

Strategic Plan



2026





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Letter from Leadership

On behalf of the Mental Health & Recovery Services Board of Lucas County (MHRSB), I am pleased to share this Strategic Plan, which will guide the MHRSB's work over the next three years. As part of its regular governance and oversight responsibilities, the MHRSB Board of Trustees (Board) periodically undertakes strategic planning to assess progress, respond to changing conditions, and set priorities for the years ahead. This planning effort builds on prior strategic plans and reflects our continued commitment to maintain a responsive, transparent, accountable, and community-informed behavioral health system for Lucas County.

The planning effort took place during a period of significant change. Shifts in federal and state policies, changes in Medicaid financing, swings in workforce availability, and local funding dynamics are collectively influencing access to services and the stability of the behavioral health system. These realities, coupled with evolving community needs, made it important to step back, listen carefully, and sharpen our focus on what can feasibly be advanced in a meaningful way within the next three years.

This Strategic Plan is grounded in broad input from Trustees, MHRSB staff, service providers, individuals and families with lived experience, as well as our community partners. We are grateful to all who contributed to this effort; they played a critical role in shaping this Strategic Plan. Through surveys, interviews, focus groups, and facilitated work sessions, participants helped identify system strengths, persistent challenges, and action priorities.

This broad-based input, combined with a review of prior commitments and performance, informed a focused set of strategic priorities. The result is a Strategic Plan that emphasizes clarity, accountability, and follow-through. The Strategic Plan outlines actionable goals reflecting community-identified needs, in alignment with MHRSB's statutory role and a clear framework for oversight and implementation. Supporting tools included in the Appendix are intended to help carry this work forward while preserving the distinction between Board governance and staff operations.

The citizens of Lucas County depend on the Board and MHRSB to steward public resources responsibly and to lead with purpose and transparency. This Strategic Plan embraces those responsibilities; and we are committed to delivering on its priorities.

Neema Bell

Board Chair

Mental Health & Recovery Services Board of Lucas County



Introduction & Methodology

Introduction & Methodology

As part of its regular governance and oversight responsibilities, and consistent with the duties outlined for Boards of alcohol, drug addiction, and mental health services under Section 340.03 of the Ohio Revised Code (ORC), the Mental Health and Recovery Services Board (MHRSB) of Lucas County periodically undertakes strategic planning to assess progress, respond to changing conditions, and set priorities for the years ahead. This planning cycle builds on the Board's prior strategic plan and reflects a continuation of its commitment to maintaining a responsive, accountable, and community-informed behavioral health system, while fulfilling its statutory responsibilities related to planning, funding, monitoring, and evaluating behavioral health services for the community it serves.

At the same time, the current planning effort occurs within a markedly shifting and increasingly constrained policy and funding environment. Changes in federal and state policy, Medicaid financing structures, and regulatory requirements, combined with persistent workforce shortages and uncertainty in local, state, and federal funding streams, are reshaping access to services, provider capacity, and the overall stability of the behavioral health continuum. These dynamics are occurring alongside rising demand, greater service complexity, and growing expectations for measurable outcomes, equity, and fiscal accountability in the use of public resources.

In this context, maintaining a broad array of services without clearly articulated priorities presents increasing risk to system sustainability and effectiveness. Boards of alcohol, drug addiction, and mental health services are being asked not only to fund and monitor services, but to exercise more explicit stewardship over how limited resources are allocated across competing needs. This includes making transparent, data-informed decisions about which services and populations require focused investment in order to achieve meaningful impact, ensure equitable access, and remain aligned with statutory responsibilities. Taken together, these conditions underscored the importance of reassessing strategic priorities and establishing a clearer framework to guide funding, contracting, and oversight decisions in ways that reflect both current realities and long-term system sustainability.

To support this work, the MHRSB of Lucas County contracted with Health Management Associates (HMA) to facilitate the strategic planning process and to obtain input and direction from the Board of Trustees, MHRSB staff, providers, individuals and families with lived experience, and other community stakeholders. The planning process was intentionally designed as a multi-phase effort that moved from assessment to engagement, synthesis, and implementation readiness, ensuring both statutory alignment and meaningful stakeholder participation.

The process began with an assessment phase focused on a structured review of existing documents, including the MHR SB of Lucas County's 2020 and 2022 strategic plans, annual reports, the community plan, and service and funding data. This review mapped prior commitments against outcomes and identified areas where progress has been strong, where barriers have emerged, and where gaps remain.

To supplement this review, input was gathered directly from stakeholders through a broad survey and targeted outreach efforts. The survey was accessible in multiple formats and languages and captured feedback from Trustees, staff, service providers, individuals receiving services, families, and system partners. Focus groups and key informant interviews were also conducted to ensure that nuanced perspectives and lived experience informed the process.

The information gathered was analyzed using both quantitative and qualitative methods, with findings examined across population groups to support equity-informed analysis. These insights are summarized in subsequent sections of this report.

Building on these findings, the engagement phase centered on structured collaboration with the Board of Trustees and MHR SB staff to refine strategic direction, identify priorities, and translate insights into actionable goals. These goals were developed using the SMARTIE framework to ensure clarity, measurability, and accountability, and were supported by RACI matrices to clarify roles, responsibilities, and communication. Together, the SMARTIE goals and RACI tools provide a disciplined structure through which the MHR SB can carry out its statutory responsibilities, guide staff action, and support ongoing Board oversight in service of the public.

SMARTIE is a goal-setting framework that ensures strategic objectives are Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable. In this plan, SMARTIE goals are used to translate assessment findings and Board direction into clear, accountable priorities that support effective oversight and disciplined execution.

RACI is a role-clarification framework used to support implementation by identifying who is Responsible for carrying out work, who is Accountable for outcomes and decisions, who should be Consulted for input, and who should be Informed of progress. In this plan, RACI matrices serve as implementation support tools, enabling coordination, monitoring, and consistent reporting while preserving the Board's governance role.



