# **ROSC:** A BROWN COUNTY BOARD of MHAS REPORT TO THE COMMUNITY



# Overview

•ROSC (Recovery Oriented System of Care) is a way of thinking about service delivery for those with mental illness and/or addiction disorders that focus 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.

# Objective: "Change the conversation"

Mental illnesses and addiction disorders are chronic illnesses.
Mental illnesses and addiction disorders can be successfully treated.

•Recovery is worth celebrating.

## The Process

Brown County Board of MHAS (BCMHAS) developed and implemented 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 healthy, safe, and drug-free communities Prioritizing accountable and outcome-driven financing Locally managing systems of care

#### Target groups were identified to participate in the survey:

Law enforcement/judicial

Education

Provider executive directors & direct service staff BCMHAS Board Members/BCMHAS Board staff

Community Partners & Referral Sources

Coalition for a Drug Free Brown County members

Consumers & family members

#### Data Analysis

BCMHAS analyzed the survey data and identified trends, strengths, and opportunities for improvement.

Those findings were presented to a focus group which included representatives from each of the survey target areas. Additional input was garnered and incorporated into findings.



# Results

#### Strengths:

BCMHAS system offers a **thorough continuum of services** from prevention to treatment to recovery supports.

**Collaboration** between BCMHAS and community partners is strong, and helps to facilitate access to services.

Behavioral health has an identifiable presence in the community, and is seen as a key indicator in countywide assessments and surveys.

#### **Opportunities for improvement:**

#### Resource access/awareness

Too often, consumers, family members, and agency staff are unaware of available relevant services and don't know how to access those services.

#### Peer involvement

BCMHAS system needs to develop a more comprehensive plan for providing peer support services, including outreach and mentoring programs.

#### Other pieces in the "recovery puzzle"

Some areas identified as needing improvement involve services over which BCMHAS has no direct control. In these cases it will be important to engage community partners to help facilitate change.

Transportation issues create challenges for consumers and families

More opportunities to "celebrate recovery"

More opportunities for outreach to all ages

Better integration of family engagement

More opportunities for consumers/families to volunteer & become involved in the community

#### Education

We're very good at collaboration. We use evidence- based practices. We employ careful, specific processes regarding the planning and funding of services. Not enough people know that.

#### **Action Steps**

BCMHAS will create and prioritize immediate, short-term (6-12 months), and longer-term (12-24 months) goals. Already underway:

Create a plan for developing and utilizing peer support services.

Communicate available services in the county and how to access services to the general public and referral sources. BCMHAS staff & community partners are working together to address transportation challenges.

### **Bottom Line**

BCMHAS Board is accountable to consumers, families and community. The self- assessment process helps us create a culture of care that meets the unique needs of Brown Countians, and the input of our partners and stakeholders helps further spur our commitment to Recovery Oriented System of Care principles.