Moving to an Integrated System of Recovery, Resiliency, & Advocacy
Fayette County, Pennsylvania

Strategic Plan
April, 2014

Fayette County Behavioral Health Administration (FCBHA)
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The Fayette County Behavioral Health Administration (FCBHA) is supporting the development of a peer-led integrated system to promote recovery, resiliency, and advocacy in Fayette County. The purpose of the project is to advance recovery and reduce the stigma of mental illness in Fayette County, Pennsylvania. The envisioned system of services and programs would integrate consumer-led initiatives within a peer-leadership model.

Five (5) entities involved with peer-led initiatives engaged in a planning process to develop a plan for pursuing an integrated system of support services. These partners include:

- **Fayette County Mental Health Association** - a 501 (c) (3) non-profit organization providing a variety of services related to peer recovery and support including Helping Hands, Representative Payee Program, Consumer Family Satisfaction Team and Parent Involved Network, and a Drop-In Center.
- **Partners in Recovery** - a coalition of consumers, county representatives, and providers who meet monthly to identify needs and issues affecting recovering Fayette County residents and to develop strategies to address community issues such as housing, employment, and stigma.
- **Fayette National Alliance on Mental Illness** - convenes both consumer and family groups that meet two (2) times a month and provides other types of support services.
- **Community Awareness of Life and Loss (C.A.L.L.)** - a suicide prevention task force group that has promoted a variety of outreach programs to educate community members about the warning signs of suicide and what steps family members and friends can take to prevent suicide.
- **Youth Motivating Others through Voices of Experience (Youth MOVE)** - a youth-led advisory group that provides a forum for young people to have a voice which will be instrumental in the evolution of supports and services for young adults.

These entities, along with FCBHA, worked with a consulting team from Collective Impact, LLC to establish a local planning team and engage in facilitated planning discussions and information-gathering that shape the objectives and strategies included in the strategic plan.

### The Planning Team

The Planning Team consisted of the following people (listed alphabetically):

Jacquie Albert, Pam Bailor, Jane Ann Bielecki, Daria Cobert, Windy Daugherty, Faith Dible, Nick Evans, Rava Edward, Lisa Ferris, Dawn Fischer, Kellie Gavran, Sierra Giovannelli, Cathy Karwatski, Theresa Levanduski, Lynn Orawiec, Christine Rosinski-Stone, Dayna Shallenberger, Bill Shaffer, Ola Shipp, Shani Smith, Carol Warman, and Jennifer Williams.
Acknowledgements

FCBHA wants to acknowledge the Staunton Farm Foundation for supporting the strategic planning process necessary to move toward an integrated system of recovery and support services in Fayette County.

Many thanks also go to the large number of recovering individuals and community residents who contributed to the process by participating in the community discussions, and offering their insight and opinions. Finally, the work of the Planning Team in reviewing research findings and formulating the goals and strategies included in the plan is very much appreciated.

The Planning Process

Three (3) face-to-face planning sessions were held with the Planning Team in November of 2013 and in February and March of 2014. In addition, two (2) conference calls were held in December of 2013 and February of 2014. Written summaries of all planning sessions were developed and shared with the members of the Planning Team. Two (2) stakeholder discussions were also held in order to solicit input from people in the community about services to promote mental health recovery and resiliency. These discussions were held at the Oak House Drop In Center in Uniontown. Sessions were held on January 13, and January 16, 2014. A total of 113 people participated in the stakeholder discussions facilitated by Collective Impact, LLC.

The consultant team reviewed information provided by the participating partners about the current peer-led services available in Fayette County and conducted research for the Planning Team to inform their discussions and identify possible structures for an integrated system of services. The research also identified possible sources of financial support that might be available to help fund an integrated system and examined best practices related to consumer led programs and anti-stigma campaigns.

The Planning Team chose to pursue a "Lead Organization Model" as the most viable way to accomplish an integrated system of services and supports in Fayette County. Such a model requires that a lead organization be designated and assume responsibility for securing financial support and working with the other partner organizations to carry out services and programs. The Planning Team designated the Fayette County Mental Health Association (MHA) as the lead organization since that organization is an existing 501(c) (3) non-profit corporation. This type of collaborative model also requires some form of a Memorandum of Agreement (MOA) that defines the relationship among the parties and the responsibilities of each participating program or service making up the collaborative. A Steering/Management Committee made up of a representative of each entity would be established for the purpose of ongoing planning, priority setting, developing operating procedures, and fund raising. The agreed upon model is diagramed as follows:
Advantages of this model include:
- MHA has 501 (c)(3) non-profit legal status already and can serve as the fiscal agent.
- MHA can apply for foundation grants.
- MHA can help support the partners.
- MHA is known locally, nationally, and internationally.
- MHA operations are fairly turnkey assuming sufficient resources are available.