Assessment

Assessment

The findings summarized in this section draw from multiple sources of qualitative and quantitative input, including a community survey, key informant interviews, and facilitated focus groups. Together, these inputs were used to surface perspectives on system performance, access, equity, and priorities for future action across the behavioral health continuum in Lucas County. While this feedback provides critical insight into lived experience, perceptions, and stakeholder priorities, it reflects the viewpoints of participants rather than a comprehensive or definitive assessment of system conditions. Responses were not intended to serve as an exhaustive inventory of services or a verification of factual accuracy, but rather as a means of understanding how the system is experienced, where trust and confidence are strong, and where challenges or opportunities are most acutely felt. These perspectives were analyzed collectively and used to inform Board deliberation, identify cross-cutting themes, and guide the development of strategic priorities.

Survey

A stakeholder survey was developed to gather consistent, system-level input across the behavioral health continuum while remaining accessible to a broad range of respondents. Questions were informed by a review of the prior strategic plan, the Board's five priority areas, and input from MHR SB staff during project status meetings, with refinements made to ensure clarity and relevance. The survey, offered in English, Spanish, and Arabic, received responses from 299 participants, representing a range of

perspectives including service providers, individuals with lived experience, family members, MHR SB staff, and community and system partners. Respondents were asked to identify their perspective and provide demographic information to support equity-informed analysis.

Core questions asked respondents to identify the single most pressing behavioral health need in Lucas County; assess the effectiveness of treatment, prevention, and recovery services; and describe barriers to access, including availability, capacity, and social and logistical factors affecting service use. Additional questions explored system strengths, gaps, and opportunities for improvement, including prevention, workforce capacity, coordination, trust, and community engagement. Across survey questions, several dominant themes consistently emerged, including challenges with access and navigation, housing instability, youth mental health and prevention needs, workforce shortages and quality concerns, and gaps in cross-system coordination. Survey findings were analyzed alongside qualitative input from focus groups, key informant interviews, and facilitated discussions with MHR SB Trustees and staff during the strategic planning retreat, allowing themes to be triangulated across data sources and tested through deliberative dialogue. A copy of the survey instrument and more detailed summary data are included in Appendix documents but the table below summarizes and synthesizes feedback from the community.

Summary of Survey Findings

Issue	Challenge	Community Feedback
1. Access & Navigation	The system feels hard to enter and navigate; people don't know where to start; inconsistent information across organizations; long waits and uneven availability; barriers tied to transportation, scheduling, and eligibility; "handoffs" between agencies often break down.	Create a single front door (clear, consistent navigation and referral pathways); expand real-time navigation support (warm handoffs, care coordination, peer navigators); improve visibility of services (what exists, how to access, eligibility); increase low-barrier entry points (walk-in, mobile, extended hours, telehealth).
2. Housing Instability	Housing insecurity and homelessness destabilize treatment and recovery; limited supportive/transitional housing; discharge planning gaps; re-entry and homelessness create churn across crisis, ED, jail, and shelter settings.	Expand supportive housing/transitional options; strengthen cross-system discharge planning (hospitals, justice, shelters); integrate housing supports with treatment and recovery; prioritize stabilization resources that reduce cycling through crisis services.
3. Youth, Families & Prevention	Youth needs outpacing capacity; limited youth-friendly access points; insufficient school-linked supports; prevention and early intervention viewed as underdeveloped; family supports and wraparound coordination inconsistent.	Invest in youth-focused services (including school-linked partnerships); expand prevention/early intervention; build family-centered supports; strengthen youth behavioral health pathways that are easy to access and not dependent on a single setting or payer.
4. Workforce & Quality	Provider shortages, turnover, and burnout; uneven quality and inconsistent standards; difficulty recruiting/retaining licensed staff; confusion about credentials/roles; gaps in training, supervision, and capacity (especially for specialized needs).	Strengthen training and credentialing pipelines; support recruitment/retention and supervision; expand and standardize quality expectations; grow peer workforce and other supportive roles; reduce friction caused by credentialing confusion through clearer pathways and shared definitions.
5. Cross-System Coordination & Engagement	Systems operate in silos (behavioral health, justice, housing, schools, hospitals, child-serving systems); inconsistent collaboration and communication; limited shared planning and data-sharing; community engagement is uneven and episodic.	Position the Board as a convener and backbone for cross-system alignment; formalize partnerships and shared roadmaps; improve interoperability/data-sharing practices where feasible; increase neighborhood-level engagement and feedback loops; strengthen communication strategies so stakeholders know what is happening and how to participate.

Key Informant Interviews

Key informant interviews were conducted to supplement survey and focus group findings with deeper, context-specific perspectives on system performance, equity, and community experience. Interviews followed a standardized, semi-structured guide tailored to the interviewee's role (community-based leaders, Board members, or MHRSB staff) and focused on four core domains: community priorities and lived experience; access, fairness, and barriers to care; information and engagement; and priorities looking forward. Participants included individuals with direct knowledge of the behavioral health continuum, such as providers, advocates, faith and community leaders, system partners, and individuals closely connected to people receiving services.

Interviews emphasized issues that are often less visible in quantitative data, including the role of trauma, dignity and environment in care settings, the tension between individual rights and treatment access, informal pathways through which people learn about services, and the importance of trusted community institutions. Interview findings were synthesized thematically and analyzed alongside survey results and focus group input to identify areas of convergence, surface nuanced system challenges, and inform Board-level discussion about strategic direction and implementation priorities.

