the agencies provide medication services to adults (18-64).
- Three agencies provide medication services to older adults (65+).
- Two agencies provide medication services to children (0-4) and youth (5-17).



## **Section 6 - Community Support (Rehabilitation) Services**

Six agencies report providing community support (rehabilitation) services including:

- Parent/Caregiver support services, Skill building (social, daily living, cognitive) services, Case Management and/or Community Psychiatric Support services Behavior Contracting
- Supported Employment
- Permanent Supported Housing
- Recovery Housing

## **Section 7 - Habilitation (other supports) Services**

Habilitation (other supports) services are provided including:

- Personal care services (activities of daily living)
- Homemaking services
- Respite services
- Transportation services
- Recreation services
- Interactive communication technology
- Trained behavioral health interpreters Payeeship services
- Guardianship services

## **Section 8 - Intensive Support Services**

Intensive Support Services provided include:

- Substance abuse intensive outpatient services

## **Section 9 – Out of Home Residential Services**

Out of home residential services (adult mental health residential) are provided.

## **Section 10 – Acute Intensive Services**

Acute intensive services were not identified by any agency as being provided. However, the Board purchases the following services:

- Mobile Crisis Services
- Hotline Services are provided
- Crisis Response Team

## **Section 11 – Recovery Supports**

Consumer operated service center is provided and includes:

- Recovery support coaching
- W.R.A.P. (wellness recovery action plan)
- Recovery support center services
- Supports for self directed care

## Tri-County Board 2014 – 2016 Strategic Planning: Potential Service Expansion Areas

	Healthcare Home / Physical Health #1	Prevention (including Promotion) #2	Engagement Services #3	Outpatient Services #4	Medication Services #5	Community Support (Rehabilitative) #6	Other Supports (Habilitative) #7	Intensive Support Services #8	Out of Home Residential Services #9	Acute Intensive Services #10	Recovery Supports #11
Areas for Potential Service Expansion	<ul style="list-style-type: none"> <li>• General outpatient medical services</li> <li>• Co-location of BH &amp; Primary care services</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health First Aid</li> <li>• Coordinated Tri-county mental health and alcohol /drug prevention plan</li> </ul>		<ul style="list-style-type: none"> <li>• Trauma informed practices</li> <li>• Gambling treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacotherapy (including medication assisted therapy (MAT))</li> <li>• Psychiatrist recruitment/retention</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Specialist Program</li> </ul>	<ul style="list-style-type: none"> <li>• Guardianship services</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated dual diagnosis treatment (IDDT)</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol and Drug residential</li> </ul>	<ul style="list-style-type: none"> <li>• Medically monitored intensive inpatient</li> <li>• Peer based crisis services</li> <li>• Urgent care services</li> <li>• 23 hour crisis stabilization service</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing care for substance use disorders (aftercare)</li> <li>• RSC Grant</li> <li>• Vocational Services</li> <li>• Benefits coordination and navigation services</li> </ul>

## **Focus Groups, Community Stakeholder Interviews and Surveys**

As vital components of the Tri-County Board's Strategic Planning process, focus groups, interviews and surveys were conducted with key Darke, Miami and Shelby Counties community stakeholders including consumers and family members, professionals from government, courts, corrections, law enforcement, schools, healthcare, Board members and staff, and other area human service agencies and providers. The goal was to elicit input and feedback regarding the Tri-County Board service delivery system in terms of perceptions of current strengths, weaknesses, opportunities, threats and recommended priorities. The results of these completed focus groups, interviews and surveys were collated and analyzed to better identify Tri-County Board of Recovery and Mental Health Services service delivery system prioritized needs, based on the perceptions, insight, input and feedback from the key community stakeholders.

Ninety-three (93) key Darke, Miami and Shelby Counties community stakeholders participated in a series of six (6) focus groups and eight (8) stakeholders completed telephone surveys / interviews during October and November 2013 to gain their perceptions of the mental health system of care priorities and needs. Key stakeholder input does not represent the expressed opinion of all participants, but provides supplemental information for the Tri-County Board of Recovery and Mental Health Service's strategic planning process.

Following is a summary of the key findings from the focus groups and interview participants' input regarding the update of the Tri-County Board of Recovery and Mental Health Service's Strategic Plan.

