OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

STRATEGIC PLAN 2021-2024

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Message from Director Lori Criss

When I consider the turbulence and uncertainty we've encountered over the last year, the idea of plotting a roadmap three years into the future seemed daunting. It is precisely because of these recent upheavals, however, that we need to be evermore intentional in our planning. As Ohio's behavioral health authority, we have been charged with providing statewide leadership of our publicly funded mental health and addiction system. This involves listening to the needs of Ohioans living with and recovering from mental illness and addiction, and to their family members. It requires full and equitable engagement of hundreds of organizations, including behavioral health providers and Boards, while welcoming in other systems including education, criminal justice, faith and community-based organizations, and health care to implement a public health approach to prevention, harm reduction, treatment, and recovery. It relies on the embodiment of our combined experiences to strengthen the foundation of our system of care.

When beginning to draft this plan, we relied heavily on the recommendations from Governor Mike DeWine's RecoveryOhio initiative. Governor DeWine challenged the RecoveryOhio Advisory Council to develop recommendations that provide a summary of the current state of Ohio's public health crisis and offer advice on the next steps needed to address it. The resulting priorities are clear: promoting parity legislation, developing a stronger workforce and data collection methods, fortifying prevention/treatment/recovery supports, leveraging harm reduction practices, dismantling the stigma that surrounds substance use disorder and mental illness, and focusing on populations that have experienced inequity in access to services, quality in care, and outcomes.

The other document we aligned with closely was the Ohio Minority Health Strike Force Blueprint. Governor DeWine launched this advisory group in August 2020 to remedy the disproportionate impact of COVID-19 on Ohioans of color. Once convened, the Strike Force acknowledged the roots of these behavioral health disparities run deep and require a steadfast commitment to eliminate racism, encourage diversity in the health workforce, and increase access to health care to members of Ohio's underrepresented communities.

The authors of OhioMHAS' strategic plan identified several key opportunities for growth and determined four strategic focus areas would be the means to address them:

Focus 1 - Drive innovation to ensure access to culturally responsive, trauma-informed prevention, treatment and recovery supports for Ohioans of all ages.
Focus 2 - Advance the development of policies that promote quality, accountability, efficiency and effectiveness.
Focus 3 - Strengthen and expand strategic collaborations and partnerships.
Focus 4 - Reinforce a strong internal organizational culture.

The focus areas, their related action steps, and your ongoing collaboration in this work will provide the direction necessary for OhioMHAS to fulfill its responsibilities to Ohioans and position itself on the leading edge of behavioral health. As we press on toward our goal of wellness, compasses set on innovation with an unwavering focus on the dignity and worth of each Ohioan, I am confident we will successfully navigate all manner of uncertainty to come. I am under no illusion that our efforts will be without challenge. But there is no other team I would trust more to bring a reimagined OhioMHAS vision clearly into view, no matter what challenges we face.

Sincerely,

Lori Criss

Lori Criss, Director

OVERVIEW OF THE AGENCY

Mission

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) exists to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

Vision

OhioMHAS strives to end suffering from mental illness, substance use disorders, and problem gambling for Ohioans of all ages, their families, and communities.

Values

The team at OhioMHAS strives to demonstrate our core values in our relationships with our constituents across the state, with our state sister agencies, and within our own department.

CONTRIBUTE AND COLLABORATE

Every team member must share their talents to produce the best results for our constituents. Leadership invites and encourages all to contribute, and staff takes responsibility for making contributions. We hold in high regard the perspective of youth, adults, and families with lived experience. We value the perspective of service providers responsible for delivering quality care and Boards in planning, evaluating, and financing local systems of care. We listen to each other and our constituents with attention. We speak and act with intention for the overall good.

SERVE COMPASSIONATELY

Staff are dependable and inclusive. We support our external and internal constituents through candid and respectful communication. We foster a work environment where staff are empowered to care for the populations and partners they serve with empathy. We are good stewards of public resources and trust.

DELIVER QUALITY

Staff are detail-oriented at all levels and in all responsibilities, responding to external and internal partners in a timely manner, meeting compliance and security standards, and sticking to deadlines. We seek feedback from customers, provide culturally appropriate services, and develop user-friendly products and processes. We use data to make decisions. We pursue innovation. We provide quality supervision to support the excellence of our team.

BE ACCOUNTABLE

Each member of the OhioMHAS team is responsive to emails/calls, meets deadlines, is reliable, takes responsibility, adheres to regulations, provides consistent measurement and evaluation of performances and programs, and accepts and provides constructive criticism to advance our mission, vision, and values.

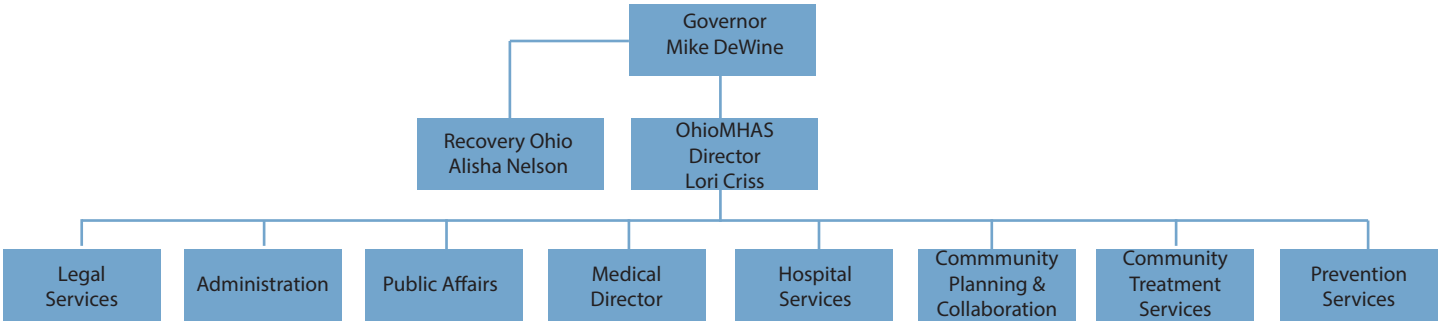
About OhioMHAS

Overview

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) was established in 2013 when the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health merged to become a single department. As a single state department, OhioMHAS is ensuring all Ohioans have access to mental health and substance use prevention, treatment, and recovery services in their homes, communities, and high-quality facilities.

What OhioMHAS Does

OhioMHAS is a cabinet-level state agency that facilitates planning, establishes policy, distributes funding, delivers services, and regulates providers. We operate six regional psychiatric hospitals with over 1,000 beds serving over 6,000 people each year. We also provide recovery services to over 17,000 men and women incarcerated with the Ohio Department of Rehabilitation and Correction each year, and we operate Ohio Pharmacy Services, which provides a diverse array of goods and services to state institutions and eligible community partners. We regulate over 2,000 mental health and addiction services providers statewide and protect the rights of those served by these organizations. We provide leadership to the behavioral health system of 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) boards and local prevention, treatment, and recovery support providers meeting the needs of Ohioans across the lifespan in local communities. Through the offices of OhioMHAS (see Appendix A), the responsibilities of the Department are carried out.



Responsibilities of OhioMHAS

- Support, regulate, and monitor local systems of care
- Provide quality inpatient services
- Develop strategies to promote mental health and prevent alcohol, drug, and gambling addiction
- Improve services to children/adolescents
- Improve linkages between the behavioral health and criminal justice systems
- Conduct research to address system priorities
- Provide training and technical assistance
- Procure pharmaceuticals for state-run and community-based entities
- Protect rights of people receiving services

Governor DeWine's Priorities and the State Health Improvement Plan

Helping Ohioans with mental health and substance use disorders is one of Governor DeWine's top priorities[1], and behavioral health continues to drive Ohio's public health agenda. While the prevention, treatment, and

1 For more information on Governor DeWine's initiatives, please visit https://governor.ohio.gov/wps/portal/gov/governor/priorities

recovery from behavioral health conditions comprises our Department's work for all of our constituents, the rest of state government is engaged in this work as well. Governor DeWine prioritized expanding prevention, early intervention, treatment, and recovery service capacity, expanding specialized dockets, building the behavioral health workforce, facilitating employment as a recovery support, and emphasizing the needs of children and families engaged in multiple systems. Our strategic plan incorporates these priorities, the RecoveryOhio recommendations, and the State Health Improvement Plan (SHIP). The recommendations from the RecoveryOhio Advisory Council are woven into our tactics for improving mental health and substance use prevention, treatment, and recovery support services in Ohio. The SHIP creates a focus for ending overdose death and suicides in Ohio.

In February of 2020, we partnered with the Ohio Suicide Prevention Foundation to launch Ohio's first ever Suicide Prevention Strategic Plan with the goal of not one more suicide in Ohio. In March, we began our work to address the surge of behavioral health issues related to the pandemic. In November, as part of the pandemic response, the DeWine Administration with leadership from our Department initiated the Overdose Strike Force to reverse the rising rates of overdose death in Ohio.

RECOVERY Ohio

OhioMHAS is a proud partner with Governor DeWine and his RecoveryOhio initiative. The RecoveryOhio goal is to make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the state's prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source.

Specifically, Ohio will:

- Reduce youth suicide deaths to 5.3 per every 100,000 (from 5.7 in 2018)
- Reduce adult suicide deaths to 17.7 per every 100,000 (from 19.3 in 2018)
- Reduce overdose deaths to 28.7 per 100,000 (from 34.1 in 2018) to meet the short-term target for 2022

The targets above were set before the COVID-19 pandemic, which is having an enormous impact on the mental health of all Ohioans. Among the devastation caused by the pandemic, Ohio is seeing growing rates of depression and anxiety and increased overdose deaths and suicidality. Our actions must be more strategic, more urgent, and more focused than ever.

