

Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin Counties

Strategic Plan 2017 - 2022

Creating Communities that Care

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Mission

The Mission of the Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties is “To reach out and provide vital prevention and treatment services to any resident.”

Vision

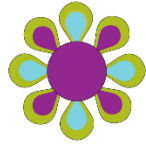
The Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties will be the recognized leader in promoting and supporting superior behavioral health services.

Values

HOPE: Believe in Recovery for every person. Assist people to recognize their own strengths and assets so they can believe their future will be better than their present.

HELP: Give each person immediate attention. Listen, assess, educate and take action.

CARE: Give of yourself. Provide expertise, attention and compassion.



Overview

The Essentials of a Recovery Oriented Community that Cares (ROCC)

A Recovery Oriented Community that Cares is a FRAMEWORK which represents a shift away from crisis-oriented, problem-focused and professionally directed models of care to a proactive, solution-focused approach directed by the person in recovery. It views addiction as a chronic illness and the recovery process as a lifetime journey that builds on people's strengths and resources, both internal and external. From this perspective, what is crucial is that people play active and central roles in choosing the services that will help them select and manage their own long-term pathways and styles of recovery. (William White)

This is not an **Additive Approach** focused on simply adding on more services to already existing treatment systems.

This is not a **Selective Approach** which identifies certain programs or levels of care for change.

This is a **Transformative Approach** which seeks to align the entire system of care with the principles of recovery (adults) and resilience (children and youth).

A Recovery Oriented Community that Cares engages the whole community – systems (formal and informal), services (*mental health, substance use, physical health, jobs, etc*), and supports (family, friends, faith) that are person-centered and readily adjust to meet the individual's needs and chosen pathway to recovery.

Key Principles

- There are many pathways to recovery.
- Recovery is person-centered, self-directed and empowering.
- Recovery process is easy to navigate, accessible, and welcoming.
- Recovery focuses on the strengths of an individual, natural supports, and the community.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is supported by peers and allies, including hiring peers as essential members of the team.
- Recovery involves rejoining and rebuilding a life of meaning & purpose in the community.

Building Blocks of a Recovery Oriented Environment

1. Evidence-based services are flexible and provided in a non-stigmatized setting.
2. Mental health issues and substance use disorders are portrayed in an accurate and positive manner.
3. Strengths and assets focus for the individual, family, and community.
4. A language of hope and possibility is used.
5. Focus on prevention and early intervention
6. Supports risk-taking, even when failure is a possibility
7. Aligns treatment services with a recovery-ready community (mobilized recovery community)
8. Heavy emphasis on identifying and developing an array of recovery supports:

- ✓ Drug-Free Supportive/Transitional Housing
- ✓ Spiritual Support
- ✓ GED training
- ✓ Daily Living Skills
- ✓ Employment Skills Training
- ✓ Family Engagement
- ✓ Recovery Coaching
- ✓ Transportation
- ✓ Self Help
- ✓ Parenting Classes
- ✓ Peer Mentoring

- ✓ Instead of saying “Medication Assisted Treatment”, say “Medication Assisted Recovery”
- ✓ Instead of saying “Substance Abuse”, say “Substance Use Disorder or Substance Misuse”
- ✓ Instead of saying “Mental Illness”, say “Mental Health Issues”

Discovery of Meaning and Purpose

The path to recovery is highly personal. Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity. This emerges from a sense of hope and gratitude for the opportunities that each day offers. The importance of having hope and believing in the possibility of a renewed sense of self and purpose is an essential component of recovery.

The basic element in the process of recovery is the reclaiming of one’s life in a welcoming community and the realization that one’s self needs to be restored with a reawakening of old identities (relationships with friends and family) and the establishment of new ones.