Potential challenges of this model were identified as:
- Maintaining independence of peer-led programs.
- Specific responsibilities of MHA related to staff support and program administrative functions would need to be defined.

Summary of Key Findings

- There are a number of strengths within the current system of recovery and resiliency services including:
  - Good people working in the system.
  - Good communication and teamwork.
  - Strong consumer voices.
  - Consumers have access to an array of recovery and support opportunities.
  - Quality professional services are available.
  - Drop-In centers.
  - Peer support programs.
• Challenges and needs identified by the planning team that need to be addressed in order to establish an integrated system of recovery and resiliency services in Fayette County include:
  o Public attitudes and stigma of mental illness.
  o Consumer education and awareness of available recovery programs and support services.
  o Access to housing, transportation, jobs, and recreational opportunities.
  o Need to continue to enhance peer involvement and expand peer-led programs.

• There are several nationally recognized models of Integrated Peer Support Programs that can provide a blueprint for further development in Fayette County. Three (3) such models are:
  o The Grassroots Empowerment Project in Wisconsin
    http://grassrootspower.org
  o The Mental Health Empowerment Project in Albany, NY
    http://www.mhepinc.org
  o The Recover Project located in Greenfield, Massachusetts
    http://ftgu.recoverproject.org

• Peer support specialist services are available in Fayette County that could potentially be a part of an integrated peer-led recovery and support system.

• The review of the literature related to anti-stigma approaches tends to indicate that it is important to consider the research findings before adopting anti-stigma campaigns to be sure the messages conveyed are effective and do not have unintended consequences.

• Web-based tools, including those available from Collective Impact, LLC, are available that can assist individuals in their recovery efforts and can be used by local organizations to promote recovery and resiliency.

• Several private foundations serving southwestern Pennsylvania entertain proposals consistent with the types of services to be delivered through an integrated and consumer-driven recovery-focused system.
Our vision for Fayette County is that ALL people are treated with respect, dignity, and without stigma or stereotypes. It is a place where the mental health system is peer-led and focused on recovery and resiliency, while providing voice and choice for individuals in all aspects of their lives.

**Core Values**

- **Peer-led** - The system is both peer-driven meaning those in recovery identify programs and services that are needed, and peer-run meaning those in recovery deliver the programs and services as much as possible.

- **Informed choices** - The system is grounded in informed choices, recognizing the importance of providing information to those in recovery and clarifying needs and wants to help them make good choices.

- **Goal-oriented** - The system supports those in recovery to set, work towards, achieve, and maintain their own goals. It helps those in recovery set realistic goals where they rely on their strengths to meet them.

- **Mutual respect** - The system is based on mutual respect of all stakeholders including those in recovery, their family/friends, caseworkers, counselors, therapists, psychiatrists, employers, etc. As part of this respect, there is honesty and trustworthiness in interaction among stakeholders. Everyone's voice is valued, and there is respect for different opinions, beliefs, and ways of life.

- **Everyone makes mistakes** - Inherent in the principles of resiliency and recovery is acknowledging that everyone makes mistakes. As part of a system that values recovery as a journey, individuals are welcomed back no matter how many times they make mistakes, realizing that mistakes are opportunities for learning and growth.

- **Importance of community** - The community has an important role in supporting those in mental health recovery. Friends, family members, social groups, churches, employers, landlords, law enforcement, and many others help create an environment that promotes recovery and resiliency. They are part of the safety net and larger community within which individuals “recover”.
Strategic Action Plan

Goals and Strategies

**Goal Area:** Governance and Leadership - anything related to the development and functioning of the board of directors or decision making body, the governance of and accountability for the organization, and leadership development.

**Goal Champions:** Pam Bailor, Jacquie Albert, and Faith Sible

**Desired Outcomes:**

- A peer-led structure for recovery and resiliency services is in place that provides for necessary governance of an integrated approach in Fayette County.
- Peer recovery and support services are coordinated and delivered through a collaborative model.

**Strategies for Action:**

*Complete within 3 Months:*

- Identify peer recovery and support services available in Fayette County that may be connected to a peer-led integrated system through referral relationships or cooperative agreements (Peer Recovery Specialists for example).
- Identify specific components to include in Memorandums of Agreement (MOAs) for each partner/entity and draft the MOAs. Components of the MOA will include the following:
  - Timeframe of the collaboration - period of time to be covered by the MOA.
  - Renewal of the MOA for subsequent periods.
  - Vision and core values.
  - Purpose of the collaboration defined by the MOA.
  - Brief description of all participating programs and services.
  - Roles and responsibilities of each participating program or service.
  - Evaluation of programs and services.
  - Description of decision-making process.
  - Signature blocks.

*Complete within 6 Months:*

- Develop operating procedures for the steering/management committee that define necessary processes for ongoing management of the collaborative, such as membership, meetings, decision making, income/expense monitoring, etc.

