

**RICHLAND COUNTY MENTAL HEALTH
AND RECOVERY SERVICES BOARD**

5-YEAR STRATEGIC PLAN

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 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.

Goal 1: Objective 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.

Goal 1: Objective 1: Intervention/Measurable Outcome 1

Add Trauma-Informed, Recovery-Oriented Community of Care (TIROCC) language to policies and procedures. The policies and procedures will be reviewed for Culture of Quality (COQ) recertification. Special emphasis should be focused on the following areas:

- a.** Section I. Public Affairs/Education/Community Relations/Advocacy
- b.** Section III. Health and Safety
- c.** Section IV. Human Resource
- d.** Section V. Mission and Program
- e.** Section VIII. Ethics

Sherry Branham will take the lead on this goal. The process for recertification has already begun and is scheduled to be completed August 21-22, 2017. The Ad Hoc Strategic Planning Committee will also be the review committee for changes made to policies and procedures. The reviews should be able to be accomplished via email or phone/video conference. This will be to obtain a 3-year recertification in COQ. This process will need to be repeated in State Fiscal Year (SFY) 2020.

Goal 1: Objective 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.

Goal 1: Objective 2: Intervention/Measurable Outcome 1

Develop a clear definition of “universal precautions” for behavioral health. The definition should extend from the board of directors to the entry level staff. Consideration should be given to constructing a definition that is easily adaptable for direct service providers as well as direct service recipients.

Joe Trolan will take the lead on this objective and start with a literature review from both public health and behavioral health to see if such an adaptation has already been penned. The TIROCC Community Advisory Committee will serve to review and approve the definition language. The approved definition language will then be presented to the Ad Hoc Strategic Planning Committee to be imbedded in a policy under Section III Health and Safety, of the Board’s policies and procedures. The literature review will begin in January, 2017. A draft will be presented to the TIROCC Community Advisory Committee in March, 2017 and the final approved policy will be part of the COQ recertification on August 21-22, 2017.

Goal 1: Objective 2: Intervention/Measurable Outcome 2

Amend the format of the current provider contract to include language requiring the implementation of “universal precautions” at the agency level. This process should be vetted for potential financial implications as well as procedural burdens for agencies. Agencies should be given a one-year period to implement before this becomes a mandate of the Board for all contract agencies.

Joe Trolan will take the lead on determining how this can fit within the current format of the provider contract. He will also reconstitute the Quality Assurance/Quality Improvement Committee which will then review the language for cost and personnel burdens. Every effort will be made to implement change that is efficient and cost-effective. Recommendations will be included in the SFY 2019 provider contract and will change to a mandate in SFY 2020.

Goal 1: Objective 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.

Goal 1: Objective 3: Intervention/Measurable Outcome 1

Establish a process to develop and foster trauma-informed and recovery-oriented “champions” among the Board staff as well as each partner organization. Internally, this should include duties added to a job description. This should solidify a “train the trainer” process to assure internal expertise as well as establish a resource to work with new organizations who may wish to contract with the Board in the future.

Joe Trolian will take the lead on working with a consultant to help develop a “train the trainer” process and establish a cost to train a minimum of 10 individuals in Richland County to participate in this intensive process. Joe will then work with partner organization directors to appoint one or two (depending on the size of the agency) individuals to participate in this intensive training. A minimum of 10 individuals will begin the process in the 4th quarter of SFY 2017 and complete it by the 4th Quarter of SFY 2018.

Goal 1: Objective 3: Intervention/Measurable Outcome 2

Establish a “Director’s Annual Communication Retreat.” This should be a half day offsite meeting to continue to build the communications between the Board and the partner organization executive directors as well as among the directors themselves. This should be mandatory for contract partner organizations and highly encouraged for affiliate partner organization.

Joe Trolian will take the lead in arranging a half day curriculum around topical and timely issues as well as establishing a facilitator for each retreat. The retreat will take place in the 3rd quarter of the fiscal year so that the topics can be germane to the upcoming contracting process. The first retreat will be during SFY 2018.

Goal 1: Objective 3: Intervention/Measurable Outcome 3

Look at what we are doing as a system to keep pace with the evolution of transformation, Have a team in place at both the system level as well as at each individual partner organization to allow for fidelity to the TIROCC approach as well as common enhancements as we progress.

