

Trauma Informed Recovery Oriented Community of Care Newsletter

September 2016



A Legacy of Hope and Success!

Working Collaboratively to Increase Efficiency of Trauma Informed Services

Veronica Groff, LISW-S, LICDC-S, is the President & CEO of Catalyst Life Services. She cites three main sources of motivation in her life: her faith in God, her family, and her duty to her community.

Veronica started her journey with what was then The Center (now Catalyst Life Services) on a request from a Center board member asking for her help during a transitional period for the agency nearly 20 years ago. At that time, Veronica was employed with Med Central Hospital, now Ohio Health, Mansfield Hospital. Med Central recognized the value of Veronica's assistance at The Center. They supported her throughout this transitional phase and eventually Veronica accepted the position of President & CEO. Veronica believes it is an honor to serve the community through the position of President & CEO with the support of the Catalyst Life Services Board.

Catalyst has experienced exponential growth and positive change since that time. In 2010 The Center integrated with The Rehab Center to better serve the needs of individuals and families in Richland County. In 2012 The Center and The Rehab Center became Catalyst Life Services. Today Catalyst employs over 450 people providing services including audiology, deaf services, vocational training through Progress Industries and the WIOA program, janitorial and lawn care through Precise Services, mental health services for adults and children, adult residential crisis stabilization, adult alcohol and drug treatment services through New Beginnings to name a few.

Veronica recognizes the Trauma Informed Recovery Oriented Community of Care (TIROCC) project as an opportunity to unite community agencies in working collaboratively to increase efficiency of trauma informed services. She notes it is important for systems to work together to provide resources and referrals for the most appropriate service providers. Although Veronica believes our community already has strong partnerships, she recognizes that the TIROCC project can "help us to provide services even more sensitively and more efficiently than we do now."

The seeds planted by the TIROCC project have already taken root at Catalyst. Old ways of thinking are being changed utilizing trauma informed training and agency assessment to identify how providers can be more sensitive to individual needs of the person. Veronica describes understanding the importance of consistent mindfulness in the methods of not only treatment, but in all interactions. The dedication to this shift in the agency's culture is demonstrated through Veronica's personal desire to grow as a trauma informed leader. Catalyst continues to be a committed community partner to assist individuals and families in efficiently receiving quality services. With the support of the TIROCC project Catalyst will use shared language and knowledge with community partners to build a greater, trauma informed Richland County.

Rhianna Mattix, MSW, LSW, CTP
School Liaison
Catalyst Life Services



CATALYST
— LIFE SERVICES —

Trauma Informed Tips: by Landa C. Harrison, LPC

Why it's important for ALL staff to Know about Trauma Theory:

- All staff are able to describe who is served by the agency and why a trauma informed practice model is important to the services that are delivered.
- All staff are able to describe the reasons that trauma informed practice is required of staff in all parts of the organization and not just those in direct service.
- Staff in each department have an understanding of their team's vulnerability to reenactment and which other members of the organization they are most likely to engage in the triangle. They take active steps to avoid and rescript these.
- Staff are familiar with the concepts of parallel process and collective disturbance and can recount examples from their own experience.
- Staff demonstrate that conflict is addressed with transparency and respectful discourse. Staff know how to utilize the language of negotiation and interest when conflict arises.

Upcoming Events:

September 26th through September 30th

Richland County NAMI will host Crisis Intervention Training. The training is designed to educate Emergency Responders and Police Officer how to work with individuals who have a mental health diagnosis and their families.

September 29th

11:00 a.m. the Richland County Mental Health & Recovery Services Board will host the groundbreaking for it's new Transitional Age Youth Apartment building which will be located at 285 Grandview Avenue in Mansfield Ohio. Dignitaries will be present to help the Board celebrate the groundbreaking. For further information contact Sherry Branham at 419-774-5811.