How ROCC is a Value-Added (William White)

1. Shifts attention from diagnosis of disease and clinical treatment to a more holistic, developmental perspective.
2. Shifts focus from that of pathology and deficit inventories to focus on hope/optimism for each child's long-term positive development.
3. Adds the needed dimension of wellness and spirituality – the idea that there are previously hidden powers within and outside the self that can be mobilized to promote healing, wellness, and quality of life – recovery is the discovery and reclaiming of those powers.
4. Emphasizes the importance of empowerment and hope.
5. Emphasizes the power of personal identity, meaning, and purpose as an agent of prevention and healing.
6. Moves beyond symptom reduction to the potential to thrive: transcending illness/trauma in ways that render one a better person and bestows a fuller and more meaningful life than existed before.
7. Emphasizes treating and healing the environment.
8. Focuses on the importance of connectedness as a developmental asset for all youth and adults. [<https://www.youtube.com/watch?v=PY9DcIMGxMs>]
9. There are results:

-68% increase in competitive employment
-43% decrease in ED visits
-44% decrease in inpatient days
-56% decrease in self-harm
-51% decrease in harm to others
-11% decrease in arrests
(Yale Study Results)

ROCC for Youth

1. Assure youth and parent involvement in the planning, design, and evaluation. . .
2. Instill traits and experiences known to serve as protective factors (competence, confidence, attachment, flexibility, opportunity)
3. Reduce family, neighborhood, and community stressors
4. Enhance parenting skills
5. Continuum of support that spans pre-recovery identification and engagement, recovery initiation and stabilization, recovery maintenance, and enhanced quality of personal/family life in long-term recovery
6. Assure transitional supports for youth – continuing support and recovery check-ups even after treatment is completed
7. Focus on the development of service plans that build competencies in multiple domains

Resilience for Youth

Resilience is the ability of individuals to remain healthy even in the presence of risk factors. Resilience exists only in the context of adversity. Resilience is not a euphemism for health/wellness, social competence, or academic/vocational functioning – conditions often achieved in the absence of adversity.

Resilience refers specifically to positive developmental outcomes in spite of personal and environmental risk factors. Resilience applies to the ability of risk-exposed children and adolescents to avoid developing problems related to those risk factors. Resilience does not apply to all children, only those exposed to risk.

Those who have studied recovery and resilience refer to a level of extraordinary functioning that can emerge not in spite of past risk factors but because of one's experience of having transcended such risks; an "enriched state of recovery" – a depth of meaning and purpose, a level of functioning, and a style of service to others far superior to their pre-addiction state. Some individuals experience profoundly positive changes in the aftermath of traumatic distress. These changes include an expanded vision of life opportunities, deepening of intimate and social relationships, strengthening of personal character and coping abilities, a refocusing of priorities, and heightened experience of spirituality.

Collective Impact Model to Achieve A Recovery Oriented Community that Cares Transformation Process

Conceptual Alignment, Shared Vision, And A Common Agenda

Actively engaging participation from all segments of the community (especially those who haven't had a voice) to share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon action. It is a continuous process of listening, understanding, hearing and acting on a common vision that binds us together.

Developing A Sense Of Urgency And Shared Measurement

This is the move from being consumers to becoming builders in order to overcome a generalized sense of complacency and to focus on creative innovation that will have an immediate impact in order to create a sense of empowerment toward long term effects. All participating organizations agree on the ways success will be measured and reported with a short list of common indicators identified and used for learning and improvement. The ultimate goal requires all stakeholders to abandon the search for a single silver bullet solution and move to creating silver buckshot solutions. This stops the trend of "spray and pray" – haphazardly launching programs and initiatives and hoping good things will happen.

Leadership That Is Willing To Take Risks In Mutually Reinforcing Activities

Leaders must resist the urge of being prescriptive and telling stakeholders what to do. Transformational change leaders recognize that their role is to set the direction and facilitate a process so that stakeholders together can develop a shared vision. Inspirational leadership is required in order to move people into a space where they are willing to try new things, take risks, and blaze a new trail. This is a leadership style that focuses on establishing a direction, aligning people, and then motivating and inspiring them work across sectors through a mutually reinforcing plan of action. This means taking more time to think through an issue, listen, gather information, remembering that "change happens at the speed of trust." (Covey) Relationships are essential.

Continuous Communication To Increase Stakeholders' Awareness And Engagement.

All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create motivation. But the work must relate to current, real, and pressing issues within the system that the work of the group will impact in the short term.

Backbone Support

The Board provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

The Four Priority Areas

1. *Focusing on Clients and Families*

Goal

Fully involve clients and families in a Recovery Oriented Community that Cares encompassing mental health promotion and substance use prevention, treatment, and recovery supports that --

1. Protects and enhances the rights of individuals with a mental illness and/or addiction.
2. Ensures that clients and families have the right to design, drive, and manage their own care.
3. Ensures that all individuals are treated in the least restrictive environment accessible through the community.
4. Enhance approaches to engagement and customer service.

