RBHA | RICHMOND BEHAVIORAL HEALTH AUTHORITY

Community Input Process 2014-2015

Final Report

May, 2015

Acknowledgements

The RBHA Board of Directors and Senior Management team would like to acknowledge the efforts of all RBHA staff, consumers, community members, partners and stakeholders who gave their time to share their experiences with the RBHA as part of the Community Input Process.

The RBHA Board of Directors and Senior Management team would also like to thank the Marshall Center and Greater Richmond ARC for hosting community forums and focus groups on-site and assisting with surveys.

What's on the Cover?

The cover page graphic is a word cloud created through analysis of the focus group and community forum transcriptions. A word cloud is an early stage of qualitative analysis that allows the researcher to gain a general understanding of what words appear most frequently in collected data. The words that appear larger represent words that appear with a higher frequency. For the purposes of this project, this tool was used to understand what themes were most important to participants of the Community Input Process.

Contents

Executive Summary

The bi-annual RBHA Community Input Process (CIP) is conducted to develop a comprehensive understanding of how well RBHA is responding to the community's behavioral health needs. Through the 2014-2015 CIP, RBHA has sought to gain an understanding of the community's perception of RBHA and to collect input about RBHA's services from the individuals we serve, RBHA staff and community members. Conducting the CIP on a bi-annual basis allows RBHA to consistently engage in conversation and reflective evaluation with our community and ensure programs and services remain relevant and cost-effective.

Feedback was collected from RBHA staff, individuals receiving services from RBHA, community members and stakeholders through surveys, focus groups, and community forums. A total of 415 surveys were completed. Two community forums and 10 focus groups were conducted with RBHA staff, individuals receiving services, and community members. Four major themes were identified from this feedback which guided the analysis of the CIP. The themes include Quality of Services, Accessibility of Services, Integration of Clinical Services, and Service Gaps.

Overall, participants reported positive interactions and experiences with RBHA and felt that the services RBHA provides are relevant to the needs of the Richmond community. Respondent input also focused on the need for continued integration of services, enhancing and improving services for individuals with co-occurring behavioral health conditions as well as expanding integrated primary care services. Participants noted areas for improvement and specific service gaps, as well as training needs corresponding to these areas. Data gathered through the CIP will inform future plans to modify current services and/or develop new services to be provided by the RBHA. Additionally, the data will drive near-term organizational strategic planning, fundraising efforts, and grant proposals. The findings will also help to identify opportunities for new or expanded community partnerships. The 2014-2015 CIP provided a unique opportunity to connect with individuals receiving services from RBHA, community members, stakeholders, and staff and gain invaluable input as to the community's perception and experience working with RBHA. We hope you will appreciate this information and the efforts of those who assisted us as much as we do.

Development of the 2014-2015 Community Input Process

Planning for the 2014-2015 CIP

Survey, focus group, and community forum questions were created by RBHA's Grants, Research, Planning, and Evaluation (GRPE) team with input from the RBHA Board of Directors' Advocacy Committee, RBHA Management, and RBHA's Voices United in Recovery (Consumer Advisory Council). Questions were developed to assess the community's perception of RBHA, in terms of RBHA's position within the community as a major behavioral health services provider, the strengths of the organization and areas for improvement, and its progress in meeting community needs in recent years. Question development and CIP planning were influenced by lessons learned from the 2012-2013 CIP and coordinated with RBHA's broader Strategic Operations Planning effort.

RBHA's Strategic Operations Planning

The 2014-2015 CIP was aligned with RBHA's Management Team Strategic Operations Planning (SOP) efforts. The SOP process began in January with a two-day retreat during which RBHA Management and key staff gathered to develop a strategic direction for the day-to-day operations of the RBHA. The group developed specific goals and action items, and assigned teams, consisting of staff throughout the agency, to complete the effort. The four main areas of focus developed through this process included:

1. Person-Centered Care and Supports
2. Prevention, Wellness and Marketing
3. Quality Improvement and Adherence to Standards
4. Sustainability

Teams are meeting in spring 2015 to further specify their assigned area's objectives and begin efforts to meet the goals of the Strategic Operations Planning process. Data collected through the CIP Staff Survey was utilized at the retreat to assist participating staff in developing a strategic vision and goals for RBHA. Additionally, the above areas of focus helped guide continued survey and focus group question development.

Marketing

The CIP was marketed using several methods to reach individuals receiving services from RBHA, RBHA Board of Directors, RBHA staff, and community members and stakeholders. An internal marketing campaign was initiated to encourage staff and consumer participation (e.g., emails, flyers distributed in staff mailboxes, and posters displayed throughout the agency). Flyers were also placed at off-site locations frequented by individuals receiving services from RBHA encouraging their participation. The RBHA Computer Lab was made available to individuals receiving services to complete the survey, and RBHA staff were asked to encourage individuals receiving services to utilize the computer lab for this purpose. An external marketing campaign was developed to reach partners and interested community members and stakeholders. A CIP webpage was also created (http://www.rbha.org/CIP) to market the CIP.

Methodology and Participation

Survey Methodology and Participation

Three online surveys were created to assess RBHA services from the unique perspectives of individuals receiving services from RBHA, current RBHA staff, and community members/ stakeholders. These surveys were made available from December 2014 through April 2015 using the electronic database, REDCap, via a link on the RBHA website, and in printed versions for those who did not have access to computers. A total of 415 individuals completed the surveys. Survey responses were collected and analyzed using REDCap and Excel.

A total of 268 RBHA staff completed the CIP Staff Survey. Forty-five percent of participating staff have been employed at RBHA for less than five years and 54% of participating staff have been employed at RBHA for over five years. The table below shows staff participation by service division.

RBHA Staff Participation by Service Area	
Mental Health Services	38.74%
Substance Use Disorders Services	10.67%
Intellectual Disabilities Services	17.39%
Emergency & Medical Services (including Primary Care)	12.65%
Regional Programs (Wounded Warriors, Jail Team, etc.)	5.14%
Administrative Services (IT, Q&S, Finance, HR, Purchasing, Executive Office)	15.42%

A total of 81 community members completed the survey. This number includes previous RBHA staff (2.6%), community residents (9.1%), family members of individuals receiving services from RBHA (5.2%), Richmond local government agencies including the Department of Social Services, Department of Justice Services, and the Adult Drug Court (10.4%), Virginia state government agencies including the Department of Behavioral Health and Developmental Services and the Health Department (6.5%), Virginia Commonwealth University (3.9%), medical providers (16.9%), behavioral health services providers (37.7%), homeless shelter/housing services providers (3.9%), advocacy organizations (2.6%), and community advocates (5.2%).

A total of 66 persons receiving services from RBHA were surveyed. The table below shows the service divisions represented by survey participants.