### **Strengths**

- The Tri-County Board is financially solid and consistent
- Common focus of service providers
- Empathetic Board and staff regarding clients and system supports
- Knowledgeable staff in the system
- Efforts to build cross-county systems and collaboration(s)
- Support from the community
- Support for behavioral health levies
- Working with the courts and law enforcement
- The counselors at Safe Haven
- Self-esteem classes
- Peer support services
- Friendly Environment
- They change your life
- Case Management Services

## **Strengths (Continued)**

- The Board is very cohesive
- The Board see's Safe Haven as a strong asset
- Long term stable providers
- The Boards relationship with providers
- CIT Program
- The CIT team providing crisis training to Jail
- Courts appreciate the services provided
- Jody Long being a reference for law enforcement
- School services
- Education support in county CIT – Veterans'
- Intervention for students in crisis
- Providers are improving
- Case Management in Juvenile Court
- Able to access services faster
- Common areas for future partnerships.
- Administration, our jail assessment contract.
- Support of first responders
- Staff and programming
- Transportation
- Informed and helpful staff
- Starting groups for mental health, especially the parenting groups
- Love and Logic is a great parenting resource hopefully a group started soon for autism
- Mobile Therapist that go into the community jails and hospitals
- Crisis hotline available to the Tri County 24 hours a day
- Location of the board is in the center of the county easily accessible to clients

## **Weaknesses**

- Lacks of funds within the system
- Loss of funds in system the last several years
- Loss of specialized services
- Data systems, too many "paper" processes
- Lack of specialized services: i.e. childhood, opiate addiction, community detoxification, supportive housing
- Case Managers are to stressed with too big of case loads
- Safe Haven needs longer hours
- More groups/workshops
- Dual dependency groups
- Not enough psychiatric time
- Some agencies are struggling financially
- There is a "disconnect" between good business practices and behavioral health practices
- Shortage of children's psychiatric services
- Front line staff lack appropriate training

## **Weaknesses (Continued)**

- No intensive drug/alcohol or inpatient services
- Can't meet demand for services
- No children inpatient services
- Transportation
- Lack of communication between providers
- Lack of communication with Board and providers
- So many people involved with clients and no collaboration in treatment planning
- Not enough follow-up services
- No mentors in the communities
- County lines make it difficult for clients to get treatment, create barriers
- Shelby Co. Counseling only provides services four hours per week to jails
- Wait lists are too long
- Services are not provided at reasonable hours
- Lack of communication about available services
- Agency's admission criteria blocks new admissions
- No services if people don't have Medicaid or Medicare
- Quality of caseworkers, programs for low income/at risk persons
- Gaps in service & Populations under served
- Prevention (although working on it); OAD Services
- Funding issue – overall in terms of a whole process, stretched as far as it can go
- Gaps in service
- Transportation for clients to get to mental health facilities
- Wait time to see psychiatrist
- The population underserved would be those that have private insurance but cannot afford the co-pays for services
- More follow up for people leaving the hospital and getting them to follow up with Mental Health so that they do not keep ending up back in the hospital
- More services need for youth and parenting

## **Opportunities**

- "One Stop Shop" approach to the system
- Transportation
- Reduction of system duplication of effort(s)
- Medical Advocates for clients
- Leadership taking lead in "branding" of the system
- Transportation for food
- Assistance in getting to medical appointments and getting prescriptions
- Help with applying for benefits
- Prevention services at the Board level
- Improved cultural competency within the system
- Advocacy at policy levels
- Public Education
- Group Homes
- System-wide outcomes

## **Opportunities (continued)**

- Feedback loop, measures of success
- Development of Specialty Service
- Collaborative County Agencies applying for Grants
- Additional wrap around services for children
- Dialogue about decision making with providers
- Try to engage faith based programs
- Community Education – led by the Board
- Common case plans
- Provide support to schools
- Coordination of Services
- Residential and traditional housing
- More In-Home Services
- Locations in Piqua
- More intense Alcohol/Drug treatment for adolescents
- Residential Treatment
- Additional Life Skills training for non-Developmentally Disabled juveniles
- Partnership and collaboration for community wide initiatives in Shelby County
- There is a lot of room for improvement
- Increase services, ensure shorter waiting period for mental health services
- Huge need for prevention
- Great future for more services if the three counties and agencies continue to collaborate
- Opportunities to branch out more to the community
- There is still a stigma about mental health and the Tri-county board can be that advocate in the community to let people know there is help
- There are small communities especially in Miami County like Covington, Pleasant Hill, etc. that don't know what services are available in the county as a whole.