Joe Trolian will work with the local team of TIROCC “champions” that will develop a re-assessment process for agencies that were part of the initial TIROCC program. These agencies will be re-evaluated in SFY 2020. Any new agencies that wish to be TIROCC-approved will

undergo a similar peer evaluation by two “champion” team members. Eventually, this “champion” team will take on the responsibilities of determining needs for continued education and will fill the role of facilitator.

Goal 1: Objective 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.

Goal 1: Objective 4: Intervention/Measurable Outcome 1

Address the concerns regarding the foyer and front window issue in the Board office. There have been concerns voiced by staff regarding the ease of which a person could bypass the locked door at the front of the office with the current window and shelf setup.

Sherry Branham will take the lead on this issue and will work with the Seckel Group to obtain a quote to replace the current Plexiglas window with a ballistic-rated window and eliminate the ability to reach through the mail slot by installing a window speaker system. Sherry will work on this as part of the office renovations that are currently underway to limit disruption.

Goal 1: Objective 4: Intervention/ Measurable Outcome 2

Adapt an assessment tool to address staff physical, psychological, social, and moral safety. This will be a staff self-assessment that will be completed as part of the annual staff evaluation. This portion will be discussed at the final meeting with the executive director. These will be used to establish goals for the next fiscal year and address areas where employees many not feel safe. Joe Trolian will take the lead on reviewing a number of current organizational assessment tools to adapt to the uniqueness of the Board. This will be implemented in June, 2017 to coincide with SFY 2017's annual staff evaluations. By the 1st quarter of each fiscal year, a plan will be developed to address concerns identified. The adaptation will use a Likert scale with the goal of achieving and maintaining an overall safety score of 4 or higher (with 1 being unsafe and 5 being safe).

Goal 1: Objective 4: Intervention/ Measurable Outcome 3

Encourage employees of the Board to voice their opinions and give suggestions on all matters of Board operations. In order to reduce the intimidation factor that may prevent some employees from making their opinions or concerns known, an electronic suggestion box will be implemented. This will allow employees to submit a suggestion from their work stations. Angie Parker will take the lead on this item. She will develop an internal email that can only be accessed by the executive director. This email will be checked a minimum of weekly. The executive director will determine how and when the items can be implemented and respond back to the employee. When possible, changes will be implemented within 30 days. If more time is needed, that will be communicated to the employee. The electronic suggestion box should be implemented by March, 2017.

Goal 1: Objective 4: Intervention/ Measurable Outcome 4

Formalized the process to allow employees of the board to take part in the evaluation of the Executive Director. The Personnel Subcommittee of the Board of Directors has always had the option of soliciting feedback from staff during the executive director's annual evaluation but the process has not happened frequently.

Carolyn Muth will take the lead on this item and will work to develop a list of questions to determine the employees' opinions on the performance of the executive director. This will be gathered by the director of internal operations and presented to the Personnel Committee in May of each year.

Goal 1: Objective 4: Intervention/ Measurable Outcome 5

Add TIROCC language to the agency evaluation form. Agency opinion of the Board is paramount in developing and maintaining a unified system of care. It is also important that the Board is demonstrating the same trauma-informed and recovery-oriented approaches that we expect from all partner organizations.

Joe Trolan will redesign the current agency evaluation form to embrace the language of TIROCC. This evaluation form will be distributed to partner organization directors and staff in February, 2017 and annually in the 3rd quarter of each subsequent year.

Goal 1: Objective 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.

Goal 1: Objective 5: Intervention/ Measurable Outcome 1

Develop a logo for the Trauma-Informed Recovery Oriented-Community of Care. This should be a designed that will be easily recognizable. The symbol will indicate that the Board and its partner organizations have completed the TIROCC process satisfactorily and now represent an organization that promotes the principals of trauma-informed and recovery-oriented care. Sherry Branham, in conjunction with the rest of the TIROCC Steering Committee, will work with a design and media consultant in the rendering of the symbol. Attempts will be made to incorporate Board colors while still developing a unique design. All partner organizations will be encouraged to display this symbol throughout their buildings within the county. The committee will have a design developed by the end of the 3rd quarter of SFY 2017.

