

**RICHLAND COUNTY MENTAL HEALTH
AND RECOVERY SERVICES BOARD**

5-YEAR STRATEGIC PLAN

**STATE FISCAL YEAR
2023 TO 2028**

Mission Statement

The mission of the Richland County Mental Health and Recovery Services Board is to facilitate and maintain collaborative, trauma-informed, resilience and recovery-oriented services for individuals seeking treatment for mental health or substance use issues, their families, and the community. The Board shall provide planning, funding, and evaluation of the development of high-quality, cost-effective, equitable, and comprehensive services. These services will adapt to the changing needs of the community and those seeking services, fulfill the mandates of Ohio Revised Code and promote a person's voice and choice, while advocating for the continued development of person-centered mental health and addiction services with a focus on growing and preserving a legacy of hope and success within our community.

Vision Statement

Richland County Mental Health and Recovery Services Board supports the mission in which those who seek mental health and substance use services, and their families, are provided with access to trauma-informed, resilience and recovery-oriented care across their lifespan and are treated as equal members of our community. We envision our community as one in which we listen to those who seek treatment, and their families, and accept their voices as both needed and important to achieve a community system of care which is free from prejudice, discrimination, and intolerance.

Goal 1. Address the Internal Board Development

Prepare the Board for significant upcoming changes to the table of organization based on pending retirements, changes to Ohio Revised Code 340 which will in turn result in a need to modernize policies and procedure as well as changes to the Board bylaws.

Objectives:

1. Review and update Policies and Procedures for modernization, trauma informed language, and cultural and linguistic equitability.
2. Review the Board Bylaws for modernization, trauma informed language, and cultural and linguistic equitability.
3. Review and update Table of Organization to address pending retirements and address succession planning to ensure that there are no gaps in services.
4. Prepare for changes in Ohio Revised Code 340 due to legislative modernization and the impact this may have on Board operations, contracting, Board duties and data access.

Goal 1: Objective 1

Review and update Policies and Procedures for modernization, trauma informed language and cultural and linguistic equitability.

Goal 1: Objective 1: Intervention/Measurable Outcome 1

All policies and procedures will be reviewed thoroughly for the presence of trauma informed and resilience and recovery-oriented language. Additionally, all sections, with special emphasis on Human Resource and Health and Safety, will be reviewed for potential changes to language that will reduce or eliminate potential implicit bias.

Sherry Branham as the Associate Director will take the lead on this objective. The process for recertification has already begun and is scheduled to be completed on July 21st and 22nd 2022. Evidence of reaching this outcome will be a three-year continuing certification in Culture of Quality (COQ). The process will be repeated in SFY 2026. Sherry will be training Mike Sizemore to coordinate the COQ process.

Goal 1: Objective 1: Intervention/Measurable Outcome 2

All policies and procedures will again be reviewed for relevance with any changes that occurred especially with Ohio Revised Code 340 since the previous certification. Any new policies or procedure that are added between certifications because of changes in legislations will be reviewed to assure, they are also written with attention to trauma informed, resilience and recovery supportive language and are supportive to cultural and linguistic equitability.

Mike Sizemore will take the lead on this objective with support from Sherry Branham. The recertification process will begin in the 3rd quarter of SFY 2025 with the completion taking place during the first quarter of SFY 2026. Evidence of reaching this outcome will be earning a three-year continuing certification in Culture of Quality.

Goal 1: Objective 2

Review the Board Bylaws for modernization, trauma informed language, and cultural and linguistic equitability.

Goal 1: Objective: 2 Intervention/Measurable Outcome: 1

The current bylaws will be reviewed during the Culture of Quality process to assure that all aspects of the bylaws are written with language that is trauma informed and resilience and recovery oriented. Attention will also be paid to assuring that issues regarding cultural and linguistic equity are all addressed. The purpose will be to make sure that the bylaws are adhering to the current environment. The Ad Hoc COQ Review Committee will review the draft of the Bylaws before presenting them to the full Board for approval.

Sherry Branham will take the lead on this outcome with support from Joe Trolan. Evidence of achieving this outcome will be both Approval by the full Board and three-year recertification in Culture of Quality.

Goal 1: Objective: 2 Intervention/Measurable Outcome: 2

Utilize the standing Executive Committee to periodically review the Board bylaws as we see changes at the legislative level. With the modernization of ORC 340 and other legislation that may change the makeup or operation of the Board, the bylaws may be a living document for the next few years.