October 25th

8:00 William L. Hegarty, JD from the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board will be presenting Professional Ethics 2016. For registration information call the Richland County Mental Health and Recovery Services Board at 419-774-5811.

November 16th

Save the Date as Landa Harrison will present TIROCC Clinical Tools Training which will be held at Richland County Children Services. For registration information call the Richland County Mental Health and Recovery Services Board at 419-774-5811.

November 17th

From 10:00 till 11:30 the TIROCC Steering Committee will be meeting to continue planning for the project.

Building TIROCC Momentum

It has been one hot summer with regard to temperature as well as the momentum being seen in the TIROCC project. Both the Community and Referral Source Advisory committees have continued to meet and have produced some fuel to establish ways to spread the TIROCC message over the next few years and utilizing methods that will bring us more into the 21st Century.



Communication and public knowledge of what our system has to offer have been a crucial topic to address a number of community concerns. To that end the Board produced a single low-tech document that listed 16 organizations that offer treatment, prevention, education and advocacy in Richland County. A short description of each was provided along with the easiest method of contact. These have been widely distributed, well received and have stimulated additional ideas.

Without revealing too much, I can say the Steering Committee has begun to look at a more sophisticated initiatives to widen the distribution of our message and to improve the efficiency of access to the "right" information. This has led to the addition of a new partner. With the support of Joe Palmer and the Mansfield, Richland County Public Library, Terri Carter and Amanda Crowley from 211 have joined the Steering Committee to create a central location for all needed information. It is great to see the TIROCC Project already starting to expand ahead of schedule.

Joe Trolian, MA, LPCC-S, LICDC-CS
Executive Director, RCMHRSB

Being Trauma Informed: The Four R's

Cheryl Purviance, MSW, LISW-S
Director of Home-Based Services at
Family Life Counseling and Psychiatric Services

It never ceases to amaze me how we so often try to reduce incredibly big ideas into incredibly small acronyms—perhaps it's about saving time in our otherwise incredibly busy lives. Or perhaps it's simply that those very important ideas are more easily digested when broken down into smaller bites.

How long would we be able to survive without a day full of ASAP's, FYI's and don't even get me started on all of those ABC's that are so popular in text messages and on the book of face—many of which clearly don't involve big ideas. I count myself among those who is blissfully ignorant of the majority of those particular acronyms.

In working to be more trauma informed, however, there are two major acronyms—the four R's and the three E's (look for those E's in a later edition). Let's work on the R's.

First, there is REALIZATION. Whether it is a past trauma lived out in the present, is occurring today, or is a function of 'trauma by association' (secondary trauma), we must be aware of the reality of trauma and its devastating effects. It is equally vital that we understand how trauma plays out in both mental health and substance use disorders and that we are prepared to meet the needs of the traumatized, whether in prevention, active treatment or through the course of recovery. Trauma is a real factor in every sector of life. It is not limited to "treatment" systems, but affects *every* system, from the home, to the workplace, to the community at large.

Like realization, it is essential that we RECOGNIZE the signs of trauma; we must know it when we see it. Whether we are responsible for assessing a client, supervising others, engaging with family or looking in the mirror, we need to be sensitive to evidence of trauma.

Having recognized trauma, we then RESPOND to its existence, and its effects. To respond most effectively, we ("we" meaning every possible individual who is a part of the community) must be well versed in both of the first R's—that we all have a realization of trauma, and that we are all able to recognize it's symptoms. This response should be evident in every aspect of our interaction with others; no such connection is insignificant.

Finally, we must actively RESIST RE-TRAUMATIZATION. We do so in part by returning to realization and recognition—awareness of how we can be affected by secondary trauma gives us an advantage in preventing it. In working with others, whether clients, family members, friends or co-workers/subordinates, it is important that we provide non-judgmental and flexible environments where we are sensitive to the potential for re-awakening trauma, and to do everything we can to prevent it.