We continue our committed work in:

- advancing Ohio's state psychiatric hospital system and the community-based services that help adults with serious mental illness sustain recovery;
- building a full continuum of response for Ohioans of all ages needing behavioral health crisis care;
- promoting recovery for criminal justice involved Ohioans;
- enhancing residential stability for people living with and recovering from mental illness and substance use disorders;
- expanding opportunities for early identification and intervention for mild, moderate, and severe illness;
- creating innovative, high-quality prevention services across the lifespan;
- ensuring equitable access to quality services; and
- building a workforce with increased capacity to meet the diverse needs of Ohioans with quality care.

2 For more information about OhioMHAS's state hospitals, please visit this website: https://mha.ohio.gov/Health-Professionals/State-Psychiatric-Hospitals

And through it all, the voice of people with experience living with and recovering from mental illness and substance use disorders must be central to our work. The Department's role is facilitative of local community planning and service implementation for equitable access, care, and outcomes. We are focused on quality, health, and safety. We seek to maximize partnerships in every community, because each of us plays an important role in creating healthy communities that are recovery-friendly for youth, families, and adults.

Under Director Lori Criss' leadership, OhioMHAS has prioritized strengthening relationships to collaboratively address the social determinants of health for Ohioans with behavioral health conditions. OhioMHAS has coordinated efforts with Governor DeWine's RecoveryOhio and Office of Children's Initiatives, state hospital collaborative regions, and ADAMH Boards across Ohio[3], to name a few.

In 2020, OhioMHAS provided leadership throughout the state while responding to a global pandemic, confronting racial inequities in behavioral health care, and planning for the long-term challenges and opportunities resulting from COVID-19. During this time, OhioMHAS contracted with independent strategy firm, Measurement Resources Company (MRC), to facilitate a comprehensive, data-driven strategic planning process.

> The resulting strategic plan serves as an actionable roadmap for the future direction of mental health and addiction services throughout the state of Ohio. This strategic plan is the first of its kind since the Department was formed in 2013.

Prevalence of Behavioral Health Issues in Ohio

Substance Use

The National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2019/2020) indicates there are 757,000 (7.7%) persons in Ohio with a Substance Use Disorder, and 353,000 (3.6%) of those reported illicit drug use in the past year. Fifty-two thousand (52,000) Ohioans aged 12 and older reported past year heroin use and 414,000 (4.5%) reported past year misuse of pain relievers. An estimated 88,000 Ohioans demonstrated past year pain reliever use disorder. The average prevalence of past-year opioid use disorder in Ohio was 1.45% of the population, or 142,000 people, which is higher than the national average. According to the 2017-2018 NSDUH over the past year 45,000 Ohioans 12 and older reported methamphetamine use, and 156,000 reported cocaine use. Five hundred and three thousand (503,000) Ohioans, or 5.1% of the population had a past-year alcohol use disorder.

In terms of substance use treatment, in a single-day count 66,296 Ohioans were enrolled in substance use treatment-an increase from 45,129 people in 2015. The number of individuals enrolled in substance use treatment in Ohio receiving Buprenorphine increased from 7,347 people in 2015 to 13,672 people in 2019. Survey estimates suggest that 271,000 (2.3%) Ohioans needed but did not receive treatment for illicit drugs.

Overdose Deaths

The Ohio Department of Health's (ODH, November 2020) published annual drug overdose report revealed that while the 2018 unintentional drug overdose death rate was the lowest since 2015, from 2018 to 2019, the overdose death rate increased by 6.4% to a rate of 36.4 deaths per 100,000 population, which is similar to the 2016 rate. Additionally, beginning in the second quarter of 2017, the number of unintentional overdose deaths began to decrease, and this trend continued into the first half of 2018. However, the number of deaths

3 For more information about the collaboration with ADAMH boards, please visit this website: https://mha.ohio.gov/Schools-and-Communities/ADAMH-Boards

began to increase in the second half of 2018, and 2019 deaths saw steady increases each quarter. The number of fentanyl-related overdose deaths increased 12.3% from 2018 to 2019, and fentanyl was involved in 76.2% of unintentional overdose deaths. The number of fentanyl deaths involving carfentanil increased 577.3% from 75 deaths in 2018 to 508 deaths in 2019. The percentage of deaths related to psychostimulants (e.g. methamphetamine) increased. In 2019, 20.5% of unintentional overdose deaths involved psychostimulants.

Mental Health

The National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2019/2020) indicates there are 2,043,388 persons, or 17.4% of the population with Any Mental Illness in Ohio. Of those, 798,000 (6.8%) persons in Ohio are diagnosed with a Serious Mental Illness. Among youth aged 12-17 in Ohio, the annual average percentage with a Major Depressive Episode in the past year increased from 8.1% between 2004-2007 and 14.6% between 2016-2019. Of these youth, only 46.5% (or 59,000) received care for their depression between 2016-2019. Young adults follow this same trend. Among young adults aged 18-25 in Ohio, the annual average percentage with a Serious Mental Illness (SMI) in the past year increased from 3.9% between the years 2008-2010 to 9.5% between the years 2017-2019. Young adults also saw a significant increase in serious thoughts of suicide between these same time periods. For young adults the annual average percentage with serious thoughts of suicide in the past year increased from 7.2% between 2008-2010 to 13.3% between the years 2017-2019. Mental health service use among adults has increased in the past 10 years, with 48.4% or 989,000 of those in need receiving mental health services.

Estimated Prevalence of Major Depression among Adults Ages 19-64 Following COVID-19

The COVID-19 pandemic has had a significant impact on the mental health of Ohioans. One study, the Ohio Medicaid Assessment Survey (2020), found that the proportion of respondents who screened positive for depression was between 14.2% and 17.5% in the weeks following the start of COVID-19 and dropped to between 10.3% and 15.3% in June through August 2020. By comparison, the estimated prevalence of major depression in the United States prior to the health crisis was 7.1%. In addition, 25.8% of respondents reported negative mental health or substance use effects and 28.1% of reported negative social effects due to the current COVID-19 health care crisis.

Suicide in Ohio

In Ohio, five people die by suicide every day, making it one of the leading causes of death across the state. In 2019, there were 1,809 suicides in Ohio, and the highest suicide rates were among adults 35-54 years old. The Ohio Department of Health (ODH) has multi-year evidence that suggests that over the past 12 years, Ohioans are at increasing risk of completing suicide. The rate of suicide among Ohioans has increased 42.66% between 2007 to 2019 (10.8 vs. 15.2 deaths per 100,000). Males are disproportionately more likely to die by suicide, and their rates are almost four times the rate of females. Youth suicides, those below the age of 24, rose 47% between 2007 and 2019. Suicides among youth aged 14 and below increased 300% during the same time-period. Access to lethal means remains a key feature of the suicide epidemic in Ohio, with 52% of all suicides being completed with firearms. While Ohio has seen increases in suicide in the past 12 years, efforts at reducing the availability of prescription opioids is making progress in reducing the number suicides completed because of drug overdose. Between 2010 and 2019, suicides by overdose has gone down by 51% for Ohioans.

STRATEGIC PLAN APPROACH

The ultimate goal of the OhioMHAS strategic plan is to increase impact, efficiency, and effectiveness related to mental health and addiction services for Ohioans. With this plan, OhioMHAS identified strategies designed to build on the success of current work and create new ways of thinking, working, and acting to further these goals. To achieve significant organizational change, OhioMHAS based its strategic planning process after Gleicher's Change model that suggests that for successful change to occur, dissatisfaction with the current state, a desired future vision, and the concrete first steps must be stronger than the natural resistance to change. Therefore, the strategic planning process incorporated input from both internal and external information sources to assess the current state of OhioMHAS to uncover opportunities for improvement and move toward a collaborative future vision. The figure below outlines the steps taken by OhioMHAS's leadership to develop the comprehensive strategy.

Strategic Planning Inputs

OhioMHAS's strategic plan is informed by an inclusive range of voices from community members, OhioMHAS partners, and OhioMHAS staff. In addition, secondary data was collected from OhioMHAS databases, the American Community Survey (ACS, U.S. Census data), and reports from other departments and agencies in Ohio. The strategic plan also incorporated results from focus groups conducted internally by OhioMHAS's Office of Quality, Planning and Research. Each office provided insights as to how they embody OhioMHAS's core values, descriptions of their office's core functions and key performance indicators, and how their work aligns to the RecoveryOhio recommendations (see Appendix B). The feedback was used to ground the strategic planning processes below.

SURVEYS

Nearly 500 surveys were completed by OhioMHAS staff, including hospital leadership and direct care staff. Survey participation rates by OhioMHAS role were 81% direct care, program and administrative support staff; 13% supervisor/manager staff; and 10% leadership, with some participants selecting more than one role.

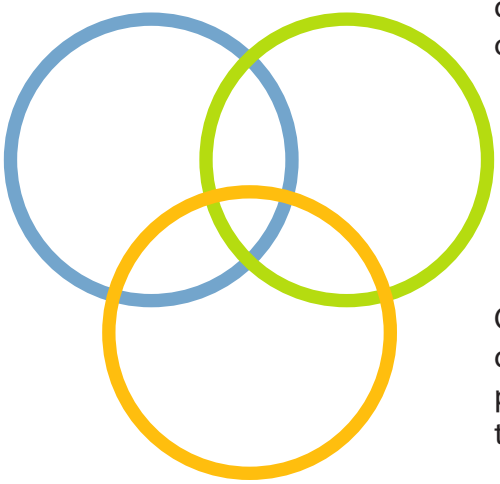
Nearly 200 surveys were completed by community partners (e.g., adults, youth, and families with lived experience of mental illness and addiction, service and support providers, funder/donor organizations, including ADAMH board members, employees from partnering agencies, advocacy organizations, and state or local administrators, policy makers or elected officials).