Individuals Receiving Services Participation by Service Division	
Substance Use Disorders Services	39.00%
Intellectual Disabilities Services	20.30%
Mental Health Services	44.10%
Prior Recipient of Substance Use Disorders Services	10.20%
Prior Recipient of Intellectual Disabilities Services	8.50%
Prior Recipient of Mental Health Services	6.80%
Other	11.90%

Of the individuals receiving services who completed the survey, 35% have been receiving services for more than 6 years, 8% for 5-6 years, 8% for 3-4 years, 34% for less than one year, and 3% don't know/ preferred not to answer.

Focus Group and Community Forum Methodology and Participation

A total of 10 focus groups were completed with RBHA staff and individuals receiving services through RBHA. Focus groups included 6 consumer focus groups with a total of 44 participants and 4 staff focus groups with a total of 40 participants. Two community forums provided the opportunity to hear from the Richmond community though discussion with community members, stakeholders, RBHA staff, and RBHA consumers. Thirty participants attended the community forums.

All focus groups and community forums were recorded by GRPE staff and transcribed by an external transcriber. Transcriptions were analyzed using Atlas.ti, a qualitative analysis software package.

Participants at the CIP Community Forum

Analysis

CIP analysis resulted in the following themes (defined below): Quality of Services; Accessibility of Services; Integration of Clinical Services; and Service Gaps.

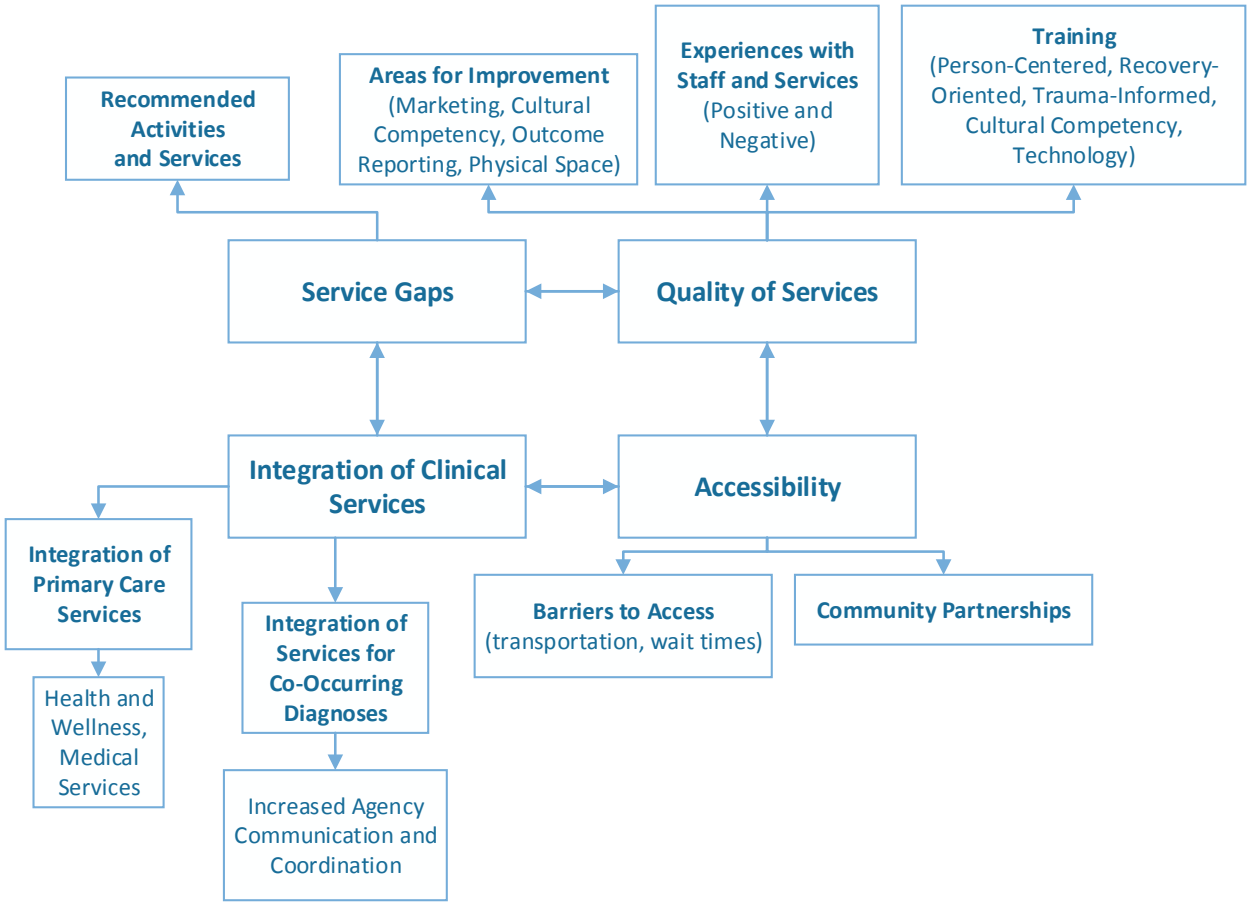
1) **Quality of Services**
   This theme includes any evaluative comment or reference (positive or negative) to RBHA services and interactions with RBHA staff. This theme also includes comments related to areas for improvement and training needs.

2) **Accessibility of Services**
   This theme includes all references to accessing RBHA services. These references could include barriers and strengths regarding RBHA's service access processes, as well as issues with eligibility, referrals, and transportation.

3) **Integration of Clinical Services**
   This theme encompasses all references related to challenges and strengths regarding the integration of RBHA's services, especially provision of care to individuals with co-occurring diagnoses and the need for enhanced primary care integration. Comments related to internal collaboration and communication about these areas are included.

4) **Service Gaps**
   This theme includes all references or comments related to gaps in service provision. Comments related to services not currently offered at RBHA as well as services that are offered by RBHA, yet challenging to access. Comments in this theme frequently overlap with both integration of clinical services and accessibility.

The themes were identified through qualitative analysis of the focus groups and community forums. Survey analysis supported the identified themes. The following analysis presents a detailed review of survey, focus group, and community forum results through the framework of these main themes. The graphic below reflects a bird's eye view of the four major themes, with associated topic areas.



Theme 1 - Quality of Services

"I like the way that the case managers work with their clients. I like the way that the members interact with their case worker, and I also like the fact that when there's a problem, that they can handle the problem." -Individual Receiving Services from RBHA

Understanding the experience of individuals interacting with the RBHA, whether receiving services, engaging as a community partner, or as a staff is important to RBHA to ensure that high quality services are provided. **The Quality of Services theme includes three main topic areas identified through analysis: A) Satisfaction with services and staff; B) Areas for improvement; and C) Training.**

A. Satisfaction with Services & Staff

Community members were asked about their satisfaction with RBHA at both organizational/ administrative and staff levels. When asked about their satisfaction with RBHA staff, 37% of participants were "very satisfied," 40.3% were "satisfied," 12.9% felt "neutral," 3.2% were "dissatisfied," and 1.6% were "very dissatisfied." At an organizational/administrative level, 29%

were “very satisfied,” 40.3% were “satisfied,” 11.3% felt “neutral,” 4.8% were “dissatisfied,” and 3.2% were “very dissatisfied.”