Joe Trolan will take the lead on this outcome and will schedule a minimum of annual review of the Board bylaws for the 5 years of this Strategic Plan. All changes will be presented by the Executive Committee for Approval by the Full Board. Evidence of reaching this objective will be achieving a three-year recertification in Culture of Quality in State Fiscal Year 2026.

Goal 1: Objective 3

Review and update Table of Organization to address pending retirements and address succession planning to be sure that there are no gaps in services.

Goal 1: Objective: 3 Intervention/Measurable Outcome: 1

On June 30th, 2022, Debbie Ammons will be retiring and vacating the Data Entry and Administrative Assistant position. The Plan is to have a new staff hired by June 1st and have the person assume the Administrative Assistant duties as well as assuming specific assistance to Data Entry and Finance. We are including this in this strategic plan, because the position will still be in the probationary period when this plan commences.

Angela Parker will take the lead on this outcome and will assume supervision of the position. Evidence of reaching this outcome will be when the new staff successfully completes his or her probationary period.

Goal 1: Objective: 3 Intervention/Measurable Outcome: 2

Within the first two years of this plan, Julie Dillon, Claims Supervisor will be eligible for retirement. She could enact that retirement at any point after that date. This will create a Tier II (Management level) vacancy. In accordance with policy IV-A5 we will use the following to determine how to fill the position:

- A. All Tier 1 (hourly) employees will be vetted for interest and appropriate skill level to fill the open position. If a staff is determined to be appropriately skilled and is interested in being promoted to Tier II, he or she will be promoted. The Executive Director, Associate Director and Director of Information Technology, will discuss needs and establish a job description to address the vacancy in Tier I.
- B. If no Tier I employee expresses an interest or meets the qualifications needed to fill the Tier II position, The Executive Director, Associate Director and Director of Information Technology, will discuss needs and establish a job description to address the vacancy in Tier II.

Joe Trolan and Sherry Branham will share the lead on this outcome. Evidence of reaching this outcome will be determined by the new hire successfully completing his or her probationary period.

Goal 1: Objective 3: Intervention/Measurable Outcome: 3

Within the first two years of this plan, Sherry Branham, Associate Director will be eligible for retirement. She can enact that retirement at any point after that date. This will create a vacancy in the Tier IV (Associate Director) level. In accordance with policy IV-A5 we will use the following to determine filling the vacancy:

- A. Tier III (Director) level employee(s) will be vetted for interest and appropriateness of filling the Associate Directors position. If a Tier III employee fills the position, progress to letter B. If no Tier III employee fills the position and it is opened to external candidates, skip to letter E.
- B. Tier II level employees will be vetted for interest and appropriateness of filling the open Tier III position. If a Tier II employee fills the position progress to letter C, if no Tier II employee fills the position and it is opened to external candidates, skip to letter E.
- C. Tier I level employees will be vetted for interest and appropriateness of filling the Tier II position. If a Tier I employee fills the position progress to letter D, if no tier I employee fills the position and it is opened to external candidates, skip to letter E.
- D. The Executive Director, the Associate Director and the Tier III employee(s) will discuss the needs of the Board and draft a position description and post the Tier I position for external candidates and follow policy IV-A5 procedures in the hiring.
- E. If the vacancy that is available to external candidates occurs at the Tier II, III or Associate Director level, The Executive Director will draft a position description for a Clinically trained staff. Tier II can be a bachelor's level licensed staff, Tier III can be a bachelor's level license with Master's, independent licensed preferred and the Associate Director must be a master's level independent license. This position will assume over site of clinical aspects of the Board as well as Housing oversight among other duties. Policy IV-A5 will be followed during the hiring process.

Joe Trolan will take the lead on this outcome. Evidence of reaching this outcome will be determined by the new hire successfully completing his or her probationary period.

Goal 1: Objective 4

Prepare for changes in Ohio Revised Code 340 due to legislative modernization and the impact this may have on Board operations, contracting, Board duties and data access.

Goal 1: Objective 4: Intervention/Measurable Outcome: 1

Starting in State Fiscal Year 2023 and continuing through the COQ evaluation in SFY 2026 an Ad Hoc committee of Board of Directors members and Board staff will be assembled as needed to discuss changes occurring in 340 and how this may affect the operations of the Board. This committee will make changes with drafting new or modifying current policies, procedures or bylaws to accommodate changes in State legislation.

Joe Trolan will take the lead on this outcome. Evidence of reaching this outcome will be determined by receiving a three-year recertification in Culture of Quality with no sightings in updated or added policies, procedure or bylaws.