Priorities

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|-------------------------------|-------------------------|----------------------|-------|---|--|---|---|------|
| Agency Key Recovery Trainings | | Agency Annual Report | | | | | | |
| | Recovery and Resiliency | Agency Annual Report | N/A | Coleman operates a pilot project, FIRST, which is early intervention with the hope of expedited recovery. In addition they are a partner in the states initiative, Zero Suicide which includes significant training. Coleman have several staff who completed the state required Peer Support Services for both line staff and supervisor training. | Lima UMADAOP is a recovery oriented system of care organization, through the use of recovery coaches and person centered training we meet the needs of clients and promote Recovery and Resiliency | Attended trauma informed care trainings and implement trauma informed practices | Trauma informed care paradigm for treatment concentrates on resilience and recovery | |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|--|------------------------------|----------------------|--|---|---|--|---|------|
| | Strength Assessment Training | Agency Annual Report | N/A | Coleman has recently begun a 6 month strategic planning session that included employees from multiple business units and varying levels of leadership, as well as board members | Continuous Training of Treatment Staff | IHBT core trainings | Staff is supervised using trauma informed care, attending to client's strengths | |
| | Customer Service Training | Agency Annual Report | N/A | Customer Service Training is a requirement for all new employees at Coleman. Motivational Interviewing training was provided to most of Coleman Staff | Continuous Training of staff having contact with clients and the public | Staff are offered My Learning Point courses | All staff receive training and supervision in best customer service practices. | |
| Integrate Primary Care and BH Care | | Agency Annual Report | N/A | Coleman currently has 1 primary care provider through an arrangement with LMH. In addition, SRMC has agreed to provide 1 more individual beginning August 1 st . | Trained Staff | Coordination of services with primary care physicians- provide and receive referrals | | |
| Focus on Staff Health and Well-Being (e.g. mindfulness training) | | Board Action | Held appreciation luncheons for Recovery Coaches, Support Staff, Youth Workers | | | Leadership committee-develop activities to address staff moral | | |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|----------|-----------------------------|----------------------|-------|--|--|--|--|---------------------------------------|
| | Staff Appreciation | Board | | | | Leadership committee-develops activities to address staff recognition. Internal newsletter highlights staff bi-monthly | | |
| | Trauma Informed Supervision | Agency Annual Report | N/A | No particular training for supervisors | Clinical director and clinical supervisor, recovery coach supervisor, housing staff and social workers trained | Attended trauma informed care trainings and implement trauma informed practices | Supervisor is TLC Advanced Certified Trauma Practitioner | * LOSS Team follow-up with CISM visit |

2. Ensuring Timely Access to Care

Goal

All clients have access to a continuum of quality, culturally competent, integrated care that is available in a timely manner.

1. Increase access to mental health and addiction services for individuals, regardless of where they live or their ability to pay.
2. Improve access to services by removing barriers.
3. Increase access to crisis and detox services
4. Increase the number of practitioners available to provide mental health and addiction services, including medication assisted treatment and psychiatric services for both youth and adults.
5. Ensures that each community has a system of recovery that includes prevention, treatment, and support services.