Overall satisfaction was in the strong majority with 71% of individuals receiving services very satisfied and 19% satisfied with the services they received at RBHA. An individual who used to receive services from RBHA and is now employed as a peer shared:

> *“RBHA has been good to me. This has been a 31-year journey for me and through the bipolar, the ups, the downs, indifference, the inpatients, they’ve been there for me, and I don’t think I would’ve gotten a quality service as I’ve gotten from RBHA and then, like I said, the reward is through all of that I can say I’m a 12-year employee of the Richmond Behavioral Health Authority.”*

A very large majority of participating individuals receiving services indicated that RBHA staff listens and helps them with their individual needs (95%) and that they were involved in decisions about their treatment at RBHA (with 66% indicating that they strongly agree and 18% indicating that they agree). A large majority indicated that their experiences with RBHA staff have been positive (68% strongly agree and another 24% agree). One individual receiving services said, *“I think that RBHA has been the right choice for me for my healthcare and for my mental healthcare. I can’t imagine going anywhere else”* and another individual shared, *“they been kind to me.”* The vast majority of consumers surveyed indicated they would recommend RBHA services to a friend (93%). The following quotes from individuals receiving services from RBHA reflect similar positive experiences:

> “*When I first started out I didn’t have any knowledge of RBHA. I just knew that I needed help and I needed somewhere to go, somewhere I can, you know, be myself other than, you know, just being around certain strangers and stuff, but they’re not strangers to me. People down here they give me help*”.

> “*Well, helping me with my self-esteem. Making me feel like I can do this. You know? Making me feel like, you know, I have confidence in myself, you know, determined? Not giving up. You know, looking forward to something in life. Believing in myself*”.

Individuals receiving services and staff also commented on the challenge of providing high quality services when assigned very high caseloads as well as the challenge of maintaining high quality care with high levels of staff turnover. Staff commented on the challenges to providing services without enough staff, *“realistically, there needs to be more hands because if you have 60 cases with all the paperwork, the workload, it’s…I mean, it’s unrealistic.”* Individuals receiving services sometimes felt they were not able to spend the time they needed with their case managers and staff commented repeatedly on the issue of quality of services versus quantity of services. Participants noted challenges for individuals receiving services when their case manager changes or leaves. A staff participant shared calls they often receive, *“they’ll say…and we have that call and they’ll go, ‘I don’t even know who my case manager is,’ and that’s the truth. And they’ll say, ‘I know my case manager left, but I don’t know who my new case manager is.’”*

Almost half of the individuals receiving services indicate that their experiences with RBHA have helped them find or keep a job (36% strongly agree and 11% agree). **There is also majority agreement that RBHA staff are sensitive to trauma experienced by individuals receiving services with 44% strongly agreeing and 12% agreeing with that statement.** A large majority agree that RBHA has given them a variety of options to choose from to help them maximize their potential (64% strongly agree and 21% agree).

When asked if RBHA is ahead of the curve when it comes to successfully implementing emerging treatment, rehabilitative, and/or support technologies, 15.4% of community member participants "strongly agree," 38.5% "agree," 21.5% "feel neutral," 12.3% "disagree," 1.5% "strongly disagree," and 10.8% "don't know." A staff participant shared,

> "*Even though I'm not in the trenches providing the services that we offer, it seems like we offer pretty much everything that could be needed, and it seems like we're also willing to take on new types of programs and offerings based on needs in the community*."

Another staff participant commented, *"I think as a whole we're very resourceful. So it seems that a lot of people recognize us as someone that, when it comes down to it, we'll get something done."* When asked about RBHA's use of evidence-based practices, 11.3% of community participants and 10.4% of staff participants say *all* services are evidence-based, 25.8% of community participants and 31.7% of staff participants say *most* services are evidence-based, 1.6% of community participants and 28.7% of staff participants say *few* services are evidence-based, 1.6% of community participants and 7.9% of staff participants say *no* services are evidence-based.

Community forum participants identified satisfaction with the following specific services: CIT trainings; Mental Health First Aid Trainings; existing community partnerships; the Crisis Stabilization Unit; and prevention services. Participants also noted positive, professional interactions with RBHA staff. Staff participants and individuals receiving services also spoke positively of the Crisis Stabilization Unit. As one participant said, *"The best thing I seen 'em do was the CSU."*

The following tables show consumer and staff satisfaction and perception of quality of services offered by RBHA. Staff were asked to note quality of services provided to consumers as well as the quality of services provided through administrative departments of RBHA.

Consumer Satisfaction with RBHA Services

	Satisfied	Not Satisfied	Don't Know/Prefer not to answer
Psychiatric Services	41.82%	0.00%	5.45%
Primary Medical Care Services (RICH Clinic)	30.36%	0.00%	7.14%
Crisis Services and CSU	32.08%	0.00%	11.32%
SUD Services	41.18%	0.00%	5.88%
Adult Mental Health Services	44.44%	1.85%	9.26%
Child & Family Mental Health Services	10.00%	0.00%	8.00%
ID Services	36.36%	1.82%	5.45%
Peer Support Services	40.74%	1.85%	7.41%
Medication Access	37.04%	1.85%	5.56%
Consumer Advocacy	31.37%	0.00%	7.84%

Staff Perception of Quality of RBHA Services

	Very Good	Good	Neutral	Poor	Very Poor	Don't Know
Overall Availability of Services	15.10%	54.10%	18%	3.90%	0	18.80%
Psychiatry	15%	46.90%	14.00%	10.60%	0.50%	13.00%
Primary Care Clinic (RICH)	25.10%	41.10%	7.70%	0.50%	0	25.60%
Crisis	35%	43.20%	8.30%	2.90%	1.90%	8.70%
Crisis Stabilization Unit	33.80%	46.40%	6.80%	1%	0.50%	11.60%
Substance Use Disorders Services	17.90%	41.50%	10.10%	1.90%	1.40%	27.10%
Adult Mental Health Services	20.80%	49.30%	12.60%	3.40%	1.00%	13.00%
Child & Family Mental Health Services	20.50%	34.60%	15.60%	2.90%	1.00%	25.40%
Intellectual Disabilities Services	27.40%	38.00%	12.50%	0.50%	0.00%	21.60%
Peer Support Services	17.40%	41.10%	15.50%	2.90%	1.40%	21.70%
Medication Access	22.30%	42.70%	14.60%	3.90%	1.00%	15.50%

