



# Butler County Mental Health & Addiction Recovery Services Board

## STRATEGIC PLAN 2023 - 2026

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## **INTRODUCTION**

The Butler County Mental Health and Addiction Recovery Services Board (BCMHARSB) is the statutory planning authority charged with responsibility for planning and implementing a system of mental health and addiction services within Butler County. In February 2023, the Butler County Mental Health and Addiction Recovery Services Board engaged the services of Brown Consulting, Ltd. to conduct a successful planning process culminating in a Three (3) Year Strategic Plan. The planning process includes an assessment component that results in the identification of initiatives, priorities, goals and objectives to guide the completion of its 2023 - 2026 Strategic Plan.

## **MISSION AND VISION**

The Mission and Vision statements articulate the Board's purpose, the nature of its business, what the Board aspires, and to drive the overall goals and objectives of the Strategic Plan. These are currently under review by the Board for possible revision.

### **Mission Statement**

The mission of the Butler County Mental Health and Addiction Recovery Services Board, in partnership with the community, is to provide a comprehensive recovery-oriented system of care and prevention. In addition, the Board will continue to improve the quality of life of Butler County citizens through the support of addiction and mental health recovery services.

### **Vision Statement**

The vision of the Butler County Mental Health and Addiction Recovery Services Board is to ensure a system of care that is best practice based, financially stable and publicly funded. Butler County residents will be provided services and support that are preventative, impactful and measurable.

## **RESEARCH METHODOLOGY**

The purpose of the Strategic Plan is to strengthen BCMHARSB for success in a continually changing and increasingly demanding behavioral healthcare environment. By conducting thorough research as part of the strategic planning process, BCMHARSB can pinpoint key challenges and make informed decisions about long-term strategy. A wide variety of

planning documents, reports, planning resource materials, and stakeholder SWOT analysis results were utilized as part of this strategic planning process. These planning resources were reviewed and utilized as an integral component of the Strategic Plan development to identify behavioral health trends and to aid in the development of strategic goals and objectives. The following approach was utilized by Brown Consulting, Ltd., to achieve the primary goals and objectives defined within the Strategic Plan:

### **Phase I – Project Planning**

- Collaboration between BCMHARSB Executive Director and Brown Consulting, Ltd. To ensure the needs of the Board are embodied and updated within the Strategic Plan.  
Develop a project schedule, identify stakeholder participation and confirm deliverables.

### **Phase II – Assessment**

- Complete industry scan to include a review of local and state addiction recovery planning documents meaningful to this project (i.e., political environment, state budget, healthcare reform).
- Complete review of current addiction utilization trends / patterns of service providers.
- Review BCMHARSB Service Delivery System resources / service capabilities and performances.
- Conduct interviews and facilitate focus groups with mainly addiction recovery stakeholders to gain a subjective view and perception of services capabilities considering future needs within Butler County.
- Complete the review of progress toward goals and objectives in the current BCMHARSB Strategic Plan.
- Articulate analysis to result in the identification of new or ongoing initiatives, priorities and resource requirements to guide the development of the service delivery system and update the Strategic Plan.

### **Phase III – Strategic Plan Revision**

- Using the results of analysis, collaborate with Board leadership to revise / update Strategic Plan to identify:
  - Priorities (population / services, etc.)
  - Strategic Initiatives
  - Goals and Objectives
  - Critical Success Indicators
  - Budget / Resources

- Performance Measures
- Present the updated Strategic Plan to Butler County Mental Health and Addiction Recovery Services Board Governing Body.

## **SWOT ANALYSIS**

A SWOT (strengths, weaknesses, opportunities, threats) analysis helps the organization develop strategy by making sure that the organization has considered all organizational strengths and weaknesses, as well as external opportunities and threats. The general idea behind every strategic plan is:

- How do we strengthen our strengths?
- How do we overcome our weaknesses?
- How can we use our opportunities?
- How can we evade the threats?

The answers to these questions become the strategies to achieve the objectives of the strategic plan.

SWOT analysis focus groups were held between April and May 2023 consisting of over ninety (90) individuals representing over fifty-five (55) organizations within the community taking part in the focus group sessions. Seven (7) SWOT analysis focus group sessions were held with the following groups of internal and external stakeholders:

- BCMHARSB Staff Members
- BCMHARSB Governing Board Members
- Butler County NAMI
- BCMHARSB Providers
- Butler County Stakeholders
- Butler County Sheriff's Office
- Family Children First Counseling (FCFC)

The purpose for the SWOT analysis focus groups were to identify and examine the mental health and substance abuse priorities and needs of Butler County community members. Detailed findings do not necessarily represent the expressed opinion of all participants but provides supplemental information for the needs assessment phase of the Butler County Mental Health and Addiction Recovery Services Board's strategic planning process.

To identify consistent focus and trends between the focus groups, only items reported in three (3) or more SWOT analysis focus groups have been included in the following SWOT

analysis. The complete set of SWOT analysis focus group findings can be found in Appendixes A – I.

### **Strengths**

- Collaboration (6)
- Large network of Providers and Community Resources / Partnerships (6)
- Accessibility of Mental Health and Substance Abuse Resources (5)
- Communication and Relationships with Providers (5)
- Board Support for Crisis Intervention Team (CIT) (3)

### **Weaknesses**

- Lack of diversity and specialized services amongst providers (5)
- Public Awareness of who BCMHARSB and providers are and what they do (4)
- Availability of Recovery and/or Mental Health Housing Options and/or Local Support for Housing Options (4)
- Behavioral Health Workforce Development and Shortages (4)
- Transportation (3)
- Access and Availability of Services for Children and Adolescents (3)
- NIMBY / Stigma (3)

### **Opportunities**

- Increase Recruitment and Workforce Development / Behavioral Health Training Initiatives (7)
- Increase in Public Relations and Community Education (5)
- Diversify and Expand Programs and Services to meet the needs of underserved populations (5)
- Identify ways to improve funding and increase grants (3)
- Improve funding of services for clients (indigent, unable to pay, not covered by insurance, etc.) (3)
- Enhance relationships with local colleges and universities (3)

### **Threats**

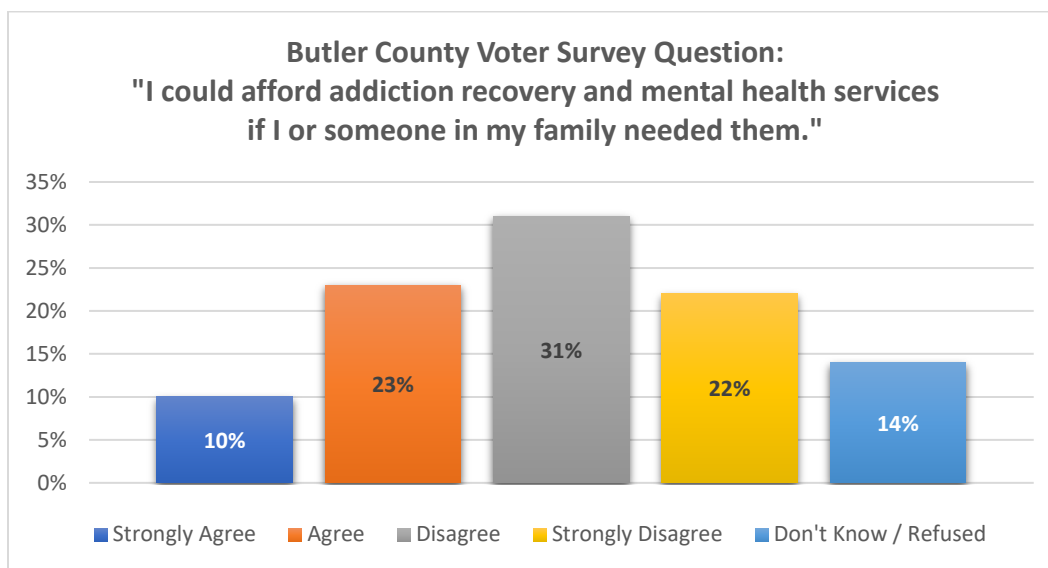
- Availability of Funding (6)
- Lack of Behavioral Health Workforce (5)
- Property Value and Property Tax Increases (4)
- Not In My Backyard (NIMBY) (3)

## **DATA ANALYSIS**

The following data analysis provides an overview of mental health and substance use disorder prevalence data in Butler County comparatively against state and national level data in an effort to identify trends and develop strategic goals and objectives to address these trends designed specifically for Butler County. The data analysis was driven by the results of the SWOT analysis focus groups and input obtained from Butler County residents.

### **Cost of Services & Funding Statistics**

In FY2022, 78.4% of BCMHARSB provider cases fell below federal poverty level, with 66.9% of cases reporting annual income as \$0-\$1000. In Ohio, between 2018 and 2019, 664,000 adults reported an unmet need for mental health treatment services, of those adults 38% (252,000) reported that they did not receive care due to the cost of care. In the survey conducted with Butler County voters in May 2023, 53% of respondents indicated that they either disagreed or strongly disagreed with the statement, "I could afford addiction recovery and mental health services if I or someone in my family needed them," (LJR Custom Strategies, 2023).

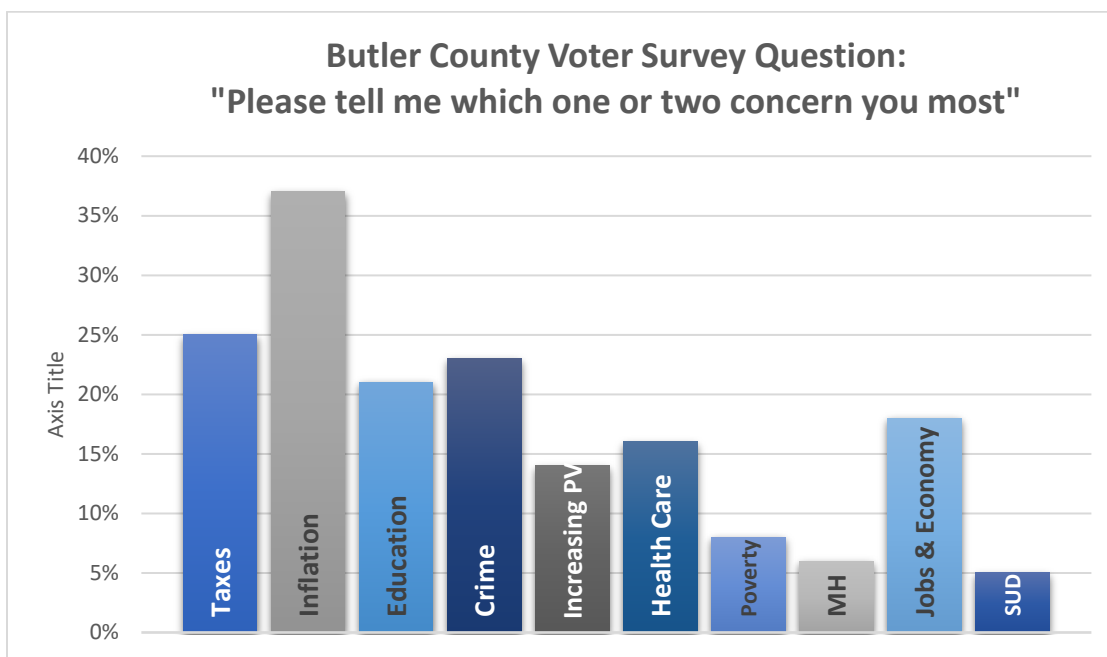


(LJR Custom Strategies, 2023)

In FY2022, Local Funding comprised 57.5% of the total support and revenues for BCMHARSB, with 97.8% of the local funding coming from the current mental health levy. In recent in-depth interviews conducted by Burges & Burges Strategies, Butler County community leaders identified concerns about levy funding requests. While most leaders stated that they understood the need for levy dollars for BCMHARS, they believe that the general voting public

may not be as supportive of the levy due to “inflation, tax-averse voting base, and the possibility of competing, local levies on the ballot” (Burgess & Burgess Strategies, 2023). Community leaders stated that in order for BCMHARS to generate levy support, the Board will need to, “paint a compelling, well-defined picture of needs and program impacts using data and personal stories – and to begin outreach as soon as possible,”.

When voters in the community were asked during the recent survey conducted if mental health or addiction were one or two of their top concerns for issues facing Butler County from a list of ten (10) options including taxes, inflation, education, crime, increasing property values, health care, poverty, and jobs and the economy, 6% of respondents ranked mental health as one of the top one or two concerns and 5% of respondents ranked addiction as one of the top one or two concerns in Butler County (LJR Custom Strategies, 2023). When asked to rate their agreement with the following statement, “I’d rather keep my taxes the same even if it means these kinds of services will be reduced or eliminated,” 51% agree or strongly agreed. However, 50% of respondents indicated that they would likely be in favor of support a BCMHARSB levy issue on the ballot, 26% of respondents remained unsure or did not answer. 52% of respondents indicated that they were more likely to vote in favor of a BCMHARSB levy issue on the ballot if the estimated additional cost of the levy were less than \$2.50 per month per \$100,000 of property value.