INTERVIEWS

Five focus groups were held in each state hospital region with people with lived experience in seeking and receiving mental health or addiction services.

Ten interviews were conducted with OhioMHAS leadership (e.g., director, deputy directors, assistant directors, and chiefs).

Eight interviews took place with executive directors/presidents of partner organizations.



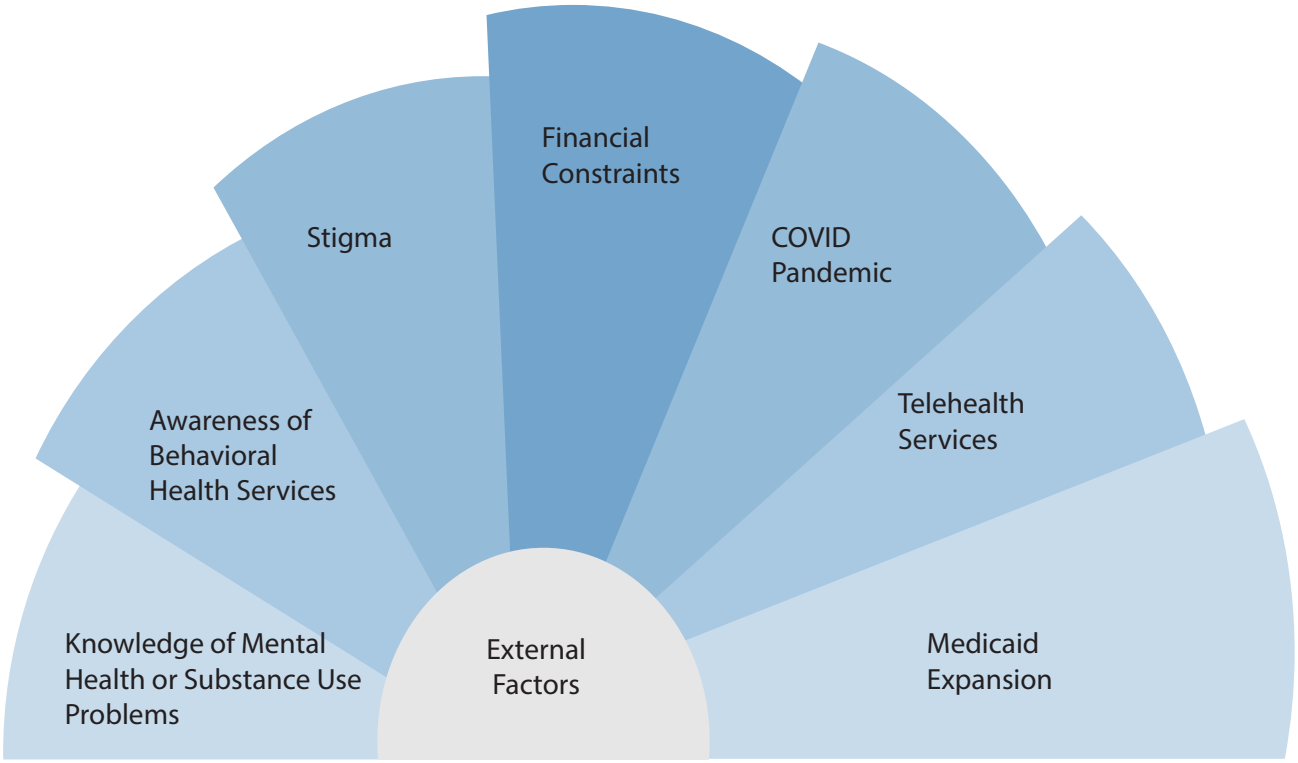
DATA

Ohio census and other secondary data sources were researched to provide perspective on state-level trends over time.

OhioMHAS leadership reviewed the themes identified from the variety of stakeholders to develop the 2021-2024 Strategic Plan. Through a series of meetings facilitated by MRC conducted virtually via the MS Teams platform, the senior staff reviewed the data and feedback from stakeholders to identify strategic focus areas, objectives, key performance indicators, and actionable next steps.

> This process resulted in an actionable three-year strategic plan grounded in data and co-created by OhioMHAS staff.

External Factors Affecting Behavioral Health Services



Knowledge of Mental Health or Substance Use Problems. Many are unaware of the signs and symptoms of mental illness or substance use disorders in self, friends, and loved ones.

Awareness of Behavioral Health Services. There is insufficient community knowledge of the availability of behavioral health and recovery support services.

Stigma. Stigma related to mental illnesses and substance use disorders contributes to Ohioans not seeking needed care.

Financial Constraints. Many Ohioans do not have the financial ability to pay for needed behavioral health services. Work continues on ensuring that insurance coverage for behavioral health treatment is equal to that of other medical services. Financing needed services at the state level can be difficult with federally-mandated funding requirements.

COVID Pandemic. The COVID pandemic has current and long-lasting impacts to the mental health and wellness of Ohioans.

Telehealth Services. Recent enhanced use of telehealth services due to the COVID pandemic has increased the ability of Ohioans to access and receive needed behavioral health services.

Medicaid Expansion. The expansion of Medicaid has enabled more Ohioans to access needed behavioral health services.

Cross-cutting Priorities

There are several priorities that cut across all strategic focus areas (SFAs). These priorities weave throughout all the work and phases of the implementation plan and are foundational to the work of OhioMHAS.

Health equity and cultural competency. Health equity and cultural competence in behavioral health services is about recognizing how culture affects our relationships and interactions and can directly influence the use of services. The state of Ohio has a commitment to addressing health equity and cultural competence in all behavioral health policies, programs, and services. Ohio's behavioral health system serves people from all backgrounds and understanding how different cultures interact with the behavioral health system is critical to improving access to services for minority populations. To determine whether all population groups in Ohio are getting access to needed behavioral health services, OhioMHAS regularly convenes the Disparities and Cultural Competence (DACC) workgroup. This workgroup is comprised of advocacy organizations, state and local health and social service agencies, and academics. The workgroup will monitor performance indicators and identifies gaps in the system that need to be addressed to better meet the needs of diverse populations and makes recommendations to remedy these issues. Additionally, OhioMHAS is in the process of developing a Behavioral Health Equity report that measures service provision by age, gender, and racial/ethnic groups to inform OhioMHAS' strategies for addressing disparities.

Communication and Collaboration. OhioMHAS collaborates with a wide variety of state and local government agencies, behavioral health providers, advocacy organizations, and service recipients to address the complex issues that face individuals who are suffering from mental health and substance use disorders. OhioMHAS cannot work alone to solve these multifaceted problems. At OhioMHAS we believe in the foundational principle that the whole is greater than the sum of its parts. The results of collaborative planning and action are larger and deeper than any single person, group, or organization can achieve on its own. OhioMHAS uses these vital collaborations in a variety of ways to effect system change, including:

1. Ensuring access to needed services
2. Planning and community feedback opportunities with constituents
3. Setting system priorities
4. Building an evidence-base for policy change
5. Improving existing services
6. Designing new services
7. Training and education to the field on evidence-based approaches

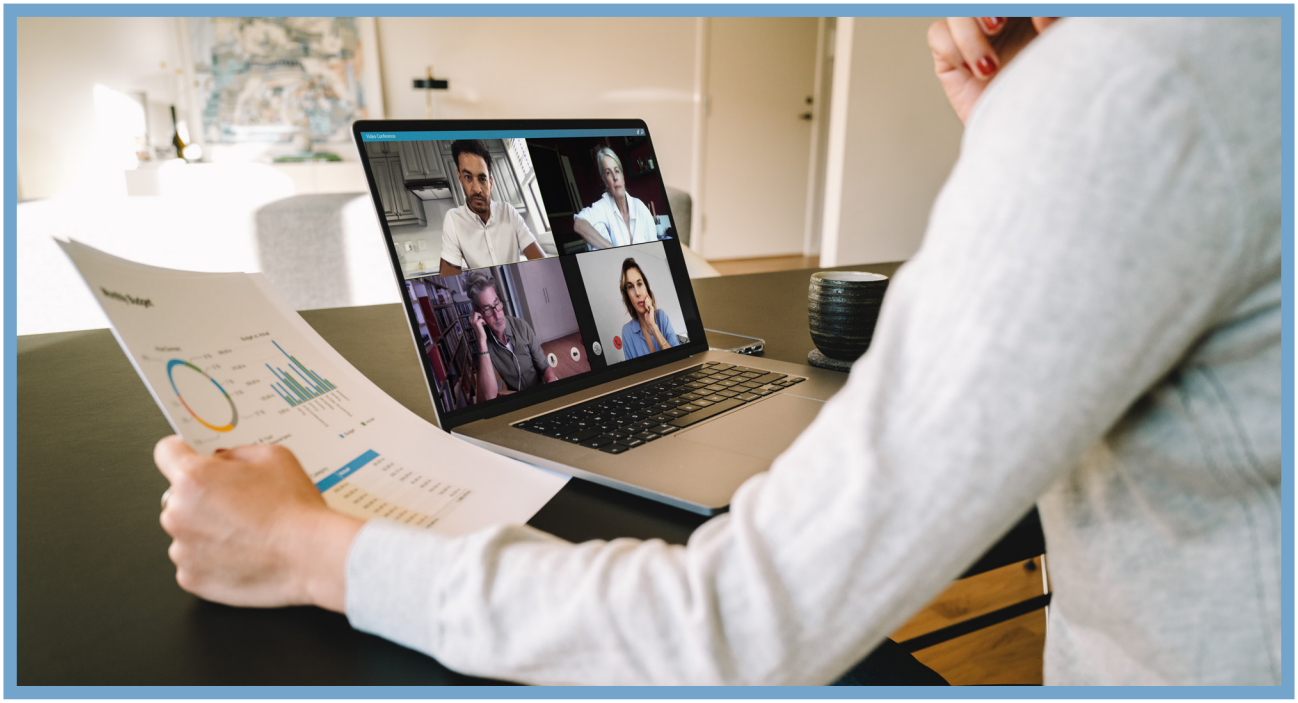
It is OhioMHAS' goal to listen to all voices in Ohio that want to improve the behavioral health services delivered to residents in need. This open communication model helps decision-makers understand the role that the state and local leaders can play in helping reduce disparities in care and improve access, use of services, and outcomes. OhioMHAS uses effective communication and collaboration to help create a culture that promotes a sense of collective responsibility regarding the behavioral health and wellness of all Ohioans.

