In early 2012, a 17-year-old stood up in a high school cafeteria in northeast Ohio and began shooting. Three students died, three were injured. For the leaders of Ohio’s systems of mental health and developmental disabilities, that tragic incident became a call to action.

“After the fact, people said, ‘We had seen signs,’ but nobody knew what to do or how to connect with resources,” notes Tracy Plouck, director of the Ohio Department of Mental Health and Addiction Services.

What could the state do to help fill those resource gaps? How could it assist families and communities wanting to help a troubled young person? In part, the response has been the creation of Strong Families, Safe Communities, the goal of which is to improve care coordination and crisis-intervention services for individuals between the ages of 8 and 24 at risk of harming themselves or others due to a mental illness or developmental disability.

During its first four years, Strong Families, Safe Communities has provided $11 million worth of grants across the state. Those dollars have funded family-based mentoring and therapy programs, screenings for high-risk children and the deployment of “mobile urgent treatment teams.” These teams of local health professionals are available at any time to go to the scene of a behavioral or mental health crisis (at a school or home, for example). Their role is to not only to stabilize the situation, but to connect a young person and his or her family to longer-term treatment options.

Strong Families, Safe Communities is a partnership between two Ohio agencies: the departments of Developmental Disabilities and Mental Health and Addiction Services. In turn, one of the few requirements of the state grant program is collaboration among a local developmental disability and a local mental health system. (Ohio has a locally administered system for delivering these services.)

But common themes soon emerged in the local grant proposals, an indication of resource gaps across Ohio. Many of the proposals, for example, sought new ways of reaching young people, delivering trauma-informed care and providing relief for families. In northeast Ohio’s Stark County, local officials launched a 24/7 “crisis text line” — allowing a young person in crisis to connect with a counselor via a text message. That local idea turned into a statewide program this fall.

Likewise, state leaders quickly saw a need for health providers, first-responders, child-welfare workers and others to better recognize the consequences of trauma and help people recover from it. In response, Ohio established a Trauma-Informed Care Initiative and has provided training to more than 7,400 people.

Lastly, the need for respite care became apparent in many of the grant applications. “The value of giving these affected families a break was one of the huge things that came out of this,” says John Martin, director of the Ohio Department of Developmental Disabilities.

And this, too, has helped lead to a change in state policy: Starting in 2017, Ohio’s Medicaid program will provide respite-care reimbursement for families who have children with serious emotional disorders.