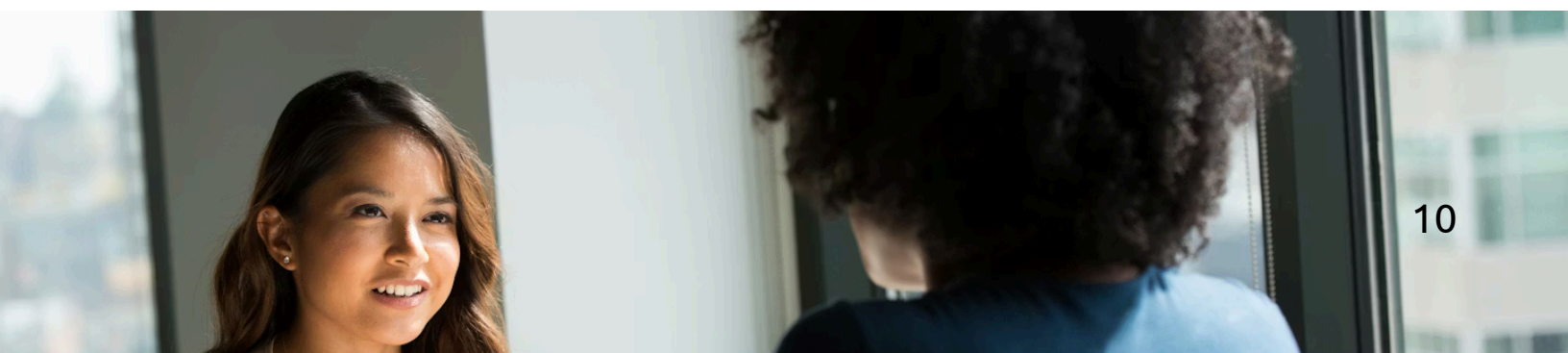
Community Priorities and Lived Experience

Core Behavioral Health Needs Identified

Several critical behavioral health needs emerged from the analysis. Trauma was widely perceived as a root cause driving many behavioral health challenges, with participants noting that the system often focuses on treating symptoms rather than addressing underlying trauma. Social isolation also surfaced as a major concern, as some settings observed increasing disconnection among individuals seeking support. Housing instability was described as a primary driver of crises, hospital utilization, and delayed discharges. Additionally, prevention and youth-focused support were highlighted as significant gaps, with concerns that intervention frequently occurs only after youth experience severe deterioration or become involved with the justice system.

Where Services Appear to Work Well

Despite these challenges, certain areas of the system are functioning effectively. Crisis services and community mental health providers were noted as reliable and responsive for many individuals. Reduced stigma around behavioral health has encouraged more people to seek help, and some community spaces, such as public institutions like libraries, serve effectively as neutral access points for services.



Where Gaps Persist

However, notable gaps remain. Children's services, while available, are often constrained by eligibility restrictions or limited capacity. Advocacy structures that previously amplified consumer and family voices have been challenged over time. Furthermore, specialized supports, including protocols for law enforcement interactions with individuals in crisis, require continued attention and development as they are implemented and mature.

Access, Fairness, and Barriers

Key Barriers to Accessing Help

Several barriers make it difficult for individuals to access behavioral health services. Rights protections, while important, can unintentionally limit intervention when individuals decline care but remain at substantial risk. The physical environment and sense of dignity also matter; some facilities were described as unwelcoming, degrading, or reminiscent of punitive institutions, which discourages engagement. Provider-level exclusion criteria create systemic bottlenecks, as restrictions tied to legal history, acuity, or behavioral risk often result in people being turned away. Economic barriers, including cost, continue to limit access for many individuals. Additionally, information gaps, particularly around what services exist and what the local system is responsible for, make navigating care more challenging.

What Supports Fair and Equitable Access

Several factors were identified as improving fairness and accessibility. Providers and programs that accept all individuals without restrictive criteria were seen as significantly enhancing access. Cultural competence was described as fundamental for equitable care, ensuring services are responsive to diverse needs. Bringing services into community venues improves reach and fosters a sense of fairness. While the geographic distribution of services was generally considered adequate, inequities persist due to limited awareness and challenges in system navigation.

Information and Engagement

How People Typically Learn About Services

Referrals often occur through informal or community-based pathways, such as staff at public institutions, friends or family, hospitals, or through resources like 211. In many cases, individuals only learn about available services when they reach a crisis point, highlighting a reactive rather than proactive approach to information sharing.

Why Information Feels Confusing or Unclear

The role of the behavioral health system and the scope of services it funds are not widely understood by the public. Additionally, resources like 211 and other information sources are not always current or sufficiently detailed, which adds to the confusion. A lack of feedback loops

leaves frontline staff uncertain whether their referrals are accurate or successful. This confusion is further compounded when services change or when eligibility criteria are not communicated clearly.

What Would Make Feedback Easier to Share

Participants identified several strategies to improve feedback mechanisms. Accessible public forums and advisory groups where individuals can speak directly about their experiences would help ensure voices are heard. Clear and visible communication channels with the behavioral health system are also essential, as many residents reported not knowing how or where to provide input. Finally, creating respectful and welcoming environments that do not make residents feel judged or diminished would encourage more open and honest feedback.

Looking Forward

Most Impactful Changes Suggested for the Next Phase of Strategic Work

Participants identified several priorities for improving the behavioral health system in the coming year. Greater transparency in how public dollars are used, along with stronger communication about the role and impact of the behavioral health system, was seen as essential. Improved housing options, including stable placements, discharge destinations, and supports for individuals with complex histories, were highlighted as critical needs. Strengthening youth-

focused services, with an emphasis on prevention, coordination, and early identification of needs, was also a major recommendation. Better system coordination among crisis providers, hospitals, community-based organizations, schools, public safety, and advocacy groups was considered vital for reducing fragmentation. Additionally, clear, community-friendly education about what services exist, who provides them, and how to access them was viewed as a key step toward improving engagement.

Additional System Considerations

Several broader considerations were noted. Low public trust in institutions makes transparency essential to engagement and accountability. A lack of participation should not be interpreted as satisfaction, as many residents internalize problems rather than voice them. Long-term sustainability depends on community inclusion, culturally responsive care, and collaboration among agencies. Finally, attention to national policy changes—including those related to institutional care—was flagged as important to shaping the county's future system design.