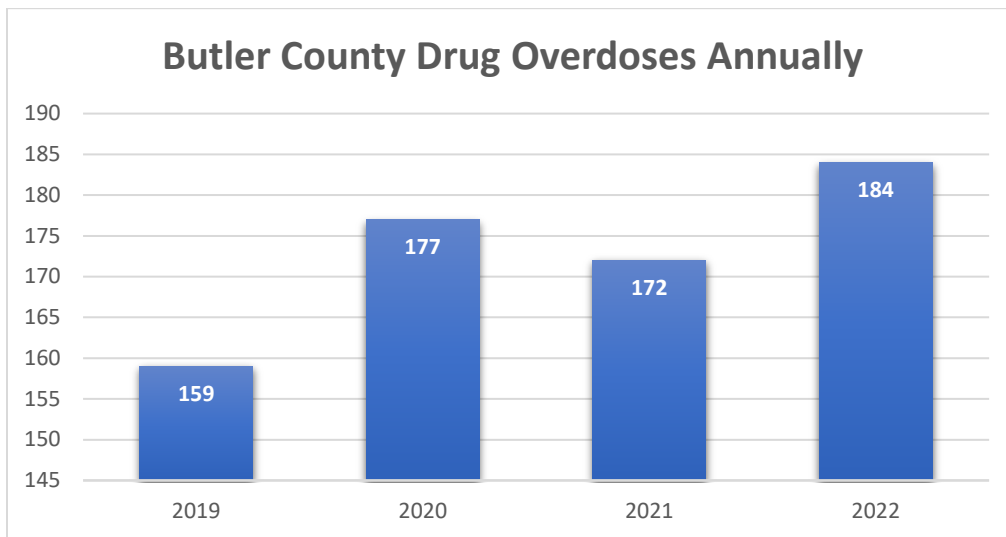


(LJR Custom Strategies, 2023)

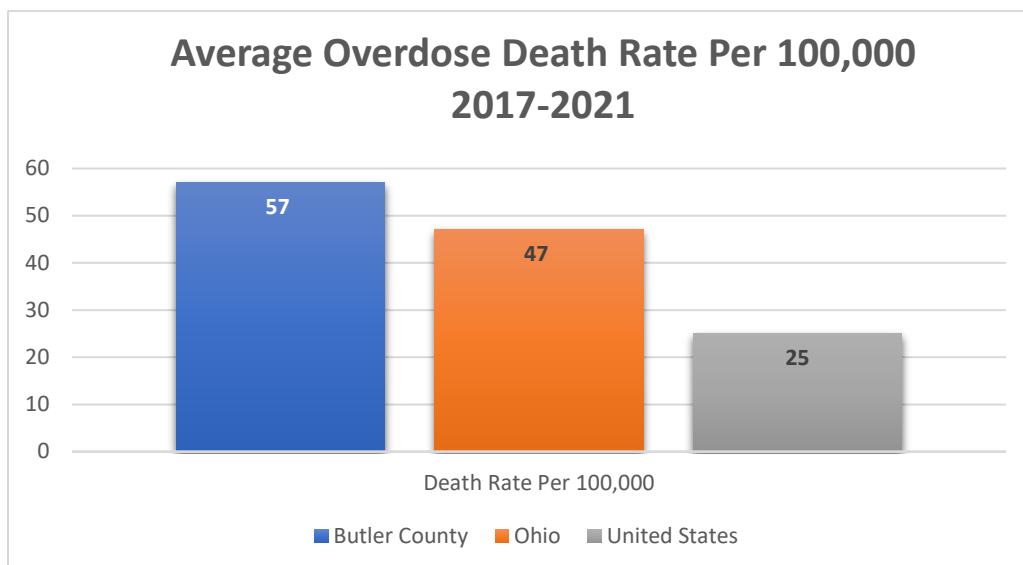


## **Substance Abuse Statistics**

Butler County consistently monitors known or suspected drug overdoses and suicides that occur within the county. The following data indicates the known or suspected drug overdoses for Butler County for 2019 through 2022 in addition to the percentage of deaths Butler County represented in Ohio and nationwide.



(Schneider, 2023)

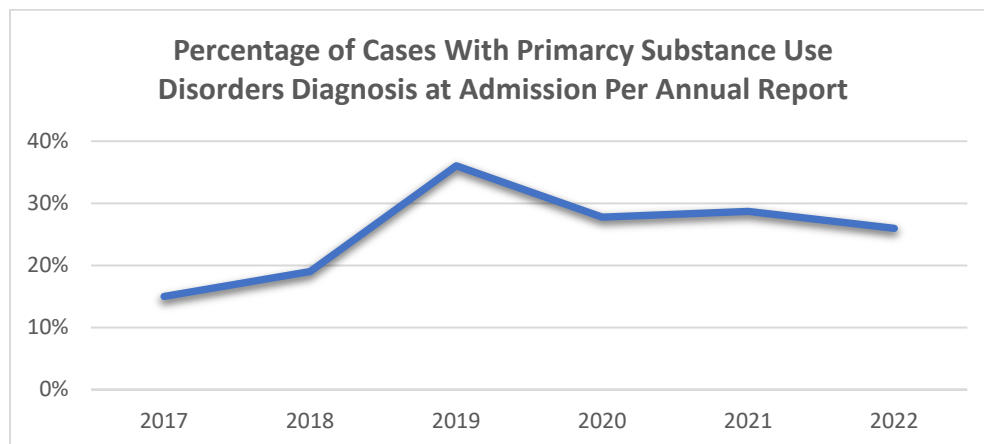


(Ohio Department of Health, 2023) (Kaiser Family Foundation, 2022)

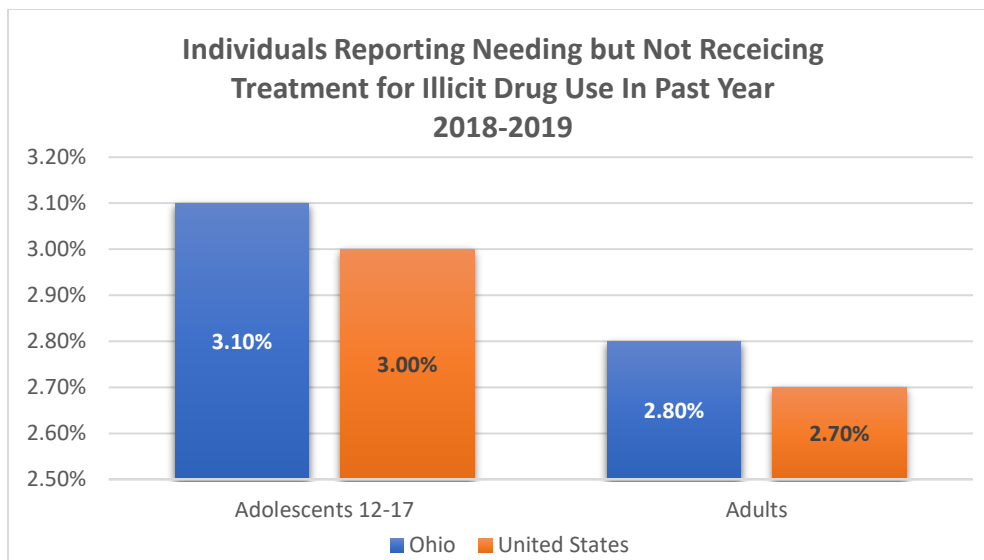
Per the Ohio Department of Health Ohio Unintentional Drug Overdose Deaths report from January 3, 2023, Butler County has an average death rate per 100,000 population of 57.0

in reporting years 2017 through 2021, which is higher than the average death rate per 100,000 population reported state and nationwide for the same sample period (Ohio Department of Health, 2023). In 2021, fentanyl accounted for 80% of unintentional drug overdose deaths in the state of Ohio (Ohio Department of Health, 2023).

While Butler County has seen an increase in known or suspected drug overdoses annually since 2019 and has an average death rate per 100,000 higher than the state and national averages, the percentage of cases admitted to BCMHARSB providers with a primary substance abuse disorder diagnosis at admission has declined since 2019.



In 2019, 2.8% (250,000) of Ohio adults and 3.1% (28,000) of Ohio adolescents between the ages of 12-17 reported needing but not receiving treatment for illicit drug use in the past year which exceeded the percentage of individuals across the United States reporting the same needs, (Kaiser Family Foundation, 2020).

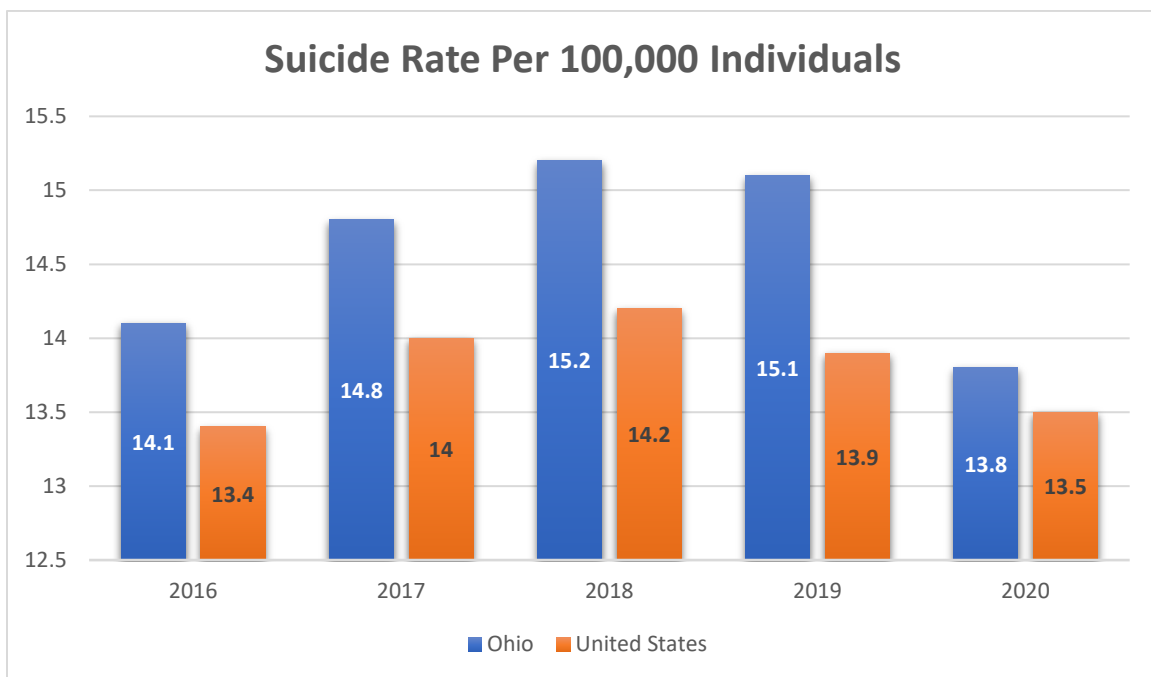


(Kaiser Family Foundation, 2020)

The Ohio Association of County Behavioral Health Authorities identified one SFY 2024-2025 biennial budget priority in support of increased investments in Residential State Supplement (RSS), recovery housing, adult care facility quality improvement, and peer centers and clubhouses in with a target of \$2 million more per year towards recovery housing. A focus is also driven towards prioritizing investments to local mental health and addiction services supports funded through local ADAMH Boards with a target goal investment of \$106 million per year.

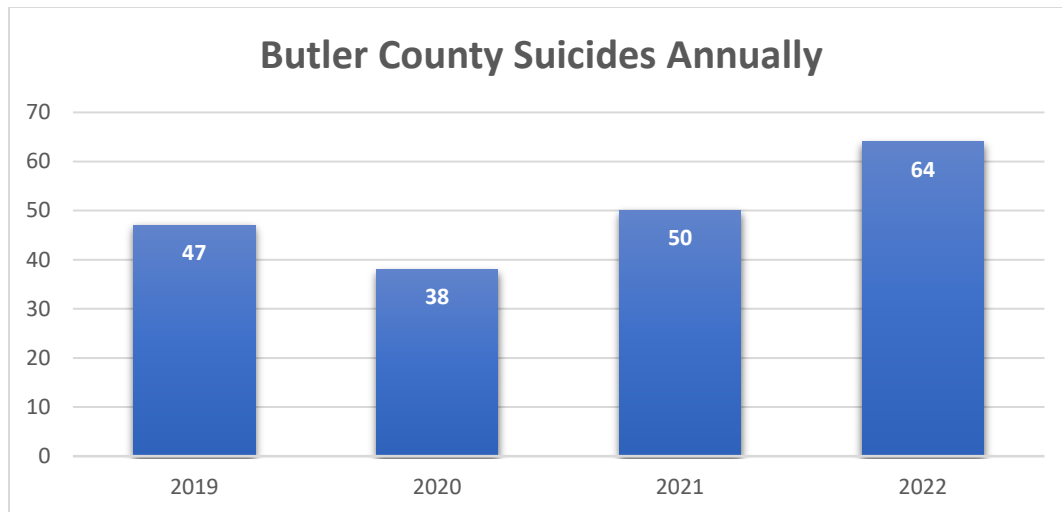
### **Suicide Statistics**

In Ohio, five people die by suicide every day, making it the 12<sup>th</sup> leading cause of death in Ohio and the 11<sup>th</sup> leading cause of death in the United States (American Foundation for Suicide Prevention, 2023) (Ohio Department of Health, 2022). Between 2018 to 2019, 6.1% (545,000) adults in Ohio reported having serious thoughts of suicide within the past year, and 4.6% (11,434,000) Americans nationwide reported having the same thoughts (Kaiser Family Foundation, 2020). Statewide, suicide deaths increased 8% from 2020 to 2021.