Priorities

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|---|-------------------------------------|----------------------|-------|---|--|----------------------------------|---|--|
| Timely access to services available in each community | | | | | | | | |
| | Evening and weekend hours available | Agency Annual Report | N/A | We continue to provide walk in access 24/7 in Lima. We are now expanding our 24/7 on call system to include Recovery Peer Support Specialist to respond to individuals who present to any Emergency Department requesting assistance for addiction or having overdosed. | Lima UMADAOP provides services on Saturdays to meet the need of those work or in need of makeup groups | Evening hours until 7:00 M-Thurs | SAFY LBH has office hours until 6pm MO-TH | *LOSS Team available 24/7 *Area events attended for information dissemination *MHFA Trainings take place as scheduled *Support groups are held during evening hours |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|----------|--|----------------------|-------|--|--|--|--|--|
| | Interim services available for those waiting. | Agency Annual Report | N/A | We offer a program called WHIT and a program called Connections. Both are open groups for folks prior to receiving their DA. WHIT attends to addiction and Connection attends to MH. | Lima UMADAOP does not have a waiting list But has a strategic plan for providing ancillary services for those waiting for services | No waiting list - FRC has Same Day Access (FRC has Same Day Access in Lima - Clients can come to Lima for their First appointment and then be referred to their preferred location.) | No waiting lists for services | |
| | An array of services targeted to people of various cultures, life experiences and interests. | Agency Annual Report | N/A | The use of our OBGYN to serve individuals who are pregnant who need to be on Subutex. She works with individuals OBGYN's who are providing pre-natal care and delivery | Lima UMADAOP provides person centered services to meet the needs of all community members seeking services | FRC has an array of services to address the needs of various populations served | Culturally diverse staff provide support and prevention groups, counseling and CPST services | * LBBT groups (adults and youth) are held several times a month *Mothers of Murdered Children Support Group |
| | A variety of prevention and treatment options available in each community | Agency Annual Report | N/A | Coleman offers Intensive Outpatient Services for both MH and AOD; traditional outpatient; , Education groups; Peer Recovery Support; Case management, Crisis Services | Lima UMADOP provides prevention and treatment services to meet the full spectrum of prevention , intervention and tertiary prevention also Lima UMADOP meets the full spectrum of treatment levels to meet the needs of those seeking services | FRC has an array of services to address the prevention and treatment needs of family's and children | Support and prevention groups, counseling, medsomatic and CPST services | * Marketing Prevention Specialist visits |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|---|---|----------------------|--|---|---|--|---|------|
| | Peer /Recovery Coaches | Agency Annual Report | N/A | We have Peer Recovery Support services who carry a caseload; we have a Peer Recovery Support person stationed at many of our ACCESS points to engage with clients new in treatment. | Lima UMADAOP is a recovery oriented system of care organization (ROSC) and implements the ROSC model in our practice- The agency hires recovery coaches and peer support individuals as a means to strengthen individuals possibilities to grow in recovery | MRT has graduates come back to class to provide peer support | Not available | |
| Explore local medical detox (level 3.7) | SRMC | Board | Mercy Health level 3.7 Completed 9/1/17 | | | | | |
| Expand CSU to include subacute detox services (level 3.3) | Coleman | Board | CSU I;evel 3.3 completed 9/1/17 | We are currently piloting our Ambulatory Detox (level 3.2) and will request certification after we have served 10 individuals. | | | | |
| Focus on expanding the workforce | Increase prescribers and certified / licensed AoD practitioners (OSU program) | Board & Agency | Board provides funding for agency staff to pursue education at OSU in order to attain their highest level of certification / licensure. Completed program – 14 | Coleman has expanded its use of telemedicine in order to provide more prescriber time. In addition, Coleman has collaborative arrangements with an OBGYN and Primary Care providers from both local hospitals | Lima UMADAOP hires local and other individual seeking to relocate as a means to hire licensed individuals to strengthen the agency's Treatment and Prevention teams | 4 staff completed program at OSU and 2 taking courses | One staff has completed the OSU AOD program and is working on certification | |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|----------|--|----------------|-----------------|---|--|-----------------------------|---|------|
| | Develop High School Outreach to encourage social work as major | Board & Agency | Outreach to LCC | Peer Recovery Supporters do a lot of high school presentations as special groups and sometimes whole school events. | Lima UMADAOP trains all Youth Prevention Leaders on the State Wide SPF Process and also prepares High school seniors entering in to college the opportunity to acquire the prevention specialist assistant credential. This strategic effort is meant to increase the work force provide youth strong resiliency against alcohol and drugs past high school and develop workforce investment | Job fairs and job shadowing | School navigators participated in various school mental health programs | |

3. Promoting Healthy, Safe, and Drug-Free Communities

Goal

Strengthen a culture of partnership and collaboration with local providers, businesses, law enforcement, criminal justice, faith-based and veteran’s organizations, schools, child welfare, public health, and healthcare systems, to provide community education and prevention, reduce stigma, and allow for greater opportunities for individuals and families to achieve wellness and thrive in their communities.

1. Develop a “community that cares” based on the collective impact model to bring agencies, organization, and others together around: a) A Common Agenda; b) Shared Measurements; c) Mutually Reinforcing Activities; d) Continuous Communication.
2. Provide education and awareness that helps the general public identify early, understand, and respond to mental illness and addiction.
3. Develop a backbone support organization to sustain, and enhance the community that cares activities.
4. Promote and support prevention and wellness programs.
5. Work with local businesses and local Chambers of Commerce to implement more second chance programs for both pre- and post-hires who test positive for drugs of abuse.
6. Work with state and local adult and juvenile justice, law enforcement, judiciary, prisons, jails, detention centers, and re-entry coalitions to divert and reduce recidivism.