Staff Perception of Quality of RBHA Administrative Departments & Building

	Very Good	Good	Neutral	Poor	Very Poor	Don't Know
Quality & Standards	21.50%	39.50%	22.40%	2.90%	1.00%	12.70%
Finance Department	10.00%	34.40%	26.80%	4.80%	3.30%	20.60%
Procurement Department	8.70%	31.30%	29.80%	5.30%	1.90%	23.10%
IT Department	30.50%	51.00%	11%	2.40%	0.00%	5.20%
Human Resources	23.40%	47.30%	20%	3.40%	0.50%	5.40%
EHR Functionality	6.30%	27.20%	24.80%	6.80%	1.50%	33.50%
Consumer & Family Advocacy & Education	9.40%	36.90%	21.20%	4.40%	0.00%	28.10%
Marketing & Community Relations	7.80%	28.20%	23.30%	11.20%	3.40%	26.20%
Development (Grants, donation, fundraising)	14.10%	29.80%	20.00%	6.80%	1.50%	27.80%
Building Security	10.10%	36.50%	25%	13.90%	7.20%	7.20%
Housekeeping	10.60%	43.00%	20.80%	13%	8.70%	3.90%
Fleet Maintenance	6.80%	26.30%	20.50%	16.10%	11.20%	19.00%

The following charts combine the results from the previous chart into two categories, *Positive Perception* and *Negative Perception* to directly show staff perspectives on the quality of services provided by RBHA as well as the quality of RBHA administrative services and facilities.

Positive and Negative Staff Perception of Quality of RBHA Services

	Positive Perception (Very Good, Good)	Negative Perception (Very Poor, Poor)
Overall Availability of Services	69.2%	3.90%
Psychiatry	61.9%	11.1%
Primary Care Clinic (RICH)	66.2%	0.50%
Crisis	78.2%	4.8%
Crisis Stabilization Unit	80.2%	1.5%
Substance Use Disorders Services	59.4%	3.3%
Adult Mental Health Services	70.1%	4.4%
Child & Family Mental Health Services	55.1%	3.9%
Intellectual Disabilities Services	65.4%	0.50%
Peer Support Services	58.5%	4.3%
Medication Access	65%	4.9%

Positive and Negative Staff Perception of Quality of RBHA Administrative Departments & Building

	Positive Perception (Very Good, Good)	Negative Perception (Very Poor, Poor)
Quality & Standards	61%	3.9%
Finance Department	44.4%	8.1%
Procurement Department	40%	7.2%
IT Department	81.5%	2.40%
Human Resources	70.7%	3.9%
EHR Functionality	33.5%	8.3%
Consumer & Family Advocacy & Education	46.3%	4.40%
Marketing & Community Relations	36%	14.6%
Development (grants, donation, fundraising)	43.9%	8.3%
Building Security	46.6%	21.1%
Housekeeping	53.6%	21.7%
Fleet Maintenance	33.1%	27.3%

B. Areas for Improvement

Internal and external marketing and outreach to the community were noted by participants as areas for improvement. Over half of community participants (57.8%) responded that "some people" are aware of RBHA and its services, 15.6% of participants responded "most people," 57.8% responded "some people," 9.4% felt neutral, 7.8% responded "a few people," and 4.7% did not know. Eighty-two percent of participants are "familiar" or "very familiar" with RBHA services, while 16.9% are "somewhat familiar." Almost half (47.6%) of participants feel that RBHA does not market its services well enough, while 27% feel RBHA does market its services well enough. One participant commented, *"Some people don't know and they…Richmond residents, they don't know about RBHA or where they are located at because I have ran into that problem, 'where is that?' 'What do they do?'"*

Comments related to the ability to provide person-centered care (as well as trauma-informed and recovery-oriented care) occurred often with comments related to improving services. For example, comments about high caseloads and challenges with co-occurring services were identified as areas to improve to ensure that person-centered care is provided. This topic is addressed in more detail in the Integration of Clinical Services section. The following quotes reflect the challenge to providing person-centered services and suggested areas for improvement.

> *"I think it's difficult to have person-centered services when we're almost penalized for providing those services. And, you know, that's been…you know, I've worked across departments, and I've worked nonprofit, and I've done this, and I mean, it's been like that everywhere I've been but, you know, it does get frustrating, and I don't get tired of saying that. You know, it's very difficult. You know, do you keep your job? And, you*

know, if the audit comes and, you know, this, that, and the other but, you know, I know we're all here because we wanna provide quality services, but it is very difficult."

"*I mean, it's just unbelievable to me that, I mean, a person would come in here, and they would not be treated as the whole person and, you know, it's hard to understand the silos and why can't they get it (the services) (sic), and I think the other piece of that is there are a lot of people in here that could provide training, and why aren't we doing more internal training so that staff can perhaps address those issues, whether it be mental health or substance abuse, a little bit better*?"

Comments also focused on the need for improvements to the fleet system, security, and physical space at RBHA, specifically noting the need to create a more welcoming and comforting environment. While the Service Gaps theme identifies specific services that participants would like to see provided by RBHA, access to psychiatry services, co-occurring services, and cultural competence were, also specifically identified as areas for improvement.

C. Training

Training was commonly addressed by all participant groups. Staff identified the need for training in the following areas: Person-centered services; trauma-informed care; recovery-oriented care; cultural competency; technology; and co-occurring services. Increased training on RBHA's electronic health record was requested by staff to improve efficiency as well as better understand the system as a whole. Training on co-occurring treatment was noted by staff across service divisions. Staff working in the substance use disorders area requested increased training in the intellectual disabilities and mental health treatment areas and vice versa. One mental health staff noted, *"all of a sudden now 90% of my caseload is [substance use] and mental health. I may be feeling a little undertrained in that area, maybe sensing, 'wow, I'm not really prepared for all of this,' you know?"*

Staff also discussed the need for continuing education opportunities and training to ensure the highest level of care is provided and staff remain engaged. Participants emphasized that training should occur at all levels of staff to ensure consistency and clarity with expectations. This was discussed in the context of decreasing staff turnover and ensuring agency support of employees. One participant spoke to this issue:

"*I think finding ways to keep staff, and this kind of, you know, piggybacks on what someone else said earlier about continuing education opportunities. We've gotta have ways to recruit people and keep 'em and give 'em ways to feel like they can move up within their career ladder here*."