Workforce Development. To ensure behavioral health services are readily available for generations to come, workforce development is a cornerstone of all the activities in this Strategic Plan. OhioMHAS, in partnership with RecoveryOhio, has initiated extensive workforce development activities that includes a needs assessment, developing a career path for the behavioral health field, continued work on implementing behavioral health parity, developing services to support workers experiencing secondary trauma, tuition reimbursement programs, training to support workforce excellence and retention, and more. OhioMHAS believes that Ohio's behavioral health system's largest asset is its workforce and is dedicated to improving the recruitment and retention of this vital resource.

Increased attention to mental health and substance use issues and their treatments has led to a need for a larger workforce that specializes in preventing and treating these disorders. While the increase in need for behavioral health services in Ohio has been met with more facility openings, workforce recruitment and retention has not kept pace. In fact, the Kaiser Family Foundation noted that Ohio is currently only meeting 53 percent of the state's current behavioral health need. There are a number of reasons for this shortfall. First, the workforce is aging and retiring. Leadership and middle management are retiring at high rates, taking with them valuable experience that needs to be shared with new generations of workers. Second, there is a lack of interest in younger generations to pursue careers in behavioral health. Lastly, there are long-standing issues in the behavioral health field with retaining qualified workers. The behavioral health field has had trouble retaining workers for several reasons, including being overtaxed by workloads, poor compensation that requires workers to hold more than one job to make ends meet, unclear career paths in the field for advancement, and secondary trauma.

Data collection and analysis. Data collection and analysis is integral to a well-functioning behavioral health system. In partnership with InnovateOhio and our behavioral health partners, Ohio's behavioral health system is becoming more data-driven. Collection, management, and analysis of high-quality data are essential to achieving OhioMHAS' strategic goals and fulfilling the agency's mission. Planning and programming efforts at the state and local levels are depending increasingly on accurate data collection and analysis to make timely decisions on life-saving services. Data can help detect service gaps, target interventions, identify issues surrounding health equity, and monitor program and system-level outcomes. In addition, data can be used to guide evidence-based planning and quality improvement efforts by clarifying goals to move successful collaborations forward and monitoring program quality to encourage improvement. Ultimately, effective use of data can create a picture of the behavioral health of all Ohioans, enabling organizations and individuals to engage in meaningful work to benefit those with mental health and substance use challenges.

On the following pages is an overview of the OhioMHAS 2021-2024 Strategic Plan. A full plan can be found in Appendix C.



Overview of Strategic Focus Areas

Cross-Cutting Priorities

- Health equity and cultural competency
- Communication and collaboration
- Workforce development
- Data collection and analysis

Strategic Focus Area 1

INNOVATION
Drive innovation to ensure access to culturally responsive, trauma-informed, prevention, treatment and recovery services for all ages.

STRATEGIC GOAL 1.1
Build workforce capacity to deliver quality care.

STRATEGIC GOAL 1.2
Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.

STRATEGIC GOAL 1.3
Increase the capacity for prevention, early identification and intervention, treatment and recovery supports.

STRATEGIC GOAL 1.4
Promote health equity by addressing social determinants of health in a variety of community and institutional settings.

Strategic Focus Area 2

COORDINATION
Advance the development of policies that promote quality accountability, efficiency and effectiveness.

STRATEGIC GOAL 2.1
Improve coordination of departmental policies and processes to promote efficiency and accountability.

Strategic Focus Area 3

COLLABORATION
Strengthen and expand strategic collaborations and partnerships.

STRATEGIC GOAL 3.1
Build a big tent for new and existing partners.

STRATEGIC GOAL 3.2
Provide leadership and direction to Ohio's behavioral health system.

STRATEGIC GOAL 3.3
Emphasize the importance of diversity and cultural competency throughout departmental activities.

Strategic Focus Area 4

CULTURE
Reinforce a strong internal organizational culture.

STRATEGIC GOAL 4.1
Recruit, retain and develop a diverse, competent and engaged workforce.

STRATEGIC GOAL 4.2
Embed opportunities for internal collaboration and innovation.

STRATEGIC GOAL 4.3
Develop a comprehensive data collection, analysis and usage framework.

STRATEGIC FOCUS AREA **1**

Strategic Focus Area Overview

To continue to lead Ohio's behavioral health system from a position of strength, OhioMHAS must continue to drive innovation to further develop and increase the state's workforce, enhance the capacity to provide services across the continuum for youth and adults and promote health equity system-wide by addressing the social determinants of health. Continuing to innovate in the areas of workforce development, capacity-building and addressing health equity, OhioMHAS can better position Ohio's behavioral health system to meet current and future challenges.

Having a highly trained, diverse and engaged workforce is critical to meeting the dynamic challenges of Ohio's behavioral health landscape. OhioMHAS will recruit and retain a talented and diverse staff and enhance training and development for the field so that skills and competencies are aligned with evolving needs.

To fully address the stressors of Ohio's behavioral health system, effort will be needed to increase the capacity to provide services across the full continuum of care including prevention, early intervention, treatment, recovery and peer supports. OhioMHAS must work to identify strategies for increasing mental health promotion, prevention, early identification and early intervention services for youth and adults.

Attention must also be provided to ensure that all resources are culturally appropriate to meet the diverse behavioral health needs of Ohioans. Services to and for minority populations must be provided by a workforce of their peers. OhioMHAS must lead in the development of strategies to improve health equity by addressing the social determinants of health.

To drive innovation across the behavioral health system, this strategic plan will address the following among others:

- Increase the number of licensed and credentialled clinicians and certified paraprofessionals in the BH workforce that include a priority on diverse populations.
- Expand treatment capacity for youth and early childhood mental wellness and access to substance use treatment to improve outcomes.
- Increase awareness and access to BH services for persons from minority communities to improve equity.

INNOVATION

Drive innovation to ensure access to culturally responsive, trauma-informed, prevention, treatment and recovery services for Ohioans of all ages.

STRATEGIC GOAL 1.1

Build workforce capacity to deliver quality care.

STRATEGIC GOAL 1.2

Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.

STRATEGIC GOAL 1.3

Increase the capacity for prevention, early identification and intervention, treatment and recovery supports.

STRATEGIC GOAL 1.4

Promote health equity by addressing social determinants of health in a variety of community and institutional settings.

ACTION ITEM 1.1.1a
Conduct a behavioral health care workforce needs assessment.

PERFORMANCE INDICATOR 1.1.1a
Number of new BH certified and/or licensed clinicians

PERFORMANCE INDICATOR 1.1.1c
Number of new certified prevention professionals

ACTION ITEMS INCLUDED IN SFA 1:

- Conduct a BH workforce needs assessment
- Expand the field of peer support specialists
- Expand partnerships across multi-system youth agencies
- Leverage resources to support local implementation of evidence-based prevention and promotion practices
- Expand distribution of early identification and intervention resources
- Create accountability measures related to the social determinants of health
- Increase awareness of BH services in minority communities

STRATEGIC GOAL 1.1. **Build workforce capacity to deliver quality care**

Strategic Objectives:

- *Increase the licensed and credentialed behavioral health workforce that includes a priority on diverse populations.*
- *Increase workforce competencies through training in evidenced based and promising best practices.*
- *Ensure trauma, harm reduction, and culturally competent principles are embedded into mental health and addiction prevention, treatment and recovery services and supports for youth and adults to improve behavioral health outcomes*

STRATEGIC GOAL 1.2. **Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.**

Strategic Objectives:

- *Expand treatment capacity for youth and early childhood mental wellness and access to substance use treatment to improve outcomes.*
- *Identify priority strategies for increasing mental health promotion, prevention, and early intervention services.*

ACTION ITEM 1.2.1a
Expand treatment capacity of youth and early childhood wellness and access to treatment.

PERFORMANCE INDICATOR 1.2.1a
Conduct an environmental scan of all youth-serving entities to identify opportunities for collaboration.

PERFORMANCE INDICATOR 1.2.
Create and expand distribution of early intervention resources to community partners.

STRATEGIC GOAL 1.3. **Increase the capacity for prevention, early identification and intervention, treatment, and recovery supports.**

Strategic Objectives:

- *Expand culturally appropriate resources and technical assistance for early identification and early intervention services of adults to improve access to treatment.*

STRATEGIC GOAL 1.4. **Promote health equity by addressing social determinants of health in a variety of community and institutional settings.**

Strategic Objectives:

- *Develop strategies to improve health equity and quality of life by addressing social determinant s of health.*
- *Increase the number of racially and culturally diverse community partners addressing social determinants of health to improve quality of services.*
- *Increase awareness and access to behavioral health services for persons from minority communities to improve equity.*
- *Increase awareness of parity-related rights and complaint processes among the provider and service recipient population.*

STRATEGIC FOCUS AREA **2**

COORDINATION

Advance the development of policies that promote quality, accountability, efficiency, and effectiveness.