Priorities

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|--|---------------------------|----------------|--|---------|---------|-----|------|-----------------------------------|
| Multiple efforts to reduce stigma and increase awareness in each community | | | | | | | | * 32 MHFA Trainings held in 16-17 |
| | Newsletter & Social Media | Modo and Board | Newsletter / E-Blasts / Facebook / Instagram / Twitter being managed by Modo | | | | | |
| | Website | Modo | Website is active and includes screening, event registration, and information on the entire system | | | | | |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|---|---|---|---|--|--|---|--|------------------------------------|
| | Broadcast & Print | Modo | Regular programming on radio and television as well print media | | | | | |
| | Behavioral Health is a community health indicator | Community Health Assessment | Behavioral health is part of each county's health assessment | | | | | |
| | No Wrong Door implementation | Agency Internal Awareness – Annual Report | Published and distributed the Catalog of Programs | | Lima UMADAOP accepts potential clients were ever they enter the system, moreover Lima UMADAOP collaborates with other local agencies to ensure the client receives the best care | Practice no wrong door and refer to other systems when needed | Staff trained on community systems to facilitate interagency referrals as needed | |
| Prevention & Wellness become a Priority Board with PVFF | | Board Sponsored & Contract | | | | | | |
| | Community Breakfasts & Events | | Offered community breakfasts in the Fall and elected official forums in the spring in each county | Coleman offers a community breakfast to each of its three counties that provides education and asks for community ambassadors. | | Staff participated in events | | * Three events held in each county |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|----------|--|-----------------|---|--|---------|--|------|--|
| | Suicide and Drug Use Prevention | | Using social media and special events like suicide walks and Kevin Hines to promote suicide awareness | Coleman has provided multiple training opportunities for both professionals and the general community to increase their knowledge of addiction Coleman is a contract providers for the National Suicide Hotline and also operates a text line for individuals with a mental health crisis | | Staff participate in suicide coalitions and the agency practices Zero Suicide Initiative | | *Lifelines and RRR Programs facilitated within school classrooms *Three suicide Prevention Coalitions / Walks *Hardin County Coalition Grant for Underage Drinking and Misuse of Prescription Drugs * LOSS Team * MHFA |
| | Support Groups | | PVFF and training of facilitators | | | Refer clients to groups as needed | | *13 Support Groups meet 1-4 times monthly |
| | Implementation of Proven Prevention Strategies | | PVFF as the prevention agency | | | Implementation of prevention programs | | * Evidence based programs facilitated including ACT, Lifelines, RRR, MHFA, Stacked Deck, PAX |
| | Drug prevention in the workplace and community | We Care at Work | We Care at Work trained 10 companies in drug free workplace policy development during 2016. 5 more to be trained in Fall 2017 | Coleman works closely with multiple employers to support their willingness to hire individuals with felonies (most of them drug related) and to help employers retain their staff by expediting services. | | Utilize EAP for staff | | * 11 Companies completed 16-17 program |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|--|---------------------------|----------------------|--|---------|---|--|--|--|
| | Let's Talk – Parent Focus | | Let's Talk launched in September 2017 and is expanding to Van Wert, Mercer, Paulding, Putnam, Hancock and possibly Franklin Counties | | | Support, share, and present information on program | | * Initiative revamp and planned September launch |
| People in recovery are regular members of boards and committees | | Agency Annual Report | | | Lima UMADAOP has individual on its local Board from all aspect of the community – members include – business, schools, families, recovery, other agencies and civic organizations | | SAFY board members are chosen from diverse population with personal interest to MH and foster care issues. | |
| Implement the Collective Impact Model – Develop County Based Commissions | | Board initiative | Community Action Commission on Opiate Epidemic, Suicide & Violence in all three counties | | | | | |
| | Alignment | Board initiative | Developed a wide ranging array of stakeholders including – Criminal Justice, Treatment, Health, Hospitals, Colleges, Schools, and Churches with the same focus | | | | | |
| | Sense of Urgency | Board initiative | The number of overdose deaths and suicides are increasing taking a toll on families, first responders, and treatment staff | | | | | |