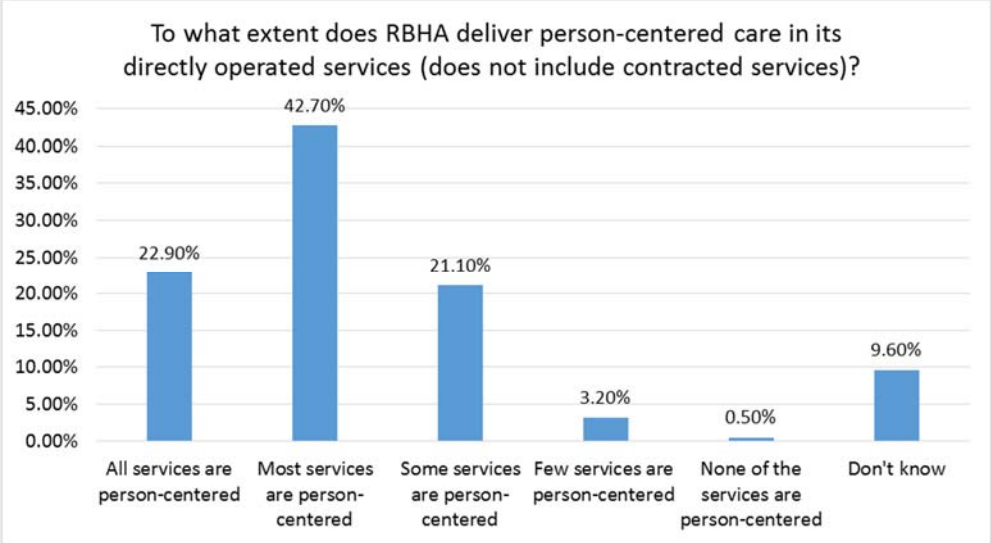
Staff participants also addressed the need for more initial training, agency wide training as well as position specific training, when starting at RBHA, whether as a first time employee or an employee in a new position. The following quote reflects this need:

> *"I know a lot of the training is on-the-job training, you know, but I think the training needs to be…especially for new people coming in to new, you know, divisions or departments. I think there should be a one…or maybe a week's training. Like say you're going into Adult Mental Health, you should have a week training on what the expectations are. Same thing with Substance [Use] because I think that's one big thing where RBHA lacks, training."*

The need for training was specifically noted in regards to providing trauma-informed services. In particular, staff felt the need for more training in this area, as so many individuals receiving services have experienced trauma.

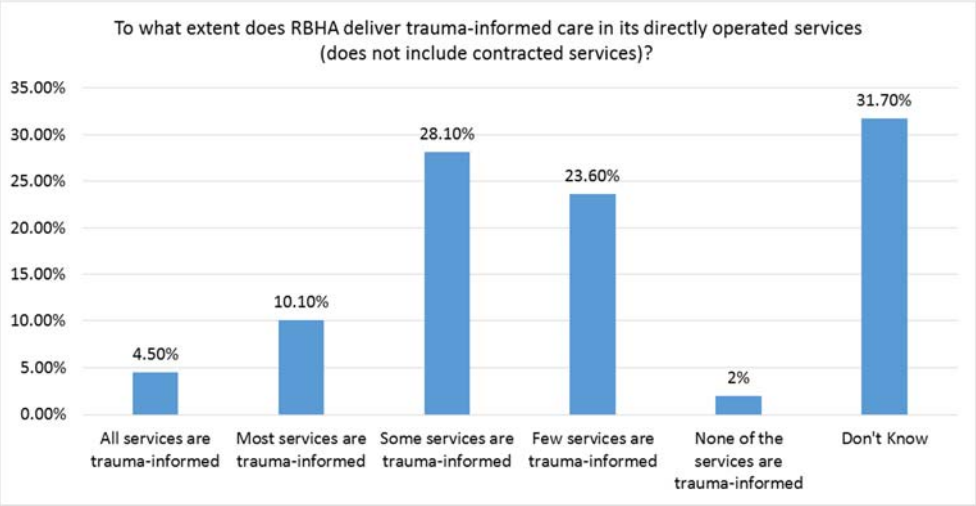
An integral part of RBHA's Strategic Operations Planning process, the focus on providing person-centered, trauma-informed, and recovery-oriented care, was an area explored through the CIP. As previously noted, having the people and resources to truly provide person-centered, trauma-informed, recovery-oriented care is an area in which RBHA needs to improve. Staff were asked a series of questions about each of these service modalities to gauge RBHA staff's understanding of the services, and how comfortable and well-trained staff is in providing the services.

Person-centered care focuses on the strengths, abilities, needs, and challenges of each individual. It is culturally competent, and understanding of the individual's personal recovery vision including what wellness, self-responsibility, empowerment, and having a meaningful role as part of the community means to each individual. Each person's values, priorities and perspectives should shape the kinds of help they receive.



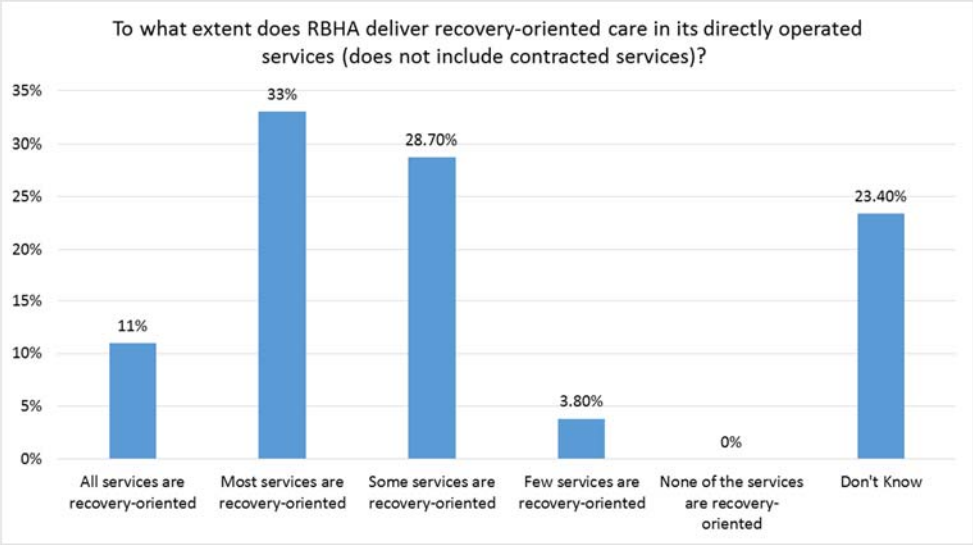
When asked how comfortable they are providing person-centered services, the average response from staff fell between *comfortable* and *very comfortable* (73.6 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 81.5. When asked how well-trained staff is in providing person-centered services, the response was about the same (70.9 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 80. Thirty-two percent of participants felt they need further training in person-centered services.

Trauma-informed care requires an appreciation for the high prevalence of traumatic experiences in persons who receive mental health, physical health, and substance use disorder services and includes a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.