(Ohio Department of Health, 2022) (Kaiser Family Foundation, 2022)

From 2016 to 2020, the average rate of suicide deaths per 100,000 individuals was 13.3 in Butler County (Ohio Department of Health, 2022) which is lower than the average both state and nationwide. However, since 2020, Butler County has experienced an increase in the total number of suicide deaths reported by the coroner.



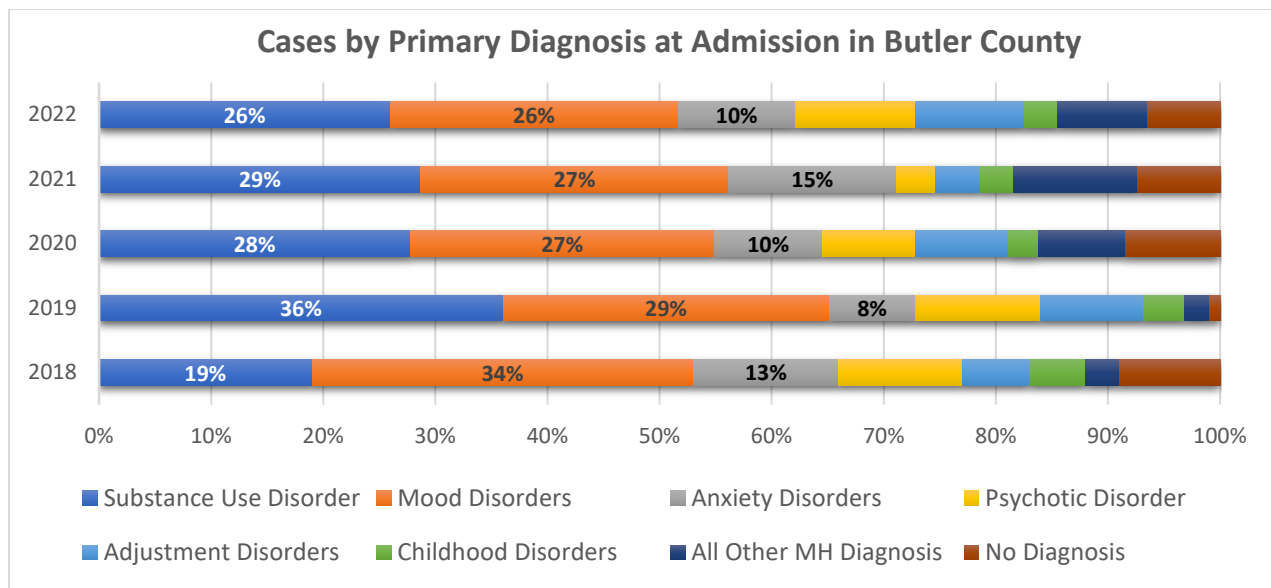
(Schneider, 2023)

In 2020, The Suicide Prevention Plan for Ohio was released by the state in an effort to develop goals and strategies with the target outcomes to reduce suicides in Ohio by 10% over three (3) years, decrease the number of attempted suicides, and to improve identification of those thinking of suicide. Objectives of the plan included a focus on suicide prevention and awareness, community education and training, reducing access to lethal means through safe storage practices, implement suicide prevention best-practices in educational systems and across public safety and emergency systems, and increase the number of suicide prevention coalitions.

One of the SFY 2024-2025 Biennial Budget Priorities of the Ohio Association of County Behavioral Health Authorities, NAMI Ohio, and Ohio Suicide Prevention Foundation is to ensure that all Ohioans have access to crisis hotlines and the full funding of 988 Suicide and Crisis Lifeline through call, text, and chat capabilities.

### **Mental Illness Statistics**

Statewide between 2018-2019, 23.6% (2,112,000) of adults in Ohio reported having a mental illness or episode of mental illness in the past year (Kaiser Family Foundation, 2020). Additionally, 8.8% (790,000) of adults and 14.7% (131,000) of adolescents 12-17 years old in Ohio reported a Major Depressive episode in the past year. In FY2022, BCMHARSB providers reported 25.68% of the primary diagnosis' at admission were mood disorders, which accounted for the second highest percentage of primary diagnosis at admission, behind only substance use disorders.



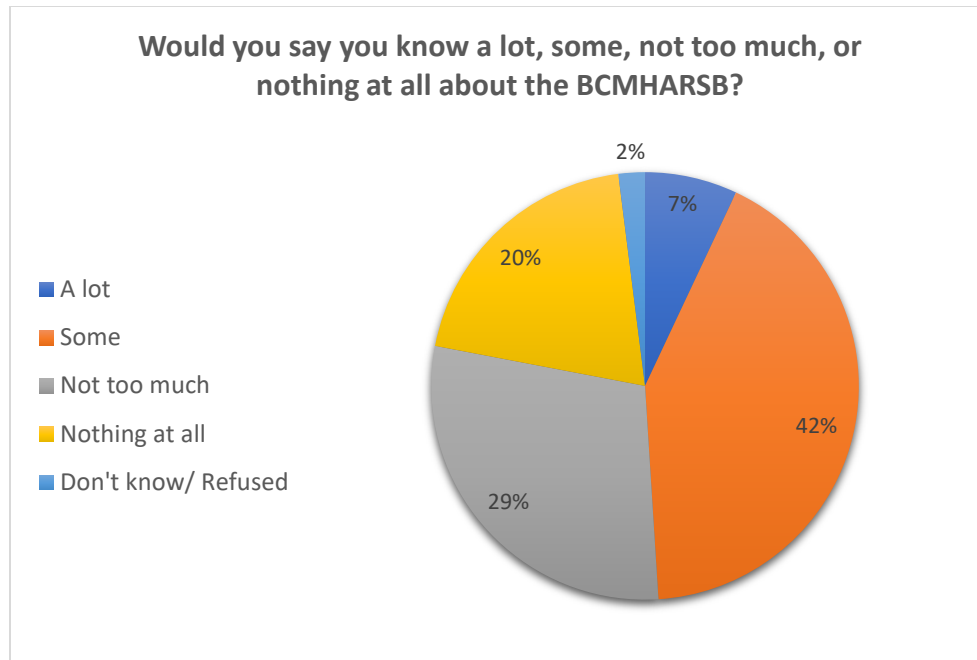
Between 2018 – 2019, 7.5% (664,000) adults in Ohio reported their need for mental health treatment in the past year as being unmet and that their need for mental health treatment was not received, as well as higher than the 6.2% of adults nationwide reporting their mental health treatment needs were unmet over the past year. (Kaiser Family Foundation, 2020). Children and adolescents, ages 5 – 17 years old, accounted for 9.11% of client admissions to BCMHARSB providers in FY2022. In Ohio, the most recent statistics indicate that 12.8% of children, ages 3 – 17 years old, received treatment or counseling from a mental health professional in 2021.

From May 11-17, 2023, 600 voters in Butler County were surveyed regarding their voting habits and opinions on mental health and substance abuse in Butler County. 23% of survey respondents reported that they disagreed or strongly disagreed with the statement, “I know where to find mental health resources in Butler County for myself or people I know” (LJR Custom Strategies, 2023). When asked, “have you, a family member, or a close friend ever experienced a mental health need?”, 35% of respondents reported that “yes”. 32% of respondents reported that they felt that the general mental health of Butler County residents has gotten worse or much worse since the pandemic. This closely aligns with 33.1% of adults in Ohio and 32.3% of adults nationwide reporting symptoms of anxiety or depressive disorder during the Covid-19 pandemic (Kaiser Family Foundation, 2023).

The Ohio Association of County Behavioral Health Authorities has included several budget priorities for the SFY 2024-2025 budget to increase access to mental health services, strengthen prevention services, and continue to build continuum of care programs for mental health and addiction services.

## **Community Awareness & Outreach**

The recent survey of voters in Butler County identified that 49% of voters know “not too much” or “nothing at all” about the Butler County Mental Health and Addictions Services Board (LJR Custom Strategies, 2023).



(LJR Custom Strategies, 2023)

Likewise, the in-depth interviews with Butler County Community leaders also identified as having varying awareness of BCMHARSB, “from never hearing about it, to having deep knowledge of the Board’s work,” (Burges & Burges Strategies, 2023). When asked where voters receive their information about mental health and addiction in Butler County, 26% reported by television followed by 23% by word of mouth. Several community leaders commented that they feel as if they only hear from BCMHARSB or about the Board when a levy is on the ballot. Many of those individuals interviewed felt as if the Board should conduct more community outreach and possibly a public relations campaign to generate more awareness.

In the previous two years (2021-2023), there were thirteen (13) articles about and/or mentioned BCMHARSB (Burges & Burges Strategies, 2023). Through the completed media scan, Burges & Burges also identified that, “there is a growing sentiment of communities wanting to be involved in decision-making, apart from simply voting on levies. From addressing homelessness to Children’s services, residents are calling for more transparency and want to have their voices heard with regard to how their taxpayer money or American Rescue Act Plan funds are spent.

Mental health and addiction services have always carried a negative stigma within communities nationwide, and many mental health and addiction service providers have been exposed to or experienced the “Not In My Backyard”, also known as NIMBY, movement which is characterized by local residents opposed to mental health and substance abuse programs being located in their local areas. In Ohio communities, Recovery Housing programs face significant opposition. As one way to address this opposition, Ohio Recovery Housing developed a “Best Practices for Addressing N.I.M.B.Y” which has been utilized by OhioMHAS to educate both providers on Recovery Housing and to address myths associated with Recovery Housing.

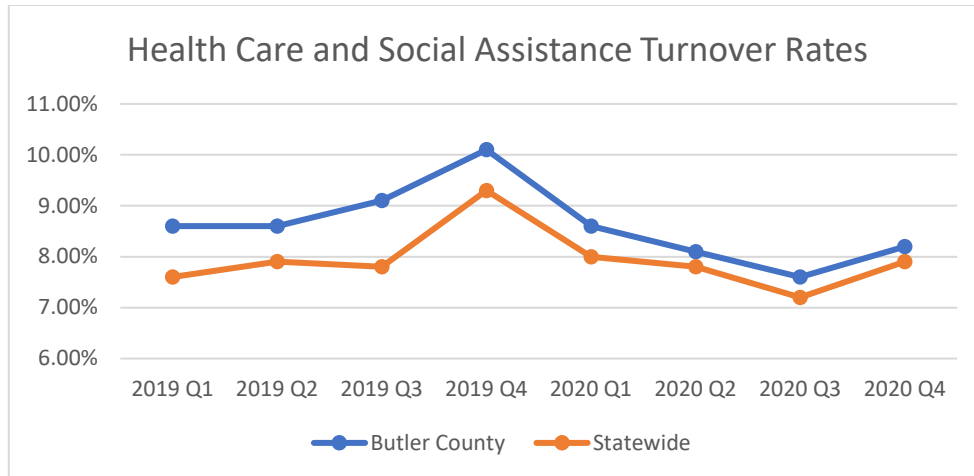
The University of Maryland School of Medicine in Baltimore conducted a study on crimes rates in the vicinity of Opioid Treatment Centers (OTPs) and found that crimes rates in immediate vicinities of OTP’s were consistent with crime rates in the surrounding communities (Furr-Holden, et al., 2016). Additionally, the study found that crime rates in the vicinity of drug treatment centers are similar to the crime rates near liquor stores and are less frequent than crime rates near convenience stores and corner stores.

## **Workforce Development**

According to a publication by The Ohio Council highlighted that there has been a 353% increase in demand for behavioral health treatment from 2013 to 2019 (The Ohio Council, 2021). With the increase in service demand, a shortfall in providers in the field of behavioral health has occurred. The Ohio Council report indicated that as of 2021 there is a shortfall of mental health counselors, marriage and family therapists, psychologists, psychiatrists, physicians, and social workers.

Behavioral Health Position	2021 State Supply	Current Shortfall vs. Projected 2030 Need
Mental Health Counselors	5,533	-1,337
Marriage and Family Therapists	147	-2,263
Psychologists	262	-3,748
Psychiatrists	830	-1,190
Physicians	1,141	-1,109
Social Workers	7,765	-2,895

Butler County has not been immune from increasing industry turnover rates. Turnover rates as reported by the Ohio Department of Job and Family Services, the Health Care and Social Assistance industry averaged an 8.1% turnover rate in 2020 in Butler County as compared to 7.2% turnover rate in the same industry statewide (Ohio Department of Job and Family Services, 2021).



(Ohio Department of Job and Family Services, 2021)

## **SUMMARY**

The 2023 - 2026 Strategic Plan is intended to be a living document that will be updated to position the BCMHARSB to meet future behavioral health needs of Butler County residents. Components of this plan will require modification based on the availability of funding, capital and changes in state mandates.

