An Administrative Perspective

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Chair of TIROCC Steering Committee
Richland County Mental Health & Recovery Services Board
Richland County’s Recovery Oriented System of Care (ROSC) with the twist of developing a trauma informed community.
Richland County’s Vision for TIROCC

To create systemic change that has positive impact on the Richland County community in a trauma informed recovery oriented manner.

- people receiving services through our behavioral health system
- their families members
- their friends
- people working in the behavioral health system
- other community partners.
ROSC is a way of thinking about service delivery for those with mental illness and/or addiction disorders that focuses first and foremost on clients and family members.

ROSC emphasizes the importance of peer supports, employment supports, housing, and transportation. It calls for services that are culturally appropriate, and delivered in an accountable, effective and efficient manner.

ROSC recognizes that local management of behavioral health services is vital and that local communities are in the best position to design and manage their ROSK.

The Richland County Mental Health and Recovery Services Board was one of eight ROSC ‘pilot’ boards in Ohio.
To Change the Conversation:
- Mental illnesses and addiction disorders are chronic illnesses.
- Mental Illnesses and addiction disorders can be successfully treated.
- Recovery is worth celebrating.
- Address issues of stigma and engage people in healthy conversations to reduce stigma.
Implementation of ROSC

Richland County MH&RS was approached to develop and implement a plan relative to a state structured survey to assess our compliance with core ROSC principles:

- Focusing on clients and families
- Ensuring timely access to care
- Promoting health, safe and drug-free communities
- Prioritizing accountable and outcome-drive financing of our local system of care
Trauma

- A deeply distressing or disturbing experience.

- Individualized depending on perception, experience, chronicity, and resiliency (protective factors).
Trauma Informed Care

- An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma.
Efforts were made multiple times to implement TIC in our community.

Trained community professionals multiple times over multiple years but TIC didn’t really stick.

Can’t just teach TIC as skill has to become a belief system.

How do we make it stick?

Change the belief system!

Thus the idea of incorporating the TIC piece into the mandate of ROSC.
Birth of TIROCC

- Administrative discussion about blending ROSK/TIROCC
- Board of Directors
- Sought Approval to Hire a Consultant
- Initializing the Process
- Bringing Contract Agencies on Board
- Contract Requirement/Accreditation
Hired consultant

Providers assessed
  - Including the Board

Organizational Assessment (Board)- Staff & Organization Impact

Developing a Strategic Plan
  - Strengths
  - Opportunities for growth

Turning the opportunities for growth into active goals

5 Year Strategic Plan

Long Term Change
  - Organizational
  - Community
  - Client Focused
Development of TIROCC-Utilized SAMHSA Initiatives

- The six key principles of TIC
  - Safety
  - Trustworthiness
  - Peer Support
  - Collaboration
  - Empowerment
  - Culture

- The Three E’s
  - Event
  - Experience
  - Effect

- The four R’s
  - Realization
  - Recognize
  - Respond
  - Resist Re-traumatization
Becoming a TIROCC Organization

TIROCC Seal
Contracted Services
Funding
What is TIROCC

It is:

CACY
Catalyst Life Services
Family Life Counseling
NAMI
Mansfield UMADAOP
Richland County Juvenile Justice
Richland County Job and Family Services
Richland County 211
What is TIROCC Impacting

Prevention
Assessment
Mental Health Treatment
Substance Abuse Treatment
Peer Services
Jail Services
Who is TIROCC Impacting

People with Lived Experience
Family Members
Friends
Professionals
Service Providers
Systems
Community
TIROCCs Global Impact

Trauma Informed Behavioral Health System

- Providers- Clinical Services
- Community partners/Staff- Therapist, Psychiatrist

Trauma Informed Community Partners

- Providers- businesses, family services (children services, JFS), criminal justice system, ect
- Community partners/Staff- indirect service providers such as secretary, maintenance, security, teachers, police (MPD)
Pulling it all Together