When asked how comfortable they are providing trauma-informed care, the average response from staff was "comfortable" (50.6 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 50. When asked how well-trained staff is in providing trauma-informed care, the average response was a little lower, (45.2 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 40.5. Seventy-four percent of participants felt they need further training in trauma-informed services.

Recovery-oriented care focuses on recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built through access to evidence-based clinical treatment and recovery support services for all populations which embrace four major dimensions that support a life in recovery. These include health, home, purpose, and community.



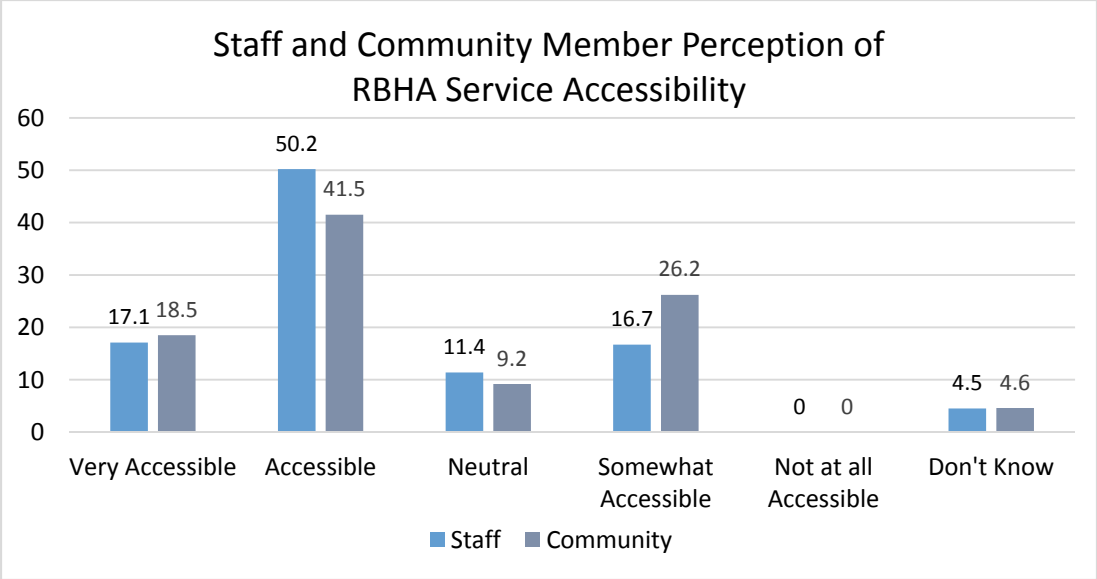
When asked how comfortable they are providing recovery-oriented services, the average response from staff was "comfortable," 58.8 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 63.5. When asked how well trained staff is in providing recovery-oriented services, the average response was a little lower, 54.5 on a scale from 1 (Not at all comfortable) to 100 (Very comfortable) with a median of 59. Fifty-three percent of participants felt they need further training in recovery-oriented services.

Theme 2 - Accessibility of Services

"If we have an open-door policy and I take in everybody that's coming through the door, then we should have the resources available to provide the needed services that (are) (sic) required." –RBHA Staff

Barriers to access and Community partnerships were the two most prominent topic areas in this theme. The large majority of individuals receiving services who completed a survey indicated that services from RBHA were available when they needed them (with 70% indicating services were "very available" and 18% indicating "available"). The remaining 12% indicated that they "didn't know" or that services were "somewhat available" or "neutral." An overwhelming majority (97%) of staff participants as well as community member participants (94%) feel that the services provided by RBHA are relevant to the needs of the community.

The chart below shows staff and community member responses when asked about the accessibility of RBHA services.



A. Barriers to Access

Community and staff participants were asked how accessible RBHA services are compared to other behavioral health providers in the Richmond area. Twenty-three percent of community participants felt RBHA services and other behavioral health services were "equally accessible." Seventeen percent felt RBHA services were "much more accessible," 20% felt RBHA services were "somewhat more accessible," and 15.4% felt RBHA services were "less accessible." Twenty-five percent of staff participants responded that RBHA is "more accessible," 33.6% responded that RBHA is "equally accessible," 17.4% felt "neutral," and 5.8% responded that RBHA is "less accessible".

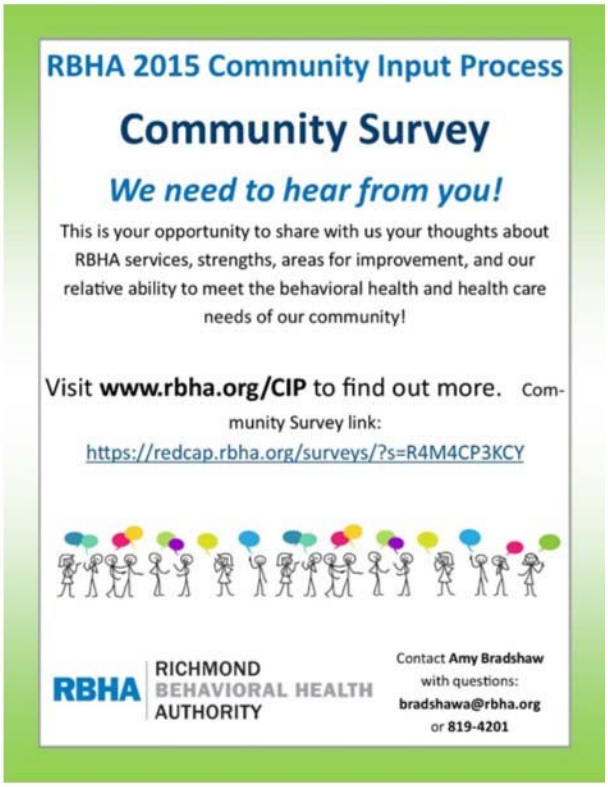
Community forum participants noted that some service areas are more accessible than others (e.g., Crisis and Substance Use Disorders) and specified challenges to accessing services including wait times and transportation. Participants also commented on RBHA's accessibility compared to other providers, noting RBHA's location on the bus line as a positive while discussing the many challenges with transportation encountered by individuals receiving services. Focus group participants also noted specific barriers that prevented individuals from accessing services including a lack of services providers speaking languages other than English, transportation, cultural competency, and communication with staff.

Focus group participants discussed the distinction between accessibility to entry into RBHA's services and accessibility to specific services once an individual completed an intake. The following conversation reflected this challenge. *"Getting through the door is not a problem,"* said one participant. *"Right. It's once you're here,"* replied another. Participants felt that the initial process of connecting to RBHA services was very quick and accessible. However, once engaged, participants observed challenges and barriers to accessing specific services, most frequently noting psychiatry and doctors' appointments. A participant made the following comment regarding psychiatry appointments:

"We have individuals who come in and 'oh, your doctor called out,' or something happened. We had to reschedule. Three times they've been rescheduled. So, this individual has not had an initial appointment, and they've been receiving services three, four months. That should not be the case. Now that is a down for us (RBHA)."

