

OHIO
Bringing Recovery Supports to Scale
Action Planning – Vision and Priorities

<p>Our State’s Existing Recovery Vision Statement(s)</p>	<p>Ohio Department of Mental Health (ODMH) - We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.</p> <p>Ohio Department of Alcohol and Drug Addiction Services (ODADAS) - An addiction-free Ohio that promotes health, safety, and economic opportunity.</p>
<p>What We See on Our Blueprint</p>	<p>See attached blueprint in “house format”</p>
<p>Our Bringing Recovery Support to Scale Action Planning Vision</p>	<p>In Ohio communities, people in or in need of recovery will have awareness and access to recovery supports that incorporate mutual understanding and transformed culture and practices among persons in recovery as well as in their supports, providers, practitioners, policy makers and funders.</p> <p>Ohio’s recovery supports will be integrated, consumer-determined, state-wide, sustainable, culturally responsive, and will incorporate a philosophy of hope.</p>
<p>Priority Areas to Address</p>	<ol style="list-style-type: none"> 1. Establish a shared Ohio definition of recovery 2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale. 3. Develop a mechanism that promotes a recovery orientation in all services and supports including Health Care Homes which expands access to recovery and peer services and supports. 4. Create partnership(s) to establish a trained credentialed, workforce to develop high quality recovery and peer services and supports.

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

<p>Priority Area</p>	<p>1. Establish a shared Ohio definition of recovery</p>
<p>Desired Change</p>	<p>1. Mutually agreed upon elements of a shared recovery system</p>
<p>Strategies for Creating this Change (these form the basis for the BRSS Action Plan)</p>	<p>1. Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AOD (alcohol and other drug) & MH (mental health) recovery.</p>

Bringing Recovery Supports to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	1 Establish a shared Ohio definition of recovery		
Strategy	1.1 Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AoD (alcohol and other drug) & MH (mental health) recovery.		
ACTION STEPS		Person Responsible (Primary and Secondary)	Timeline*
1) Request information from other states & BRSS TACS staff on how others have done this.		“Go to Lead” Alisia Clark Co-lead: Sharon Fitzpatrick Participants will include OEC/Jack, OCA/Donna, 2 providers 2 Board reps 3 MH consumers 3 in AOD recovery 1 NAMI 1 OH Federation Other staff named in 6/21/12 minutes	By 8/20/2012
2) Convene stakeholder group in Ohio to get common understanding, input and acceptance of the BRSS (Bringing Recovery Supports to Scale) vision, mission and definition of recovery and peer services and supports			Meeting by 8/31/2012
3) Consider adoption of SAMHSA’s definitions of recovery			Completed by 12/15/2012
4) Educate mental health and substance abuse agencies and stakeholders in the understanding of recovery through ODMH, ODADAS, OCA and OEC websites and meetings. Engage department’s communication staff to disseminate the shared definition of recovery.			8/31/2012 – 12/15/2012
<p>Note: Each priority will have co-leads from ODMH & ODADAS with one of the co-leads designated to serve as the “Go to Lead” who is the primary point of contact for the group. Liz Gitter will serve as the overall Project Manager, and be responsible for meeting BRSS Agreement reporting requirements.</p> <p>Timeline assumes that contract will start 6/15/2012. With the contract date starting later, the expenditures for activities that use BRSS funding will be delayed by the number of days after the 6/15/2012 that the contract starts.</p>			
Go next page			

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) Behavioral health shareholder group will meet to develop a common understanding of vision, mission and definition of recovery---within 4 months of when the governor announced that Ohio’s two behavioral health departments will merge.	Meeting by 8/31/2012
	2) Benchmark: Ohio’s behavioral health system will have a written definition of recovery, as well as a written vision and mission statement of recovery.	Completed by 12/15/2012
	3) Ohio’s mental health and substance abuse state agencies and their stakeholders will continue to work on developing a shared understanding of the diversity of experiences of persons in recovery.	Addressed in BRSS activities by 12/15/2012 with work continuing after BRSS contract ends
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. The behavioral health shareholder group will determine how it will celebrate its success.	
Communication and Resource Needs	ODMH and ODADAS will enlist the support of their communications staff to communicate the written definition of recovery, as well as the written vision and mission statement of recovery. Advocacy organizations will be asked to communicate with their constituents regarding this work.	
Next Action Step	Pending legislative approval, ODMH and ODADAS will merge July 1, 2013.	

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	2. Goal 2: To bring Peer Support Service to scale provided by certified Peer Support Specialist and Peer Recovery Coaches.
Desired Change	2. Increased availability, access and quality of recovery services and supports statewide
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale.

Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale.		
Strategy	2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale.		
ACTION STEPS		Person Responsible <small>(Primary and Secondary)</small>	Timeline
1) Identify who is missing; do GAP analysis.	“Go to Lead” Karin Carlson Co-lead Liz Gitter; Include Boards, providers Medicaid, OHT, Boards & other staff in 6/21 minutes		6/15/2012 – 7/15/2012
2) Contact identified stakeholders to determine level of interest in participation			6/15/2012 – 7/15/2012
3) Develop a draft charter to elicit response from key stakeholders			7/15/2012 – 8/15/2012
4) Convene group of stakeholders to revise the charter	Debbie Nixon-Hughes & James Lapczynski with Karin & Liz		9/15/2012 – 10/31/2012
5) Departments and stakeholder group will finalize the charter.	Debbie Nixon-Hughes & James Lapczynski with staff		10/31/2012 – 12/15/2012
Go next page			

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) GAP analysis completed, and report to Policy Academy Team and leadership of ODMH & ODADAS completed	7/15/2012
	2) A list of stakeholders with their interest in participation noted is available	7/15/2012
	3) <u>Benchmark</u> : A draft charter is completed	8/15/2012
	4) A group of stakeholders meets to revise charter with minutes taken	10/31/2012
	5) <u>Benchmark</u> : Charter is approved by Departments	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	Deputy Directors and Directors will be asked to share this information with other state agencies, especially other human service agencies as well as the Governor’s Office of Health Transformation. Resources are needed to provide recovery and peer services and supports to persons with behavioral health disorders which may require reengineering existing services and supports to become more recovery oriented.	
Next Action Step	The work outlined in the charter begins.	

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports.
Desired Change	3. Establish a sustainable funding mechanism to fund recovery and peer services and supports.
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment).

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Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports.		
Strategy	3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment).		
ACTION STEPS		Person Responsible (Primary and Secondary)	Timeline
1) Do a needs assessment and gap analysis to determine what services and supports are needed	Go to Lead Liz Gitter Co-lead: Karin Carlson with Afet Kilinc for Health Care Homes Participants include OCA/Donna, OEC/Jack, 3 MH consumers & 3 persons in AoD recovery, providers, Ohio Council, & others in 6/21/12 minutes		6/1/2012 – 7/15/2012
2) Identify financing options and their requirements.			7/15/2012 – 8/15/2012
3) Determine what is needed to promote a recovery orientation in Community Behavioral Health Care Homes and publicly funded behavioral health services.			8/15/2012 – 11/25/2012
4) Summarize findings for ODMH & ODADAS leadership. OEC, OCA, provider and board representatives will be asked to communicate the findings to the organizations and constituencies that they represent.	Debbie Nixon-Hughes & James Lapczynski with assistance from persons identified for Action Steps 1-3		11/25/2012 – 12/15/2012

Go next page

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) Needs assessment completed	7/15/2012
	2) <u>Benchmark</u> : Written description of financing options and their requirements shared with Policy Academy Team	8/15/2012
	3) Written recommendations on what is needed to promote a recovery orientation in Health Care Homes and in other publicly funded behavioral health services.	11/25/2012
	4) <u>Benchmark</u> : Findings shared with ODMH & ODADAS leadership	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	State agency Policy Academy Team members will communicate the findings to their state agencies, divisions and offices. Persons in recovery and their advocates will communicate the findings to their constituent groups.	
Next Action Step	Leadership of ODMH and ODADAS will determine how to use the findings as changes are made during the merger of the two state agencies.	

**Bringing Recovery Supports to Scale
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Priority Area	4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery peer services and supports.
Desired Change	4. A cadre of trained, credentialed workforce to provide high quality recovery and peer services and supports.
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	4.1 Develop a process to establish credentialing and core competency standards.

Bringing Recovery Supports to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery and peer services and supports
Strategy	4.1 Develop a process to establish credentialing and core competency standards.

ACTION STEPS	Person Responsible <small>(Primary and Secondary)</small>	Timeline
<p>1) Hire a consultant to develop core competencies for Recovery Coaches.</p> <p>(Note: Core competencies for Recovery Coaches will be added to a set of core competencies for each professional group prepared by university research staff for Health Care Homes. Core competencies can also be used to develop training and credentialing processes for Recovery Coaches, as well as increase the credibility of Recovery Coaching with funders.)</p>	<p>Go to Lead: Sharon Fitzpatrick Co-lead: Alisia Clark Participants: Afet, OCA/Donna, OEC/Jack, providers, Boards & staff in 6/21/12 minutes</p>	6/15/2012 – 9/30/2012
2) Request information from BRSS TACS staff on what other states have done.		10/1/2012 – 12/15/2012
3) Policies & practice guidelines completed.		
4) Establish a credentialing process for Recovery Coaches.	Alisa Clark & Donna Conley & Larry Parsons	6/15/2012 – 12/15/2012
<p>5) Identify training resources to expand the number of Certified Peer Specialists and Recovery Coaches</p> <p>(Note: Training and credentialing is required for inclusion of recovery and peer services in Medicaid-funded Health Care Homes and traditional services.)</p>	Sharon Fitzpatrick with assistance from Donna Conley, Jack Cameron & Larry Parsons	6/15/2012 – 12/15/2012

Go next page

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) <u>Benchmark</u> : Core competencies developed for Recovery Coaches	9/30/2012
	2) Practice policies and guidelines completed	12/15/2012
	3) <u>Benchmark</u> : Recommendations are made to ODADAS management for a credentialing process for Recovery Coaches.	12/15/2012
	4) A list of training resources is developed	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	Ohio Citizen Advocates and ODADAS communicate with their stakeholders regarding Recovery Coaches. Funding resources are needed for Recovery Coaching, as well as Certified Peer Support.	
Next Action Step	A credentialing process for Recovery Coaches is authorized by ODADAS and established in Ohio. A process for accessing resources to train Recovery Coaches and Certified Peer Specialists is developed.	