Focus Groups

Focus groups were conducted with three distinct stakeholder groups: service providers, individuals with lived experience and family members, and policy-level stakeholders. This segmentation was used to gather deeper qualitative insight into community priorities, system barriers, and opportunities for improvement. While each group brought a unique perspective shaped by their role and experience, the analysis of focus group input emphasized common themes that emerged across groups rather than differences among them. This thematic approach highlights shared system-level challenges and reinforces the cross-cutting issues identified through the stakeholder survey and key informant interviews.

Access, Navigation, and System Fragmentation

Stakeholders consistently described a behavioral health system that is difficult to enter and navigate, with unclear entry points, inconsistent information, and weak handoffs across providers and systems. While services exist, they are often disconnected, and eligibility requirements and discharge practices create bottlenecks that delay or prevent timely access to care. Individuals with lived experience emphasized conflicting or outdated information, particularly from public directories, while providers and policy stakeholders pointed to uneven awareness of services across neighborhoods and agencies. Together, these findings highlight structural barriers that affect access differently depending on where and how individuals encounter the system, reinforcing the need for clearer pathways, stronger coordination, and more consistent navigation support.

Trauma, Youth, and Prevention Needs Across the Continuum

High levels of trauma, particularly among children and youth, were identified as a core driver of behavioral health needs and system demand. Focus group participants emphasized the importance of early intervention before individuals become involved in crisis services, noting that youth-focused and preventive supports are insufficient and not well aligned with emerging needs. Case management and step-down supports were viewed as effective but limited in capacity, contributing to repeated crisis involvement. Across perspectives, stakeholders underscored the need for more proactive, developmentally appropriate, and family-centered approaches that address trauma earlier and reduce reliance on crisis-driven care.

Housing Instability and Community Stability

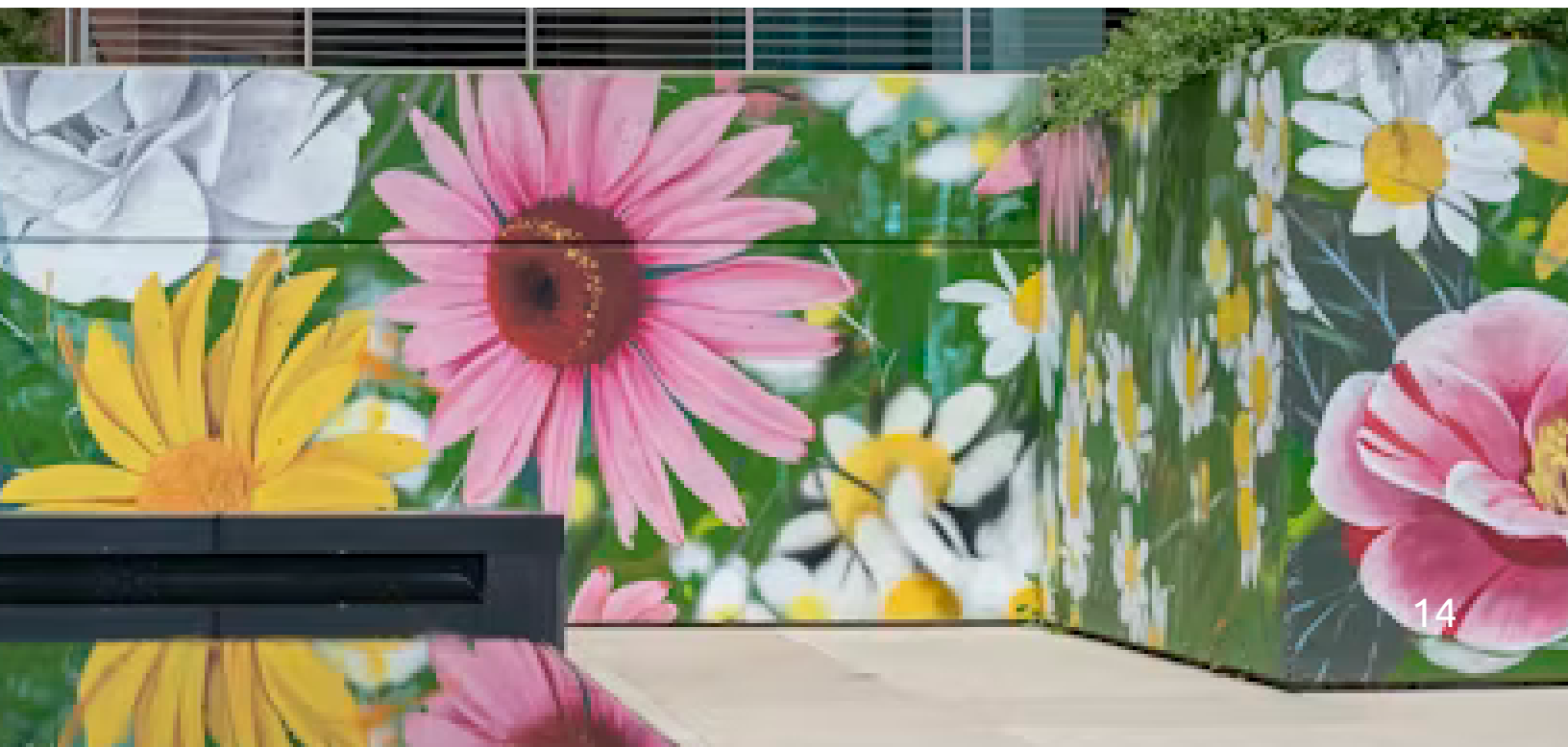
Housing instability and homelessness were repeatedly identified as central factors undermining treatment engagement, recovery, and continuity of care. Participants described how unstable housing exacerbates mental health challenges, complicates discharge planning, and increases reliance on emergency and crisis services. Housing was consistently viewed not as a separate social issue, but as a foundational component of an effective behavioral health continuum. Stakeholders across groups identified expanding stable and supportive housing options as the single greatest opportunity to improve system outcomes and reduce fragmentation.