Through the SWOT analysis focus groups, survey data collected from Butler County voters, and data research and analysis, it was identified that there are several key focus areas for BCMHARSB to further strengthen identified weaknesses and combat perceived threats in the following areas:

- The potential negative impact of property evaluation increases on support for a BCMHARSB levy.
- Limited understanding by community members regarding the functions of the Board.
- Limited prioritization of Mental Health and Substance Abuse issues amongst Butler County voters.
- The Board has a large network of providers, but members of the community believe the provider network lacks diversification and specialization of services.
- Deaths as a result of drug overdose and suicide have increased in Butler County in recent years, increasing the need for crisis services and greater access to care without inequity barriers.
- Issues with NIMBY and stigma resulting in local communities being unreceptive of treatment and recovery services programs being housed in their communities.
- Difficulty in recruiting and retaining behavioral health direct service professionals.



The following Strategic Initiative Areas were identified to form the basis for BCMHARSB's 2023 - 2026 Strategic Plan based on the key opportunity areas identified. It's recommended that the Butler County Mental Health and Addiction Recovery Services Board utilize the information contained in this report along with other planning and support documentation to identify strategies, goals and timeframes related to the following strategic initiative areas:

**STRATEGIC INITIATIVES (In order of priority)**

**Finance**

**Community Outreach & Education**

**Expansion of Treatment & Recovery Supports**

**Diversification**

**Workforce Development**

**Leadership**

**Communication**

# BCM HARSB 2023 – 2026

## STRATEGIC INITIATIVES AND GOALS

\*Indicates objective carried over from previous strategic plan, please refer to the 2019-2021 Strategic Plan for previously reported status updates on these objectives

**STRATEGIC INITIATIVE:**     **FINANCE**

**STRATEGIC GOAL:**             ***MAINTAIN FINANCIAL VIABILITY OF THE BCM HARSB AND THE SERVICE DELIVERY SYSTEM THROUGH EFFICIENT AND ACCOUNTABLE FINANCIAL MANAGEMENT.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Address prospective budget changes.</b>				
1.1	* Adapt BCM HARSB to changes related to Managed Care Organization (MCO) implementation, if applicable, and reiterate that the Board is a payor of last resort. (Build better partnerships with MCO's).	Board Chair & Executive Director	End of FY 2024	Updated Board governance policies	
1.2	* Address the application of value-based & performance-based budgeting / contracting models.	Executive Director & CFO	End of FY 2024	Research performance-based contracts, as applicable	
1.3	Work in collaboration with other MHARS / ADAMHS Boards to identify best practice procedures to implement and monitor a performance-based funding model.	Executive Director & CFO	Ongoing – Review Annually	Use of program specific data measures to inform funding decisions based on quality.	
1.4	Develop and implement a Board-approved evaluation and decision-making process to address underperforming agencies / programs.	Executive Director & CFO	End of FY 2025	Program / Services Decision-making process	
1.5	* Identify prioritized programs / services that the BCM HARSB would support	Executive Director, Board & Staff	Ongoing – Review Annually	Program / Services prioritization list	
1.6	* Develop and implement a plan to ensure Accounts Payable 30- and 60- day billing policy compliance that includes documented and ongoing monitoring component	Executive Director, CFO, Board & Staff	Ongoing – Review Annually	Accounts Payable 30- and 60-day billing policy	
1.7	Work jointly with community stakeholders to identify issues and impacts that could potentially impact local funding (e.g., levy) and develop ways to mitigate those issues.	Executive Director & CFO	Ongoing - Review Annually	Implement a system for financial planning and forecasting.	
1.8	Ensure Board "readiness" for pending / future grant and funding	Executive Director & CFO	Ongoing - Review Annually	Implement a system for	

	opportunities and prevent grant and funding challenges.			financial planning and forecasting.	
<b>2.0</b>	<b>Allocate funds or identify resources to meet local community needs and gaps in services.</b>				
2.1	Review allocations between different types of services and providers.	Executive Director & CFO	Ongoing – Review Annually	Budget Allocation Aligned with Community Needs	
2.2	Align, consolidate, or eliminate poor performing provider agencies/programs based on assessed community needs, priorities and available resources.	Executive Director, CFO, Board, & Staff	Start by end of FY 2026 & Ongoing Annually thereafter	Budget Allocation Aligned with Community Needs	
2.3	Identify and utilize transparent, effective, and timely mechanisms for communicating budget / funding decisions to the providers.	Board, Executive Director & CFO	Ongoing – Review Annually	Budget Process	
2.4	Identify resources available to individuals who do not qualify for community mental health services to help ease the financial burden of the costs of services.	Executive Director & Staff	End of FY 2025	List of financial resources available to individuals who do not qualify for community mental health services.	
<b>3.0</b>	<b>Monitor protocols for accessing sustainability.</b>				
3.1	Continue protocols for accessing funds inclusive of sustainability measures to allow access.	Executive Director & CFO	Ongoing – Review Annually	Monitor Board Forecast	
<b>4.0</b>	<b>Consider potential sources of expanded funding, including, but not limited to, the possibility of future behavioral health levy needs.</b>				
4.1	Establish an exploratory committee to look at all funding sources available that are aligned with BCMHARSB priorities.	Board, Executive Director, CFO & Board Staff	End of FY 2024	Identification of feasible funding options.	
4.2	The committee will make recommendations to the Board to include a list of potential grants and funding opportunities.	Committee Chair	End of FY 2025	Formal recommendations to the board.	
4.3	The Board will develop and implement a feasibility plan based on committee recommendations.	Board, Executive Director, & CFO	End of FY 2026	Implementation of plan.	

**STRATEGIC INITIATIVE: COMMUNITY OUTREACH & EDUCATION**

**STRATEGIC GOAL: *ENSURE GREATER VISIBILITY THROUGH COMMUNITY OUTREACH TO INCREASE UNDERSTANDING OF BCMHARSB AND SERVICES AND TO PROMOTE EDUCATION ON PREVENTION, TREATMENT, RECOVERY TO REDUCE STIGMA IN BUTLER COUNTY.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Increase visibility and community understanding of BCMHARSB while establishing the importance of mental health and alcohol and other addiction services as a prioritized civic value.</b>				
1.1	Open, maintain and strengthen relationships with the local community and all forms of media	Board, Executive Director & Staff	Ongoing – Review Annually	Identification of possible community and media champions and the identification of possible non-traditional community and media relationships.	
1.2	Build and/or maintain effective relationships with the media to inform the community about the Board and behavioral health issues.	Executive Director & Staff	Ongoing – Review Annually	Increase visibility of the Board and increase the understanding of behavioral health.	
1.3	Develop Community Education Plan to address plans, goals and objectives to increase community outreach initiatives such as community education and training events.	Board & Executive Director	End of FY 2024 and review and update as needed annually thereafter.	Community Education Plan developed and implemented.	
1.4	Develop, review and/or update tools for the community that describe the Board, service providers, and how to access services.	Executive Director & Staff	End of FY 2025	Documented Board review and updating of community resource tools	
1.5	Offer behavioral health training to the community and partner systems.	Executive Director & Staff	End of FY 2026	Workshops and trainings included in Community Education Plan	
<b>2.0</b>	<b>Implement efforts to increase support for funding.</b>				
2.1	Establish a focus group of key community stakeholders that will assist the Board to identify local funding stream opportunities dedicated to behavioral health and to educate public policy decision makers about the need for services and funding.	Board, Executive Directors & Staff	End of FY 2024	Identify and invite key stakeholders to participate in a focus group.	
2.2	Support state-wide funding strategy that describes solutions for sustaining community	Board & Executive Director	Ongoing - Review Annually	Continue to support the OACBHA budget priorities.	

	behavioral health treatment in Ohio.				
2.3	Prepare appropriate materials and plan activities to support funding initiatives.	Executive Director & Staff	End of FY 2024 and any levy ballot year)	Development of materials and activities that educate community members about the need for appropriate funding for the Board.	
2.4	Invite consumer participation in community education / training conducted by the Board.	Executive Director & Staff	End of FY 2026	Increase available opportunities for consumer participation and understanding of the Board.	
2.5	Schedule community education and awareness activities.	Executive Director & Staff	End of FY 2025	Develop and implement community education and awareness activities.	
2.6	Identify and prioritize specific population / special population groups or segments to target advocacy and community outreach efforts toward.	Executive Director & Staff	End of FY 2025	Identify list of specific target population groups.	
2.7	Increase outreach efforts to civic groups, businesses, churches, community organizations, etc.	Executive Director & Staff	End of FY 2025	Identify target community outreach groups.	
<b>3.0</b>	<b>Utilize all available resources to advocate, educate, and reduce stigma.</b>				
3.1	Review and update as necessary BCMHARSB's online presence (social media, website, etc.)	Executive Director & Board Staff	End of FY 2025	Review of online Presence.	
3.2	Utilize several different types of advertising media (i.e., television, print, radio, etc.)	Executive Director & Board Staff	Ongoing – Review Annually	Utilization of different types of advertising media.	
<b>4.0</b>	<b>Capture consumer and family stories of lives impacted by MH or AOD through creative expression of wellness, advocacy, marketing and stigma reduction.</b>				
4.1	Involve community partners including universities, schools, agencies, etc.	Executive Director & Staff	End of FY 2026	Increase collaboration with other entities to maximize consumer voice.	
4.2	Develop and implement "Celebration of Recovery" event(s) or contest(s) that utilize video, art, music, or poetry submitted by community members to indicate what recovery means to them.	Executive Director & Staff	End of FY 2026	Celebration of Recovery in Community Education Plan	

**STRATEGIC INITIATIVE: TREATMENT AND RECOVERY SUPPORTS****STRATEGIC GOAL: *FUND AND MAINTAIN A HIGH QUALITY, COST EFFECTIVE ADDICTIONS AND MENTAL HEALTH SERVICE DELIVERY SYSTEM THAT SUPPORTS TREATMENT AND RECOVERY.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Prioritize timely access to services.</b>				
1.1	*Evaluate and plan (as needed) for improved access to services	Executive Director & Staff	Ongoing – Review Annually	Complete access evaluation	
1.2	Evaluate and prioritize the most critical crisis services to ensure safety net.	Executive Director & Staff	End of FY 2024	Establish prioritized list of critical services.	
1.3	Increase the capacity for prevention, early identification, and intervention, treatment, and recovery support.	Board & Executive Director	End of FY 2024	Expand appropriate resources and assistance for early identification and early intervention services to improve access to treatment.	
1.4	Expand treatment capacity for early childhood and youth access to mental wellness and substance use treatment.	Board & Executive Director	End of FY 2025	Expansion of youth services.	
1.5	Review bilingual, English as a second language, and non-English speaking services available from network providers and promote these services to individuals and communities who may benefit from these services.	Executive Director & Staff	End of FY 2024	Review of bilingual, English as a second language, and non-English speaking network providers	
1.6	Identify ways to increase access and utilization of services by individuals who do not qualify for community mental health services but may be burdened by financial cost of services.	Executive Director & Staff	End of FY 2025	List of financial resources available to individuals who do not qualify for community mental health services.	
<b>2.0</b>	<b>Identify and encourage evidence-based models for treatment program services system-wide.</b>				
2.1	* Complete and update in an ongoing way an overall assessment of all programming to identify and categorize programs as Evidenced-Based (EB), Modified Evidence-Based (MEB), or Non-Evidenced-Based (NEB).	Board Staff	Ongoing – Review Annually	Increased availability to EB services	

2.2	Familiarize stakeholders with existing best practice models for prevention, treatment and recovery support services.	Executive Director & Staff	End of FY 2025	Provide education to stakeholders on best practice models.	
<b>3.0</b>	<b>Complete a review / inventory of housing capacity, utilization and effectiveness in meeting projected need.</b>				
3.1	*Review and inventory existing housing resources in the county for recovery housing, group homes, drop-off centers, etc. for residents with mental health and alcohol and other drug diagnoses	Board Staff	Ongoing - Review Annually	Completed BH housing inventory	
<b>4.0</b>	<b>Evaluate Employment and Vocational services programming.</b>				
4.1	*Complete an evaluation of Employment / Vocational programming and based on recommendations create and implement plan for system improvements.	Executive Director & Staff	End of FY 2024	Completed Employment / Vocational evaluation	
<b>5.0</b>	<b>Ensure the development, implementation, and expansion of prevention services through an updated “Prevention Philosophy” and “Community Prevention Plan”.</b>				
5.1	*Develop and implement community-wide public education that addresses the identification of alternative pain management therapies beyond prescription medications.	Executive Director & Staff	End of FY 2024	Implementation of a community-wide prevention plan that addresses alternatives pain management therapies.	
5.2	*Provide support and other resources for families affected by mental illness and substance use disorders participation in trainings, grief, and trauma support groups.	Executive Director & Staff	End of FY 2025	Implementation of a community prevention plan that includes resources and support to families.	