Goal 2. Obtain and Maintain an Efficient and Effective Level of Quality Housing

As the housing system that has been developed continues to age and the need for various forms of housing continues to grow within the community, we need to evaluate the effectiveness of the current housing stock and assure that we are meeting the communities need.

Objective:

1. Develop Youth Crisis Stabilization Unit.
2. Develop 12 Unit Permanent Supportive Housing for Adults on land owned by the Board on 1st Street.
3. Transition Current 1st Street Apartments to Adult Transitional Housing.
4. Continue to work with State Crisis Committee, Office of Medicaid, Ohio Department of Mental Health and Addiction Services and Legislators to develop a billable rate for Acute Mental Health Crisis Stays and transitional Mental health Stays.
5. Review, and adjust with the intent of phasing out Room and Board and eliminate a barrier that prevents overnight services from being regionally accessed.

Goal 2: Objective 1

Develop a Youth Crisis Stabilization Unit.

Goal 2: Objective 1: Intervention/Measurable Outcome 1

The process has already begun to obtain the property at 665 Lexington Avenue (The Centurylink Building). This will be a joint purchase with Richland Newhope. We can cover the purchase price with unallocated (Carryover) funds from SFY 2021. We will be applying to the Ohio Department of Mental Health and Addiction Services (OMHAS) for a matching Capital Grant of \$750,000.00. Every effort will be made to secure these funds as soon as possible, but this effort may extend into to SFY 2023. Even if we are approved for the funds in SFY 2022, the final draw will not occur until SFY 2023.

Joe Trolan and Sherry Branham will share the lead on this outcome. Evidence of completion will be receiving the notice of award for \$750,000 in Capital funds from OMHAS.

Goal 2: Objective 1: Intervention/Measurable Outcome 2

If it is deemed necessary, work with the Mansfield City Zoning Board and have the building rezoned. Also work with the Architect to develop a request for bids and open the bidding process within 30 days of closing on the building. Work with the Architect to select the best bid with an effort to stay at a budget of \$1,820,000 or lower for the full project including purchase and construction.

Joe Trolan and Sherry Branham will share the lead on this outcome. Evidence of successful completion of this outcome will be the hiring of a construction provider and an overall budget established of \$1,820,000 or less, or acceptance of a higher budget with adequate justification provider to the full Board.

Goal 2: Objective 1: Intervention/Measurable Outcome 3

Throughout the construction process there is need for quick responses to change orders, coordination with the project coordinator from OMHAS, payment monitoring and processing, etc. The tentative timeline will be to complete construction by the end of the first quarter of SFY 2023. Sherry Branham will take the lead on this outcome. Evidence of successful completion of this outcome will be receipt of the final draw from OMHAS.

Goal 2: Objective 2

Develop 12 Unit Permanent Supportive Housing for Adults on land owned by the Board on 1st Street.

Goal 2: Objective 2: Intervention/Measurable Outcome 1

Upon notification during the SFY 23-24 Capital Biennium by OMHAS that we can move forward with our proposal to build a 12 Unit Permanent Supportive Housing on 1st Street. We will complete all feasibility studies and contract with The Seckel Group to complete a preliminary drawing to determine if there is a need to bid for a design and build architect. We will then establish a potential budget and bid for a contractor. Complete all required paperwork to get a final notice of award from OMHAS for up to \$750,000 in matching Capital funds.

Joe Trolan and Sherry Branham will share the lead on this outcome. Evidence of successful completion will be evidenced by a) receipt of the Notice of Award for the Capital Grant, and b) the successful hiring of a design and build architect and a contractor.

Goal 2: Objective 2: Intervention/Measurable Outcome 2

Throughout the construction process there is need for quick responses to change orders, coordination with the project coordinator from OMHAS, payment monitoring and processing, etc. Sherry Branham will take the lead on this outcome. Evidence of successful completion of this outcome will be receipt of the final draw from OMHAS.

Goal 2: Objective 2: Intervention/Measurable Outcome 3

Work with Catalyst Life Services and the residents of the Current 1st Street Apartments to relocate to the new apartments prior to offering apartments to individuals currently on the waitlist for Permanent Supportive Housing.

Joe Trolan will take the lead on this outcome. Evidence of successful completion of this outcome will be when all apartments at the current 1st Street apartment have been vacated.

Goal 2: Objective 3

Transition the current 1st Street Apartments to Adult Transitional Housing.

Goal 2: Objective 3: Intervention/Measurable Outcome 1

Upon notification during the SFY 23-24 or 24-25 Capital Biennium by OMHAS that we can move forward with our proposed 1st Street Adult Transitional Housing. We will contract with The Seckel Group to complete a preliminary drawing to determine if there is a need to bid for a design and build architect and then subsequently to establish a potential budget and bid for a contractor. Complete all required paperwork to get a final notice of award from OMHAS for up to \$750,000 in matching Capital funds.