Goal 1: Objective 5: Intervention/ Measurable Outcome 2

Design and implement a public information campaign which will education the public on what it means to be a partner organization in TIROCC. The delivery of information will be across multiple platforms including, but not limited to, newspaper, radio, television, speaking engagements, social media, and handout materials. This campaign also will be designed as ongoing. An initial kickoff will be planned, but, the delivery of the message will be often and ongoing.

Sherry Branham will take the lead in working with the TIROCC Steering Committee as well as the public relations staff from the partner organizations and the design and media consultant. This group will develop a product, a budget, and a list of targeted outlets to work with for the kickoff and ongoing campaign. This group will also develop at least three key times throughout the calendar year to do targeted education. The kickoff will take place in the 4th quarter of SFY 2017.

Goal 1: Objective 5: Intervention/ Measurable Outcome 3

Ensure that the community is informed and may respond to the Board. The community needs to be given the opportunity periodically to be informed verbally as well as having the opportunity to respond in kind. These opportunities arise in the form of television/radio interviews, local town hall meetings, panel discussions, and keynotes to civic groups and city and village councils.

Sherry Branham and Joe Trolan will work together to schedule a minimum of two public addresses each year of the strategic plan with at least one of these offering an opportunity for questions and answers.

Goal 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.

Goal 2: Objective 1

Develop and implement communication techniques that support the collaborative spirit of community that honors individual and collective voices and choices.

Goal 2: Objective 1: Intervention/ Measurable Outcome 1

Establish the “Know It Before You Need It” campaign. This campaign will create a format to continually inform the community in a trauma-informed and recovery-oriented manner as to accomplishments, changes in services providers, as well as clear and concise ways to access care if needed. This campaign should embrace both traditional forms of communication as well as more modern options. This campaign should be structured in such a way as to be an ongoing process, not a seasonal or event focused effort.

In order to build involvement beyond partner organizations, the campaign will establish a private non-profit 501(c) (3) organization as the administrative agent. This will allow outside entities to donate to the project as well as open up the ability to apply for grant funding to sustain the project after start-up. This will also allow for the non-profit organization to sub-contract for services as needed without the restrictions faced by a government entity.

This campaign will be designed to embed and/or mesh with other communication efforts (i.e. Crisis Text Line, Health Department App, Domestic Violence App, 211, etc.) to avoid duplication of effort and enhance community outreach.

Sherry Branham will be the lead on this effort and will work with the TIROCC Steering Committee. We will establish Richland County National Alliance on Mental Illness (NAMI) as the administrative agent for the project. Efforts will be made to roll this project out publicly by the end of the 4th quarter of SFY 2017 or 1st Quarter of SFY 2018. A standing Public Relations Committee will be established to meet quarterly once initiated to make enhancements and/or alterations as the project moves along.

Goal 2: Objective 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.

Goal 2: Objective 2: Intervention/ Measurable Outcome 1

Implement an impactful certified peer professionals program. This includes sponsored local training, workforce development, job placement opportunities, ongoing continuing education, and opportunities for regular feedback for the trained peers on how to improve the program. The Board will encourage partner organizations to obtain certification that will allow them to employ peer professionals, either in Medicaid billable services or non-billable support roles. Potential opportunities include staffing the Warm Line, house managers for recovery housing, onsite support staff at the transitional-aged-youth apartments, and supplemental staffing for residential programs.

Training is scheduled to take place March 13-17, 2017. The minimum number of attendees is 10 with a maximum of 24. Within 180 days, we will attempt to find placement for 75% of the individuals who complete all aspects of the training and receive certification. Joe Trolan will be the lead on this effort and will work with the agencies' executive directors and clinical leaders and the Healthier Buckeye Council of Richland County to fill the training and cover the cost of completing the certification process. He will also work with the executive directors on employment options for participants.

Goal 2: Objective 3

Encourage the development of care committees to increase the voice of the constituents and the community.

Goal 2: Objective 3: Intervention/ Measurable Outcome 1

People who are receiving or have received services, and their support systems have a perspective on all aspects of service delivery that cannot be reproduced by service providers. This influence is critical, not just in the development of needed programming, but also in the evaluation of the success of programming. The Board, by statute, has a requirement to include the opinions of people with lived experiences, as well as family members, as mandated members of the board of directors.