Strategic Focus Area Overview

Coordination is the organization of the different activities of a complex entity to enable them to work together efficiently and effectively. To ensure that Ohio's behavioral health system is using all available resources in an efficient and effective manner, OhioMHAS will continue to improve internal coordination across all office areas. Increased coordination will help to improve the efficiency of operations by avoiding overlapping efforts and duplication of work and enabling the Department to make optimum use of all its resources including workforce (i.e. roles, skills, expertise) and available funding.

To achieve greater efficiencies, OhioMHAS will continue to streamline administrative processes. This coordination brings unity of direction, a team environment, and an understanding of a common purpose. This includes increasing policy and practice standardization where necessary to establish uniformity among the Regional Psychiatric Hospitals to strengthen the quality of the experience of care for patients, family, community, and staff.

OhioMHAS will enhance its internal communication strategy to provide new avenues for each office area to inform other areas of its work and to identify where connection and coordination can be established to improve unity of message, mission and resources.

To fully coordinate the efforts of each of the office areas, OhioMHAS will develop and implement a process to review policies in each area to ensure adherence with this strategic plan. This task will be managed by a policy governance council that will be charged with reviewing operational policies to identify areas for future coordination. A strategic plan review team will also be established to review and monitor Department-wide performance towards all strategic priorities.

Coordination will also include ensuring that available departmental funding will be targeted to the Department's identified priorities. This coordination will help maximize the reach and scope of prioritized programming efforts and ensure that future unobligated funding will be focused to meet current and future emerging community needs.

STRATEGIC GOAL 2.1

Improve coordination of departmental policies and processes to promote efficiency and accountability.

ACTION ITEM 2.1.1a
Increase policy and practice standardization among State Hospitals to support person-centered processes.

PERFORMANCE INDICATOR 2.1.1a
Number of processes and procedures standardized

PERFORMANCE INDICATOR 2.1.1b
Time between referral and hospital entry

ACTION ITEMS INCLUDED IN SFA 2:

- Increase policy and practice standardization
- Develop and implement a policy governance council to review internal/operational policies
- Develop and implement a Strategic Plan review team to monitor Department performance
- Increase policy and practice standardization among State Hospitals to support person-centered processes
- Increase communication and coordination among Department's office areas by developing an internal communications strategy

STRATEGIC GOAL 2.1. **Improve coordination of departmental policies and processes to promote efficiency and accountability to enhance customer service**

Strategic Objectives:

- *Promote efficiencies within Department operations to streamline administrative processes.*
- *Develop and implement a process to review policies in each office to align with the Strategic Plan.*
- *Coordinate comprehensive funding strategies.*

ACTION ITEM 2.1.3A
Conduct a behavioral health care workforce needs assessment.

PERFORMANCE INDICATOR 2.1.3a
Percent of budget going to strategic priorities

PERFORMANCE INDICATOR 2.1.3b
Number of funding strategies coordinated internally and externally

STRATEGIC FOCUS AREA **3**

COLLABORATION

Strengthen and expand strategic collaborations and partnerships.

Strategic Focus Area Overview

Collaboration. To provide valued leadership to Ohio's behavioral health system, OhioMHAS must continue to collaborate with state (e.g. Ohio Dept. of Rehabilitation and Corrections) and community partners to meet the needs of Ohioans with mental illness and substance use disorders. To ensure quality collaboration, OhioMHAS will work to build a big tent for both new and existing partners. By promoting stakeholder collaboration, key input will be received in the Department's ongoing work to identify priorities and establish actionable objectives to move the field forward. This will also allow for the building of coalitions with Recovery Community Organizations (RCOs) and Peer Recovery Organizations (PROs) and specific policy agendas.

Leadership. To provide effective leadership to the state's behavioral health system, OhioMHAS provides the field with direction that addresses the complexities inherent within the system. To identify this direction, the Department works in close collaboration with community partners to help establish best-practice standards and resources to better align services to current local needs. The Department continually evaluates Ohio's behavioral health continuum of services and directly supports local planning efforts through guidance and educational opportunities that inform how and where services may be needed.

Cultural Competency and Diversity. OhioMHAS values diversity and believes that all policies, programs, and initiatives should be viewed through a lens of cultural competence and health equity. OhioMHAS works with stakeholders and providers to ensure that the behavioral health system's personnel, policies, and services reflect the unique backgrounds of the populations we serve. In partnership with the ADAMH Boards and providers, OhioMHAS will continue to align all policies, programs, and funding opportunities with the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards) to assure that all persons receiving services in the behavioral health system receive equitable and effective treatment.

Understanding the importance of this work, evaluation of the current system will be needed to identify opportunities for future planning. This includes updating the work of the Diversity and Cultural Competency Advisory Committee and their efforts to update the current planning documents.

STRATEGIC GOAL 3.1

Build a big tent for new and existing partners.

STRATEGIC GOAL 3.2

Provide leadership and direction to Ohio's behavioral health system.

STRATEGIC GOAL 3.3

Emphasize the importance of diversity and cultural competency throughout departmental activities.

ACTION ITEM 3.2.1a
Coordinate with other state departments as behavioral health experts to support statewide coordination of services.

PERFORMANCE INDICATOR 3.2.1a	PERFORMANCE INDICATOR 3.2.21a
Number of collaborative projects across state departments	Number of projects coordinated with other state departments that increase the impact of services

ACTION ITEMS INCLUDED IN SFA 3:

- Implement feedback loops for experts in the field
- Develop legislative training opportunities
- Promote resources to target audiences
- Identify standards and best practices and include messaging for each office area
- Develop an integrated behavioral health information system (OBHIS)
- Complete assessments to determine capacity and identify gaps in service
- Increase the impact of educational opportunities

STRATEGIC GOAL 3.1. **Build a big tent for new and existing partners**

Strategic Objectives:

- *Promote stakeholder collaboration and input in Department priorities.*
- *Increase information sharing to multiple partners on key issues, to advance the work of the behavioral health system.*

STRATEGIC GOAL 3.2. **Provide leadership and direction to Ohio's behavioral health care system**

Strategic Objectives:

- *Strengthen collaborative partnerships with other state agencies to advance the work of the behavioral health system.*
- *Evaluate the behavioral health continuum to drive future planning.*
- *Work collaboratively with community partners to help establish best-practice standards and resources to better align behavioral health services.*
- *Support local planning efforts through guidance and educational opportunities.*
- *Work with state enterprise to include behavioral health outcomes in broader state initiatives.*

STRATEGIC GOAL 3.3. **Emphasize the importance of diversity and cultural competency throughout departmental activities**

Strategic Objectives:

- *Update the work of the Diversity and Cultural Competency Advisory Committee.*
- *Evaluate the current system and identify opportunities for future planning.*

ACTION ITEM 3.3.1b
Implement a new OhioMHAS Cultural and Linguistic Competency Plan.

PERFORMANCE INDICATOR 3.3.1a	PERFORMANCE INDICATOR 3.3.1b
2020 Strategic Vision updated	Number and percentage of the DACC recommendations implemented

STRATEGIC FOCUS AREA **4**

Strategic Focus Area Overview

Organizational culture is the underlying beliefs, assumptions, values and ways of interacting that contribute to the unique social and psychological environment of an organization. To continue to lead Ohio's behavioral health system from a position of purpose, OhioMHAS will continue to reinforce a strong internal organizational culture. The internal culture that OhioMHAS will build provides a framework through which all areas of the Department can lead with purpose and innovation with a shared emphasis on the priorities of inclusion, collaboration, communication and cultural competency.

Having a highly diverse and engaged workforce is critical to meeting the dynamic challenges of Ohio's behavioral health system. OhioMHAS plans to establish career development opportunities for staff and increase the diversity of the workforce at the Department. These opportunities will establish a strong support mechanism for staff advancement. Committing resources to increase diversity initiatives in staff recruiting and retention will emphasize the commitment of OhioMHAS to serving its diverse clientele.

To improve external communication and collaboration at both the state and community level, OhioMHAS must also work to strengthen the level of internal collaboration and communication among the office areas. Increasing the coordination and communication across the Department will also lead to the development of a more aligned set of external communication and collaboration strategies. Increasing staff connection across the Department will also provide a strong foundation for all departmental operations.

The implementation of any strategic priorities must have a strong evaluation component. The usage of outcome data is itself a reflection of an organization's data-driven culture. To continue to plan for the future of Ohio's behavioral health system, OhioMHAS is developing a comprehensive data and outcome usage framework in partnership with InnovateOhio to track the effectiveness of its operations and funded programs.

CULTURE

Reinforce a strong internal organizational culture.

STRATEGIC GOAL 4.1

Recruit, retain and develop a diverse, competent and engaged workforce.

STRATEGIC GOAL 4.2

Embed opportunities for internal collaboration and innovation.

STRATEGIC GOAL 4.3

Develop a comprehensive data collection, analysis and usage framework.

ACTION ITEM 4.3.2b
Embed data-driven decision-making practice expectations to promote innovation.

PERFORMANCE INDICATOR 4.3.2b
Utilization of external-facing data tools

PERFORMANCE INDICATOR 4.3.2c
Number and type of data tools completed and produced

ACTION ITEMS INCLUDED IN SFA 4:

- Create opportunities for employee development
- Commit resources to a range of diversity initiatives in recruiting and retention
- Develop cross-training opportunities between office areas
- Use feedback loops for experts in the field to assist with identification of priorities/policies
- Embed data-driven decision-making practice expectations to promote innovation
- Collaborate with partners to develop a set of standard behavioral health metrics

STRATEGIC GOAL 4.1. **Recruit, retain and develop a diverse, competent and engaged workforce**

Strategic Objectives:

- *Increase career development opportunities for Department Staff.*
- *Increase the diversity of the workforce at OhioMHAS.*

STRATEGIC GOAL 4.2. **Embed opportunities for internal collaboration and innovation**

Strategic Objectives:

- *Increase staff collaboration and connection within and between offices and bureaus to promote unity.*
- *Promote an increase in stakeholder collaboration and input in Department policies and priorities as a core component of the decision-making process.*

ACTION ITEM 4.2.2b
Develop process for training staff on utilizing feedback and inclusion.