Joe Trolan and Sherry Branham will share the lead on this outcome. Evidence of successful completion will be evidenced by a) receipt of the Notice of Award for the Capital Grant, and b) the successful hiring of a design and build architect and a contractor.

Goal 2: Objective 3: Intervention/Measurable Outcome 2

Throughout the construction process there is need for quick responses to change orders, coordination with the project coordinator from OMHAS, payment monitoring and processing, etc. Sherry Branham will take the lead on this outcome. Evidence of successful completion of this outcome will be receipt of the final draw from OMHAS.

Goal 2: Objective 3: Intervention/Measurable Outcome 3

Work with the applicable agencies and other community partners to determine the parameters for qualification for these apartments, staffing levels and other programmatic aspects. Determine how to announce the opening of the facility and introduce the program to the community.

Joe Trolan will take the lead on this outcome. Evidence of successful completion of this outcome will be the completion of 2 full years of occupancy and operation.

Goal 2: Objective 4

Continue to work with State Crisis Committee, Office of Medicaid, Ohio Department of Mental Health and Addiction Services (OMHAS) and Legislators to develop a billable rate for acute mental health crisis stays and transitional mental health Stays.

Goal 2: Objective 4: Intervention/Measurable Outcome 1

Joe Trolan will continue to participate in the State established Crisis Committees as a Board Association representative. Joe will continue to illustrate the comparison between American Society of Addiction Medicine (ASAM) levels of care for addiction services that are billed as a per diem and acute crisis and transitional stays which are not. Services not billed as a per diem require a room and board rate which creates a barrier to access for smaller counties that may not have a full continuum of care or enough of a population demand to establish a full continuum.

If the Crisis Committee completes its work without an establishment of a per diem for acute and transitional crisis stays, Joe will begin working directly with the new Managed Care Companies. He will also work with Board Association to see if there is enough interest from other Boards to work directly with Medicaid or through legislators participating on the Joint Medicaid Oversight Committee (JMOC) to add this as a billable Medicaid covered service.

Joe Trolan will be the lead on this outcome. Evidence of successful achievement of this outcome will be the establishment of a per diem rate for residential crisis services for both acute and transitional stays.

Goal 2: Objective 5

Review, and adjust with the intent of phasing out Room and Board and eliminate a barrier that prevents overnight services from being regionally accessed.

Goal 2: Objective 5: Intervention/Measurable Outcome 1

Charging room and board for residential care has been a significant funding stream supporting the operation of these services. In many cases, it has been the only consistent funding from day to day that agencies could count on during a person's stay. However, it also creates a significant barrier to developing these programs to have regional coverage. Since January of 2022 the Board and Catalyst life services agreed to waive the room and board for a small portion of the population they serve. The Board in turn agreed to pay the Agency base on a quarterly underwritten amount. The Board will pay the difference between the underwriter amount and the billed amount for all ASAM level 3 (residential substance use disorder) services if the agency does not exceed the underwriter amount. If they do exceed the underwriter amount, the Board pays nothing. This affords the Agency a level of protection from underutilization, but also allow the Board to benefit if the program sees increased usage by waiving the room and board charges. Starting in SFY 2023 the Board will build into the contract to have the Agency waive the room and board for any individual that does not qualify for a grant funded program. This will continue to be tracked by the Board with the intention that as grants end, the population that has their room and board charge waived will continue to grow.

Joe Trolan will take the lead on this outcome. Evidence of successful achievement of this outcome will be either the total elimination of room and board for ASAM level 3 services, or the establishment of a more reasonable amount that will allow the agency to cover expenses at 70% capacity.

Goal 2: Objective 5: Intervention/Measurable Outcome 2

As Richland County introduces a new level of services with the Youth Crisis Stabilization Unit, the Agency will need to implement a highly regimented service program. This population will not respond well with unstructured time. By having a highly regimented service for each resident, a more efficient study on the use of a room and board rate will be able to be conducted. The Board and the Agency will use negotiated room and board rate for the remainder of SFY 2023 and all SFY 2024. This should give up to 18 months or more to analyze, how frequently the unit is at 70% capacity and what is a reasonable average earning rate as well as expenses. This should allow the Board, starting in SFY 2025 to begin negotiating a lower room and board rate with reasonable expectations that as room and board decreases, contiguous county Boards may be more willing to refer youth to fill any open beds. The intent will be to renegotiate the room and board rate each fiscal year based on increased average daily census.