Starting with the contracts for SFY 2018, each partner organization will need to demonstrate the method by which they are garnering the input of people being served and their support systems. These need to be in a face-to-face manner, not in a satisfaction survey. Methods can include adding people with lived experience and family members to their board of directors, establishing a standing subcommittee with regular meetings, doing periodic focus groups, etc. Partner organizations should be able to produce minutes, attendance sheets, etc. as supporting evidence and also be able to demonstrate that issues have been addressed as a result of this input. Joe Trolan will include this as an element of the funding application that will be distributed in March, 2017. 100% of all SFY 2018 partner organizations that receive funding will be able to demonstrate that an active method of garnering such input and subsequent influence in the organization has been implemented.

Goal 2: Objective 3: Intervention/ Measurable Outcome 2

Continue with TIROCC Community Advisory Committee. There currently exists a Community Advisory Committee for the TIROCC Project that meets quarterly. This committee consists of people with lived experience, family members and tertiary referral sources (clergy, non-certified agencies, etc.). The committee meets quarterly and has provided valuable input into the overall direction of the TIROCC project and the behavioral health system as a whole. In addition, this committee has agreed to provide continued input with regard to changes that have been made and whether the impact is being seen in the community.

Joe Trolan will continue to facilitate this committee; they will continue to provide input quarterly on the interventions and measurable outcomes identified in this strategic plan.

Goal 2: Objective 3: Intervention/ Measurable Outcome 3

Establish a comprehensive advisory committee to address future innovation and endeavors. Bringing voices together and facilitating constructive discourse is critical to establishing a well-rounded trauma-informed and recovery-oriented system. To that end, efforts should be made to establish a more comprehensive advisory committee that would include at a minimum, people

with lived experience, family members, tertiary referral sources, primary referral sources, affiliate and contract agencies' directors and board members and Board staff.

This committee would meet two to three times per year and address future innovations and endeavors. This committee will become a "think tank" for addressing trends and needs in the community in a timely manner. Joe Trolian will take the lead and establish a committee from active members of other advisory committees to begin meeting in the 2nd quarter of SFY 2020. The committee will establish an outline for innovative practices that can be part of the SFY 2021 Request for Funding.

Goal 2: Objective 3: Intervention/ Measurable Outcome 4

In the spring of 2014, Richland County was one of 14 board areas to pilot the Recovery Oriented Systems of Care community survey. As a result of the survey, a number of changes were made to how we do business and a number of new programs were developed to address identified gaps. The community survey is currently undergoing revisions to make it more user-friendly as well as more current to changes that have occurred in the last three years.

Joe Trolian will take the lead on implementing the second administration of the survey, using the revised format, in the 4th quarter of State Fiscal Year 2017. In 2014, the survey was sent to 140 individuals in 9 subgroups (mental health and addiction service recipients, family members, service providers, law enforcement, primary referral agencies, clergy, business and elected officials). We received 79 completed surveys or 56%. This was a pilot and time limited. Efforts will be made to solicit 300 participants from county residents to obtain at least a 65% return. The results will be shared with various groups and the community and a plan will be developed to address concerns and celebrate success. This will be implemented in SFY 2018 and SFY2019.

Goal 2: Objective 4

Focus on interventions that promote the enhancement of contact with familiar people and connections within existing social and supportive networks.

Goal 2: Objective 4: Intervention/ Measurable Outcome 1

Expand the Family Involvement Program and provide similar programs with all partner organizations certified to provide mental health services. The Richland County National Alliance on Mental Illness (NAMI) implemented the Family Involvement Program in SFY 2016. The purpose of the program was to initiate or enhance the development of natural supports systems for individuals involved with Catalyst Life Services, OhioHealth, and Heartland Behavioral Health. This program was continued into SFY 2017. The program has resulted in a visible presence one day per week in the lobby of Catalyst and a weekly group meeting on the psychiatric unit of OhioHealth. This has also led to the implementation of a release of information process for all admissions to Heartland Behavioral Health so NAMI can work with family members on behalf of those individuals admitted.