**STRATEGIC INITIATIVE: DIVERSIFICATION**

**STRATEGIC GOAL:** ***TO PROVIDE EFFECTIVE EQUITABLE, UNDERSTANDABLE, AND RESPECTFUL QUALITY CARE AND SERVICES THAT ARE RESPONSIVE TO DIVERSE CULTURAL HEALTH BELIEFS AND PRACTICES, PREFERRED LANGUAGES, BEHAVIORAL HEALTH LITERACY AND OTHER.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Ensure development and implementation of Culturally and Linguistically Appropriate Services (CLAS).</b>				
1.1	*Conduct ongoing assessments of the BCMHARSB CLAS-related activities and integrate CLAS-related measures into its measurement and continuous quality improvement activities.	Executive Director & Staff	Ongoing - Review Annually	CLAS-related outcome measures	
<b>2.0</b>	<b>Improve access to care by identifying and mitigating barriers.</b>				
2.1	Evaluate the current provider system and identify opportunities to diversify providers and remove barriers to access.	Board & Executive Director	End of FY 2024	Evaluation of current provider system.	
2.2	Assess the current provider system to determine capacity and identify gaps in service.	Board & Executive Director	End of FY 2024	System assessment	
2.3	Consider "No Wrong Door" model of care.	Board & Executive Director	End of FY 2024	Ensure everyone receives mental health services without delay regardless of where they initially seek care.	
2.4	Diversify providers to ensure access to services for all individuals, especially those identified as being underrepresented and underserved in Butler County.	Board & Executive Director	End of FY 2026	Ensure available services for all diverse groups.	
<b>3.0</b>	<b>Promote behavioral health equity by addressing social determinants of health.</b>				
3.1	Leverage social media platforms and other media outlets to promote behavioral health awareness and reduce mental health disparities in diverse, underrepresented and underserved patient populations.	Board Staff	Ongoing – Review Annually	Develop social media content	
3.2	Enhance community partnerships to advance mental health equity by addressing barriers to treatment.	Executive Director & Staff	End of FY 2025	Identification of organization serving individuals who are disproportionately impacted by social issues (i.e., low income, poor housing, job insecurity, homelessness)	



3.3	Increase the number of culturally diverse community partnerships.	Board & Executive Director	End of FY 2026	Identify culturally diverse community partnership opportunities.	
3.4	Review the availability of bilingual and translation services by providers to ensure non-English speaking and English as a second language clients have access to care and service provided in their primary language.	Executive Director & Staff	End of FY 2025	Review of available bilingual and translation services available in the county.	
<b>4.0</b>	<b>Recruit, retain and develop a diverse workforce.</b>				
4.1	Review current diversity of workforce to determine if workforce meets the diverse needs of the persons served.	Board & Executive Director	End of FY 2024	Workforce Development Plan	
4.2	Increase the diversity of the workforce in an effort to match and meet the diverse needs of Butler County.	Executive Director & Staff	End of FY 2026	Workforce Development Staff	

**STRATEGIC INITIATIVE: WORKFORCE DEVELOPMENT**

**STRATEGIC GOAL: *ENSURE FULL UTILIZATION OF THE TALENT, EXPERTISE AND KNOWLEDGE OF BUTLER COUNTY AND SURROUNDING AREA BEHAVIORAL HEALTH WORKFORCE.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Assess current behavioral health workforce capacity to deliver quality care.</b>				
1.1	Conduct a behavioral health workforce needs assessment with BCMHHARSB providers.	Executive Director & Staff	End of FY 2024	Determine the need for behavioral health workforce in Butler County.	
1.2	Update workforce development strategies in Workforce Development Plan based on the behavioral health workforce needs assessment.	Executive Director & Staff	End of FY 2024	Updating the workforce development Plan to match current needs.	
<b>2.0</b>	<b>Improve the skills, knowledge, and performance of the existing workforce.</b>				
2.1	Develop and implement plan to utilize local resources (such as colleges and universities) more fully to improve workforce competencies.	Executive Director & Staff	End of FY 2025	Meeting with local resources to establish training curricula.	
2.2	Expand Trauma-Informed Care into all service delivery systems.	Executive Director & Staff	End of FY 2025	System wide training components and schedule.	
2.3	Develop a pool of local expertise to deliver training to providers in the service delivery system.	Board, Executive Director, & Staff	End of FY 2026	Create and utilize a roster of resources for training / development.	
2.4	Develop and implement additional staff training components as needs arise.	Executive Director & Staff	End of FY 2026	Training opportunities scheduled and held.	
<b>3.0</b>	<b>Support efforts to recruit and retain highly qualified direct service workforce.</b>				
3.1	Explore options to recruit and retain Behavioral Health workforce.	Board & Executive Director	End of FY 2024	Updated workforce development plan based on current needs.	
3.2	Increase community awareness of state funding initiatives to support Ohio's wellness workforce (Ohio Great Minds Fellowship, Ohio Wellness Workforce Welcome Back Campaign, Ohio Behavioral Health Workforce Technical Assistance Center)	Executive Director & Staff	End of FY 2024	Increase community awareness of Behavioral Health workforce initiatives.	

<b>4.0</b>	<b>The BCMHARSB will be a resource for supporting and retaining a dynamic workforce in the Butler County behavioral health system of care.</b>				
4.1	*The Board will be a resource to support and maintain the behavioral healthcare workforce in Butler County	Executive Director & Staff	Ongoing – Review Annually	Workforce Development Plan	

**STRATEGIC INITIATIVE: LEADERSHIP**

**STRATEGIC GOAL: *TO ENHANCE OUR IDENTITY AS A COLLABORATIVE CENTER AND A RESOURCE FOR EXCELLENCE IN THE PLANNING AND DELIVERY OF BEHAVIORAL HEALTH CARE SERVICES IN BUTLER COUNTY WHILE MEETING IDENTIFIED COMMUNITY ADDICTION AND MENTAL HEALTH NEED.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Ensure a dynamic and knowledgeable BCMHARSB Board of Directors.</b>				
1.1	*Review and update Board governance policy and procedure, as indicated.	Board Chair & Executive Director	End of FY 2024 and review annually thereafter	Updated Board governance policies	
1.2	*Formulate and implement a Board Member Recruitment Plan.	Board	End of FY 2024	Implementation of completed plan	
1.3	Formally review and evaluate progress of the BCMHARSB Strategic Plan on an annual basis.	Board Chair & Executive Director	Ongoing - Review Annually	Regular annual review of the Strategic Plan on the Board Agenda.	
<b>2.0</b>	<b>Open, maintain, and strengthen liaisons with all levels of local, state, and federal government.</b>				
2.1	Ensure participation / collaboration in county and local community planning processes.	Executive Director	Ongoing – Review Annually	Local Engagement Evidence	
2.2	Cultivate relationships with local, state, and national foundations for system funding.	Executive Director	Ongoing – Review Annually	Establish meetings with foundation representatives.	
<b>3.0</b>	<b>Improve coordination of BCMHARSB processes to promote efficiency and accountability to enhance customer service.</b>				
3.1	Streamline administrative processes.	Executive Director & Staff	End of FY 2024	Review administrative processes and streamline to improve efficiency and delegation as needed.	
3.2	Increase staff collaboration within the BCMHARSB to promote unity.	Executive Director & Staff	End of FY 2024	Increase collaboration efforts.	
3.3	Implement feedback loops to increase information sharing amongst stakeholders and providers to advance behavioral health services in Butler County.	Executive Director & Staff	End of FY 2025	Create feedback loops between BCMHARSB, key stakeholders, and providers.	

**STRATEGIC INITIATIVE: COMMUNICATION**

**STRATEGIC GOAL: *ENSURE EFFECTIVE AND EFFICIENT COMMUNICATIONS IN ALL ASPECTS OF BCMHARSB ACTIVITY.***

#	Objectives / Actions	Leader	Target Completion Timeline	Performance Goal	Status
<b>1.0</b>	<b>Ensure the development and implementation of effective communication strategies both internally and externally at the BCMHARSB.</b>				
1.1	*Support training and education about effective communications approaches and methodologies to avoid mistakes, miscommunications, and support positive relating across all BH stakeholders.	Executive Director and Board Staff	Ongoing – Review Annually	Implementation of Board communication training schedule	
1.2	*The Board will continue to identify and implement a more comprehensive media campaign to educate the public about mental illness and addiction, reduce stigma, provide for the access to treatment and emphasize, “treatment works people recover”.	Executive Director and Board Staff	End of FY 2024 and ongoing annual review thereafter	Developed media campaign implementation using modalities best indicated by research	
1.3	* The Board will establish a partnership with the local faith community to educate on behavioral health resources in our local system of care, and identify faith-based recovery programs	Executive Director and Board Staff	End of FY 2025	Identification of a faith-based partnership development plan / strategy and training schedule	

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## Appendix A

### Participants in SWOT Analysis Focus Groups

**BCM HARSB Governing Board Members:** Wayne Mays, Pat Deis-Gleeson, Mother Suzanne LeVesconte, Fr. Mike Pucke, Richard Bement, Tara D'Epifanio., Judge Joyce Campbell, & Kim McKinney

**BCM HARSB MH/SUD Providers:** Randy Allman – Butler Behavioral Health. Lisa Frye – Lifespan, Susanna Lozano – MPW, Dr. Quinton Moss – MPW, Scott Stephens – BBBS, Angela Wallace – CBH, Catherine Bidleman – CBH, Erin Day – CBH, Wendy Waters Connell – YWCA, Jillane Holland – TLC, Joyce Kachelries. – Lifespan, Kaleb Barrows – DeCoach, Daryl Hamms –Access, & Deanna Proctor -Access

**BCM HARSB Staff Members:** Jennifer Coats, Denise Boyd, Ellen Stollings, Lori Herbers, Lauren Costello, Patti Quinn, Joanna Lowry, Cassandra Kiesey, Martina Weber, Darrell Burton, Scott Fourman, & Scott Rasmus

**Butler County NAMI:** Berni Murray, Nancy Holtkamp, Rhonda Benson, & Benjamin Heroux

**Butler County Stakeholders:** Tim Myers – BC Juvenile Court, Julie Gilbert – BC Job & Family Services, Beth Race – Director of FCFC, Ellen Stollings – BCM HARSB, Krystal Tipton – President/CEO BC United Way

**Family Children First Counseling (FCFC):** Damon Knoche (Boys and Girls Club – West Chester/Liberty Twp Ohio), Jen Rice (BCDD Board), Lisa Guliano (BCDD Board), Sharon (Care Source Manage Care Provider), Brandy Desenberg (New Path Child & Family Solutions), Melody Schurgast (Pause for Parents, Play for Kids), Scott Stephens (Big Brothers Big Sisters (BBBS)), Daniel McSwain (Pause for Parents, Play for Kids), Craig Knight (Ohio Department of Youth Services (ODYS))

**FCFC Voting Members Present:** 1. Big Brothers Big Sisters-Scott Stephens 2. Boys and Girls Club West Chester/Liberty-Damon Knoche 3. Butler Behavioral Health-Victoria Taylor 4. Butler County Board of DD-Lisa Guliano 5. Butler County Commissioners-Julie Gilbert 6. Butler County Educational Service Center-Early Childhood Programs-Suzanne Prescott and Shelley Walpe 7. Butler County Health District-Erik Balster and Erin Smiley 8. Butler County Job & Family Services-Shannon Glendon 9. Butler County Juvenile Court-Tim Myers 10. Butler County Mental Health & Addiction Recovery Board-Scott Rasmus and Ellen Stollings 11. Butler County United Way-Kim Whitton 12. Butler Tech-Michael Albrecht 13. Caring Community Collaborative (C3)- Lynda O'Connor 14. Catholic Charities-Pam Mortenson 15. Centerpoint Health-Jennifer Feldman and Neyssa Garica 16. Central Clinic/CDC-Jennifer Wlodarczyk 17. City of Middletown Health Department-Jackie Phillips Carter 18. Community Behavioral Health-Gillian Marksberry 19. Edge Teen Center-Melissa Rosser 20. Envision Partnership-Lori Higgins 21. Family Rep-



Lindsay Brillhart 22. Family Rep- Chrystal Green 23. Family Rep-Kristen Groseclose 24. Family Rep-Becky Kremer 25. Family Rep-Dorothy McIntosh Shuemake 26. Family Rep-Susan Runnion 27. Focus on Youth- Alicia Ajiboye 28. Lakota Local Schools-Terri Doerr 29. Legal Aid Society of Southwest Ohio- Jon Ford 30. Middletown City School-Suzanna Davis 31. Monroe Local Schools-Nancy Stratton 32. New Path-Brandy Desenberg 33. ODYS-Craig Knight 34. Parachute CASA-Tonya Buchanan 35. Pause-Dan McSwain and Melody Schugst 36. Safety Council of Southwestern Ohio-Kristy Duritsch 37. Support to Encourage Low Income Families (SELF)-Carie Schultz 38. Talawanda School District- Amy Macechko 39. WIC-Cindy Meale 40. YWCA of Hamilton- Wendy Waters Connell

**Butler County Sheriff's Office:** Major Mike Craft, Warden Nick Fisher, Chief Anthony Dwyer, Vickie Barger, Lindsey Baker