Joe Trolan will take the lead on this outcome. Evidence of successful achievement will be the elimination of the room and board rate or the establishment of a more reasonable amount that will allow the Agency to cover expenses at 70% capacity.

Goal 2: Objective 5: Intervention/Measurable Outcome 3

No later than SFY 2025, we will begin working with the applicable agencies to evaluate how revenue is generated on the Adult Crisis Stabilization Unit. Utilizing data garnered from the Youth Crisis Stabilization Unit and possibly a per diem Medicaid rate developed by the State Department of Medicaid. This will hopefully generate higher revenues and decrease the reliance on a room and board rate.

Joe Trolan will take the lead on this outcome. Evidence of successful achievement will be the elimination of the room and board rate or the establishment of a more reasonable amount that will allow the agencies to cover expenses at 70% capacity.

Goal 2: Objective 5: Intervention/Measurable Outcome 4

No later than SFY 2027 utilizing all data collected from the crisis units, begin working with the applicable agencies to do a deep analysis all other residential services receiving room and board for optimum service provision and revenue generation. With the intention of helping agencies generate higher revenues and decrease the reliance on room and board rates.

Joe Trolan will take the lead on this outcome. Evidence of successful achievement will be the elimination of the room and board rate or the establishment of a more reasonable amount that will allow the agencies to cover expenses at 70% capacity.

Goal 3. Develop and/or Maintain Services that Address the Community Concerns and provide Equitable and High-Quality Services to Residents in Need.

Review the current milieu of services to assure that services are being delivered equitably, accessibly, and are resulting in quality outcomes. Special attention should be paid to underserved subpopulations.

Objectives:

1. Address the growing concerns of under or unserved homeless in Richland County. Work with this community to determine what the individuals feel they need and develop programs to address those needs.
2. Monitor the State's transition to 988 as the primary access to a Suicide Hotline. As the 988 program becomes more secure and better equipped to manage the Richland County Community volume, work with the applicable agencies to transition 522-HELP to avoid duplicative services.
3. As the State has put greater emphasis on community crisis response, develop a mobile crisis approach that can allow for crisis interventions to be provided in the community and reduce the pressure on hospital emergency departments.
4. Develop a Day Treatment program for junior high and high school students. Work with agencies and local school systems to determine the level of need and implement the program with these partners.
5. Continue the use of Trauma Informed, Resilience and Recovery-Oriented Community of Care to evaluate all programs for their ability to address and treat trauma and remain reliance and recovery focused on a way that supports cultural and linguistic equity.
6. As the Board can access greater amounts of specific data, develop an outcome system that can assist in moving the behavioral health system funded by the Board to a greater emphasis on performance-based funding.

Goal 3: Objective 1

Address the growing concerns of under or unserved homeless in Richland County. Work with this community to determine what the individuals feel they need and develop programs to address those needs.

Goal 3: Objective 1: Intervention/Measurable Outcome 1

Implement and monitor a homeless response team pilot. Phase One will run through September 30, 2022. During Phase One activity logs will be tracked to determine the most appropriate level staff to utilize for the program, the most appropriate days of the week, times of the day and length of runs should be established during phase two. Phase Two will run from October 1, through June 30, 2023.

Joe Trolan will take the lead on this outcome. Joe will collect all activity logs and collate activities to be presented monthly to Homeless Oversight Committee. Joe will lead the discussion for modifications of the response team prior to the end of Phase One. Joe will continue to collate activities through phase two and use as justification to either continue the program beyond the pilot or wind down the activities. Evidence of successful achievement of this goal will either be a planful phasing out of the program or the integration of the program as outlined below.

Goal 3: Objective 1, 2 and 3: Integration

Integrate the homeless response team into a larger mobile response that will be available 24/7. Joe Trolan will take the lead on this outcome with evidence of success being the successful integration into the larger mobile response without the loss of hours or service administration.

Goal 3: Objective 2

Monitor the State's transition to 988 as the primary access to a Suicide Hotline. As the 988 program becomes more secure and better equipped to manage the Richland County Community volume, work with the applicable agencies to transition 522-HELP to avoid duplicative services.

Goal 3: Objective 2: Intervention/Measurable Outcome 1

On July 16th, 2022, 988 will go live as the national number for the Suicide Hotline. There are significant concerns that will not be addressed prior to the "go live" date. The Board will continue to promote in Richland County the use of 419-522-4357 (HELP) until two benchmarks have been successfully implemented by Ohio's 988 program. The first is implementation of Geolocation for cellphone calls to be sure that someone who is physically in Richland County will be routed to Lifeline provider that is assigned to Richland County. The second benchmark is the operational implementation of single database of services providers for the State of Ohio. When these Benchmarks are satisfactorily met, The Board will begin promoting the use of 988 as the primary number to call if a person is feeling suicidal.