Information, Engagement, and Trust in the System

Gaps in communication, public education, and engagement were identified as persistent challenges that shape how the system is experienced. Participants reported confusion around crisis response, shelter access, and referral pathways, as well as the absence of reliable feedback loops to confirm whether referrals are appropriate or effective. However, participants noted effective many of the peer-based supports were in supporting navigation, treatment access and recovery. Community spaces are often expected to serve as informal sites for navigation, yet many lack the tools, training, or resources to do so consistently. Across focus groups, stakeholders emphasized that improving transparency, strengthening communication, and engaging communities more visibly and consistently are critical to rebuilding trust and ensuring that services are accessible when and where they are needed.

Previous Plan Review

The review of the 2022 Strategic Plan's Success Indicators showed steady progress across the five identified priority areas. The Board demonstrated strong momentum in implementation, systems development, equity planning, and service innovation. Key gains included strengthened culture and DEI integration, stabilized staffing, expanded services, and continued success with the Information Transformation Project. In addition, equity planning and community engagement advanced, supported by new leadership structures and improved communications capacity. This review recognized the progress made and highlighted the primary opportunities for the next plan.



Engagement

Engagement

Board Retreat

The Board retreat was structured as an interactive working session designed to translate assessment findings into clear strategic direction. Trustees and MHR SB staff reviewed synthesized input from the survey, focus groups, and key informant interviews and assessed the continued relevance of the Board's Mission and Vision, concluding that both remain appropriate and did not require revision. Participants then engaged in facilitated exercises to reflect on progress under the prior strategic plan and evaluate existing priority areas using a structured "continue, evolve, or retire" framework, with an explicit focus on identifying fewer areas of emphasis and increasing clarity and specificity compared to the previous plan. This work was conducted at a strategic (not operational) level, emphasizing governance-appropriate decision-making and helping distinguish Board oversight from staff-level implementation responsibilities. The retreat produced a more focused set of priority areas, along with directional guidance and guardrails that informed subsequent staff workshops, where this guidance was translated into SMARTIE goals, RACI matrices, and implementation-ready actions aligned with Board intent.

Staff Workshops

Following the Board retreat, MHR SB staff workshops were convened to collaboratively translate the Board's strategic direction into clear, actionable goals. HMA worked alongside MHR SB leadership and staff to present an initial set of draft SMARTIE goals informed by retreat discussions and assessment findings, establishing a shared starting point for refinement. The workshops were structured as working sessions in which participants reviewed, discussed, and provided feedback on the draft goals, with attention to clarity, scope, alignment across priority areas, and feasibility within the Board's role. Through this collaborative process, overlapping or duplicative goals were consolidated, language was refined to increase specificity, and alignment across goals was strengthened, resulting in a more focused and coherent set of SMARTIE goals that informed subsequent action planning.



Staff Workshop 1: SMARTIE Goal Refinement and Alignment

The first staff workshop centered on reviewing and refining the draft SMARTIE goals developed following the Board retreat. HMA and MHR SB leadership presented the proposed goals as discussion tools rather than finalized decisions, reinforcing the collaborative nature of the session. Participants assessed each goal for clarity, scope, alignment with Board intent, and relevance across the behavioral health continuum. This process surfaced opportunities to narrow goal statements, reduce redundancy, and strengthen alignment across priority areas. The primary outcome of this session was a streamlined set of SMARTIE goals that reflected both the Board's strategic direction and staff insight into system conditions.

Staff Workshop 2: Action Planning and RACI Development

The second staff workshop shifted the focus from goal refinement to implementation readiness. Building on the aligned SMARTIE goals, participants developed RACI matrices to clarify roles, accountability, and communication pathways. The session emphasized practical considerations such as authority, capacity, and coordination with internal and external partners. Participants identified who would be responsible for

advancing specific actions, who would be accountable for outcomes, and which roles or entities should be consulted or informed. While closely connected to the SMARTIE goals, the RACI work was intentionally positioned as an implementation support tool rather than a formal component of the strategic plan.

Post-Workshop Refinement and Plan Finalization

Following the workshops, HMA and MHR SB staff synthesized feedback from both sessions to finalize the SMARTIE goals presented in the following section of this report. This refinement focused on ensuring that goals were clearly articulated, non-duplicative, and aligned with the Board's intent to pursue fewer, more specific areas of focus than in prior planning cycles. The finalized SMARTIE goals reflect combined input from Trustees, staff, and stakeholders and constitute the strategic core of the plan. The accompanying RACI matrices are maintained as complementary implementation tools to support accountability, coordination, and ongoing management and Board oversight, rather than as formal elements of the strategic plan itself.



Strategic Plan Goals

Strategic Plan Goals

SMARTIE Goals

The SMARTIE goals presented in this section define the strategic priorities for the MHRSB of Lucas County over the planning period and serve as the primary mechanism for translating assessment findings and stakeholder input into actionable Board-level direction. SMARTIE goals are structured to ensure that each strategic priority is Specific in scope, Measurable through clearly identified indicators, Achievable within the Board's authority and resources, Relevant to documented community needs and system conditions, Time-Bound with defined milestones, and Inclusive and Equitable in both intent and impact. This framework was intentionally selected to support clearer oversight, stronger accountability, and more disciplined execution than in prior planning cycles.

The goals were developed in direct response to the assessment and engagement activities conducted throughout the planning process, including the community survey, focus groups, key informant interviews, and Board and staff deliberation. Themes related to access and navigation, housing instability, youth and prevention needs, system coordination, data and

accountability, and organizational clarity consistently emerged across these inputs and informed both the content and scope of the SMARTIE goals. In keeping with Board direction, these findings were translated into a smaller number of clearly defined goals with greater specificity, ensuring that each goal addresses a documented system-level need within the Board's role.