This comment reflected a common area of discussion, and was also, noted by individuals receiving services, i.e., the challenges with access to psychiatrists at RBHA. Challenges with accessibility were also described as unique to divisions. Substance Use Disorders, Women's Services, and the new Adult Mental Health Walk-In service were identified as very accessible.

Comments made by staff and community participants relating to accessibility were also directed towards provision of co-occurring services and adapting the structure of RBHA so that available services are not so defined by diagnosis. This is further discussed as part of the Integration of Clinical Services theme.



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B. Community Partnerships

Comments related to community partnerships were often linked to comments related to accessibility of services, as directed by the question, "how can community partnerships increase timely access to services?" Regional Projects was mentioned as an area of success:

"I admire the level of transparency, quality, and accountability that RBHA has when they are responsible for regional projects. You know, it's a lot to try to address the needs of many different localities and do it in a fair and accessible way. So I really applaud the way that RBHA manages the project and manages the relationships."

Community forum participants focused a significant amount of time on community partnerships, discussing experiences with existing partnerships as well as opportunities for new or enhanced partnerships. One participant noted, *"RBHA's been a really strong partner for us."* Staff also perceived positive relationships with community partners. A participant noted, *"We also form partnerships in the community very well. So we are well liked in the community. If you listen to the feedback in the community, we are well respected and well liked."*

Discussion on community services and partnerships emphasized the need for continuous outreach and education surrounding the services RBHA offers and how to access those services. On more than one occasion, the forums became a venue for individuals to learn more about RBHA services and services provided by other area organizations, reflecting the need for RBHA to explore additional ways to educate the community about our services.

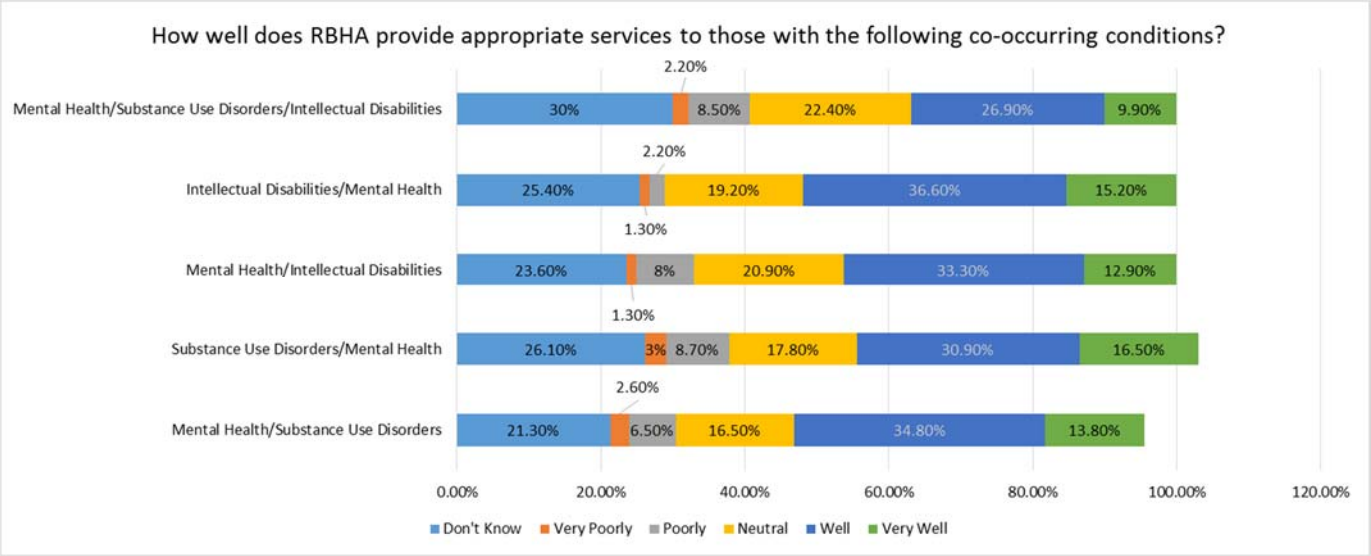
Theme 3 - Integration of Clinical Services

"I feel that they should be able to get everything, and they don't understand it? [Sic] It's like they have to make a choice. Do I either want to get mental health service or do I want to get substance abuse? I can't get both, they're hand in hand, you know? So that's my biggest problem with RBHA." –RBHA Staff

The Integration of Clinical Services theme includes two main topic areas identified through analysis: A) Co-occurring services and B) Primary care.

A. Co-Occurring Services

Provision of services for individuals with co-occurring diagnoses was a commonly addressed topic for individuals receiving services, staff and community members. Survey responses indicated generally positive perception with RBHA's provision of co-occurring services. Twenty-five percent of community participants feel that RBHA serves people with co-occurring conditions "very well," 30.2% feel RBHA provides these services "well," 22.2% feel "neutral," 6.3% feel RBHA serves people with co-occurring conditions "poorly," and 15.9% "don't know." The chart below shows staff responses when asked to rate how well RBHA provides services to individuals with co-occurring conditions.



Focus group participants frequently addressed the challenges of providing services to individuals with co-occurring diagnoses within RBHA's existing structure. Staff participants noted the service divisions based on diagnosis (e.g., Mental Health, Substance Use Disorders, and Intellectual Disabilities) often interfered with their ability to provide care to individuals in need of treatment for multiple behavioral health diagnoses. This structure was also noted as a hindrance to providing truly person-centered care, as reflected in the comment, *"I think part of that person-centered thing is seeing a person instead of a diagnosis, and so if you fit in one category or the other, really recognizing that the majority of that population's gonna be co-occurring."* Another staff participant shared the following example,

> "*Well, and I think with that a lot of times the client doesn't have a choice. [Sic] We have numerous clients, who have substance abuse diagnoses and are struggling with abuse issues, but they got put into the mental health part, and so then, we're limited in what we're able to provide as far as substance abuse treatment*."

Another staff commented, *"We should be able to provide services across the board for whatever client was assigned to us."* Multiple comments from participants echoed the above, and were summarized nicely by the following statement from a staff participant, *"we need to do a better job of integrating care."*

Challenges with provision of services for individuals with co-occurring behavioral health diagnosis focused on the need for increased collaboration and communication between units and between divisions. Discussion surrounding communication also addressed staff's lack of awareness of the breadth of services provided by RBHA. One participant suggested, *"something to (have) where we can get to know each other better in order to communicate because I feel like, at times, we may be in the same building but we're so far apart."* Staff discussed the need for a better avenue of communication between case managers, doctors,

and psychiatrists. The electronic health record was identified as a means of better communication, but staff also noted the need for more training and the time it takes to access needed information. Staff participants suggested that increased training as well as reassessing RBHA's eligibility requirements could help in providing more comprehensive services to individuals with co-occurring diagnoses.