The Board will encourage and contract for this service to be expanded to the new emergency departments of Avita and OhioHealth that will be opening in Ontario; the Board will also work to provide similar programs and agreements with all partner organizations that are certified to provide mental health services. We will establish outcomes for service recipients who were assisted in establishing natural supports through this process each fiscal year. We will also establish a feedback system to evaluate this process by those that were assisted by it. We will set a benchmark of 70% satisfaction and establish a method of evaluation that can be employed during SFY 2019.

Goal 2: Objective 4: Intervention/ Measurable Outcome 2

Improve natural supports for individuals with substance use disorders through family involvement programs. The involvement of natural supports is crucial for services to those individuals with a substance use disorder. Having a network of support will encourage individuals to follow through on their path to recovery as well as to change their current environment so that it is conducive to recovery. There are currently a number of grassroots efforts in the community that are providing some support services to those with substance use disorders such as Starfish and Reformers Unanimous.

Joe Trolan will take the lead in exploring the interest of other community grassroots organizations in implementing a program similar to NAMI's Family Involvement Program for individuals who are in a residential level care for a substance use disorder. We can explore potential partners and target implementation in January, 2018 with a similar evaluation process to begin in SFY 2019.

Goal 2: Objective 4: Intervention/ Measurable Outcome 3

Implement a system for collaborative data collection and evaluation. As a community we need to become more sophisticated in measuring and evaluating the overall health (physical, emotional, social, behavioral, etc.) of those we serve. Due to system specific databases, HIPAA, confidentiality laws, and a state that still supports and requires “silo-ed” information, evaluating the impact of behavioral health services on other health-related areas can prove difficult.

Richland County has a reputation of cooperative approaches to social issues. The Board should capitalize on this environment to pull together key allied health system leaders and innovative professionals to address collaborative data collection and evaluation. Joe Trolan will work with allied system leaders to engage in this endeavor in the 1st quarter of SFY 2019. Since some work then will be accomplished prior to the next administration of the Community Health Assessment, the system will be able to compare collaborative data to the results from a community survey.

This will also establish some benchmark data that can be evaluated every three years for overall community impact.

Goal 2: Objective 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.

Goal 2: Objective 5: Intervention/ Measurable Outcome 1

Explore Evidence Based-Practices (EBPs) that address engagement and effective ongoing treatment and develop a timeline for implementation. Effective engagement is essential in building a foundation on which active treatment can prosper. Establishing an effective engagement approach may also help the system to address a significant problem being seen where individuals are receiving a behavioral health intervention and then not following up with services (i.e. receiving Naloxone or a crisis intervention).

Joe will work with the system clinical leaders to explore Evidence Based-Practices (EBPs) that address engagement and effective ongoing treatment. One such EBP is Feedback Informed Treatment (FIT), which is described as an approach for evaluating and improving the quality and effectiveness of behavioral health services. A committee to research possible EBPs will be established in April, 2017, with a decision to be made in July, 2017. The feasibility of implementing the chosen EBP will then be presented to the Program and Planning Committee and then, if there is consensus, to the full Board in September, 2017 with a timeline plan for implementation.

Goal 2: Objective 5: Intervention/ Measurable Outcome 2

Implement a pilot program for Assisted Outpatient Treatment to reduce hospitalization and improve recovery. A small number of Richland County residents who have either been diagnosed or exhibit the symptoms of a severe and persistent mental illness have been difficult to engage in services. This may be because they have not met the requirements of criteria 1 through 4 of Ohio Revised Code Chapter 5122 regarding involuntary commitment, but history has shown a pattern of decompensation without care among these individuals. In 2015, the State of Ohio implemented a 5th criterion that can be used to establish an outpatient involuntary treatment program known as Assisted Outpatient Treatment (AOT).

Under the guidance of an AOT implementation committee, of which Joe Trolan is a member, Richland County plans to implement a pilot program in January of 2017. The purpose of the program is to prove a person-driven service plan that the participant will find acceptable and eliminate any perceived barriers that have prohibited quality engagement. The program hopes to engage 7 to 12 individuals by July 1, 2017. A benchmark will be established for all participants by examining an average number of days hospitalized per year (for a three year history). A targeted outcome of reducing hospital days by 50% will be established for SFY 2018. We will also want to look at other recovery-oriented outcomes, such as work or constructive activities as well as self-reported improvements.