## **Appendix B:**

### **SWOT Focus Groups Combined Analysis**

#### **Strengths:**

- Communications at BCMHARSB Board Meetings and ED with providers
- Specialty Court Dockets (2X's)
- Collaboration and Communication with MH/SUD providers
- County Hotline & Heroine Hopeline
- BCMHARSB transparency and fiscal responsibility (2Xs)
- BCMHARSB has great financial management of grants and levy funds
- Great BCMHARSB staff and executive leadership
- BCMHARSB Provider Services Guide which is comprehensive and easily accessible
- Being knowledgeable and forward thinking
- Syringe Exchange and Blood Borne Pathogen program in the community
- Being proactive and heavily invested in prevention
- We help improve the quality of life for those with chronic mental health and substance abuse conditions
- Mental health and substance abuse resources available are a great strength
- Strong needs assessing and strategic planning currently going on for the BCMHARSB
- The different groups and committees in the community the BCMHARSB is apart especially Suicide and OD fatality reviews
- How different MH/SUD providers/agencies come to the BCMHARSB meetings and present their work, programs and their services offered.
- Very collaborative local MH/SUD provider group
- Supportive tax base in Butler County
- We offer specialized MH and SUD in the local community including housing, mobile crisis, and services to children and seniors.
- BCMHARSB is well known in the community
- Boards' GOSH billing system
- Tax Levy's usually pass
- Multiple BH providers and hospitals with inpatient BH units
- BC embraced aspects of Harm Reduction
- Integrated MH & SUD system including prevention and recovery
- Mobile Crisis services in the county
- Quick Response Teams (QRT)
- Crisis Intervention Team (CIT)
- Board pursues grants including large federal grants
- Good, active local NAMI chapter in BC
- Strong relationship with BC Sheriff and County Jail
- We have significant jail programming
- Housing including both Recovery & MH Housing
- Strong relationships with hospitals for MH & SUD
- We have an active TIP program
- Short turnaround time to access outpatient services
- Easy to access indigent beds in local psychiatric hospitals

- Good relationships and dialogue with BC commissioners
- Good working relationships with BC Developmental Disability, Children Services, Coroner's Office, Family & Children First Council (FCFC), & Job and Family Services (JFS)
- Good relationships with Miami University & City of Oxford
- A full BCMHARSB Governing Board shows commitment and interest from the BC community
- Strong relationships with BC Probate and BC Prosecutor's Office
- Free parking around the Board Office
- Having an independent Board makes it easy to process BH projects, programs and services
- The BCMHARSB funding of NAMI
- The support for CIT in the county
- Good partnership and relationship between NAMI and BCMHARSB in general
- Relationship between BC NAMI Director and BCMHARSB
- NAMI appreciate being housed in BCMHARSB Office
- Board commitment to advocacy for mental health
- Board openness to support mental health accessibility thru a quality hotline, hope line, text lines, and publications
- Board provides a venue for system providers to talk
- The support the Board provides for Beckett Springs Hospital
- Board provides subsidy to mental health agencies especially to support the indigent
- BCMHARSB does not understand what NAMI does
- Board offers CEU's to provider system and the public for trainings that are MH and addictions related
- Very Collaborative
- There are lots of providers in the BC BH system
- Very aware of the BCMARSB Staff and who to go to about a specific issue
- Board & BH system have a countywide scope and focus
- Great Board & Community collaboration
- Variety of behavioral health resources available in the county
- Shared funding for behavioral health (BH) programs and services
- Increases in school BH services
- BCMHARSB diversity
- Financial resource available for BH clients
- Wide variety of community partners to support BH
- Presence in the community
- School stepping up and bring services in
- Expertise among providers & on the Board including providing professional training
- Connections between agencies
- Southwest Ohio regional resources
- Shared funding/resources between agencies
- Very good relationship between BCMHARSB and Jail
- Work collaboratively between the Board and Jail continue to build on the process with flexibility, forward thinking, and use of telemedicine
- Board has been very supportive of addressing mental health and substance abuse needs of the jail
- Board funding to support the jail is implemented easily through the county auditor's office

- Very good communication between the Board and the BC jail
- The addition of Lindsey Baker and her position at the jail
- The new assessors positions at the jail who can focus on mental health and substance use more directly and informally
- The high level and quality of mental health and substance use programs, services, and providers in the BC jail when compared to other jails in the state

#### **Weaknesses:**

- Lack of psychiatrists in the entire workforce in mental health (3x's)
- Education including community awareness, marketing, visibility, and stigma reduction (2x's)
- Hard to assess the quality of care and follow up with mental health and substance abuse agencies clients
- NIMBY
- Cities in the county do not support recovery housing,
- Poor attendance at BCMHARSB's Addiction Recover Services (ARS) & Mental Health (MH) Committees (2x's)
- A lack of the BCMHARSB concrete milestones to assess the Board's work to educate the community about this including the progress of the MH/SUD system
- Initial provider-client assessments reflecting wait times & long waiting lists for services
- Retention of BH professionals
- Continuum of supportive housing including substantially more housing options
- Wrap Around fund for clients not needing direct mental health/substance abuse supports (e.g., Funding for MH clients who need to address bed bugs where they live)
- Recovery oriented system of care (e.g. Club House).
- Need a Substance Abuse Harbor House
- BCMHARSB paperwork is to complicated and needs to be more user friendly
- Stagnant reimbursement rates for services paid by the BCMHARSB and lower reimbursement rates paid by private insurance for mental health and substance use
- Need for bilingual MH professionals to address Spanish speaking clients.
- Not thinking outside of the box and being creative
- Not appropriately addressing the migrant population such as language, trauma, and address their MH and substance abuse needs
- Transportation for clients
- Long term housing is limited
- Need to address funding and MH treatment supports for families and family systems to address kids needs with additional Board subsidy when not covered by insurance including Medicaid and 3<sup>rd</sup> party insurance
- Finding a way to increase mental health and mental wellness for all citizens in Butler county
- Stagnant MH rates not properly keeping up with the workforce requirements
- Thinking outside of the box/being creative
- Not enough housing including Recovery & MH housing
- Not having a Crisis Stabilization Unit (CSU) for adolescents & children
- No SUD residential for our youth

- Limited SUD treatment for our youth
- Limited programming specialized on transitional youth
- BH staffing shortages
- Not everyone endorses harm reduction particularly in our cities
- Do not offer enough services for youth and young adults vs. adults
- NIMBY
- BH stigma challenges
- BH system challenged by economy, inflation, work force issues
- Limited access to BH state hospitals
- BC Community does not know what the BCMHARSB and BC BH system does
- Not appropriately addressing the migrant population such as language, trauma, and address their MH and substance abuse needs.
- Need to address funding and MH treatment supports for families and family systems to address kids needs with Board subsidy when not covered by insurance including Medicaid and 3rd party insurance
- Finding a way to increase mental health and mental wellness of all citizens in Butler county including training interventions such as for trauma for all county providers not just Board contract providers.
- Staffing services and programs in the home and out in the community. Clinicians do now want to go in client's homes. Need to reinvent/restructure how these services and programming are done.
- Enhance relationship with Butler Tech to fill unlicensed professional needs in the community as well as training for certifications
- Mental health providers seem to be the only ones who know the BCMHARSB and that the Community MH system exists
- The local community does not know what BCMHARSB does
- BCMHARSB may be too homogenous needing more diversity including more user of services on with more age diversity on the Board.
- Not enough votes in decent when the BCMHARSB does business
- BCMHARSB needs to understand and recognize more what NAMI does (e.g. CIT) and consider more funding to NAMI for it (Rhonda Benson does 2/3 to ¾ CIT work)
- Public transportation drivers need education on mental health and substance use
- Board doesn't recognize the PR work NAMI does for the BCMHARB
- Don't think a lot of people know what the Board & BH system does in the county
- Large providers in the system but not much specialization which is needed
- More providers are needed for certain services
- More marketing about the Board & community BH services
- Need for crisis providers
- Need for countywide integrated strategic plan
- Difficulty to access services for a variety of reasons including the need for parent enrollment
- Waiting lists for services
- Housing/transportation needed including having BH services on transit lines
- Specialized services difficult to find
- Not enough frontline providers
- Low pay

- State funding concerns
- Tough working environments (e.g. hospitals)
- Lack of childhood providers
- Waitlists
- Trouble hiring staff
- Number of crisis providers available
- Stigma
- Housing (affordable, transitional, permanent supportive housing)
- The overall large amount of mental health issues are the jail
- The jail tries to at least stabilize inmates (mental health and substance use) because treatment may not be possible due to large numbers and the setting

### **Opportunities:**

- Education including community awareness, marketing, visibility, and stigma reduction
- Instead of middle of day move ARS & MH committees to a difference time
- Marketing what is going on in the MH/SUD field including programs and services provided
- Transportation
- More trauma therapy and counseling
- Recruiting more MH/SUD professionals
- Increase MH/SUD grant writing
- Community awareness and identification of need for MH services
- Develop buy-in by local cities and counties about the importance of MH/SUD services
- Having enough personnel and resources to address probated MH/SUD clients
- Bring in speakers to address substance abuse with various drugs of choice.
- Focus on expanding partnership with clergy and churches
- Unifying our MH/SUD message to the county on substance abuse and mental health goals and targets
- Share what our vision and hope for Butler County is to leaders and constituents (e.g. housing & hospitals). To get buy-in from the community.
- We are uniquely positioned with UC, MU, Xavier University as support mechanisms for statistics and behavioral health initiatives
- Care for the extremely mentally ill who are homeless and who will not easily become housed
- Possibility to provide social work teams for the homeless
- Issues regarding the homeless and Behavioral Health issues
- Retention of BH professionals
- Rehab and reentry programs
- Stagnant MH rates not properly keeping up with the workforce requirements
- Thinking outside of the box/being creative
- Not appropriately addressing the migrant population such as language, trauma, and address their MH and substance abuse needs.
- Need to address funding and MH treatment supports for families and family systems to address kids needs with Board subsidy when not covered by insurance including Medicaid and 3rd party insurance

- Finding a way to increase mental health and mental wellness of all citizens in Butler county including training interventions such as for trauma for all county providers not just Board contract providers.
- Staffing services and programs in the home and out in the community. Clinicians do now want to go in client's homes. Need to reinvent/restructure how these services and programming are done.
- Enhance relationship with Butler Tech to fill unlicensed professional needs in the community as well as training for certifications
- Public Relations (PR)
- People & providers interested in developing housing
- Further increase MH & SUD services in local homeless shelters
- Attempt to address stigma reduction in new ways
- Expand CIT
- Support evidenced based practices more
- To do more in local BC prevention and addiction task forces
- DLA-20 global outcome measure
- Opiate Settlement Funds
- Do more with education
- Do more with professional relationships and consults
- Room to increase & improve our relationships with BC cities and municipalities
- Reach out to more underserved populations
- Improve annual budgeting process
- Better email system
- Improve our Board process to vet and endorse provider budgets and funding process
- Improve accuracy of provider budgets
- Have providers bill more Board funds vs. offer grants for billing
- To address inconsistencies with billings, reimbursements and oversight
- Improve equality and fairness in funding
- Better BH budget updates, oversight, and status over the fiscal year
- To create a more diversified BCMHARSB
- BCMHARSB need to know more and educated on of what is going on in the local community
- BCMHARSB hearing more about what NAMI is doing
- Make MH and substance abuse programs and providers more visible to the public and community
- Redistribution of tasks for Board staff and ED
- Board should hire a new Receptionist with more strengths and pay more for this position
- To educate and sway the public of the costs and consequences of not having a good mental health system locally
- Public transportation drivers need education on mental health and substance use
- Hire a PR firm on MH and Substance use (focus on cost of not providing MH and Substance Abuse services)
- MH grant writing needs to increase
- To optimize and restructure the BCMHARSB process so the Board ED and the Board doesn't have to get involved in everything. Delegate more.
- Inform BC residents about BH services in the county by advertising about local BH services

- Work with local school systems to develop specialized services and programs as well as educate them on the continuum of care
- Work with law enforcement to educate on BH services and programming
- Identify outside/environmental MH space through collective community ventures to promote wellness efforts and support
- Collaborate more with ADAMHS Board to ADMAMHS Board to identify things
- Crisis supports increasing but need more awareness of these (e.g. MRSS)
- Funding on need then on ability to pay
- Address people in the gap
- Take ownership of behavioral health issues
- Demand program & service quality
- Exam different languages needed for clients
- To give a voice to Butler County families on the BCMHARSB
- BCMHARSB has great financial reserves and needs to expand programming
- Increase prevention services
- Increase marketing in available BH resources & services
- Need to think creatively at how to address mental health issues (e.g. more triage and group services)
- Need to expand community knowledge of crisis intervention
- How we get people in the BH field?
- Advocate for social workers licensing with strategies that support the BH field
- Tutoring for Board licensing
- Licensure/Certification exams in different languages
- Collaborating with local/regional providers
- Develop community-wide goals or objectives that all agencies can take responsibility or develop actionable task/plans
- Explore how to develop a more emotionally healthy culture
- Increase communication and flexibility
- Creative problem solving thinking outside the box
- Internships/clinical rotations with Miami University & other universities
- Proactively collaborating with youth servicing organizations to reduce risk/provide early intervention
- The ability to constantly bounce ideas off of each other (BCMHARSB & BC Jail)
- To provide more mental health and substance abuse training for the new assessor position at the jail