Participants at the CIP Community Forum

B. Primary Care Services

As RBHA continues to integrate primary and behavioral health services, the agency seeks feedback from individuals receiving services, staff and the community about the need to integrate care, and the use of integrated care and health/wellness services at RBHA. Fifty-two percent of staff participants with a caseload have referred clients to the RBHA RICH Recovery Clinic, and 48.5% of staff participants with a caseload have not. A staff participant noted, *"Some of our clients are very hard to catch or catch up with. So when all their appointments are coordinated within one shop, usually that's very helpful because it can help with early intervention. And it has been helping since the clinic got started."* Sixty-four percent of community participants were aware that RBHA has opened a primary care clinic in the last year. A community member participant shared:

> "*This is something everybody struggles with [sic] how to best provide integrated care. There's lots of different levels and [sic] I think RBHA is in the forefront of [sic] the testing out some of those models and they need to continue to do that and help everyone else understand what the models have brought in terms of benefits and barriers*."

Feedback from focus groups reflected the need to continue educating staff, individuals receiving services, and community members about the primary care services provided at RBHA. **Overall, comments reflected positive experiences with the clinic, and support for continuing to integrate primary care services at RBHA.** Staff participants identified how well RBHA provides primary care services to individuals receiving RBHA services. Eighteen percent of

participants responded “very well,” 34.8% responded “well,” 20.4% felt “neutral,” 5.2% responded “poorly,” and 22% “don’t know.” A staff participant noted:

> *“I’m very excited about having the opportunity to use the RICH Clinic. Especially because there’s much less stigma right here in our agency for someone to go in and see a doctor. I think a lot of folks do feel stigmatized when they go in to their doctor and start talking about their mental health conditions, and I’ve had a lot of positive feedback just in doing assessments and, you know, talking to people. Well, we do have primary care on-site and they’re, you know, not going to stigmatize for your mental health disorder. People have been excited about that”.*

Staff who have interacted with the RICH clinic made positive comments about the staff and the availability of same day appointments. Staff also commented on the need to continue adapting methods of communication between clinic staff and case managers (e.g., appointment scheduling for specialist referrals) to ensure efficiency. Staff and community members were asked to identify services that RBHA should offer to promote health and wellness among the individuals we serve. The following services were identified: Primary care services; nutrition and exercise services; smoking cessation; chronic health conditions management (e.g., hypertension, diabetes, etc.); referrals to specialists; medical screenings; annual check-ups; and dental services.

Individuals receiving services were also asked about their experiences with medical care, whether at RBHA or in the community. Eighty-three percent of individuals receiving services indicated that they “had a primary care physician” while 15% indicated they “didn’t currently have a primary care physician.” Of those who had a primary care doctor, 69% indicated they had visited their doctor in the last 6 months while 23% indicated visiting their doctor in the last year. Twenty-nine percent of those responding are currently receiving services in RBHA’s RICH clinic. When asked where they go when they need medical services, 50% of individuals receiving services said the “doctor’s office,” 27% said the “emergency room,” 12% said “community clinics,” 8% said “RICH Clinic,” and 3% said “urgent care.”

Theme 4 - Service Gaps

Two-thirds of survey participants who receive services from RBHA indicated that there are no services they are seeking in the community that they have been unable to find (with 27% indicating there are services they are unable to find and the remainder choosing not to respond). Of those respondents who identified services they were unable to find, the most common response was housing services, followed by dental services and financial assistance. Almost half (46.7%) of community participants said there are services they are unable to find in the community, while 40% said there were not.

Participants offered many suggestions on current prevention and treatment practices that RBHA should provide or enhance. Suggestions included services that RBHA currently provides but may need to expand, as well as services that participants feel RBHA should begin offering. Participants noted increased primary care services, including dental care and preventative medical care services (e.g., immunizations, colonoscopy referrals, mammogram referrals) as areas to prioritize. The medical area was addressed in the community forums as well, in the context of developing partnerships to meet these gaps. Multiple comments focused on care for individuals with co-occurring conditions and the need for increased psychiatry and psychotherapy services. Culturally competent services for non-English speaking individuals was noted by all groups of participants as a gap in service provision for RBHA.

Staff participants specifically noted the need for more accessible psychiatric services, shorter wait times for mental health intakes, more peer services, acceptance of more insurances, and expanded services for individuals with less severe mental health diagnoses (also noted by community member participants). Community forum and focus group participants discussed the need for increased peer services and employment for peers in the Richmond community. Participants complimented RBHA's hiring and inclusion of peer services, but discussed the need to increase peer services in the community. Community member participants also noted the need for expansion of services to individuals without Medicaid and expanding care coordination with external providers.

Additional suggestions included outpatient counseling, trauma-informed care, workforce development services, expanded wrap-around services for youth and families, expanded focus on prevention services (e.g., juvenile, tobacco prevention, and preventative wellness services), services for individuals with a behavioral health diagnosis as well as an HIV diagnosis, psychotherapies directed to specific mental health diagnoses (e.g., schizophrenia), and increased focus on easier access to both mental health and substance abuse services. Participants also commented on the need for improved education and outreach to individuals receiving services, specifically intervention strategies, parenting education, healthy relationship education, and screening to better understand possible risk factors. Individuals receiving services would like to see more groups, recovery focused events (like those offered during Recovery Month), computer classes, and social activities (e.g., bingo, movie nights, dinners).

Summary

The four main themes highlighted throughout this report - Quality of Services, Accessibility of Services, Integration of Clinical Services, and Service Gaps - were identified across all focus groups and the community forums as important to participants. These themes were also significant in survey responses. Overall participants report positive interactions with the RBHA and consider services accessible and relevant to the needs of the Richmond community. Significant feedback was received on the need to increase training, continue to integrate

services at RBHA, and to improve care to individuals with co-occurring behavioral health diagnoses.

Results from the previous 2012-2013 CIP have already informed agency strategic planning and fundraising efforts, as well as helped identify and prioritize opportunities for program improvement, service development, and expanded partnerships. Feedback received through the 2012-2013 CIP directly impacted the development of a more cohesive marketing strategy that included a redesigned RBHA website and assisted in the enhancement of primary/behavioral health integrated services (RICH Recovery Primary Care Clinic).

The 2014-2015 RBHA Community Input Process provided a unique opportunity to connect with individuals receiving services from RBHA, community members, and staff and gain invaluable input as to the community's perception and experience working with RBHA. As in previous years, input gathered from this process will support the RBHA Strategic Operations Planning process to inform the future strategic planning of RBHA, as well as inform fundraising efforts and program improvement.

Community Forum Marketing Flyer