PERFORMANCE INDICATOR 4.2.2a
Percentage of employees who are trained in collaboration and engagement strategies

PERFORMANCE INDICATOR 4.2.2b
Number of opportunities provided for feedback

STRATEGIC GOAL 4.3. **Develop a comprehensive data collection, analysis and usage framework**

Strategic Objectives:

- *Finalize and prioritize agency Information System portfolio and prioritize planned initiatives.*
- *Identify departmental data needs.*
- *Develop opportunities for staff to learn how to effectively use data in their work.*
- *Develop a shared measurement system across all mental health and addiction partners.*
- *Create a Community Plan process that is data-driven to assist with priority setting (local and state) and impact analysis.*

Appendix A. Offices of OhioMHAS

Administration provides Department-wide human resources services, financial management, information technology, capital and planning management, and works with and supports all customers. They are also responsible for the financial stability of Ohio Pharmacy Services (OPS). OPS serves state behavioral health hospitals, state correctional facilities, county health departments, community mental health and addiction agencies, free clinics, county jails, and non-profits throughout Ohio by providing centralized procurement and distribution services for pharmaceuticals, over-the-counter medications, medical supplies, and personal care products.

Legal and Regulatory Services provides in-house counsel, Pre-Admission Screening and Resident Review (PASRR) determinations, and helps providers meet Ohio requirements for the provision of mental health, alcohol and other drug (AoD) and residential services. These core functions include licensing private inpatient psychiatric hospitals; adult care facilities (ACFs), adult foster homes (AFoHs) and residential facilities; and certifications for community mental health and/or AoD providers and health homes.

Public Affairs coordinates and designs OhioMHAS press and media events, as well as legislative strategy development in coordination with other key agencies. Core functions include a strategic communications plan that upholds the OhioMHAS mission and the RecoveryOhio agenda; including, Behavioral Health Policy.

Community Planning and Collaboration assesses and improves the quality and effectiveness of behavioral health services and informs policy and resource allocation decisions through sound data collection and dissemination. This includes conducting quality improvement evaluation, community planning, and conducting applied research to strengthen the field of mental health and addiction services. Additionally, this office oversees the management of community grants including monitoring and reporting.

Community Treatment Services provides administrative leadership and project management of community based initiatives including substance use and mental health treatment, criminal justice, corrections recovery services, and services to support children, youth and families.

Hospital Services provides administration of the six state psychiatric hospitals. Each hospital offers comprehensive inpatient care and outpatient services in community-supported environments. Core functions include acute stabilization of psychiatric illnesses, forensic services, continuity of care, aftercare planning and community integration, psycho-education for those with addictions or substance abuse, and partnering with local ADAMH Boards, private hospitals and other community-based programs such as jails.

The Medical Director's Office is responsible for decisions relating to medical diagnosis, treatment, prevention, rehabilitation, quality assurance, and the clinical aspects of mental health and addiction services. This includes licensure of hospitals, and residential and outpatient facilities, research, community plans, and delivery of services. The Medical Director's office also serves as a clinical resource and partner to the field and subject matter experts within the Department. This includes providing advocacy, research and training and guiding best practices around cultural competency.

Prevention Services' core functions are focused on building capacity of community-based prevention programs around data, best practices in service delivery and collaboration. This includes conducting or facilitating assessments (e.g. Gambling Screening Brief Intervention and Referral to Treatment, provider satisfaction survey, community focus groups, etc.) providing administrative oversight of grants and contracts; engaging in community planning; developing trainings for the workforce and community members on prevention issues; conducting research and disseminating information and best practices to the community.

Appendix B. Alignment to Community Plans

The Strategic Plan is designed to align with other Governor priorities, two of which are RecoveryOhio and the Minority Health Strike Force. RecoveryOhio was initiated to address the increasing behavioral health needs of Ohioans, and the Minority Health Strike Force was launched to remedy the disproportionate impact of COVID-29 on Ohioans of color. Together, these initiatives provide important actionable objectives that will improve access to needed behavioral health services for those impacted by mental illness and substance use disorders. A crosswalk between these documents is provided below to show the equivalent elements that interface with the OhioMHAS strategic plan.

RecoveryOhio Recommendation groups:

Stigma and Education (Strategic Focus Areas 1, 3, 4)

1. A statewide public education campaign to end stigma
2. Media outreach
3. Professional Training Opportunities
4. Involving the citizen workforce

Parity (Strategic Focus Areas 1)

5. Alignment with the mental health parity and addiction equity act
6. State parity coordination and enforcement
7. Parity education and training

Workforce Development (Strategic Focus Areas 1, 3)

8. A workforce needs assessment
9. Creation of a regulatory and financing structure that supports workforce equity with other parts of health care and between addiction and mental health specialties
10. Establishment of a career path to the behavioral health field
11. Expanding the workforce through financial support for the education and training of critical specialists
12. Supporting and retaining the existing workforce
13. Increasing the number of prevention specialists
14. Promoting cultural competence
15. Teaching non-specialists to respond and provide needed support
16. Supporting and expanding the role of peer support specialists
17. Using technology to expand access to care in underserved areas
18. Attracting more child mental health specialists

Prevention (Strategic Focus Areas 1, 2, 3)

19. School and community surveys
20. Statewide prevention coordination
21. Coordinating funding to improve sustainability, efficiency, and effectiveness of investments
22. Community coalitions
23. K-12 Prevention Education
24. Before- and After-school programs
25. Prevention across the lifespan
26. Drug-free workplace programs
27. Suicide prevention
28. Expanding law enforcement's role
29. Community prevention strategies

Harm Reduction

30. Exploring evidence-based harm reduction
31. Promoting harm reduction
32. Increasing naloxone availability

Treatment and Recovery Supports (Strategic Focus Areas 1, 3, 4)

Early intervention

33. Enhancing early intervention trainin
34. Increasing the use of standardized screening tools for early identification and intervention
35. OhioSTART

Crisis supports

36. Exploring crisis infrastructure models
37. Hospital engagement
38. A review of civil commitment
39. Streamlining information sharing to ease collaboration and improve care

Treatment

40. Focus on diversity
41. Supporting a full continuum of care
42. Promoting levels of care determination and treatment recommendations
43. Telemedicine
44. Using medication to treat addiction
45. Improved access to medication to treat mental illness and addiction
46. Alternative pain therapies

Recovery support

47. A housing plan
48. Recovery-friendly communities and workplaces
49. Focusing on employment
50. Engaging the faith community
51. Reducing transportation barriers
52. Greater mental health advocacy
53. Strategies for human trafficking survivors
54. Support for families

Specialty Populations (Strategic Focus Areas 1, 3, 4)

Individuals involved in the criminal justice system

55. Criminal justice reform
56. Decreasing the supply of drugs
57. Alternatives to incarceration
58. Specialty courts
59. Competency restoration
60. Treatment while incarcerated
61. More programs for incarcerated women
62. Attention to re-entry and reintegration

Youths

63. Looking at the needs of youths and families
64. Focusing on juvenile justice
65. Examining crisis services
66. Concentrating on foster care and child welfare
67. Providing a full continuum of care for Ohio's Children, Youths, and Young Adults
68. Focusing on organizations for Youths
69. Meeting the respite and support needs of families

Other specialty populations

70. Expanding services for seniors
71. More treatment options for people with eating disorders
72. Greater support for first responders

Data Measurement and System Linkage (Strategic Focus Areas 3, 4)

73. Data coordination and sharing for planning and care coordination
74. Measuring Outcomes
75. Setting Up a Satisfaction Survey

Minority Health Strike Force Alignment

Dismantling Racism to Advance Health Equity (Strategic Focus Area 1)

1. Acknowledge racism as a public health crisis and commit to swift action to dismantle racism, which is a driving force of the social determinants of health.
2. Apply a health equity lens to policy
3. Ensure equitable representation of Ohioans of color in government and private sector leadership
4. Develop community understanding, health literacy, and trust
5. Require cross-sector cultural and linguistic competency and implicit bias trainings
6. Develop cultural competency and language access plans
7. Develop a plan for future emergency response efforts

Health Care and Public Health (Strategic Focus Areas 1, 2, 3)

Reduce discrimination and increase diversity in the health workforce

8. Recruit and retain people of color in health professions
9. Consider internal reviews as a tool to address racism and other discrimination in health care
10. Expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in trauma-informed practices
11. Consider and seek out sustainable funding sources to community-based health initiatives

Increase access to health care

12. Bolster health insurance enrollment support
13. Integrate behavioral health into primary care

Social and Economic Environment (Strategic Focus Areas 1, 3)

Improve access to high-quality education

14. Strengthen early childhood education
15. Ensure K-12 chronic absenteeism reduction efforts meet the needs of children of color
16. Build pathways to higher education

Reduce poverty and increase investment and employment

17. Consider the implementation of one or more of the poverty-reduction strategies from the 2020-2022 State Health Improvement Plan (SHIP)
18. Encourage nonprofit hospitals in high-poverty communities to make 'place-based' investments and implement inclusive local hiring, purchasing, and vendor contracting practices

Improve working conditions

19. Enhance job connections and workplace protections for essential workers by linking people of color to job training and other employment supports.