#### **Threats:**

- Lack of psychiatrists in the entire workforce in mental health
- NIMBY
- Cities in the county do not support recovery housing
- Not enough MH beds (e.g. State Hospital – Summit)
- Funding – Local tax levy, state and federal dollars
- Shortage of BH professionals and low pay



- Lack of trained individuals for BH
- Lack of opportunity for community and legislative updates and education
- Not enough funding to support the BH needs of the uninsured
- Cuts in Medicaid and Food Stamps to those with MH/SUD issues
- General low wages for all low income people
- Globally and locally lack of connection for our citizens via what occurred from COVID onward.
- New laws where people released from being incarcerated are not required to get follow up MH services
- Lack of state and federal government to understand what is going on at the front line in BH
- Retention of BH professionals
- Rehab and reentry programs
- County municipalities not supporting housing due to NIMBY (2X's mentioned)
- Stigma including addressing the association of Mental illness with violence
- Homelessness is so closely related between mental illness and substance abuse
- Economy always a threat to effect Medicaid reimbursement rates for example
- Current property re-evaluation going on in county and state right now
- Workforce & staffing issues
- Staffing services and programs in the home and out in the community. Clinicians do now want to go in client's homes.
- Loss of home based care.
- Rise of the private practice system
- The Community MH system is leaps ahead of the private system who have long waiting listing but the community system gets painted as taking too long to get clients in for service.
- Limited organizations promoting BH evidenced-based practices
- Current political climate
- We are vulnerable to variations in our local economy
- Property reevaluations & property tax increases that can compromise BH tax levy campaigns
- Inconsistencies with Federal Funds
- Drugs of choice becoming more dangerous (e.g. fentanyl)
- New trends in drug OD death highlighting increases in BC Hispanic and youth populations
- BH agencies in BC contesting Board practices
- The limitations of SAMHSA's National Registry of Evidenced-Based Practices & Programs (NREBPP's)
- MH levy passage
- County officials do not really grasp what the BCMHARSB and community MH system needs
- MH is not a vote gatherer
- Not only getting the homeless off the streets but how to best treat them
- People not knowing the cost of mental health until it hits them in the pocket. They do know how it is costing them with (e.g.s jail, ER/ED's, hospitalizations)
- Cheaper to provide community MH and Substance Abuse services than put clients/patients in the hospital.
- By not working together politically in the county on MH issues
- The competition between MH providers is become a war
- What will happen when NAMI Director Rhonda Benson retires full-time work and goes part-time

- Ohio meeting state and federal statutes and programming requirements that undermine existing BC programming (e.g. 988, Ohio Rise)
- Not In My Back Yard (NIMBY)
- Too much state and federal regionalization (e.g. SW Collaborative in Ohio) in funding and programs that takes away from BC county individually focused needs
- Centralizing programs & services to large counties
- Grants especially the sustainability of those grants which typically happen with them
- Concerns about asking for new tax levy funds when property values and potential taxes are going up (e.g. current 24% state revaluation of properties)
- Complex needs of residents
- Workforce issues
- Proposed property value increases which will lead to property tax increase and undermine our mental health tax levies
- Funds being tax levy and grant based
- Early intervention for BH issues woefully under funded
- Ongoing staffing issues, increased need, and providers leaving the BH field including clinicians & case managers
- Process of restructuring the movement of funds
- Workforce – People leaving the BH field
- Challenges with licensing Boards including social workers, licensing/certification rests are too hard, bias
- Losing jail staff with mental health and substance abuse experience
- Workforce turnover and MH professionals leaving the BH field
- Mental health and substance abuse workforce needs in general
- Loss of mental health and substance abuse programming at the jail
- Loss of mental health levy funding
- Approximately 75% of jail inmate may have mental health and substance abuse so the demand for services are great
- If the high level and frequency of communication between the BC jail and Board is lost

## **Appendix C**

### **BCM HARSB MEMBERS SWOT Analysis**

**DATE: 5/15/23**

NAME/GROUP NAME: BCM HARSB Governing Board Members - Wayne Mays, Pat Deis-Gleeson, Mother Suzanne LeVesconte, Fr. Mike Pucke, Richard Bement, Tara D'Epifanio., Judge Joyce Campbell, & Kim McKinney,

#### **Strengths:**

- Communications at BCM HARSB Board Meetings and ED with providers
- Specialty Court Dockets (2X's)
- Collaboration and Communication with MH/SUD providers
- County Hotline & Heroine Hopeline
- BCM HARSB transparency and fiscal responsibility (2Xs)
- BCM HARSB has great financial management of grants and levy funds
- Great BCM HARSB staff and executive leadership
- BCM HARSB Provider Services Guide which is comprehensive and easily accessible
- Being knowledgeable and forward thinking
- Syringe Exchange and Blood Borne Pathogen program in the community
- Being proactive and heavily invested in prevention
- We help improve the quality of life for those with chronic mental health and substance abuse conditions
- Mental health and substance abuse resources available are a great strength
- Strong needs assessing and strategic planning currently going on for the BCM HARSB
- The different groups and committees in the community the BCM HARSB is apart especially Suicide and OD fatality reviews
- How different MH/SUD providers/agencies come to the BCM HARSB meetings and present their work, programs and their services offered.

#### **Weaknesses:**

- Lack of psychiatrists in the entire workforce in mental health (3x's)
- Education including community awareness, marketing, visibility, and stigma reduction (2x's)
- Hard to assess the quality of care and follow up with mental health and substance abuse agencies clients
- NIMBY
- Cities in the county do not support recovery housing,
- Poor attendance at BCM HARSB's Addiction Recover Services (ARS) & Mental Health (MH) Committees (2x's)
- A lack of the BCM HARSB concrete milestones to assess the Board's work to educate the community about this including the progress of the MH/SUD system
- Initial provider-client assessments reflecting wait times & long waiting lists for services
- Retention of BH professionals

#### **Opportunities:**

- Education including community awareness, marketing, visibility, and stigma reduction
- Instead of middle of day move ARS & MH committees to a difference time
- Marketing what is going on in the MH/SUD field including programs and services provided
- Transportation
- More trauma therapy and counseling
- Recruiting more MH/SUD professionals
- Increase MH/SUD grant writing
- Community awareness and identification of need for MH services
- Develop buy-in by local cities and counties about the importance of MH/SUD services
- Having enough personnel and resources to address probated MH/SUD clients
- Bring in speakers to address substance abuse with various drugs of choice.
- Focus on expanding partnership with clergy and churches
- Unifying our MH/SUD message to the county on substance abuse and mental health goals and targets
- Share what our vision and hope for Butler County is to leaders and constituents (e.g. housing & hospitals). To get buy-in from the community.
- We are uniquely positioned with UC, MU, Xavier University as support mechanisms for statistics and behavioral health initiatives
- Care for the extremely mentally ill who are homeless and who will not easily become housed
- Possibility to provide social work teams for the homeless
- Issues regarding the homeless and Behavioral Health issues
- Retention of BH professionals
- Rehab and reentry programs

#### **Threats:**

- Lack of psychiatrists in the entire workforce in mental health
- NIMBY
- Cities in the county do not support recovery housing
- Not enough MH beds (e.g. State Hospital – Summit)
- Funding – Local tax levy, state and federal dollars
- Shortage of BH professionals and low pay
- Lack of trained individuals for BH
- Lack of opportunity for community and legislative updates and education
- Not enough funding to support the BH needs of the uninsured
- Cuts in Medicaid and Food Stamps to those with MH/SUD issues
- General low wages for all low income people
- Globally and locally lack of connection for our citizens via what occurred from COVID onward.
- New laws where people released from being incarcerated are not required to get follow up MH services
- Lack of state and federal government to understand what is going on at the front line in BH
- Retention of BH professionals
- Rehab and reentry programs

## **Appendix D**

### **Butler County BCMHARSB Provider SWOT Analysis**

**DATE: 5/15/23**

**NAME/GROUP NAME:** BCMHARSB MH/SUD Providers - Randy Allman – Butler Behavioral Health. Lisa Frye – Lifespan, Susanna Lozano – MPW, Dr. Quinton Moss – MPW, Scott Stephens – BBBS, Angela Wallace – CBH, Catherine Bidleman – CBH, Erin Day – CBH, Wendy Waters Connell – YWCA, Jillane Holland – TLC, Joyce Kachelries. – Lifespan, Kaleb Barrows – DeCoach, Daryl Hamms –Access, & Deanna Proctor -Access

#### **Strengths:**

- Very collaborative local MH/SUD provider group
- Supportive tax base in Butler County
- We offer specialized MH and SUD in the local community including housing, mobile crisis, and services to children and seniors.
- BCMHARSB is well known in the community

#### **Weaknesses:**

- Continuum of supportive housing including substantially more housing options
- Wrap Around fund for clients not needing direct mental health/substance abuse supports (e.g., Funding for MH clients who need to address bed bugs where they live)
- Recovery oriented system of care (e.g. Club House).
- Need a Substance Abuse Harbor House
- BCMHARSB paperwork is too complicated and needs to be more user friendly
- Stagnant reimbursement rates for services paid by the BCMHARSB and lower reimbursement rates paid by private insurance for mental health and substance use
- Need for bilingual MH professionals to address Spanish speaking clients.
- Not thinking outside of the box and being creative
- Not appropriately addressing the migrant population such as language, trauma, and address their MH and substance abuse needs
- Transportation for clients
- Long term housing is limited
- Need to address funding and MH treatment supports for families and family systems to address kids needs with additional Board subsidy when not covered by insurance including Medicaid and 3<sup>rd</sup> party insurance
- Finding a way to increase mental health and mental wellness for all citizens in Butler county

#### **Opportunities:**

- Stagnant MH rates not properly keeping up with the workforce requirements
- Thinking outside of the box/being creative
- Not appropriately addressing the migrant population such as language, trauma, and address their MH and substance abuse needs.

- Need to address funding and MH treatment supports for families and family systems to address kids needs with Board subsidy when not covered by insurance including Medicaid and 3rd party insurance
- Finding a way to increase mental health and mental wellness of all citizens in Butler county including training interventions such as for trauma for all county providers not just Board contract providers.
- Staffing services and programs in the home and out in the community. Clinicians do now want to go in client's homes. Need to reinvent/restructure how these services and programming are done.
- Enhance relationship with Butler Tech to fill unlicensed professional needs in the community as well as training for certifications
- 

#### **Threats:**

- County municipalities not supporting housing due to NIMBY (2X's mentioned)
- Stigma including addressing the association of Mental illness with violence
- Homelessness is so closely related between mental illness and substance abuse
- Economy always a threat to effect Medicaid reimbursement rates for example
- Current property re-evaluation going on in county and state right now
- Workforce & staffing issues
- Staffing services and programs in the home and out in the community. Clinicians do now want to go in client's homes.
- Loss of home based care.
- Rise of the private practice system
- The Community MH system is leaps ahead of the private system who have long waiting listing but the community system gets painted as taking too long to get clients in for service.

## **Appendix E**

### **BCM HARSB STAFF SWOT Analysis**

**DATE: 4/27/23**

NAME/GROUP NAME: Denise Boyd, Ellen Stollings, Lori Herbers, Lauren Costello, Patti Quinn, Joanna Lowry, Cassandra Kiesey, Martina Weber, Darrell Burton, Scott Fourman, & Scott Rasmus – BCM HARSB Staff Members

#### **Strengths:**

- Boards' GOSH billing system
- Tax Levy's usually pass
- Multiple BH providers and hospitals with inpatient BH units
- BC embraced aspects of Harm Reduction
- Integrated MH & SUD system including prevention and recovery
- Mobile Crisis services in the county
- Quick Response Teams (QRT)
- Crisis Intervention Team (CIT)
- Board pursues grants including large federal grants
- Good, active local NAMI chapter in BC
- Strong relationship with BC Sheriff and County Jail
- We have significant jail programming
- Housing including both Recovery & MH Housing
- Strong relationships with hospitals for MH & SUD
- We have an active TIP program
- Short turnaround time to access outpatient services
- Easy to access indigent beds in local psychiatric hospitals
- Good relationships and dialogue with BC commissioners
- Good working relationships with BC Developmental Disability, Children Services, Coroner's Office, Family & Children First Council (FCFC), & Job and Family Services (JFS)
- Good relationships with Miami University & City of Oxford
- A full BCM HARSB Governing Board shows commitment and interest from the BC community
- Strong relationships with BC Probate and BC Prosecutor's Office
- Free parking around the Board Office
- Having an independent Board makes it easy to process BH projects, programs and services

#### **Weaknesses:**

- Not enough housing including Recovery & MH housing
- Not having a Crisis Stabilization Unit (CSU) for adolescents & children
- No SUD residential for our youth
- Limited SUD treatment for our youth
- Limited programming specialized on transitional youth