Unlike broad vision statements or activity lists, the SMARTIE goals articulate what will change as a result of Board action and provide a shared reference point for funding decisions, policy alignment, and performance monitoring. To support implementation without embedding operational detail into the strategic plan, each SMARTIE goal is accompanied by a corresponding RACI framework, included in the Appendix. The RACI matrices identify who is responsible for advancing the work, who is accountable for outcomes, and which roles or partners should be consulted or informed. Together, the SMARTIE goals and RACI tools ensure that stakeholder-identified priorities are not only reflected in strategy but also supported by clear ownership and follow-through.

SMARTIE Goals

Summary of Objectives

S	M	A	R	T	IE
Specific clearly defines the focus and scope	Measurable includes ways to track progress	Achievable feasible within authority and resources	Relevant aligned with needs and statutory role	Time-Bound includes timelines or milestones	Inclusive & Equitable addresses access, equity, and impact

1

Organizational Development, Communication, and Accessibility

Strengthen how MHRSB functions internally and externally by aligning organizational guidance, decision-making, and communication practices around a shared, Board-adopted Access In Action Plan that reflects community needs, advances equity, improves understanding and access to behavioral health services, and supports intentional stigma reduction across Lucas County.

2.1

Establish and Align Priority Behavioral Health Services and Priority Populations

Clarify and formalize the Board's priority behavioral health services and priority populations to guide funding, oversight, and system development decisions across Lucas County.

2.2

Establish and Adopt a Behavioral Health Benefit Package with a Pre-Authorization Process

Design and implement a standardized behavioral health benefit package for Lucas County residents who qualify for Board-funded treatment services.

3

Strengthen Data Management Infrastructure

Improve the Board's ability to make timely, informed, and equitable decisions by ensuring reliable, standardized, and decision-ready data across Board-funded programs.

Goal 1

Organizational Development, Communication, and Accessibility

SMARTIE Goal Statement

Within 18 months, the Mental Health & Recovery Services Board of Lucas County will strengthen organizational development, communication, and accessibility by developing and adopting an Access in Action Plan that evolves the Board's prior Equity in Action work and serves as the guiding framework for internal decision-making and external communication. Using this framework, MHRSB will establish shared internal guidance to support consistent decisions related to funding, contracting, and access; implement standardized internal reporting to support Trustee oversight; and carry out trackable, community-facing communication and engagement efforts, including a coordinated stigma-reduction campaign, that improve awareness, trust, and navigation of Board-funded services. These efforts will improve Trustee understanding of agency performance and use of public funds, increase public awareness of funded services, and ensure Board actions and communications are aligned with documented community needs.

Specific

MHRSB will develop and adopt a Board-approved Access in Action Plan that establishes shared principles, language, and priorities for equity, inclusion, communication, access, and stigma reduction, explicitly evolving the Equity in Action Plan rather than eliminating its intent. The Plan will guide both internal and external practices. Internally, MHRSB will establish shared guidance to support consistent decision-making related to funding, contracting, reporting, and access, and will implement standardized monthly departmental activity summaries that integrate key financial information and are aggregated into consistent Trustee reports. Externally, MHRSB will carry out structured, trackable communication and engagement efforts, including a coordinated stigma-reduction campaign, to improve awareness, trust, and navigation of mental health and wellbeing resources, with priorities informed by the Community Accessibility Plan.

Measurable

- Completion of a draft Access in Action Plan within six months and Board adoption within twelve months, explicitly documenting its evolution from the Equity in Action Plan
- Development and documented use of shared internal guidance linking Board priorities and Accessibility Plan findings to funding, contracting, and access-related decisions
- Beginning April 1, 2026, ten aggregated Trustee reports per year aligning program activities with budget categories and Board priorities
- By the June 30, 2027, at least 80% of Trustees reporting improved understanding of agency performance and use of public funds
- Implementation of trackable external communication, engagement, and stigma-reduction activities, including participation levels, partner uptake of materials, and trends in inquiries or referrals to Board-supported access points where available, including, but not limited to
- Starting April 1, 2026, produce at least 36 public-facing communications annually, with at least one per quarter highlighting lived experience or priority populations
- A minimum 10% year-over-year increase in at least one engagement metric (reach, impressions, or interactions)

Goal 1

Organizational Development, Communication, and Accessibility

Achievable

This goal will be achieved using existing departmental reporting processes, internal financial data, current communication platforms, and established relationships with contracted providers, Trustees, and community leaders, without requiring additional staffing or new technology.

Relevant

This goal strengthens MHR SB's fiduciary and oversight responsibilities, supports informed Trustee decision-making, increases transparency and accountability to taxpayers, highlights the value of funded services, and advances stigma reduction consistent with MHR SB's mission and statutory role.

Time-Bound

Progress and success will be measured by:

- Within 3 months: Initial internal guidance framework and standardized reporting templates finalized and aligned with Access in Action Plan development
- Within 6 months: Draft Access in Action Plan completed and monthly departmental and aggregated Trustee reporting implemented
- By Month 12: Access in Action Plan finalized and adopted; internal guidance fully aligned; and stigma-reduction campaign launched
- By Month 18: Internal decision-making, reporting and communication measures fully implemented and stabilized

Inclusive / Equitable

The Access in Action Plan will serve as the Board's cross-organizational framework evolving the Equity in Action plan, ensuring that internal decisions and external communications are informed by documented access barriers related to awareness, navigation, geography, language, stigma, and system complexity. Clearer and more accessible communication, internally and externally, will benefit staff, Trustees, contracted providers, and Lucas County residents.

Goal 2.1

Establish and Align Priority Behavioral Health Services and Priority Populations

SMARTIE Goal Statement

By November 30, 2026, the Mental Health & Recovery Services Board of Lucas County will establish and adopt a defined set of priority behavioral health services and priority populations, grounded in data, community need, and statutory responsibility. By February 1, 2027, the Board will complete a review and ranking of all currently funded programs based on alignment with those priorities and will use the adopted framework to inform FY2028 funding, contracting, and oversight decisions.