Decrease arrest and incarceration rates

20. Develop a health and criminal justice partnership
21. Reform law enforcement practices
22. Collect and report consistent, disaggregated police and court data

Physical Environment (Strategic Focus Area 3)

Increase safe and affordable housing

23. Review the number of Ohioans in congregate settings
24. Implement services and policies to prevent eviction
25. Continue support of the Ohio Housing Trust Fund

Increase access to transportation

26. Improve access to public transportation

Decrease the digital divide

27. Explore options to expand broadband funding to ensure that Ohioans of color have sufficient internet access and bandwidth for education and telehealth activities.

Data, Implementation, and Accountability (Strategic Focus Areas 1, 3, 4)

28. Improve data collection and reporting
29. Increase public access to data and support research
30. Build organizational capacity
31. Develop dashboards to monitor inequities and disparities
32. Consider the need for sufficient samples to identify disparities in groups with small population sizes
33. Implement the blueprint and interim report and monitor success

State Health improvement plan equity objectives

34. Strengthen cross-agency implementation of SHIP and monitor success

Appendix C. Strategic Action Plan

Strategic Focus Area 1: Drive innovation to ensure access to culturally responsive, trauma-informed, prevention, treatment and recovery services for all ages.			
Goal 1.1: Build workforce capacity to deliver quality care.			
2024 Objectives Strategies to meet the goal	**Increase the licensed and credentialed behavioral health workforce that includes a priority on diverse populations.**	**Increase workforce competencies through training in evidenced based and promising best practices .**	**Ensure trauma and culturally competent principles are embedded into mental health and addiction prevention, treatment and recovery services and supports for youth and adults to improve behavioral health outcomes.**
Action Items How to meet the strategies	a. Conduct a behavioral health care workforce needs assessment. b. Create career paths and resources for behavioral health workforce. c. Expand the field of peer support specialists to include youth and parent peer supporters. d. Develop strategies for recruitment and engagement of behavioral health workforce. (Tuition reimbursement, internships, etc.) e. Increase number culturally diverse licensed credentialled behavioral health workforce.	a. Develop Centers of Excellence (CJ, MI/DD and future Multi-system Behavioral Health) to build service capacity. COE functions include training and technical assistance to support best practices and person-centered care and build sustainability for the full continuum of care of behavioral health services. b. Explore development of COE to support prevention and community capacity-building efforts. c. Monitor to ensure fidelity to the model. d. Implementation of interagency contract for CCOE services. e. Create and promote training opportunities to inform partners on the Department's priorities. (Forensic services, CJ, Housing, etc.) f. Expand training opportunities for peer support specialists. g. Measure the percentage of increase in improvement in the understanding of the training content by conducting a before and after each training. h. Promote and provide quality improvement training opportunities in the area of Project Management, Six Sigma and Lean processes for Department and community partners.	a. Annual development of multi-system TIC strategic/Annual plan. b. Develop and promote racial/health literacy training opportunities. c. Develop a COi tool that measures the frequency, quality and quantity of services and satisfaction for continuous quality improvement. d. Develop a strategy to implement the CLAS Standards in behavioral health settings.
Outcomes/KPIs Measure Success	• Number of new behavioral health certified and/or licensed clinicians • Number of certified paraprofessionals, peer supporters • Number of new certified prevention professionals • Career pathways created and distributed • Measure the increase in diversity of the behavioral health workforce	• Number of agencies receiving services • Rate of utilization of evidenced based fidelity measurement tools • Percent of training attendees who report improved understanding of the training content • Percent of training attendees who report being able to apply what they learned to their work	• The number of TIC train the trainer trainings conducted • Implementation of a multi-system TIC strategic plan • Improve clients' perceptions of their experience and satisfaction with services • Number of agencies that have implemented the CLAS standards

Strategic Focus Area 1: Drive innovation to ensure access to culturally and trauma-competent, prevention, treatment and recovery services and supports for Ohioans of all ages.		
Goal 1.2: Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.		
2024 Objectives Strategies to meet the goal	**Expand treatment capacity for youth and early childhood mental wellness and access to substance use treatment to improve outcomes.**	**Identify priority strategies for increasing mental health promotion, prevention, and early intervention services.**
Action Items How to meet the strategies	a. Conduct an environmental scan of all youth serving entities to identify opportunities for collaboration and improvement. b. Increase the number of youth that are retained in the state receiving treatment through increasing the availability of appropriate services and supports for youth in the state of Ohio. c. Create and expand distribution of early intervention resources to primary care, education, community and faith-based partners. d. Expand collaborative partnerships across multi system youth agencies to achieve improvement in access to services, quality of services and positive client outcomes. e. Include in the Board community plan the requirement to conduct an environmental scan of community collaboration and partnerships for both adults and youth. f. Increase resiliency and social emotional developmental opportunities.	a. Leverage resources to support local implementation of evidence-based prevention and mental health promotion practices. b. Provide training, technical assistance and coaching to support comprehensive prevention programs, policies and practices.
Outcomes/KPIs Measure Success	• Increase the number of youth that are receiving treatment in Ohio • Number of effective collaborations and partnerships providing necessary services to children and youth	• Number and type of evidence-based prevention and mental health promotion practices implemented • Number of trainings and technical assistance provided related to prevention programs, polices, and practices

Strategic Focus Area 1: Drive innovation to ensure access to culturally and trauma-competent, prevention, treatment and recovery services and supports for Ohioans of all ages.	
Goal 1.3: Increase the capacity for prevention, early identification and intervention, treatment and recovery supports.	
2024 Objectives Strategies to meet the goal	**Expand culturally appropriate resources and technical assistance for early identification and early intervention services of adults to improve access to treatment.**
Action Items How to meet the strategies	a. Create and expand distribution of early identification and early intervention resources. b. Expand the availability of culturally appropriate resources and services including technical assistance and training that includes stigma reduction content across targeted and underrepresented populations. c. Increase evidenced based and promising best practices training on early identification and early intervention practices and strategies. d. Measure the percentage of increase in improvement in the understanding of the training content by conducting a before and after each training
Outcomes/KPIs Measure Success	• Number and type of early identification and intervention resources which that reflect the population of the community that are underrepresented and in need of services audiences/populations • Percent of training attendees who report improved understanding of the training content • Number of agencies incorporating CLAS standards

Strategic Focus Area 1: Drive innovation to ensure access to culturally and trauma-competent, prevention, treatment and recovery services and supports for Ohioans of all ages.				
Goal 1.4: Promote health equity by addressing social determinants of health in a variety of community and institutional settings.				
2024 Objectives Strategies to meet the goal	**Develop strategies to improve health equity and quality of life by addressing social determinants of health.**	**Increase the number of racially and culturally diverse community partners addressing social determinants of health to improve quality of services.**	**Increase awareness and access to behavioral health services for persons from minority communities to improve equity.**	**Increase awareness of Parity related rights and complaint processes among the provider and consumer populations.**
Action Items How to meet the strategies	a. Educate the Department and behavioral health system on the barriers and opportunities to better understand health equity to address complex social needs. b. Create trainings and accountability measures related to social determinants of health around employment, housing, education, social supports/coping skills, healthy behaviors, and race, gender, and culture. c. Measure the percentage of increase in improvement in the understanding of the training content by conducting a before and after each training. d. Develop a housing plan to address the needs of individuals with mental health and substance use disorders to obtain safe, secure housing. e. Collaborate with other state systems to enhance employment, skill development, access and training by increasing a focus on benefits planners and employment planners. f. Build capacity for communities to apply community-based processes that address social determinants of health and health equity, resulting in collective impacts across the continuum.	a. Reconvene the Disparities and Cultural Competence (DACC) Committee. b. The DACC Committee to review the 2020 Strategic Vision and make recommendations for revision. c. Implement a new OhioMHAS Cultural and Linguistic Competency Plan.	a. Increase awareness of behavioral health services in minority communities (e.g. crisis stabilization services) . b. Expand to a culturally competent Screening, Brief Intervention and Referral to Treatment in health centers across Ohio. c. Expand to develop a culturally competent Trauma Informed Care training targeted to underrepresented communities. d. Align DACC strategies to recommendations of Governor's Minority Health Task Force. e. Develop a plan to measure client retention f. Create and implement a communication plan aimed at reducing stigma and sharing the availability of trauma and culturally competent services.	a. Implement a broad coverage rights campaign for general population, and service recipients. b. Train ODI, OhioMHAS, and OhioMHAS contractor call center staff to identify and document parity complaints. c. Analyze parity complaint data and develop specific case studies. d. Offer training to provider community on how to advocate for patients and navigate the complaint process. e. Offer training to patients, patient advocates, and families on parity rights and how to navigate the complaint process.
Outcomes/KPIs Measure Success	• Percent of training attendees who report improved understanding of the training content • Increase demographics of coalitions • Implementation of housing plan • Increase the number of benefit planners and employment specialists in the behavioral health system	• Number of DACC recommendations implemented by community partners addressing social determinants of health	• Number of SBIRT screening completed in the minority communities and referrals made • Measure the reach of the communications plan (analytics of plan) • Number of TIC trainings hosted • Retention rates of clients	• Number of parity related complaints and inquiries to ODI and OhioMHAS