## **Threats**

- Unpredictability of funding
- Workforce development, engagement / retention (people are “aging out”)
- Dual licensure and credentials of personnel
- Lack of specialists (i.e. psychiatry, etc.)
- Fear of Affordable Care Act – could it limit services
- Lowering of food stamp benefits
- Lack of Community awareness
- Lack of Community understanding during mental health crisis
- Shortage of Funding
- Merger of ODADAS and ODMH
- Getting agencies to agree to specialized services
- Health Homes
- One Stop Shop model
- Competition instead of corporation between agencies
- Lack of open honest dialogue with board

### **Threats (Continued)**

- Public impatience and lack of understanding of drug and alcohol addiction
- The disparity of treatment for drug and alcohol addicted persons compared to MH persons
- Inability to for clients and consumers to cross county lines
- Making treatment / medication available to people in need.
- Lack of funding, quality staffing, and good management.
- Continuing to adapt to state and government changes; funding items, distributing monies
- Funding, an expanding number of people who need services vs. stability, funding

### **Stakeholder Identified Priorities**

- Peer-based Services
- Information Technology Improvement
- More Case Management time
- Expansion of Residential Beds for addiction recovery
- One Stop Shop
- Psychiatric time for children
- Crisis Beds
- Detox Beds
- Opiate treatment
- Communication between Board and Agencies
- Integration with Primary Care
- Funding for specialized services
- Additional CIT trainings
- Better communication with schools
- Branch offices in Piqua
- In-Home services
- Transportation
- Assisting families with at risk in your poverty
- Mental health counseling
- Alcohol dependency counseling
- Partnership and collaboration for community wide initiatives in Shelby County.
- Shorten time to get an appointment
- Provide more support services for client and family
- Improve quality of caseworkers
- Effective best practices
- Collaborations (new board)
- Good core Psychiatrist
- Staying focused on recovery model
- Physical health care
- Drug abuse prevention and intervention
- Children and youth programs.

### **What system of care services/programs should be enhanced or increased?**

- Transportation to allow access to treatment services
- Food provided at Safe Haven – healthier options
- Access to case management services
- Awareness in community – churches and faith based organizations
- Board should take an active role with community knowledge and bringing agencies together so everyone understands available services
- Children's mental health services
- Greater access to children's psychiatric services
- Adult housing for recovery
- Greater access to Suboxone treatment
- Capacity to Outpatient services
- Apply to Federal Government for underserved area
- More long term treatment

### **What system of care services/programs should be decreased or eliminated altogether?**

- Duplication of Outpatient services
- Have agencies become more specialized

### **Additional thoughts / feedback**

- There are people out there dying and the Board is going to build a new building
- If the One Stop Shop pulls agencies out of current counties it would be a huge mistake
- The Board needs to take a much bigger role in community education



## PRIORITIZATION OF SERVICE EXPANSION AREAS

### Tri-County Board FY 14 Strategic Planning: Potential Service Expansion Areas

	Healthcare Home / Physical Health #1	Prevention (including Promotion) #2	Engagement Services #3	Outpatient Services #4	Medication Services #5	Community Support (Rehabilitative) #6	Other Supports (Habilitative) #7	Intensive Support Services #8	Out of Home Residential Services #9	Acute Intensive Services #10	Recovery Supports #11
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## **Tri-County Board Strategic Initiatives Areas 2014 - 2016**

The following Strategic Initiative Areas were identified to facilitate to move the Tri County Board of Recovery and Mental Health Services strategic planning process forward through the identification of strategic goals, objectives, action steps and timelines. Tri-County Board members and staff should draw from current service system inventory information, industry trends, stakeholder input, and system needs and priorities to identify the strategic goals, objectives and action steps under these Strategic Initiative Areas.

The following Strategic Initiatives are identified to form the basis for the Strategic Plan. Strategic Initiatives are tasks, processes or goals that are necessary to move the Tri-County Recovery and Mental Health Board forward.