- Strategic Planning
  - Mission
  - Vision
  - Goals
    - Objectives
    - Interventions/Measurable Outcomes
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.
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.
Examples of Interventions and Measurable Outcomes
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:

- Section I. Public Affairs/Education/Community Relations/Advocacy
- Section III. Health and Safety
- Section IV. Human Resource
- Section V. Mission and Program
- 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.
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.
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 Trolian 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.
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 Trolian 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 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.
Goal 2 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 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.
Goal 3 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.
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.
1. Assure that all employees are actively involved in all aspects 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.
Keeping TIROCC Alive

Steering Committee- Evolution

- **Trainings**
  - "Supervision to Develop Proficiency in Trauma informed Community Care" (Ethic Training)
  - Schools
  - Board of Directors

- **Events**
  - Suicide Prevention

- **Media**
  - Social Media
  - News
  - Campaign

- **Policies/Procedures**
- **Recommendations-** Always seeking input
A Clinical/Provider Perspective

Melissa Tester, LSW, LCDC-III
Mansfield UMADAOP

Jereese Wilson, BSSW, LSW, SW Masters Intern
Mansfield, UMADAOP
Overview of process

- How UMADAOP received the idea of TIROCC
- The process of engagement
- Agency impact
- Implementing the TIROCC concept
- Progress to date
The trauma initiative in Richland Co. Is TIROCC (Trauma Informed Recovery Oriented Community of Care) UMADAOP was contacted by Joe Trolian re: project interest and willingness of agency to invest human capital

- Agency was evaluated
- Also evaluated agency reputation and impact on community and people with lived experienced within the community and interviews with employee’s and consumers.
- All opportunities for growth embraced
Quality Circle defined:

- It is a democratic process designed to improve transparency and provides voice and choice by creating a sense of partnership amongst staff and agency administration. Allowing them to assist in developing policy, programming and practice.

Expansion: To Evaluate, Develop and Manage:

- Community Meeting – check in
- Develop Trauma Culture
- Improve Staff Morale
- Implement Staff Trainings
- Oversee Policy and Practice
- Other areas of needed assistance within the agency identified

- All Departments Represented
Trauma Team
MANSFIELD UMADAOP
What is Trauma?

Complex Trauma

- Emotional Abuse
- Physical Abuse
- Witnessing Rape & Physical Assault of Mother
- Educational Neglect
- Emotional Abuse & Physical Abuse
- Physical & Medical Neglect
- Emotional Neglect
Personal Trauma

- Divorce
- Injury
- Poverty
- Exposure to use
- Lack of parental supervision
- Bullying
- Victim of crime
- Witnessing violence repeatedly
- Parental instability

- Loss of self respect
- Loss of respect from others
- Lost relationships
- Lost opportunities
- Lost people, death/time
- Loss of dignity
- Lost freedom to use
- Loss of roles
- Lost resources
- Physical deterioration
Professional/Organizational Trauma

- Vicarious Trauma
- Lack of resources
- Personal issues being triggered by clinical work
- Unrealistic expectations
  - Productivity, case load size
  - Mandatory work with minimal support or consideration
  - Poor work spaces
  - Witnessing unethical practices
  - Lack of self care and awareness
- Witnessing peer intimidation
- Experiencing verbal abuse and intimidation
- Lack of stability
- Gender and racial discrimination
- Incompetent leaders
- Secrets, personal promotion
- Sacrificing ethics
- Poor boundaries
  - Re: Work space, supervision, ie., not following policies in place, blatant disregard
Event – These things happen to clients and staff alike. The first process of trauma. Can be new or an old event that has resurfaced via counter transference.

Experience – Not everyone is traumatized by the same thing in the same way. A divorce for one person may be devastating and for another may be a celebration. They both offer their challenges but one’s perspective determines the difficulty.