Goal 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.

Goal 3: Objective 1

Promote the reduction of trauma and enhancement of recovery by assuring adequate and timely access to appropriate and individually-focused programming.

Goal 3: Objective 1: Intervention/ Measurable Outcome 1

Establish a method for each QA/QI representative to work with individuals who are receiving or have received services and support networks to evaluate each agency's approach to "front door" engagement. How the community engages the behavioral health system affects how quickly and to what extent healing occurs. We know reaching out for help may be traumatic in and of itself. As a system, we need to make sure we are not compounding the trauma by creating overly onerous access processes at each agency. The waiting list data and satisfaction data are already required as part of the Quality Improvement Report submitted to the Board by contract agencies. This may provide the basis for developing a process for addressing engagement.

Sherry Branham will work with the reconstituted Quality Assurance/Quality Improvement (QA/QI) Committee to establish a method for each QA/QI representative to work with individuals who are receiving or have received services and support networks to evaluate each agency's approach to "front door" engagement. The committee can evaluate the most effective methods and develop a "front door" engagement process that can be implemented successfully in each agency. The committee will begin meeting in the 1st quarter of SFY 2018. A process will be developed and implemented to evaluate "front door" engagement during the 3rd quarter. The 4th quarter will be spent synthesizing the data for each agency and across the system. Each agency will then be able to develop a plan to adjust the process during the 1st quarter of SFY 2019. This will also establish a new outcome measure to be evaluated on the quarterly QA/QI report.

Goal 3: Objective 2

Identify and implement the utilization of a trauma and recovery specific screening tool to be used with people who seek our services.

Goal 3: Objective 2: Intervention/ Measurable Outcome 1

Establish a screening tool for a trauma-informed diagnostic assessment. Addressing the presence of various types of trauma is critical in starting on the road to recovery. The Board must assure that all partner organizations have the ability to recognize and address the symptoms of trauma and are making a concerted effort to do so. This is a promise we must be able to make to the community. There are a number of research-based screening tools that can be implemented as part of or as an addendum to any diagnostic assessment.

Joe Trolan will work with the agency clinical leaders to evaluate potential tools and any requisite training and/or cost of implementation. The committee will settle on a single tool that can be implemented at the start of SFY 2018. This will allow the implementation to coincide with the State of Ohio's behavioral health redesign process and should make it easier to embed the screening tool in the electronic health record. Joe Trolan will implement a clinical records review in November, 2017 and evaluate the usage of the tool and the impact on the individual services plan. This will then become part of the annual records review.

Goal 3: Objective 3

Deliver continually evolving and improving trauma-informed and recovery-oriented services for people served, employees, and stakeholders.

Goal 3: Objective 3: Intervention/ Measurable Outcome 1

Establish a minimum of two trauma-informed recovery-oriented continuing education approved trainings per year. The behavioral health system in Richland County has established a strong foundation in the areas of trauma-informed and recovery-oriented care. The Board and its partner organizations have worked with L. Harrison Associates, Inc. to evaluate how trauma-informed and recovery-oriented they are, and to establish a plan to capitalize on their strengths and to address any concerns. As a system leader, the Board needs to continue to provide a venue to build on the accomplishments that have already been made.

Sherry Branham will work with the TIROCC Steering Committee to establish a minimum of two trauma-informed recovery-oriented continuing education approved trainings per year. These can include local experts or hired presenters. The committee will establish the topics and a budget for this provision. For the first one to two years, the topics may center around supporting endeavors outlined in this strategic plan but should eventually evolve into topics that are timely and critical in addressing community needs.

Goal 3: Objective 3: Intervention/ Measurable Outcome 2

Establish a method of interagency cross training. A significant amount of accomplishments has already taken place at each of the TIROCC partners. In addition, some of the areas where one organization excelled, another was seen as having challenges. This creates a fertile ground of intersystem cross trainings. Of particular interest will be to enhance new-hire orientation to begin laying the groundwork for trauma informed recovery-oriented care.