| Priority | | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|--|---------------------------------|------------------|---|---|---------|--|------|------|
| | Mutually Reinforcing Activities | Board initiative | <p>A number of initiatives:</p> <ul style="list-style-type: none"> • Regional Withdrawal management • Secondary Trauma • Let's Talk • Prescribers' Practice • Project Dawn • Quick Response Teams • Drug Overdose Support • SAAFE Grant | | | | | |
| | Continuous Communication | Board initiative | Bi-Monthly meetings and monthly sub group meetings as well as email communication | | | | | |
| | Backbone Support | Board initiative | Board Providing this | | | | | |
| Continue to support Treatment Courts and Reentry efforts | | Board | Board pays for drug court coordinators in three courts in Allen and Hardin as well as reentry programs | Provides Navigators to two drug courts in Allen County Municipal Court; one Navigator and one coordinator for the Municipal Re-entry court. Also provides service coordination for the Hardin and Allen County ATP programs. Coleman operates FACT which is a comprehensive program for individuals involved in juvenile court due to child support arrearages. | | Participate in Drug Court, Treatment Court, and Rely | | |

4. *Prioritizing Accountable and Outcome-Driven Programs*

Goal

Focus on measuring the effective and efficient use of resources.

1. Annually measure approved outcome/output measures. (APF Process)
2. Enhance and promote the delivery of high quality, cost effective mental health and addiction treatment and recovery services in order to improve individual health.
3. Engage consumers, stakeholders, and the community in satisfaction surveys, focus groups, and conversations to continually improve service quality.

Priorities

| Priority | Method | Board | Coleman | UMADAOP | FRC | SAFY | PVFF |
|--|--|---|------------|------------|--|------------|------------|
| People in recovery, family members, referral sources, and stakeholders are actively involved in quantitative and qualitative <u>evaluation of service effectiveness and satisfaction</u> . | Board initiative – Satisfaction Surveys, Focus Groups, Stakeholder discussions | Satisfaction surveys sent to 650 clients as well as Survey Monkey to Stakeholders | | | FRC provides staff, client, and referral source surveys. | | |
| Indicators of treatment <u>engagement</u> are monitored (no shows, early departure from treatment). | Agency APF | APF | APF Report | APF Report | APF Report | APF Report | APF Report |
| Program specs identified and measured in the annual PFA | Agency APF | APF | APF Report | APF Report | APF Report | APF Report | APF Report |

The Look of Success

The goal before us in this five-year plan is to transform the existing mental health and addiction system of care into a Recovery Oriented Community that Cares. We will know we have succeeded when:

- A vibrant Community that Cares model is established in each county.
- Stigma and social isolation decrease.
- Prevention, early identification, treatment, and recovery are understood, valued, and utilized.
- Prevention programs are understood as a priority throughout the life span.
- Services, supports, and decisions are client-centered and client-driven.
- Contracts assure that resources used are justified by the outcomes achieved.
- Focus on long term recovery for individuals and their families.
- Increase and sustain recovery rates through improved system access, engagement, and retention in services.
- Deliberate / intentional outreach to gauge community satisfaction, needs, gaps, and strengths

Treatment works, and people recover.

Next Steps

Continue to implement the “Community that Cares” Model throughout the system with a focus on the Collective Impact Model to encourage widespread community engagement that creates a shared vision, a sense of urgency, and mutually reinforcing activities.

Priorities for 2018 / 2019

1. Continued Agency Training in Trauma Informed Care, Strength Assessments, and Customer Service.
2. Expanding the Collective Impact Model with the Opioid Action Commission in all three counties.
3. Implementing Quick Response Teams to emergency departments for people who experience an overdose.
4. Expanding Recovery Housing in all three counties.
5. Implementing Let’s Talk in schools, businesses, and churches.
6. Expanding prevention programming around suicide awareness and drug abuse awareness.
7. Continuing open access / walk in times at agencies.
8. Increasing intra-system awareness of programs and services – No Wrong Door! Revise Program Catalog.
9. Focus on continued implementation of withdrawal management continuum at Coleman and Mercy Health.
10. Continued focus on increasing public awareness of mental health issues, substance use disorders, the powerful impact of prevention, and the array of treatment and prevention services available in each county.