Specific

Ensure that MHR SB's FY 2028 funding and contracting decisions are consistently guided by clearly defined, Board-adopted priority behavioral health services and priority populations, grounded in data, community need, and statutory responsibility, while retaining flexibility in approach for future years.

Measurable

- Engagement of a qualified consultant to support development of the Priority Services and Priority Populations framework by June 30, 2026
- Board review and adoption of a written Priority Services and Priority Populations plan by November 30, 2026
- Completion of a Board-reviewed ranking of all currently funded programs based on alignment with the adopted framework by February 1, 2027
- Documented use of the framework to inform FY2028 funding decisions

Goal 2.1

Establish and Align Priority Behavioral Health Services and Priority Populations

Achievable

This goal is achievable through the Board's statutory authority, availability of qualified planning consultants, existing data resources, established community engagement processes, and current contract and performance management practices.

Relevant

Clearly defined priority services and populations ensure MHR SB resources are strategically focused, support equitable access to behavioral health services, strengthen accountability to taxpayers, and reinforce the Board's leadership role in shaping the local behavioral health system.

Time-Bound

Progress and success will be measured by::

- Consultant engaged and work initiated
- By November 30, 2026: Priority Services and Priority Populations plan developed, reviewed, and adopted
- By February 1, 2027: Program alignment review completed and presented to the Board
- FY2028: Framework applied to funding, contracting, and oversight decisions

Inclusive / Equitable

Priority populations will be identified using demographic, geographic, utilization, and outcome data, with intentional engagement of community stakeholders to ensure focus on underserved, high-need, and historically marginalized groups. The framework will support equitable resource allocation by making prioritization criteria transparent and consistently applied in ways that will be aligned with the Community Accessibility Plan.

Goal 2.2

Establish and Adopt a Behavioral Health Benefit Package with a Pre-Authorization Process

SMARTIE Goal Statement

By January 1, 2028, the Mental Health & Recovery Services Board of Lucas County will implement a standardized behavioral health benefit package and pre-authorization process across all contracted treatment providers to ensure continued access to medically necessary treatment services for eligible Lucas County residents.

Specific

MHR SB will define covered behavioral health services and benefit limitations and establish a pre-authorization process to address medical necessity beyond defined limits. The benefit package and authorization process will be implemented through Board contracting and supported by standardized billing and utilization management processes.

Measurable

- By July 1, 2026, hiring a Medical Director to support benefit design and development of the pre-authorization process
- By September 1, 2026, amending SMARTCARE billing software and piloting initial benefit limitations aligned with managed care practices
- By January 1, 2027, defining covered services and limitations within the behavioral health benefit package
- By July 1, 2027, piloting the full behavioral health benefit package through the contracting process
- By January 1, 2028, system-wide implementation of the standardized behavioral health benefit package and pre-authorization process
- Ongoing measurement of service utilization by code and alignment with approved budgets to inform future utilization targets

Goal 2.2

Establish and Adopt a Behavioral Health Benefit Package with a Pre-Authorization Process

Achievable

This goal is achievable through MHR SB's authority to define purchasing terms for Board-funded services and is contingent on securing clinical leadership through a Medical Director to support benefit design, utilization review, and medical necessity determinations.

Relevant

With increasing treatment demand, rising service costs, and potential loss of Medicaid coverage for some residents, establishing a standardized benefit package supports consistent access to essential behavioral health services and strengthens stewardship of public resources.

Time-Bound

Progress and success will be measured by:

- By July 1, 2026: Medical Director hired
- By September 1, 2026: Initial SmartCare modifications completed and pilot initiated
- By January 1, 2027: Benefit package defined
- By July 1, 2027: Full benefit package piloted
- By January 1, 2028: System-wide implementation completed

Inclusive / Equitable

This goal directly supports access for uninsured and underinsured Lucas County residents who meet income eligibility criteria for Board-funded treatment services by establishing clear, consistent coverage standards and safeguards to ensure medically necessary care is available across providers in ways that will be aligned with the Community Accessibility Plan.

Goal 3

Strengthen Data Management Infrastructure

SMARTIE Goal Statement

Over three years, the Mental Health & Recovery Services Board of Lucas County will strengthen its decision-making capacity by ensuring reliable, standardized access to clinical, service utilization, and operational data across Board-funded programs, enabling consistent monitoring of system performance, service access, and disparities through existing technology platforms.

Specific

MHRSB will use existing technology platforms to improve access to standardized data across funded programs by:

- Integrating priority programs into the SmartCare electronic health record to support billing, claims, service utilization tracking, and clinical data analysis related to Board-funded services.
- Integrating priority programs into the Creatio customer relationship management (CRM) system to support Board operations, contract management, provider relationships, and internal workflows, including tracking contract terms, performance expectations, monitoring activities, and Board-facing reporting needs.
- Completing Infrastructure Transformation Project (ITP) Phase 3 to assess data assets and infrastructure and identify actionable recommendations for future system improvements.
- Together, SmartCare and Creatio will serve complementary functions—SmartCare supporting billing, claims, and service-level data, and Creatio supporting Board operations, contract management, and governance—ensuring data is both operationally useful and decision-ready.

Measurable

- Identification of priority programs, data elements, and reporting needs for integration into SmartCare and/or Creatio
- Availability of standardized Board-facing reports that combine SmartCare service and utilization data with Creatio contract and monitoring information to inform oversight and decision-making
- Reduction in manual or duplicative data collection required to support Board reporting or oversight.
- Completion of ITP Phase 3 with delivery of a discovery report outlining strategic findings and recommendations

Goal 3

Strengthen Data Management Infrastructure

Achievable

This goal is achievable through continued funding for existing technology platforms, budgeted resources for ITP Phase 3, and phased implementation that prioritizes high-impact data needs without overextending staff or providers.