Sherry Branham will work with the TIROCC Steering Committee and the QA/QI Committee to establish a method of interagency cross training. This will start with establishing a menu of what each organization is doing well or has already implemented (for example, CACY has implemented trauma-informed and recovery-oriented approaches to new hires and staff orientation, UMADAOP has implemented internal trauma teams, etc.). The next step will be to establish a venue where interagency cross training can take place in a safe environment. The goal will be to implement a minimum of 3 interagency cross trainings each year. This will be defined as a subject matter expert from one organization providing onsite training at another organization and/or exchange between two organizations where agency A trains on a topic and then agency B reciprocates and trains on a different topic. A plan will be developed and implemented starting the 3rd quarter of SFY 2018.

Goal 3: Objective 3: Intervention/ Measurable Outcome 3

Partner with the statewide planning committee to support the statewide recovery conference and provide for Richland County residents to attend. Richland County has been celebrating recovery for nearly a decade. Initially this was done through a joint conference with Ashland and Wayne/Holmes Board and then it was a joint conference with Crawford/Marion Board; now it is through the support of the statewide recovery conference.

Sherry Branham will work with the statewide Planning Committee for the conference each year. She will also work with Carolyn Muth to establish a recovery conference participation budget, as part of the training line item, to support the conference and make it possible for at least 20 Richland County people who have lived experience with mental illness or addiction, or are family members of someone with lived experience, to attend to two-day event. A follow-up satisfaction survey will be implemented to ensure that individuals are still benefiting from the conference; feedback will be provided to the statewide Planning Committee. This will begin on July 1, 2017 for the conference in September, 2017 and continue annually thereafter.

Goal 3: Objective 3: Intervention/Measurable Outcome 4

Develop a process to collect individual feedback from people with lived experiences and their supports regarding services at agencies. Feedback opportunities from individuals receiving services and/or their support systems are essential to the evolution of quality care. However, feedback needs to be received by all organization employees. The Board will work with partner organizations to develop an all-staff in-service process that will allow people served and their supports to voice what has gone well with their services and interactions with organizations, as well as those interactions that may have been troubling or less than trauma-informed or recovery-oriented.

Sherry Branham will work with the QA/QI Committee to develop a process to garner this individual feedback. A possible process could include a panel presentation at an all-staff meeting or individual video interviews that can then be viewed either at an all-staff meeting or in supervisory sessions. The preparation for this process will begin in the 1st quarter of SFY 2019 with the implementation beginning in the 3rd quarter.

Goal 3: Objective 3: Intervention/Measurable Outcome 5

Develop a tool for an organizational assessment and staff self-assessment. Each agency will utilize an organizational assessment and staff self-assessment as part of their ongoing evaluation. The results will be provided to each agency as a learning tool and to establish internal benchmarks. Allowing for objective measures that can be used to determine to what extent improvements need to be made.

Joe Trolan will work with the clinical leaders and the QA/QI Committee to determine an appropriate tool to be used for evaluations. This evaluation can be used for agencies that have not contracted with the Board in the past as well as to assess the Board and the current contracted agencies. The clinical leaders and QA/QI Committee will periodically evaluate assessment tools

to determine if there is a need to make a change for a more efficient assessment. The assessment process would be performed in the 2nd Quarter of SFY 2019 with the results influencing contracts for SFY 2020.

Goal 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.

Goal 4: Objective 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.

Goal 4: Objective 1: Intervention/ Measurable Outcome 1

Encourage input from all Board employees during a monthly all-staff meeting. Input is essential at all levels in an organization and should be encouraged whenever possible. This should also be done in an organized manner to give individuals time to prepare their thoughts and not feel rushed. The Board will implement a minimum of one all-staff meeting per month. All staff will be given the opportunity to assist in sculpting the agenda. This meeting will run approximately 1.5 hours. Additional meetings can be set if needed.

Joe Trolian will make sure dates are set on the calendar well in advance and will assign Deborah Ammons to send reminders to staff and compose the agenda. The Board staff will organize a minimum of 10 all staff meetings in calendar year 2017 and each year after.