Joe will take the lead on this outcome. Evidence of successful completion will be the transition from 522-HELP to 988 as the primary crisis contact for Richland County.

Goal 3: Objective 2: Intervention/Measurable Outcome 2

Complete a feasibility study and cost analysis to determine the process required for the Current Helpline (522-HELP) to become a Certified Lifeline. When the study and analysis have been completed present the results to the full Board. If the full Board feels that it would be a fiscally sound decision to pursue the certification and if the agency agrees, begin working with the agency to establish a reasonable timeline and work with OHMAS to determine the process to either establish Helpline as a regional site or at least divert all Richland County calls to Helpline.

Joe will take the lead on this outcome. Evidence of successful completion will either be the successful certification as a Lifeline provider and receive of all Richland County 988 calls or the determination that this is not the feasible or practical evolution of the current Helpline.

Goal 3: Objective 1, 2 and 3: Integration

Reorganize the Helpline to assume the responsibility of 24/7 dispatching mobile response.

Joe Trolan will take the lead on this outcome with evidence of success being the successful integration into the larger mobile response development.

Goal 3: Objective 3

As the State has put greater emphasis on community crisis response, develop a mobile crisis approach that can allow for crisis interventions to be provided in the community and reduce the pressure on hospital emergency departments.

Goal 3: Objective 3: Intervention/Measurable Outcome 1

Begin working with the agency on the development of a 24/7 Mobile Crisis Response program. This would include the integration of multiple crisis programs including the current stabilization unit, Helpline, hospital response and health officer on-call process, various response teams and tie to the Urgent Care. Complete a cost analysis for the total “firehouse model” and then reviewing at how potential billings could offset some cost.

Joe Trolan will take the lead on this outcome. Evidence of successful completion will be the development of business plan that includes sustainable cost, staffing, and timeline for implementation.

Goal 3: Objective 3: Intervention/Measurable Outcome 2

Develop and implement a pilot by SFY 2024 that will phase in the Mobile Crisis team approach. The pilot should be full funded by the Board but should also include a plan that would allow a mix of Board funding and agency revenue to sustain the program beyond the pilot period.

Joe Trolan will take the lead on this outcome. Evidence of successful completion will be the expiration of the pilot and move to full sustainability by no later than SFY 2026.

Goal 3: Objective 1, 2 and 3: Integration

If the homeless response team continues beyond the current pilot, integrate the service provision by members of the mobile crisis response program. The Helpline, regardless of whether it becomes Certified as a Lifeline, will become the dispatch arm of the mobile response team. Mobile response staff will be housed out of the Helpline/Crisis stabilization Unit area and will fill the positions of the Helpline Crisis unit staffing.

Joe Trolan will take the lead on this outcome with evidence of success being the successful development of the full crisis response program.

Goal 3: Objective 4

Develop a Day Treatment program for junior high and high school students. Work with agencies and local school systems to determine the level of need and implement the program with these partners.

Goal 3: Objective 4: Intervention/Measurable Outcome 1

Through the Critical Incident Stress Management (Wellness) Teams that are operating in most of the public school systems, conduct a needs assessment to determine the level of need and the volume of need for Day Treatment across the County. Work with current contract providers to determine if there is a willingness to provide this service if it is locally developed. Complete this needs assessment during the 3rd and 4th quarter of SFY 2023.

Joe and Sherry will take the lead on this outcome. Evidence of successful completion of this outcome will be either a determination based on the needs assessment to move forward with developing Day Treatment or a determination that this is not a priority at this time.

Goal: Objective 4: Intervention/Measurable Outcome 2

If the needs assessment determines that a need exists for a day treatment program and there will be sufficient volume to support the program, then we will begin working with an agency to develop an implementation plan including but not limited to; location, staffing and cost to move the project forward. We will work collectively with the agency, the schools and other community partners to develop an implementation plan that will see full operation by the 2024-2025 school year.

Joe will take the lead on this outcome. Evidence of successful completion of this outcome will be completion of one full year of operation with positive reviews from the school systems and the youth and families served.

Goal 3: Objective 5

Continue the use of Trauma Informed, Resilience and Recovery-Oriented Community of Care to evaluate all programs for their ability to address and treat trauma and remain resilient and recovery focused in a way that supports cultural and linguistic equity.