Relevant

Reliable and standardized data is foundational to effective oversight, transparency, and equitable decision-making. This goal supports all Board priorities by strengthening the infrastructure needed to identify system performance trends, access gaps, and disparities across programs and populations.

Time-Bound

Progress and success will be measured by:

- Priority programs and data elements identified, and integration planning will be completed by April 1, 2027
- Standardized reporting will be piloted and used to inform at least one Board or leadership decision cycle by February 5, 2029
- ITP Phase 3 will be completed and findings incorporated into technology platforms as appropriate by February 5, 2029

Inclusive / Equitable

Improved data access will enable MHRSB to examine service access, utilization, and outcomes by population, geography, and service type, supporting identification of disparities and informing more equitable resource allocation and system improvement decisions.

RACI

Strategy to Action

R	A	C	I
Responsible does the work	Accountable owns the outcome and decisions	Consulted provides input and expertise	Informed kept aware of progress

To support effective implementation of the SMARTIE goals, MHR SB staff developed RACI matrices as a complementary planning and management tool. RACI is a role-clarification framework that identifies who is Responsible for carrying out work, who is Accountable for outcomes and decisions, who should be Consulted for input, and who should be Informed of progress. The framework is intended to promote clarity, reduce duplication, and strengthen coordination across internal teams and external partners.

As applied in this planning process, the RACI matrices were developed during staff workshops to translate strategic goals into an implementation-ready structure while preserving the Board's governance and oversight role. The matrices do not function as a restatement of the strategic plan or as prescriptive workplans; rather, they provide a practical mechanism for clarifying ownership, aligning responsibilities with authority and capacity, and supporting disciplined execution.

Importantly, the RACI framework also establishes a foundation for consistent reporting and monitoring, enabling staff to track progress, surface issues, and provide the Board with clear, role-based updates tied to each SMARTIE goal. The complete RACI matrices are intended for internal use by the staff of the MHR SB.

Conclusion

Conclusion

This strategic plan reflects a deliberate and disciplined governance process undertaken by the Mental Health and Recovery Services Board of Lucas County to meet its statutory responsibilities, respond to a changing behavioral health landscape, and set clear direction for the years ahead. Through a structured, multi-phase approach, the Board and staff engaged deeply with data, community perspectives, and prior commitments to ensure that the resulting priorities are both grounded in lived experience and aligned with the Board's role as steward of public resources.

The process benefitted from strong leadership and engagement by the Board of Trustees, whose participation in assessment review, strategic deliberation, and prioritization helped sharpen focus and reinforce the distinction between governance and implementation. MHR SB staff played a central role throughout the process, contributing operational insight, engaging stakeholders, and translating Board direction into clear, actionable goals. The Board also heard directly from providers, individuals with lived experience, families, and community partners, ensuring that this plan reflects how the behavioral health system is experienced on the ground, not solely how it is designed on paper.

The resulting SMARTIE goals represent a shift toward fewer, more specific, and more accountable areas of focus than in prior planning cycles. They are intentionally responsive to themes that emerged consistently across the assessment and engagement work—access and navigation challenges, housing instability, youth and prevention needs, workforce capacity, system coordination, data and accountability, and organizational clarity. At the same time, the goals are framed to remain flexible in the face of ongoing uncertainty related to federal and state policy, Medicaid financing, workforce pressures, and evolving community needs.

Importantly, this plan is designed to function not as a static document, but as a living framework that supports ongoing oversight, learning, and adaptation. The accompanying RACI matrices provide a practical mechanism for carrying the work forward, supporting coordination, monitoring progress, and enabling clear reporting to the Board without embedding operational detail into the strategic plan itself. Together, these tools strengthen the Board's ability to guide implementation, assess performance, and adjust course as conditions change.

The SMARTIE goals are also intentionally aligned with broader public priorities, including the Lucas County Commissioners' Strategic Plan and the MHR SB Community Action Plan submitted to the Ohio Department of Behavioral Health. This alignment reinforces the Board's role as a convener and system steward, positioning behavioral health strategy within the larger context of county priorities, cross-system collaboration, and community wellbeing.

Taken together, this strategic plan reflects thoughtful governance, meaningful engagement, and a shared commitment to a behavioral health system that is accessible, equitable, coordinated, and responsive. It provides a clear foundation for action while acknowledging the complexity of the environment in which the MHR SB operates. Most importantly, it affirms the Board's ongoing responsibility to listen, adapt, and lead in service of Lucas County residents as needs, policies, and systems continue to evolve.

We thank you for your ongoing support

As Executive Director, I want to acknowledge that this planning effort took place during a period of significant change, shaped by evolving federal and state policy, workforce pressures, and increasing community need. In that context, the Mental Health & Recovery Services Board of Lucas County extends its sincere appreciation to the many individuals and organizations who contributed to the development of this Strategic Plan.

The Board of Trustees provided leadership, direction, and stewardship throughout the planning process, offering critical guidance on priorities, values, and long-term vision. MHRSB staff contributed their expertise, operational knowledge, and deep understanding of the local behavioral health system, ensuring that the Plan is grounded in practical implementation realities.

We are also grateful to the provider organizations, community partners, and stakeholders who participated through interviews, surveys, focus groups, and facilitated discussions. Their perspectives—drawn from lived experience, frontline service delivery, and system leadership—were essential in identifying strengths, surfacing challenges, and shaping strategies that reflect the needs of Lucas County.

Finally, I want to acknowledge the planning and facilitation team for their support in designing and guiding a structured, inclusive, and data-informed planning process. Their work helped translate diverse input into a coherent framework that will guide the MHRSB's work over the coming years.

This Strategic Plan is the product of a collective effort. I am grateful for the time, insight, and commitment shared by all who contributed and look forward to continued collaboration as the Plan is implemented.

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