Goal 4: Objective 1: Intervention/ Measurable Outcome 2

Conduct a biennial staff retreat to promote a cohesive team. With a limited size staff, teamwork is essential. In order to foster teamwork, co-workers must feel comfortable addressing the overall direction of the office, specifically, and the Board as a whole. In order to provide a comfortable opportunity for open dialogue, it is advisable to organize in a neutral non-threatening space. The Board staff will participate in a staff retreat a minimum of biennially. This retreat will be off site during the work week and will allow for all staff to work together to enhance, or rebuild, needed relationships.

Sherry Branham will work with a few other Board employees to organize a retreat during the first quarter of every other fiscal year. This retreat can include a facilitator or a guided process facilitated by one of the staff.

Goal 4: Objective 1: Intervention/ Measurable Outcome 3

Include open comment for board members during the monthly meeting. In order to empower the members of the Board of Directors to provide the “community voice”, ample opportunity needs to be provided and encouraged to allow for open dialogue regarding a myriad of concerns they are seeing in the community.

Starting with the board meeting on February 21st, 2017 the agenda will include an opportunity for open comment by board members before the meeting is concluded. Sherry Branham will also take the lead in making sure that this is included as part of the Board By-Laws that will be updated for Culture of Quality (COQ) re-certification in July, 2017.

Goal 4: Objective 2

Initiate coordination between community funding organizations to eliminate gaps and duplicative financial support.

Goal 4: Objective 2: Intervention/ Measurable Outcome 1

Establish a meeting among county funders. In a community the size of Richland County, we have various options for funding social service ventures. Although this creates a rich environment for support and enhancement, this also creates ample opportunities for duplication of some efforts and gaps left in others. Currently there is not an organized meeting where all funders (i.e. The Board, United Way, Youth and Family Council, The Richland Foundation, The Shelby Foundation, The Commissioners, etc.) come together on an annual or semi-annual basis to talk about where we are each investing our funds to address needs in the community. This could be expanded further to include private funds and grant makers.

Joe Trolan will work with the directors of the Richland Foundation and United Way to organize a meeting and establish some procedures to determine the best time of year, how often, who to include, location, etc. The process to develop this meeting will begin in the 1st quarter of SFY 2018 with measures based on frequency of meetings, attendance, and examples of either avoided duplications or addressed gaps in services.

Goal 4: Objective 3

Transition current funding practices to address trauma-informed, recovery-oriented, outcome-driven financing.

Goal 4: Objective 3: Intervention/ Measurable Outcome 1

Participate in the behavioral health redesign with the state of Ohio and establish similar benchmarks at the county level. The current behavioral health services system is undergoing significant change. These changes will be modernizing the process that has been used in the state of Ohio to coincide with accepted practices throughout the United States. The behavioral health redesign will be fully implemented on July 1, 2017. This will involve implementing a code set that meets all federal requirements for Medicaid and Medicare funded services. Six months following the re-design implementation, managed care companies will begin overseeing the entire Medicaid benefit for the publicly funded behavioral health system.

This process will include measurable benchmarks and outcomes that will embody the National Outcome Measures (NOMS) that are required by Substance Abuse and Mental Health Service Administration (SAMHSA). These will be captured on an updated Behavioral Health Module to be implemented during calendar year 2018. Managed care companies will then use these benchmarks and outcomes to determine the most appropriate provider for the covered lives they serve.

Joe Trolan will take the lead in mobilizing both Board and provider staff to participate in the various planning efforts at the state level. The Board will then establish similar benchmarks and outcomes to use with support services provided through contract by the Board. All outcomes will be reported on a semi-annual basis. We will begin tracking these outcomes for SFY 2019 and use them for contracting decisions 2020 and after.

Goal 4: Objective 3: Intervention/ Measurable Outcome 2

Train board members on funding sources and how they can be used. Board members are provided a “crash course” in Board financing during their initial orientation. Board members are then expected to participate in financial decision-making with very little additional training. Opportunities to ask questions are always provided, but it may be difficult to formulate a specific question.

Carolyn will take the lead in developing a brief but specific education on various funding sources and how they can be used. This educational piece, through the guidance of the Finance Committee, will be provided at a minimum of one meeting per quarter. Efforts will be made to educate on specific funding sources that may have the greatest relevance on current Board issues.