### **STRATEGIC INITIATIVE AREAS**

- **Leadership** Ensure a leadership culture which will enable Tri-County Recovery and Mental Health Board to achieve its mission.
- **Finance** Ensure fiscal viability of Tri-County Recovery and Mental Health Board and Service Delivery System.
- **Service Delivery System / Programming** Promote and maintain a maximally effective and efficient service delivery system responsive to the needs of Darke, Miami and Shelby Counties.
- **Facilities and Operations** Ensure the efficient and effective operation of the Tri-County Recovery and Mental Health Board staff and facility(s) to effectively and successfully coordinate and monitor services to the three (3) county area.
- **Performance Improvement (PI) / Information Technology (IT)** Adopt a philosophy and practice of Performance Improvement (PI) that demonstrates the service delivery system's effective and efficient performance as well as the promotion / use of information technology to improve / support service delivery and effectiveness.
- **Community Relations / Advocacy** Strengthen the Tri-County Recovery and Mental Health Board's advocacy role in the community.

# MASTER STRATEGIC PLAN



**TRI-COUNTY BOARD OF  
RECOVERY AND MENTAL HEALTH SERVICES**

**2014 - 2016**

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## **MISSION**

The Tri-County Board of Recovery and Mental Health Services is dedicated to planning, funding, monitoring and evaluating substance abuse and mental health services for Darke, Miami and Shelby counties; working diligently to see that the services are cost effective and of the highest possible quality; informing the community about these services; and ensuring that people have access to them.

## LEADERSHIP

**GOAL: ENSURE A LEADERSHIP CULTURE WHICH WILL ENABLE THE TRI-COUNTY BOARD OF RECOVERY AND MENTAL HEALTH SERVICE TO ACHIEVE ITS MISSION**

#	Objectives / Actions	Lead	Y1 Months		Year Y2 Months		Y3 Months	
			1-6	7-12	1-6	7-12	1-6	7-12
<b>1.0</b>	<b>Equip the Board with current knowledge regarding the changing role of the Tri-County board of Recovery and Mental Health Services.</b>							
1.1	Provide Board members with education regarding population based prevention and recovery.	Board Chair and CEO	X	X	X	X	X	X
<b>2.0</b>	<b>Facilitate the creation of a Tri-County Board of RMHS Community Prevention Plan.</b>							
2.1	Utilize Board Planning Committee to facilitate plan development.	Board Committee Chair and Staff	X					
2.2	Utilize technical assistance through Ohio University.	Executive Director and Staff	X					
2.3	Develop and implement a Community Prevention Plan.	Executive Director and Staff		X				
<b>3.0</b>	<b>Ensure full and diverse compliment of Board membership through the active recruitment and orientation.</b>							
3.1	Board Chair and the Executive Director to facilitate recruitment and orientation of new Board members when vacancies occur.	Executive Director and Board Chair	X	X	X	X	X	X
<b>4.0</b>	<b>Complete Board self-evaluation.</b>							
4.1	Board Chair to facilitate the completion of a Board self- evaluation at least every two (2) years.	Board Chair	X				X	
4.2	Identify and implement any recommendations that result from the self-assessment process.	Board Chair	X				X	

## FINANCE

**GOAL: ENSURE THE FINANCIAL VIABILITY OF THE TRI-COUNTY BOARD OF RECOVERY AND MENTAL HEALTH SERVICES**

#	Objectives / Actions	Lead	Year					
			Y1 Months		Y2 Months		Y3 Months	
			1-6	7-12	1-6	7-12	1-6	7-12
<b>1.0</b>	<b>Facilitate system training / technical assistance regarding the financial impact / opportunities related to The Accountable Care Act and Ohio Medicaid expansion.</b>							
1.1	Survey and identify system needs.	CFO		X				
1.2	Develop and implement targeted training(s) to address the identified system needs.	Executive Director and Staff			X			
<b>2.0</b>	<b>Review and update the Allocations Manual</b>							
2.1	Review and update Allocation Manual policy and procedures.	Executive Director and CFO	X		X		X	
2.1	Update fee language in the Allocations manual.	CFO	X		X		X	
2.2	Develop and include outcome-based content related to allocations process.	Executive Director and CFO	X		X		X	
<b>3.0</b>	<b>Ensure Board “readiness” for pending / future grant and funding opportunities.</b>							
3.1	Continuous update of list of pending grants / new funding stream opportunities.	Executive Director and Staff	X	X	X	X	X	X
3.2	Develop schedule of accountability (person responsible and completion date) for specific new funding options.	Executive Director and CFO	X	X	X	X	X	X