- BH staffing shortages
- Not everyone endorses harm reduction particularly in our cities
- Do not offer enough services for youth and young adults vs. adults
- NIMBY
- BH stigma challenges
- BH system challenged by economy, inflation, work force issues
- Limited access to BH state hospitals
- BC Community does not know what the BCMHARSB and BC BH system does
- 

#### **Opportunities:**

- Public Relations (PR)
- People & providers interested in developing housing
- Further increase MH & SUD services in local homeless shelters
- Attempt to address stigma reduction in new ways
- Expand CIT
- Support evidenced based practices more
- To do more in local BC prevention and addiction task forces
- DLA-20 global outcome measure
- Opiate Settlement Funds
- Do more with education
- Do more with professional relationships and consults
- Room to increase & improve our relationships with BC cities and municipalities
- Reach out to more underserved populations
- Improve annual budgeting process
- Better email system
- Improve our Board process to vet and endorse provider budgets and funding process
- Improve accuracy of provider budgets
- Have providers bill more Board funds vs. offer grants for billing
- To address inconsistencies with billings, reimbursements and oversight
- Improve equality and fairness in funding
- Better BH budget updates, oversight, and status over the fiscal year

#### **Threats:**

- Limited organizations promoting BH evidenced-based practices
- Current political climate
- We are vulnerable to variations in our local economy
- Property reevaluations & property tax increases that can compromise BH tax levy campaigns
- Inconsistencies with Federal Funds
- Drugs of choice becoming more dangerous (e.g. fentanyl)
- New trends in drug OD death highlighting increases in BC Hispanic and youth populations
- BH agencies in BC contesting Board practices
- The limitations of SAMHSA's National Registry of Evidenced-Based Practices & Programs (NREBPP's)



## **Appendix F**

### **Butler County NAMI SWOT Analysis**

**DATE: 5/4/23**

**NAME/GROUP NAME:** Berni Murray, Nancy Holtkamp, Rhonda Benson, & Benjamin Heroux

#### **Strengths:**

- The BCMHARSB funding of NAMI
- The support for CIT in the county
- Good partnership and relationship between NAMI and BCMHARSB in general
- Relationship between BC NAMI Director and BCMHARSB
- NAMI appreciate being housed in BCMHARSB Office
- Board commitment to advocacy for mental health
- Board openness to support mental health accessibility thru a quality hotline, hope line, text lines, and publications
- Board provides a venue for system providers to talk
- The support the Board provides for Beckett Springs Hospital
- Board provides subsidy to mental health agencies especially to support the indigent
- BCMHARSB does not understand what NAMI does
- Board offers CEU's to provider system and the public for trainings that are MH and addictions related

#### **Weaknesses:**

- Mental health providers seem to be the only ones who know the BCMHARSB and that the Community MH system exists
- The local community does not know what BCMHARSB does
- BCMHARSB may be too homogenous needing more diversity including more user of services on with more age diversity on the Board.
- Not enough votes in decent when the BCMHARSB does business
- BCMHARSB needs to understand and recognize more what NAMI does (e.g. CIT) and consider more funding to NAMI for it (Rhonda Benson does 2/3 to ¾ CIT work)
- Public transportation drivers need education on mental health and substance use
- Board doesn't recognize the PR work NAMI does for the BCMHARB
- 

#### **Opportunities:**

- To create a more diversified BCMHARSB
- BCMHARSB need to know more and educated on of what is going on in the local community
- BCMHARSB hearing more about what NAMI is doing
- Make MH and substance abuse programs and providers more visible to the public and community
- Redistribution of tasks for Board staff and ED
- Board should hire a new Receptionist with more strengths and pay more for this position

- To educate and sway the public of the costs and consequences of not having a good mental health system locally
- Public transportation drivers need education on mental health and substance use
- Hire a PR firm on MH and Substance use (focus on cost of not providing MH and Substance Abuse services)
- MH grant writing needs to increase
- To optimize and restructure the BCMHARSB process so the Board ED and the Board doesn't have to get involved in everything. Delegate more.

**Threats:**

- MH levy passage
- County officials do not really grasp what the BCMHARSB and community MH system needs
- MH is not a vote gatherer
- Not only getting the homeless off the streets but how to best treat them
- People not knowing the cost of mental health until it hits them in the pocket. They do know how it is costing them with (e.g.s jail, ER/ED's, hospitalizations)
- Cheaper to provide community MH and Substance Abuse services than put clients/patients in the hospital.
- By not working together politically in the county on MH issues
- The competition between MH providers is become a war
- What will happen when NAMI Director Rhonda Benson retires full-time work and goes part-time

## **Appendix G**

### **BC Stakeholder SWOT Analysis**

**DATE: 4/18/23**

NAME/GROUP NAME: Tim Myers – BC Juvenile Court, Julie Gilbert – BC Job & Family Services, Beth Race – Director of FCFC, Ellen Stollings – BCMHARSB, Krystal Tipton – President/CEO BC United Way

#### **Strengths:**

- Very Collaborative
- There are lots of providers in the BC BH system
- Very aware of the BCMARSB Staff and who to go to about a specific issue
- Board & BH system have a countywide scope and focus

#### **Weaknesses:**

- Don't think a lot of people know what the Board & BH system does in the county
- Large providers in the system but not much specialization which is needed
- More providers are needed for certain services
- More marketing about the Board & community BH services

#### **Opportunities:**

- Inform BC residents about BH services in the county by advertising about local BH services
- Work with local school systems to develop specialized services and programs as well as educate them on the continuum of care
- Work with law enforcement to educate on BH services and programming
- Identify outside/environmental MH space through collective community ventures to promote wellness efforts and support
- Collaborate more with ADAMHS Board to ADMAMHS Board to identify things

#### **Threats:**

- Ohio meeting state and federal statutes and programming requirements that undermine existing BC programming (e.g. 988, Ohio Rise)
- Not In My Back Yard (NIMBY)
- Too much state and federal regionalization (e.g. SW Collaborative in Ohio) in funding and programs that takes away from BC county individually focused needs
- Centralizing programs & services to large counties
- Grants especially the sustainability of those grants which typically happen with them
- Concerns about asking for new tax levy funds when property values and potential taxes are going up (e.g. current 24% state revaluation of properties)
- Complex needs of residents
- Workforce issues

## **Appendix H**

### **Family Children First Counseling (FCFC) SWOT Analysis**

**DATE: 5/3/23**

**NAME/GROUP NAME:** Damon Knoche (Boys and Girls Club – West Chester/Liberty Twp Ohio), Jen Rice (BCDD Board), Lisa Guliano (BCDD Board), Sharon (Care Source Manage Care Provider), Brandy Desenberg (New Path Child & Family Solutions), Melody Schurgast (Pause for Parents, Play for Kids), Scott Stephens (Big Brothers Big Sisters (BBBS)), Daniel McSwain (Pause for Parents, Play for Kids), Craig Knight (Ohio Department of Youth Services (ODYS))

**ATTENDANCE:** Voting Member Agencies Present (40 Agencies/45 People) 1. Big Brothers Big Sisters-Scott Stephens 2. Boys and Girls Club West Chester/Liberty-Damon Knoche 3. Butler Behavioral Health-Victoria Taylor 4. Butler County Board of DD-Lisa Guliano 5. Butler County Commissioners-Julie Gilbert 6. Butler County Educational Service Center-Early Childhood Programs-Suzanne Prescott and Shelley Walpe 7. Butler County Health District-Erik Balster and Erin Smiley 8. Butler County Job & Family Services-Shannon Glendon 9. Butler County Juvenile Court-Tim Myers 10. Butler County Mental Health & Addiction Recovery Board-Scott Rasmus and Ellen Stollings 11. Butler County United Way-Kim Whitton 12. Butler Tech-Michael Albrecht 13. Caring Community Collaborative (C3)- Lynda O'Connor 14. Catholic Charities-Pam Mortenson 15. Centerpoint Health-Jennifer Feldman and Neyssa Garica 16. Central Clinic/CDC-Jennifer Wlodarczyk 17. City of Middletown Health Department-Jackie Phillips Carter 18. Community Behavioral Health-Gillian Marksberry 19. Edge Teen Center-Melissa Rosser 20. Envision Partnership-Lori Higgins 21. Family Rep- Lindsay Brillhart 22. Family Rep- Chrystal Green 23. Family Rep-Kristen Groseclose 24. Family Rep-Becky Kremer 25. Family Rep-Dorothy McIntosh Shuemaker 26. Family Rep-Susan Runnion 27. Focus on Youth-Alicia Ajiboye 28. Lakota Local Schools-Terri Doerr 29. Legal Aid Society of Southwest Ohio- Jon Ford 30. Middletown City School-Suzanna Davis 31. Monroe Local Schools-Nancy Stratton 32. New Path-Brandy Desenberg 33. ODYS-Craig Knight 34. Parachute CASA-Tonya Buchanan 35. Pause-Dan McSwain and Melody Schugst 36. Safety Council of Southwestern Ohio-Kristy Duritsch 37. Support to Encourage Low Income Families (SELF)-Carie Schultz 38. Talawanda School District- Amy Macechko 39. WIC-Cindy Meale 40. YWCA of Hamilton- Wendy Waters Connell

#### **Strengths:**

- Great Board & Community collaboration
- Variety of behavioral health resources available in the county
- Shared funding for behavioral health (BH) programs and services
- Increases in school BH services
- BCMHARSB diversity
- Financial resource available for BH clients
- Wide variety of community partners to support BH
- Presence in the community
- School stepping up and bring services in
- Expertise among providers & on the Board including providing professional training
- Connections between agencies
- Southwest Ohio regional resources
- Shared funding/resources between agencies

**Weaknesses:**

- Need for crisis providers
- Need for countywide integrated strategic plan
- Difficulty to access services for a variety of reasons including the need for parent enrollment
- Waiting lists for services
- Housing/transportation needed including having BH services on transit lines
- Specialized services difficult to find
- Not enough frontline providers
- Low pay
- State funding concerns
- Tough working environments (e.g. hospitals)
- Lack of childhood providers
- Waitlists
- Trouble hiring staff
- Number of crisis providers available
- Stigma
- Housing (affordable, transitional, permanent supportive housing)

**Opportunities:**

- Crisis supports increasing but need more awareness of these (e.g. MRSS)
- Funding on need then on ability to pay
- Address people in the gap
- Take ownership of behavioral health issues
- Demand program & service quality
- Exam different languages needed for clients
- To give a voice to Butler County families on the BCMHARSB
- BCMHARSB has great financial reserves and needs to expand programming
- Increase prevention services
- Increase marketing in available BH resources & services
- Need to think creatively at how to address mental health issues (e.g. more triage and group services)
- Need to expand community knowledge of crisis intervention
- How we get people in the BH field?
- Advocate for social workers licensing with strategies that support the BH field
- Tutoring for Board licensing
- Licensure/Certification exams in different languages
- Collaborating with local/regional providers
- Develop community-wide goals or objectives that all agencies can take responsibility or develop actionable task/plans
- Explore how to develop a more emotionally healthy culture
- Increase communication and flexibility
- Creative problem solving thinking outside the box
- Internships/clinical rotations with Miami University & other universities

- Proactively collaborating with youth servicing organizations to reduce risk/provide early intervention

**Threats:**

- Proposed property value increases which will lead to property tax increase and undermine our mental health tax levies
- Funds being tax levy and grant based
- Early intervention for BH issues woefully under funded
- Ongoing staffing issues, increased need, and providers leaving the BH field including clinicians & case managers
- Process of restructuring the movement of funds
- Workforce – People leaving the BH field
- Challenges with licensing Boards including social workers, licensing/certification rests are too hard, bias

# **Appendix I**

## **Butler County Sheriff's Office SWOT Analysis**

### **DATE: 5/4/23**

**NAME/GROUP NAME:** Major Mike Craft, Warden Nick Fisher, Chief Anthony Dwyer, Vickie Barger, Lindsey Baker

#### **Strengths:**

- Very good relationship between BCMHARSB and Jail
- Work collaboratively between the Board and Jail continue to build on the process with flexibility, forward thinking, and use of telemedicine
- Board has been very supportive of addressing mental health and substance abuse needs of the jail
- Board funding to support the jail is implemented easily through the county auditor's office
- Very good communication between the Board and the BC jail
- The addition of Lindsey Baker and her position at the jail
- The new assessors positions at the jail who can focus on mental health and substance use more directly and informally
- The high level and quality of mental health and substance use programs, services, and providers in the BC jail when compared to other jails in the state

#### **Weaknesses:**

- The overall large amount of mental health issues are the jail
- The jail tries to at least stabilize inmates (mental health and substance use) because treatment may not be possible due to large numbers and the setting

#### **Opportunities:**

- The ability to constantly bounce ideas off of each other (BCMHARSB & BC Jail)
- To provide more mental health and substance abuse training for the new assessor position at the jail

#### **Threats:**

- Losing jail staff with mental health and substance abuse experience
- Workforce turnover and MH professionals leaving the BH field
- Mental health and substance abuse workforce needs in general
- Loss of mental health and substance abuse programming at the jail
- Loss of mental health levy funding
- Approximately 75% of jail inmate may have mental health and substance abuse so the demand for services are great
- If the high level and frequency of communication between the BC jail and Board is lost