*Complete within 1 Year:*

- Identify the training and leadership development needs for steering/management committee members.
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Goal Area: Human Resources and Culture - anything related to staffing, including hiring, retention, training, etc., and the cultural dynamics of the organization.

Goal Champions: Pam Bailor, Dayna Shallenberger, Jane Anne Bielecki, and Jennifer Williams

Desired Outcomes:

• Recovery and support services are delivered by well-trained staff and volunteers.
• Staff and volunteers are properly supervised and supported.

Strategies for Action:

Complete within 6 Months:
• Develop a formal set of guiding principles/core beliefs that define the culture of the integrated peer support and recovery system.

Complete within 1 Year:
• Assess need for a Coordinator position to oversee day to day operations of all peer support and recovery services making up the collaborative.
• Assess need for paid staff and/or volunteer leaders for each participating program or service.
• Identify staff and volunteer training and professional development needs.
• Define responsibilities and supervisory relationships for each paid staff or peer leader delivering programs and services.

Goal Area: Programs, Services, and Facilities - anything related to the programs and services offered, assessing the impact of programs and services, as well as the organization’s physical resources such as its buildings, equipment, etc.

Goal Champions: Pam Bailor and Jacquie Albert

Desired Outcomes:

• Peer recovery and support services are well defined and designed to meet the needs of consumers.
• Persons providing peer recovery and support services have access to adequate office space, equipment, and supplies.
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Strategies for Action:

Complete within 3 Months:
- Identify office space and program delivery space needs of each partner/entity at a one-stop-shop location.
- Define the array of services and programs available through the collaborative, including:
  - Description of service.
  - Availability - hours of operation.
  - Location of each service.
  - Support group meeting times.
  - Contact information.
  - Other information needed by persons in recovery in order to access service.

- Identify any equipment, materials, and supplies necessary to support each program and service participating in the collaborative.

Complete within 2 Years:
- Assess program/service needs of consumers being served by the integrated peer support and recovery system.

Goal Area: Communication and Information Systems - anything related to sharing information within the organization and systems for storing, sharing, and using data.

Goal Champions: Pam Bailor, Dayna Shallenberger, and Shani Smith

Desired Outcomes:
- Staff and volunteers providing peer recovery and support services are kept informed of decisions affecting the integrated recovery and support system.
- Programs and services making up the peer recovery and support system share information about services provided through a centralized management information system.

Strategies for Action:

Complete within 6 Months:
- Develop internal communication procedures among the programs and services participating in the collaborative.
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Complete within 1 Year:
• Assess technology and information system needs related to integrating recovery programs and services in a one-stop-shop location.
• Secure necessary hardware and software to be used for data management.

Goal Area: Marketing, Branding, and Relationships - anything related to communication outside of the organization, brand identity, advocacy, and relationships with the broader community and collaborative partners.

Goal Champions: Pam Bailor, Christine Rosinski-Stone, and Theresa Levanduski

Desired Outcomes:
• Fayette County residents are aware of the peer recovery and support system and familiar with how to access services.

Strategies for Action:

Complete within 6 Months:
• Establish a centralized phone number for recovery services in Fayette County.

Complete within 1 Year:
• Develop marketing materials to promote the peer support/recovery collaborative in the community.
• Develop a website for the integrated system of peer support and resiliency services.
• Brand the integrated system of peer support and recovery services - name, logo, etc.

Complete within 2 Years:
• Utilize social media web-based tools to promote peer recovery, resiliency, and anti-stigma messaging.
Goal Area: Financial and Legal - anything related to financial reporting, accountability, and sustainability of the organization, and legal matters related to the organization.

Goal Champions: Pam Bailor, Lisa Ferris, and Jacquie Albert

Desired Outcomes:

• The peer recovery and support system has access to sufficient financial resources necessary to carry out the programs and services provided through the collaborative structure.
• The lead organization and staff and volunteers providing peer recovery and support services are protected against any potential liability.

Strategies for Action:

Complete within 3 Months:
• Assess current financial resources supporting peer recovery and support services that can be directed to the integrated/collaborative system defined by the MOAs.

Complete within 6 Months:
• Develop a budget for each program or service offered through the collaborative.
• Consult with FCBHA about potential funding to support the integrated system.
• Review the need for any additional liability insurance by MHA related to hosting peer recovery and support services.

Complete within 2 Years:
• Secure any needed additional financial resources through governmental allocations and/or grants.

Sources of Information Used to Develop the Strategic Plan

• Planning Session Summary - November 7, 2013
• Planning Session Summary - February 19, 2014
• Planning Session Summary - March 12, 2014
• Summary of Stakeholder Discussions with Mental Health Consumers and Providers - January 13, 2014 and January 16, 2014
• Summary of Document Review, Research Findings, and Funding Opportunities - January 2014