## Finance (Continued)

<b>4.0</b>	<b>Facilitate system leadership in understanding the Affordability of Care Act (ACA).</b>							
4.1	Communicate / provide ACA clarification updates through various channels to the system.	Executive Director and Staff	X	X	X	X	X	X
4.2	Identify and implement any recommendations that result from the self-assessment process.	Board Chair	X				X	
<b>5.0</b>	<b>Explore / research a successor financial billing system to replace the MACSIS system.</b>							
5.1	Identify potential alternative system options and develop plan with implementation time table.	CFO			X			



## PROGRAMMING / SERVICE DELIVERY SYSTEM

**GOAL: PROMOTE AND MAINTAIN AN EFFECTIVE AND EFFICIENT SERVICE DELIVERY SYSTEM RESPONSIVE TO THE NEEDS OF DARKE, MIAMI AND SHELBY COUNTIES**

#	Objectives / Actions	Lead	Y1 Months		Year Y2 Months		Y3 Months	
			1-6	7-12	1-6	7-12	1-6	7-12
<b>1.0</b>	<b>Establish a Behavioral Health “One Stop Shop” model program in Miami County.</b>							
1.1	Articulate plan and implement One Stop Shop.	Executive Director, Board and Staff	X					
1.2	Establish coalition of community partners in the planning and implementation process.	Executive Director	X					
<b>2.0</b>	<b>Expand the current addictions continuum of care funded by the Tri-County Board</b>							
2.1	Expand Recovery Housing, Medication Assisted Treatment (MAT), NARCAN Project, Alcohol and Drug Residential Treatment, Ambulatory Detoxification, etc.	Executive Director and Staff		X				
2.2	Ensure the prioritization of levels of care with identified time tables for implementation.	Board Staff		X				
2.3	Ensure the full spectrum of levels of care for opioid addiction treatment.	Board Staff		X				
<b>3.0</b>	<b>Develop and implement a community Behavioral Health Prevention Plan.</b>							
3.1	Address all potential areas pertaining to behavioral health related issues in the community.	TBD			X			
<b>4.0</b>	<b>Explore opportunities to develop / expand benefits coordination.</b>							
4.1	Based on analysis, identify and implement expanded benefits coordination activities.	TBD		X				
<b>5.0</b>	<b>Increase Pharmacological Services capacity within the service delivery system</b>							
5.1	Develop and implement Pharmacological Services Plan to recruit, hire and retain psychiatrists.	Executive Director and Staff	X	X	X	X	X	X

## Programming / Service Delivery System (Continued)

5.2	Develop and implement Pharmacological Services Plan to recruit, hire and retain Physicians Assistants (PA), and Advanced Practice Registered Nurses with demonstrated competence in psychiatry.	Executive Director and Staff	X	X	X	X	X	X
<b>6.0</b>	<b>Maximize Mental Health First Aid opportunities throughout the three (3) county area.</b>							
6.1	Develop and implement a plan to expand the Mental Health First Aid program in all counties.	Board Staff		X				
<b>7.0</b>	<b>Ensure availability of Survivor of Suicide (SOS) support groups throughout the three (3) county area.</b>							
7.1	Provide support to organize and maintain SOS support groups in all counties.	Board Staff		X	X	X	X	X
<b>8.0</b>	<b>Create and facilitate Behavioral Health Training opportunities to school systems in the three (3) county area.</b>							
8.1	Ensure the availability and follow-up provision of BH training opportunities to interested school districts in the three (3) county area.	Board Staff			X	X	X	X
<b>9.0</b>	<b>Evaluate the need for Discharge / Transition Planning for individuals released from local county jails.</b>							
9.1	Utilize funding through the Community Innovations Grant process.	Executive Director and Board Staff		X				
9.2	Complete an evaluation of need of inmate Discharge / Transition planning, and if indicated, develop and implement a plan in conjunction with the courts and local law enforcement.	Board Staff			X			
<b>10.0</b>	<b>Explore the expansion of Specialized Dockets for Darke and Shelby County court systems.</b>							
<b>10.1</b>	Collaborate with court system stakeholders to determine the need and desire to develop specialized dockets in Darke and Shelby Counties.	Executive Director and Board Staff			X			
10.2	Identify availability and secure funding for developing and implementing Specialized Dockets in the 2 counties.	Board Staff			X			
<b>11.0</b>	<b>Explore requiring evidence-based best practice models for treatment and prevention activities.</b>							
11.1	Evaluate the feasibility of requiring evidence-based best practice models of the organizations providing treatment and prevention services. If feasible, develop plan and implement requirements.	Board Staff		X				