Goal 3: Objective 5: Intervention/Measurable Outcome 1

During the 3rd Quarter of SFY 2022 a community wide survey was completed addressing Trauma Informed, Resiliency and Recovery Oriented Community of Care (TIRROCC). Each organization was evaluated separately on a 5-point scale. In addition all survey results fed into the system results. The system received an overall score of 4.03. All items that received a score of 3.5 or under will be addressed in a corrective action plan that will be implemented during SFYs 2023 and 2024.

Those items are as follows:

- The system is aware of how traumatic stress affects child development: Score: 3.4
- Staff in the system demonstrate competency in how working with trauma survivors and focus on culturally significant issues or overcoming linguistic barriers impacts staff. Score: 3.4
- The system provides a qualified adult translator for the assessment process if needed. Score: 3.3
- Materials are posted about traumatic stress (i.e., what it is, how it impacts people and available trauma specific resources). Score: 3.25
- Program information is available in different languages. Score: 3.0
- The system demonstrates understanding of the relationship between homelessness and trauma. Score 3.0

Joe Trolan will take the lead on this outcome: Evidence of successful completion of this outcome will be the development of a system-wide plan of correction with successful implementation of all facets by June 30, 2024.

Goal 3: Objective 5: Intervention/Measurable Outcome 2

The Board as an active participant in TIRROCC completed the survey specifically for the Board. The Board received an overall score of 4.14. All items that received a score of 3.5 or under will be addressed in a corrective action plan that will be implemented during SFYs 2023 and 2024.

Those items are as follows:

- Part of supervision time is used to help staff members understand how their stress reactions impact their work with individuals served. Score: 3.4
- Staff demonstrate competency in how working with trauma survivors and focus on culturally significant issues or overcoming linguistic barriers impacts staff. Score: 3.4

- The organization provides individuals served and his/her families or supports with opportunities to make suggestions about ways to improve/change the physical space including when needed to address cultural concerns. Score: 3.3

Joe Trolan will take the lead on this outcome: Evidence of successful completion of this outcome will be the development of a system-wide plan of correction with successful implementation of all facets by June 30, 2024.

Goal 3: Objective 5: Intervention/Measurable Outcome 3

During the 3rd quarter for SFY 2025, the TIRROCC Steering Committee will reimplement the TIRROCC Organizational survey. After receiving the results, Outcomes 1 and 2 of this section will be reimplemented, with an implementation date of SFY 2026 and SFY 2027 respectively.

Joe Trolan will take the lead on this outcome: Evidence of successful completion of this outcome will be the development of a system-wide plan of correction with successful implementation of all facets by June 30, 2027.

Goal 3: Objective 6

As the Board can access greater amounts of specific data, develop an outcome system that can assist in moving the behavioral health system funded by the Board to a greater emphasis on performance-based funding.

Goal 3: objective 6: Intervention/Measurable Outcome 1

As Boards across the state begin to get better access to local Medicaid data, Ohio Behavioral Health Information System (OBHIS) data and local utilization data, it will become more apparent to see the results of specific types of services provide for specific demographics (i.e., age, gender, diagnosis, race, etc.). With good data, The Richland County Board will be able to develop better ways of purchasing services that will reward successful performance and improve outcomes overall. The Board staff will work with the Boards, Finance and Planning and Education subcommittees and the Executive Director and Clinical Leaders committee to begin exploring alternatives to funding and begin moving away from straight purchase of services. As new concepts are developed, they can be implemented with pilot projects with the intention of significantly decreasing the amount of purchase of services by SFY 2028.

Senior Board Staff will take the lead on the outcome. Evidence of successful completion of this outcome will be a minimum of 50% less purchase of service by SFY 2028.

Goal 4. Maintain and Enhance Community Interaction and Collaborative Efforts.

Continue to address ways to increase community awareness of service availability and how to access it. Rely on partnerships already established to assure community entities are working together to make the best use of the public dollar.

Objectives:

1. Continue the effort of aligning all public entities into a cooperative funding initiative. Review what each department or organization is funding, look for duplication and adjust that duplicative funding into unmet needs.
2. Organize and rollout in cooperation with METRICH and the Opiate Review Board, seven Town Hall meetings throughout Richland County and then record a 4-part virtual Town Hall that can be streamed as needed.
3. Continue to build relationships between Schools and Behavioral Health agencies.
4. Run a levy campaign to continue the local level of funding.
5. Establish a Media plan that will continue for extended periods of time to take advantage of repeated messages as well as promotions of new programs.

