



# **RICHLAND COUNTY MENTAL HEALTH AND RECOVERY SERVICES 5-YEAR STRATEGIC PLAN SUMMARY 2017 TO 2022**

## **Mission Statement**

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

## **Vision Statement**

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

# **Goal Number 1**

## **Community Health and Safety**

Assuring that Board staff, partnering organizations, and people served feel physically, psychologically, emotionally and morally safe, interactions between and within organizations and the community should promote a sense of health, wellness, and security.

### **Objectives:**

- 1). Integrate both language and action that acknowledge the impact of trauma, chronic stress, and adversity. Our expectations are that staff within partner organizations will model behavior and use trauma-informed techniques as a method of impacting greater change.
- 2). Develop a “universal precautions” approach to trauma, chronic stress, and adversity and promote a formalized practice of self-care. Adapt internal policies to promote wellness and encourage partner entities to consider doing the same.
- 3). Increase the connection between staff and management by establishing a process that includes training, leadership development, trauma-informed resources, and technical assistance. Internally implement an annual communications retreat to support trauma-informed “shared language of negotiation” to prevent avoidable conflicts in the workplace.
- 4). Establish forums for internal opportunities to address concerns regarding physical and psychological safety through reflective individual supervision, group settings, and face-to-face engagements. This will exceed licensure requirements.
- 5). Design and implement a symbolic way in which people who seek our services can identify those partner organizations as being trauma-informed and recovery-oriented. Encourage that this symbol is displayed prominently throughout partner organizations.

### **Interventions and Outcomes:**

The Board will review current policies and procedures for trauma-informed and recovery-oriented language. This will be assessed during our Culture of Quality Review in August of 2017. The Board will also add much of this language to the contracts for State Fiscal Year (SFY) 2019 and require implementation by contract agencies by no later than SFY 2020. We will develop, among our community partners, local “champions” for Trauma-Informed Recovery-Oriented Community of Care (TIROCC). These champions will work to maintain strides that have already been made in developing a trauma-informed and recovery-oriented system and to keep organizations moving forward. Champions will annually address issues pertaining to physical, psychological, emotional and moral safety. We will also establish an annual retreat with agency directors to candidly discuss any barriers that can be addressed or successes that can be built upon. Finally, a plan will be developed to promote the concepts of TIROCC within the community with the hope of growing the number of partners in the community.

### **Potential New Cost of Implementation:**

Approximately \$25,000 total over the course of 5 years.

## **Goal Number 2**

### **Individually Focused and Supported Systems**

Support and promote an individually focused system of healing and recovery. Acknowledging the uniqueness of everyone's story is critical and crucial to healing and recovery. Establish consistent care that recognizes and acknowledges individual differences including, but not limited to race, gender, and sexual orientation, as well as the effects of historical trauma.

#### **Objectives:**

- 1). Develop and implement communication techniques that support the collaborative spirit of community that honors individual and collective voices and choices.
- 2). Define a formal trauma-informed and recovery-oriented process to strengthen care in the quality of interactions in both work life and culture. View each encounter as an opportunity to heal at all levels of community interaction.
- 3). Encourage the development of care committees to increase the voice of the constituents and the community.
- 4). Focus on interventions that promote the enhancement of contact with familiar people and connections within existing social and supportive networks.
- 5). Engage people in a trauma-informed and recovery-oriented manner, who demonstrates persistent disruptive behaviors, to ensure safety across all domains for all involved.

#### **Interventions and Outcomes:**

The Board will put the TIROCC communications plan into action and develop specific times of the year to introduce and reintroduce concepts to the community through a myriad of different approaches. The Board will also build the workforce for behavioral health by implementing Certified Peer Professionals (CPP) training (a minimum of 10 participants) as well as encouraging agencies to develop positions for CPPs. The Board will require contract agencies, starting in SFY 2018, to demonstrate that they are actively gaining input from those they serve and their support systems. The Board will continue to actively gain community input through the use of various advisory committees and a re-administration of the Recovery-Oriented System of Care survey that was last performed in SFY 2014. An analysis and comparison of the data from the 2014 and 2017 survey will be provided to the Board of Directors, community partners, agencies and the general community, with a plan to promote those areas that are being addressed well and to address those areas that have presented challenges. We also want to expand on the excellent work that has been performed by the local National Alliance on Mental Illness to promote family involvement on the addiction side. We will also continue to explore evidence-based approaches for engagement of people who need help.

#### **Potential New Cost of Implementation:**

Approximately \$51,000.00 in new cost over the course of 5 years.

## **Goal Number 3**

### **Effective and Timely Access to Services that Meet the Self-Identified Needs of Those Seeking Help**

Assure that people served and the general community, have timely and convenient access to a full continuum of services. All organizations have unique services to offer, and the community's highest priority should be to help individuals reach the best services to address their identified needs in a timely manner.

#### **Objectives:**

- 1). Promote the reduction of trauma and enhancement of recovery by assuring adequate and timely access to appropriate and individually-focused programming.
- 2). Identify and implement the utilization of a trauma and recovery specific screening tool to be used with people who seek our services.
- 3). Deliver continually evolving and improving trauma-informed and recovery-oriented services for people served, employees, and stakeholders.

#### **Interventions and Outcomes:**

The Board will work with the designated quality assurance and improvement staff of the agencies to investigate, evaluate, and enhance all phases of treatment. We will start with the initial "front door" approaches used by each agency to greet people seeking services for the first time. We will encourage agencies in SFY 2018, and require agencies in SFY 2019, to implement a consistent trauma screening for both adults and youth during the initial assessment. The Board will then work with agencies to develop inter-system trainings between agencies, internal trainings, and develop methods of obtaining feedback from people served and use the information during clinical supervision. In addition, the Board will commit to a minimum of 2 community-wide continuing education programs focused on various areas of trauma-informed and recovery-oriented topics.

#### **Potential New Cost of Implementation:**

Approximately \$7,000.00 over the course of 5 years.

## **Goal Number 4**

### **Open and Accountable Planning and Fiscal Supports**

The Board of Directors, employees, and its partner organizations, in conjunction with multiple sources of community input, will make open and transparent decisions with regard to planning, funding, and evaluation of services.

#### **Objectives:**

- 1). Assure that all employees are actively involved in all aspect of the operations and are given the opportunity to regularly give feedback and gain ongoing learning with regard to organizational processes.
- 2). Initiate coordination between community funding organizations to eliminate gaps and duplicative financial support.
- 3). Transition current funding practices to address trauma-informed recovery-oriented outcome-driven financing.

#### **Interventions and Outcomes:**

The Board will implement a number of enhancements to allow for more input from Board employees and the Board of Directors, this will include regularly scheduled meetings, a biennial Board staff retreat, and an open forum for the Board of Directors to discuss any concerns. In an attempt to coordinate funding throughout the community, the Board will work with other entities such as United Way, Richland Foundation, Youth and Family Council, etc., in an effort to avoid duplicate funding and collaboratively address current gaps. Finally, as the Department of Mental Health and Addiction begins to track service outcomes that are associated with the National Outcome Measures, the Board will work to adopt these outcomes as well, to avoid an undue burden on agencies and create a level of consistency.

#### **Potential New Cost to Implement:**

Approximately \$4,500.00 over the course of 5 years.

*A full version of this document can be downloaded in PDF format at [www.richlandmentalhealth.com](http://www.richlandmentalhealth.com). You may also request a copy by emailing: [jtrolian@rcmhb.org](mailto:jtrolian@rcmhb.org), calling 419-774-5811, or mailing a request to:*

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