*"A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization.**"*

---SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, July 2014

~About the Author~



Cheryl completed her bachelor's from Asbury College in Wilmore KY and an MSW from The Ohio State University.

Cheryl has been with Family Life counseling for 8 years and currently is Director of Home-Based Services and Mental Health Liaison for Children's Services.

Cheryl has 4 daughters, 7 granddaughters and 1 grandson, and a 90-lb boxer named, Baxter.

The Board Arranges Opportunity for Community Partners to Engage in Open Dialogue with Managed Care Providers

On September 8th, 2016, we experienced an exciting undertaking. The Mental Health and Recovery Services Board hosted a day full of meetings with the five Managed Care Companies that will be overseeing Behavioral Health Medicaid starting January 1, 2018.

In the morning, Terry Jones from Care Source, Steve Young from Buckeye Health Care and Emily Higgins from Molina Health Care participated in a meeting with the Richland County Behavioral Health Providers. Over 30 staff from 10 agencies participated in a two hour discussion that covered what each of the agencies had to offer as well as the types of services each Managed Care Company is interested in purchasing. A fair amount of time was spent alleviating concerns around service limitations and prescription formularies. Emily Higgins, stated that there are currently provisions in the law that would prevent disruptions of a person’s current regiment of care. The result of the morning meeting was the realization that Managed Care will be a reality in 16 short months and now agencies and the Managed Care Companies have a recognizable face to work with as well as have identified some processes that will be implemented to ease the transition.

Lunch was centered on a discussion of resources, outcomes and information technology. Hy Kisen from Paramount and Jeff Corzine from United Healthcare joined a lunch meeting between the Staff of the Board and the Managed Care Company reps. We spent some time discussing services available in Richland County that are not under the Medicaid benefit and how these services can help create a more complete response to a consumer’s needs. We also looked at our current IT function and how this can help ease the transition for providers. A final discussion focused on outcomes that the Managed Care Companies will be looking for and how the Board can assist in obtaining and align with these to avoid additional work in a time of transition.

The afternoon meeting was with referral sources in Richland County. In attendance were representatives from three court systems, Job and Family Services, the Health Department, our Federally Qualified Health System (Third Street), The Area Agency on Aging, Developmental Disability and our local 211. The conversation was more of an introduction to Managed Care, but also included a number of discussions regarding transportation and access. We even heard encouragement that if we generate some unique initiatives and would like to approach the Managed Care Companies for a potential pilot, they would encourage the discussion.

The end result of these meetings clearly followed along the four R’s of trauma informed Care. We established the Realization that a change is coming and that change is difficult, but manageable. We developed recognition of some areas of concern, with enough time (16 months) to develop a solution. We also addressed recognition in the sense that people can now put a face to a name (it is always easier to converse with someone you know). We have begun to develop a response to this change by establishing a forum for discussion and making sure all providers, the Board, referral sources and the managed care companies are all on the same page. Finally we are resisting re-traumatization for our agencies by alleviating some concern with the process and by clearly hearing that individuals that are working a successful recovery plan will not be forced to make alterations on January 1, 2018. This will be the first of several meetings with Managed Care Companies and the behavioral health system prior to implementation in January of 2018. We look forward to building a constructive relationship for the benefit of the community that we serve.

Joe Trolan, MA, LPCC-S, LICDC-CS
Executive Director, RCMHR SB

The Community of Care Network:

The network includes the following organizations that are working collaboratively to provide assistance, support and advocacy for the Richland County community.

Three C Counseling
Richland County Job & Family Services- Adult Protective Services
Richland County Juvenile Court
Richland County Mental Health & Recovery Services Board

CACY (Community Action for Capable Youth)
Catalyst Life Services
Family Life Counseling & Psychiatric Services
NAMI (Richland County National Alliance on Mental Illness)
UMADAOP

For more information, please contact:
Richland County Mental Health & Recovery Services Board
Phone: 419-774-5811 www.richlandmentalhealth.com