Strategic Focus Area 2: Advance the development of policies that promote quality, accountability, efficiency, and effectiveness.			
Goal 2.1: Improve coordination of departmental policies and processes to promote efficiency and accountability to enhance customer service			
2024 Objectives Strategies to meet the goal	**Promote efficiencies within Department operations to streamline administrative processes.**	**Develop and implement a process to review policies in each office to align with the Strategic Plan.**	**Coordinate comprehensive funding strategies**
Action Items How to meet the strategies	a. Increase policy and practice standardization among State Hospitals to support person-centered processes. b. Increase policy and practice standardization amount departmental offices that support efficiencies. c. Increase communication and coordination among Department's office areas by developing an internal communications strategy.	a. Develop and implement a policy governance council to review internal/operational policies. b. Develop and implement a Strategic Plan review team to monitor department performance.	a. Create a coordinated funding model that reflects departmental priorities and community needs. b. Collaborate with national learning communities to learn about alternative reimbursement and funding models. c. Development of new funding methodology.
Outcomes/KPIs Measure Success	• Number of processes and procedures standardized • Time between referral and hospital entry and time between hospital exit and community connection • Increased collaboration between offices as evidenced through collaboration survey	• Number of policies implemented or modified as recommended by Governance Council • Percent of policies that realized identified impact goals (impact surveys)	• Percent of budget going to strategic priorities • Percentage of budget addressing community needs as identified in collaboration sessions. • Number of funding strategies coordinated internally and externally

Strategic Focus Area 3: Strengthen and expand strategic collaborations and partnerships		
Goal 3.1: Build a big tent for new and existing partners.		
2024 Objectives Strategies to meet the goal	**Promote stakeholder collaboration and input in Department priorities.**	**Increase information sharing to multiple partners on key issues, to advance the work of the behavioral health system (building coalitions around specific policy agendas)**
Action Items How to meet the strategies	a. Implement feedback loops for experts in the field to assist with identification of priorities/policies. b. Implement stakeholder listening sessions including individuals with lived experience.	a. Engage with OhioMHAS experts (program offices), stakeholders, Gov's office and legislature to identify emerging key issues. b. Develop of policy papers on key issues. c. Develop legislative brief documents. d. Develop legislative trainingopportunities. e. Promote resources to target audiences. f. Identify standards and best practices and include messaging for each office area. g. Develop social media and other collateral to build support key issues in provider and service recipient communities.
Outcomes/KPIs Measure Success	• Number of stakeholder outreach opportunities to include voices of service recipients • Number and of new partnerships • Diversity of new partnerships	• Growth in content of the Key Issues web page • Number of successful policy gains (new or updated rules, laws and funding) for key issues

Strategic Focus Area 3: Strengthen and expand strategic collaborations and partnerships					
Goal 3.2: Provide leadership and direction to Ohio's behavioral healthcare system.					
2024 Objectives Strategies to meet the goal	**Strengthen collaborative partnerships with other state agencies to advance the work of the behavioral health system.**	**Evaluate the behavioral health continuum to drive future planning.**	**Work collaboratively with community partners to help establish best-practice standards and resources to better align behavioral health services.**	**Support local planning efforts through guidance and educational opportunities.**	**Work with State Enterprise to include behavioral health outcomes in broader state initiatives.**
Action Items How to meet the strategies	a. Coordinate with other state departments as behavioral health experts to support statewide coordination of services. b. Coordinate with other state departments to support shared goals.	a. Develop a robust system mapping framework identifying Ohio's services and supports. b. Develop an integrated behavioral health information system. (OBHIS) c. Complete assessments to determine capacity and identify gaps in services. (point-in-time count, psychiatric bed registry) d. Develop strategies and priorities that target supporting a full continuum of services based on the results of the assessments. e. Support the creation of training for those with lived experience on how to advocate and collaborate with state and federal government to improve inclusion, collaboration and partnership.	a. Complete process with OOH to align the community needs assessment requirements of the local health districts and hospitals and the ADAMH Community Plan. b. Establish standard Collective Impact best practices among stakeholders. c. Continue to utilize the Planning Council to assist with MH/SAPT Block Grant planning.	a. Increase the impact of educational opportunities. (crisis academies, conferences, etc.) b. Offer technical assistance with development and implementation of **ADAMH** Boards strategic planning.	a. Identify alignment with RecoveryOhio recommendation. b. Identify alignment with Minority Strike Force recommendations. c. Identify alignment with Innovation Ohio priorities. d. Collaborate with OOH to identify any behavioral health priorities in future versions of the SHIP.
Outcomes/KPIs Measure Success	• Number of collaborative projects across state departments • Number of projects coordinated with other state departments that increase the impact of services	• Creation of mapping of the system. • Point-in-time count completed and mapped • Bed registry completed and implemented • Submission of strategies/recommendations based on assessments • Training created for those with lived experience	• Rate of improvement of SHIP behavioral health indicators • Achieve and maintain perceptions of shared goals among the statewide behavioral health network • Number of recommendations implemented from the Planning Council	• Percentage of training/technical assistance recipients who report the training or technical assistance met the desired learning objectives • Percentage of trainees demonstrating competencies gained through assessment	• Number of recommendations implemented • Creation of crosswalks via impacted office areas

Strategic Focus Area: Strengthen and expand strategic collaborations and partnerships		
Goal 3.3: Emphasize the importance of diversity and cultural competency throughout departmental activities.		
2024 Objectives Strategies to meet the goal	**Update the work of the Diversity and Cultural Competency Advisory Committee.**	**Evaluate the current system and identify opportunities for future planning.**
Action Items How to meet the strategies	a. The DACC Committee to review the 2020 Strategic Vision and make recommendations for revision. b. Implement a new OhioMHAS Cultural and Linguistic Competency Plan.	a. Hire a diversity consultant. b. Develop a Diversity and Cultural Competency Plan.
Outcomes/KPIs Measure Success	• 2020 Strategic Vision updated • Number and percentage of the DACC recommendations implemented	• Number of consultant recommendations implemented • Percentage of implementation plan strategies completed

Strategic Focus Area 4: Reinforce a strong internal organizational culture.		
Goal 4.1: Recruit, retain and develop a diverse, competent and engaged workforce.		
2024 Objectives Strategies to meet the goal	**Increase career development opportunities for Department Staff.**	**Increase the diversity of the workforce at OhioMHAS.**
Action Items How to meet the strategies	a. Create opportunities for employee development (e.g., training, job shadowing, career growth pipeline, cross-training, information sharing). b. Establish a support mechanism for aligning staff assignments to their skills.	a. Commit resources to a range of diversity initiatives in recruiting, and retention. b. Explore hiring a Diversity and Inclusion staff member in HR.
Outcomes/KPIs Measure Success	• Percentage of employees who take advantage of opportunities for development	• Number and type of diversity initiatives with committed resources • Diversity of staff

Strategic Focus Area 4: Reinforce a strong internal organizational culture.		
Goal 4.2: Embed opportunities for internal collaboration and innovation.		
2024 Objectives Strategies to meet the goal	**Increase staff collaboration and connection within and between offices and bureaus to promote unity.**	**Promote an increase in stakeholder collaboration and input in Department policies and priorities as a core component of the decision-making process.**
Action Items How to meet the strategies	a. Develop a staff recognition and morale committee to encourage staff gatherings, celebrate achievements and exchange ideas. b. Develop cross-training opportunities between office areas. (brown bag with the Director, lunch and learns, webinars, etc.) c. Provide a mechanism for feedback on Departmental operations.	a. Utilize feedback loops for experts in the field to assist with identification of priorities/policies. b. Develop process for training staff on utilizing feedback and inclusion (stakeholder calls, etc.) c. Develop stakeholder listening sessions including individuals with lived experience and identify any recommendations provided.
Outcomes/KPIs Measure Success	• Percentage of employees who engage in collaboration and development opportunities • Number or morale-building events provided	• Percentage of employees who are trained in collaboration and engagement strategies • Number of opportunities provided for feedback

Strategic Focus Area 4: Reinforce a strong internal organizational culture.					
Goal 4.3: Develop a comprehensive data collection, analysis and usage framework.					
2024 Objectives Strategies to meet the goal	**Finalize and prioritize agency IS portfolio and prioritize planned initiatives (LACTS, EHR, GFMS).**	**Identify departmental data needs.**	**Develop opportunities for staff to learn how to effectively use data in their work.**	**Develop a shared measurement system across all mental health and addiction partners.**	**Create a Community Plan process that is data-driven to assist with priority setting (local and state) and impact analysis.**
Action Items How to meet the strategies	a. Create and implement Governance Plan. b. Create a technology upgrade plan. c. Develop Business Continuity Plan. d. Develop and execute Disaster Recovery Plan and RTO. e. Complete and deliver IT Strategic Plan for 22-23	a. Re-establish a Data Management Committee. b. Embed data-driven decision-making practice expectations to promote innovation. c. Development of external-facing data tools. (e.g., fully implemented OBHIS, dashboards, LACTS, etc.) d. Create an inventory of data assets and need by office.	a. Create trainings for staff on the use of data. b. Create opportunities to share examples across the department on the use of data-sharing and tools to guide decision making.	a. Create an inventory of quality measures and definitions. b. Create a work group to establish shared indicators. c. Develop training components on the collection and use of shared indicators. d. Develop universal metrics. e. Determine if IOP (Innovation Ohio Platform) can support the needed data repository to increase innovation.	a. Collaborate with state partners to develop a set of standard behavioral health metrics to be included in future SHIPs and Community Plans. b. Provide training to **ADAMH** Boards on the collection of behavioral health metrics to be included in future SHIPs and Community Plans.
Outcomes/KPIs Measure Success	• Percent of all verticals with the agency that have completed a Business Impact Analysis Review • Percent of all verticals within the agency that have developed daily operating procedures to be used during a disaster • Completion of planning documents	• Number of Data Management Committee meetings convened • Utilization of external-facing data tools • Number and type of data tools completed and produced • Evidence of data-driven decision-making practices	• Number and attendance of data education sessions • Percentage of training recipients who report the training met the desired learning objectives • Appropriate utilization of data in decision-making and its impact on services	• Number of reports created from shared measures	• Percent of statewide partners who engage the common set of measures used to track the success


MENTAL HEALTH &
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