Effect - The meaning a person assigns an event as well as their resources and personal characteristics for resiliency will determine the outcome. The effects could be immediate or delayed.
The Four Rs in Clinical Practice

- Realize – We treat a traumatized population and many people in service positions come from a place of trauma. We need skilled individuals for the first contact. Needed resources available to decrease chances of re-traumatizing consumer and professional.

- Recognize – Recognize the needs of the population we serve as well as our own limitations.

- Respond – Implementing programs to meet the needs of the clients and staff. Trainings provided to identify symptoms of trauma. Personally, professionally.

- Resist – Resist the temptation to be driven by money and overwhelm staff, impacting client care. Resist temptation to drug test and not discuss tx experience. Resist the temptation to threaten to motivate. Resist the temptation to judge vs understand and support.
TIROCC IS:

- Screening
- Understanding Your Own History
- Collaboration and Understanding Your Professional Role
- Understanding the Health Effects of Trauma
- Patient-Centered Communication Skills
Victims of overwhelming life experiences have difficulty staying safe, find emotions difficult to manage, have suffered many losses and have difficulty envisioning a future. Four areas to develop, maintain and monitor.

- **Evaluations driven by SELF Model**
  - Safety – Physically and emotionally
  - Emotional Balance – The ability to manage
  - Loss – Is it occurring? Death, jobs, children
  - Future – Do you or clients have hope for future
SAMHSA’s Six Guiding Principles of Trauma Informed Care

- **Safety** – Does everyone feel safe, physically, emotionally and morally?
- **Trustworthiness and Transparency** – Do the clients trust the staff? Do staff trust staff and administration? Is there a lot of secrecy, or do what you are told with no explanation?
- **Peer Support and Mutual Self Help** – Do we have support systems in place for one another and clients?
- **Collaboration and Mutuality** – Is it a true partnership among co-workers, agency and employee’s, staff and clients? Is everyone on the same page?
- **Empowerment, Voice and Choice** – Are strengths built upon? Are the needed skills and resources available. Do you have a voice? Do clients have a voice?
- **Cultural, Historical and Gender Issues** – Do we work to move past stereotypes and bias based on race, sexual orientation, age, social status? Do we have gender appropriate resources and support. Do we recognize culture?
FIRST WAVE Deficiencies

- Survey of staff:
  - Confusing
  - Fear of being identified
  - Not all completed
  - Feedback vague
  - Outcome skewed by an angry few possibly
  - Difficulty separating out roles individually for those who serve several
We were ahead of curve re: productivity/billing pressure.

Opportunities for growth identified as
- Communication
- Safety
- Trust

Unwilling to make significant changes due to questioning weight of survey

Not enough information to develop intervention
Improving Staff Morale

- Productivity Incentives
  - Days off earned
  - Bonuses

- Developed a Committee of Care
  - Sick/vacation donation program
  - Donation fund for losses, successes

Evaluation Response

- Ideas for increased communication
- Expanding minutes for site distribution
- Staff fellowship, intra agency news letter
Developing a Trauma Culture

- Trainings
- Self Care
- Health & Wellness
- Staff Development
- Vicarious Trauma
- Communication
- Skill Development
- Improving Cultural Competence
Progress Made

- New Survey developed to be administered
- Expand questions for clarity and examples provided for reference.
  - Yes or No for each individually as well as a request to
  - Explain_____________________________________
  - ___________________________________________
  - ___________________________________________
Progress Made cont:

- Additional time allotted for service documentation
- Cultural competence books ordered
- Trauma screenings implemented at time of assessment for adult and adolescents
- Grief group attempted
- Developed partnership with Hospice and DV
- Trauma and gender specific curriculum
- Appeal process for consumers
- Two week notices and reminder calls
- Developed Wellness Center
- Developed Ambulatory Detox
- MH curriculum
Moving Forward

- Developing a **Staff** Trauma Culture has been focus
- Implementing initiatives that were identified
- Formal presentation to all agency staff

Next on the agenda:

- Supervision identified as an area of opportunity for growth. The supervision process can be reviewed and changes made to increase effectiveness?
Take Aways

Q & A