Goal 4: Objective 1

Continue the effort of aligning all public entities into a cooperative funding initiative. Review what each department or organization is funding, look for duplication and adjust that duplicative funding into unmet needs.

Goal 4: Objective 1: Intervention/Measurable Outcome 1

Build on the currently established relationships to work with other organizations and form a more formalized meeting of all potential funders in the County, both public and private. Meet 2 to 4 times per year to evaluate funding needs in the community and how they can best be met without duplication of funding efforts. Utilize formal assessments such as the Community Health Assessment, the Community Plan, etc. as well as planning a few focus groups to drive the direction of the committee.

Joe Trolan will take the lead on this Outcome. Evidence of successful completion of this outcome will be establishment of the committee and consistent meetings for a minimum of two years.

Goal 4: Objective 2

Organize and rollout in cooperation with METRICH and the Opiate Review Board, seven Town Hall meetings throughout Richland County and then record a 4-part virtual Town Hall that can be streamed as needed.

Goal 4: Objective 2: Intervention/Measurable Outcome 1

Work with school superintendents and school principals to schedule and complete 7 town hall meetings by the 4th quarter of SFY 2023.

Joe Trolan will take the lead on this outcome. Evidence of successful completion of this outcome will be the completion of a minimum of 7 town hall meetings by the end of SFY 2023.

Goal 4: Objective 2: Intervention/Measurable Outcome 2

During the 3rd and 4th quarter of SFY 2023, work with DRM and WMFD to produce a 4-part town hall meeting. This production would be made up of four 30-minute segments that will be aired on WMFD as a 4-part series and then be available on several websites for future viewing.

Joe Trolan will take the lead on this outcome. Evidence of successful completion of this outcome will be the completion of a minimum of the virtual town hall and a media promotion during September Recovery during SFY 2024.

Goal 4: Objective 3

Continue to build relationships between Schools and Behavioral Health agencies.

Goal 4: Objective 3: Intervention/Measurable Outcome 1

Continue to build relationships with all school systems in Richland County. At minimum schools and school personnel should know how to access services if they are needed. Preferably there should be some physical presence of the Critical Incident Stress Management (Wellness) teams working within the school system.

Joe Trolan and Sherry Branham will take the lead on this outcome. Evidence of successful completion of this outcome will be an existing relationship between each school system and an agency either through a formal contract between the school and the agency, or a shared funding agreement between the Board, school, and agency.

Goal 4: Objective 4

Run a levy campaign to continue the local level of funding.

Goal 4: Objective 4: Intervention/Measurable Outcome 1

During the second quarter of SFY 2025 form an Ad Hoc levy committee of the Board to work with the County Auditor to do an analysis of the current value of the 1 mil 10-year levy and what the value would be to pass a replacement versus a renewal and what would be the increased cost to the taxpayer.

- a. If it is determined that The Board should pass a Replacement levy, establish a community levy committee to begin meeting during the 3rd quarter of SFY 2025 to plan for a levy campaign that will run during quarter 1 and 2 of SFY 2026 with a ballot initiative in the General Election.
- b. If it is determined that passing a renewal (no tax increase), the committee can look at the pros and cons of running a renewal during a General Election versus a Primary Election. If it is decided to run in the General Election of SFY 2026 refer to 4.4.1.(a). If the Primary is selected a planning committee will be formed in the 1st or 2nd quarter of SFY 2026 to plan the levy campaign for the 3rd and 4th quarters of SFY 2026 with a ballot initiative on the May Primary Election.

Joe Trolan and Sherry Branham will take the lead on this outcome. Evidence of successful completion will be the passage of either a 10- Year 1Mil Renewal or Replacement levy.

Goal 4: Objective 5

Establish a Media Plan that will continue for extended periods of time to take advantage of repeated messages as well as promotions of new programs.

Goal 4: Objective 5: Initiative/Measurable Objective 1

Develop a more comprehensive approach to community awareness and public information. During SFY 2023 experiment with multiple types of media (i.e., tv, radio, online presence, newspaper, event sponsorships, etc.). Work with the Planning and Education Committee to analyze metrics and establish focus groups in the community to determine what are the most effective means of information distribution. Utilize this information to work with the full Board to develop a Media Plan that can be implemented in SFY 2024. Continue to utilize Planning and Education Committee to reevaluate the Media Plan annually.

Joe Trolan and Sherry Branham will take the lead on this outcome. Evidence of successful completion will be a) a steady increase in agency enrollments, b) a steady decrease in deaths from overdoses and suicides and c) passage of a 10-year 1 Mil levy renewal or replacement.