## FACILITIES / OPERATIONS

**GOAL: ENSURE SAFE, EFFECTIVE AND EFFICIENT FACILITIES ARE AVAILABLE FOR COORDINATION OF TRI-COUNTY BOARD INITIATIVES**

#	Objectives / Actions	Lead	Y1 Months		Year Y2 Months		Y3 Months	
			1-6	7-12	1-6	7-12	1-6	7-12
1.0	<b>Create facility to establish a successful One Stop Shop project.</b>							
1.1	Develop and implement a Ground-up Construction Plan for the One Stop Shop.	Executive Director and Staff	X					
1.2	Explore additional capital options to ensure financing.	Executive Director and Staff	X	X				
1.3	Engage project management entities to ensure coordination and timely completion within established budget requirements.	Executive Director and Staff	X	X	X			

## QUALITY IMPROVEMENT / INFORMATION TECHNOLOGY

**GOAL: ENSURE DOCUMENTED EFFECTIVE QUALITY IMPROVEMENT AND PROMOTION / USE OF INFORMATION TECHNOLOGY TO IMPROVE AND SUPPORT BOARD AND SERVICE DELIVERY SYSTEM ACTIVITIES**

#	Objectives / Actions	Lead	Y1 Months		Year Y2 Months		Y3 Months	
			1-6	7-12	1-6	7-12	1-6	7-12
<b>1.0</b>	<b>Create a uniform and standardized Outcomes Management System.</b>							
1.1	Facilitate collaboration with service delivery system stakeholders to participate in the identification and development of system-wide outcome measures for treatment and prevention.	Executive Director and Board Staff		X				
1.2	Create and implement an Outcomes Management System Plan.	Executive Director and Board Staff		X				
1.3	Monitor ongoing validity, reliability and effectiveness of the system performance on the established outcome measures.	Board Staff		X	X	X	X	X
<b>2.0</b>	<b>Transition QI process and information into an all-electronic based format</b>							
2.1	Develop QI electronic transition plan and implement.	Board Staff			X			
<b>3.0</b>	<b>Facilitate the full implementation of the Tele-health capability system-wide.</b>							
3.1	Develop system-wide training and utilize Tele-health technology.	Board Staff	X					
3.2	Facilitate training opportunities and offer via Tele-health technology.	Board Staff	X	X	X	X	X	X
<b>4.0</b>	<b>Revise and update the “Dashboard” reporting format.</b>							
4.1	Identify prioritized data sets to include within the “Dashboard” report and implement.	Executive Director and Board Staff		X				

## COMMUNITY RELATIONS / ADVOCACY

**GOAL: STRENGTHEN THE TRI-COUNTY RECOVERY AND MENTAL HEALTH BOARD'S "BRAND" AND ADVOCACY ROLES IN THE COMMUNITY**

#	Objectives / Actions	Lead	Y1 Months		Year		Y3 Months	
			1-6	7-12	Y2 Months	7-12	1-6	7-12
<b>1.0</b>	<b>Create a comprehensive and targeted Community Relations Plan.</b>							
1.1	Identify specific public relations target areas, develop and implement strategies to penetrate the Tri-County market area.	Executive Director and Board Staff Community Relations Committee	X					
1.2	Identify and prioritize specific population / special population groups or segments to target outreach and community relations efforts toward. Implement as indicated.	Executive Director and Board Staff	X		X		X	
1.3	Identify new and emerging corporate and public partnerships.	Executive Director and Board Staff	X	X	X	X	X	X
1.4	Research / identify philanthropic foundations within the catchment area, develop and implement a planned approach to generating capital from the private sector for special projects.	Executive Director and Board Staff	X	X	X	X	X	X
1.5	Develop and implement system-wide cross training modules to improve better understanding and collaboration between mental health and addictions providers. Utilize Tele-health capabilities.	Board Staff		X	X	X	X	X