Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Disclaimer

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Final Session- Project Reports

Lessons Learned, Moving Forward

National Center for Trauma-Informed Care
Virtual Learning Network (VLN)

Session Eight – September 2017

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda for the call

Check-in & Attendance	Leah Harris
Description of Report Process	Leah Harris
Team Reports Lessons Learned, Moving Forward Moderated by Leah Harris	
Q&A/Discussion	Melody Riefer
Action Steps & Wrap-up	Leah & Melody

Check-in & Attendance

Aspire (Albany GA)
BHD Arlington County (Arlington VA)
Chesapeake Integrated BH (Chesapeake VA)
King County (Seattle WA)
KishHealth System (DeKalb IL)
Life Link (Santa Fe NM)
Sertoma Centre (Alsip IL)

Report Process

- **Each team has about 6 minutes**
  - *We will give you a warning at 5 minutes so you will know when to begin wrapping up*
- **If you have prepared your written summary, you may want to share that (if you have time).**
  - *Please send us the summary if you have not already done so*
- **We're all friends, take a deep breath, and GO!**

ASPIRE

Staff

- **Hetal Patel**
- **Mike Rigsby**
- **Jodi Fletcher**

AIM

- Incorporate PEER into the work that we do
- Learn from other learning partners
- Facilitate meaningful peer involvement

Changes Made

- Started to promote individuals served to consider CPS credentials by incorporating that into interventions.
- Changed our recruiting avenue. Instead of recruiting via our webpage, we have expanded our search to different search engines. This includes peer-specific avenues.
- We encourage staff who qualify for credentials to apply and support them through this process.
- CPS have been supported to attend the annual conference.
- CPS was promoted to supervisory role.

Results

- CSP as a supervisor brought a wealth of knowledge specifically about the types of intervention that can be beneficial.
- Staff who were supported to obtain their CPS had an opportunity to obtain other rewarding positions in the agency.
- Support to send CPS to annual conference has sparked an interest for others to pursue their CPS.
- EAP services were made available to staff.

Challenges faced

- Multiple people expressed an interest to obtain their CPS, which interfered with unit staffing.
- We collaborated with different departments to “borrow” staff.
- A need for training was identified specifically in the area of Ethics, boundaries and professionalism. Ongoing trainings are provided.

Next steps

- Continue to support individuals to pursue their CPS.
- Continue to recruit PEER to be on our staff.
- Continue to provide training.

Impact

- It has increased our goal of hiring more individuals with lived experience.
- It has helped us look at retention of these staff.
- It has helped us identify specific needs of this staff.
- Identified a need for EAP services and was introduced.
- It has enhanced our recovery focus model.

RECOVERY IS POSSIBLE!

Arlington County Behavioral Healthcare Division 2017

Lizabeth Schuch, Shaye Ferris, Shawn Buckner, Kelly Mauller, Emily Siqveland, Jessica Sleep, Grace Guerrero

Aim & Rationale For Joining

- The Behavioral Healthcare Division has 6 Full-time Certified Peer Recovery Specialist (CPRS)positions and 1 part-time contractor. 5 CPRS's were added FY16-17. Based on this new addition, we were seeking to:
  - Determine the best way to educate staff, clients, community partners, and the community on the role of CPRS's
  - Demonstrate the value of CPRS's which would help staff to be supportive of them and help clients receive the benefits of their care and expertise

Changes, Activities & Resources

- Initial survey to determine what level of understanding staff had about CPRS's
- Meet and Greet for staff with presentations given by each CPRS.
  - SAMHSA Core Competencies, Principles & Values for peer workers
  - The Provider's Handbook On Developing & Implementing Peer Roles
- Created an informational brochure for staff, clients and the community detailing CPRS' specific roles within the Behavioral Healthcare Division
- Produced a Public Service Announcement (PSA) entitled "Recovery Is Possible" (to be completed by end of Sept 2017)
- Post-survey to be completed once the PSA is finished and disseminated

RESULTS

- Large staff turnout for Meet and Greet
- High volume of brochures given to staff members and presented in public areas
- Increased number of referrals for clients to receive peer support
- Staff and Division support lead to CPRS leadership opportunities
- CPRS's included in the mission for the agency
- Attitudes and culture becoming more recovery-oriented
- Quantitative data pending once post-survey completed

CHALLENGES

- Breaking down preconceived notions of peer roles (did this through all of our activities)
- Time – not all committee members could make every meeting so information sharing and communication was key
- Regarding the PSA:
  - ❖ Time and Logistics - teamwork and collaboration were very important to combat against this challenge
  - ❖ Some people were not comfortable being on camera, so alternates needed to be found who were willing to be in the film

NEXT STEPS

- Dissemination of the Public Service Announcement (PSA)
  - ❖ Arlington County staff, clients, community partners, and community (online and local community tv-channel)
  - ❖ Region
  - ❖ State
  - ❖ SAMHSA
- Post-survey
- Continue to promote the role and value of CPRS's

OVERALL IMPACT

- Created Awareness and Education to Staff, Clients and Community
- Improved CPRS Accessibility
- Increased number of clients who have received and will receive help on their road to Recovery

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Chesapeake Integrated Behavioral Healthcare

Aim, Changes, Results, Challenges, Future Planning, Impact

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

King County Behavioral Health and Recovery Division

Kathleen Murphy, CPC, MSW-Behavioral Health Recovery Specialist
Topher Jerome, CPC-Peer Bridger/Trauma Informed Care Program Specialist
LaTonya Rogers, CPC-Parent Support Specialist

Oversight provided by members of the Recovery Leadership Team

Rationale for Joining VLN

- Implement a TIC Peer Support Training Plan that will ensure continued progress toward transforming the behavioral health system into one that is trauma-informed
- Peer specialist work force will continue to receive training on SAMHSA's/NCTIC's Trauma Informed Peer Support curriculum

Activities Implemented

- Developed a TIC Peer Support Training Plan
- Gained project commitment from agency affiliated peers trainers
- Received BHRD executive leadership approval for implementation
- Secured sustainable funding
- PDSA process was critical to accomplishing our goals

Overcoming Challenges

- Insufficient resources to sustain peer facilitated TIC trainings
- Performed force-field analysis to identify driving and restraining forces
- Created a strategy to increase the likelihood of achieving our goal
  - TIC Peer Support Training proposal drafted
  - TIC Peer Support Training added to our Recovery Leadership Team's work plan
  - Identify projected champions
  - Secure funding for the trainings

Results

- Recovery Leadership Team reviewed the proposal and approved funding for two training
- Two TIC Peer Support training are planned
  - November/December 2017
  - Spring 2018
- 40-50 employed peer specialists will be trained in TIC and using what they learned to inform practice

Next Steps

- Short-term
  - Training dates will be set, training space will be reserved, peer trainers will be secured, the training will be marketed, and training materials will be prepared
- Mid-term
  - Create a method for evaluating the impact of peer delivered trauma-informed peer training
- Long-term
  - Develop a train-the-trainer model to support/expand trainer resources including youth and family specific trainers

Project Impact

- Peers who attend the TIC Peer Support training will:
  - Integrate trauma-informed practices into their peer support work
  - Advocate for the expansion of trauma-informed practices within their organizations, and ultimately
  - Help people feel safe while accessing recovery support services and empowered to achieve their goals

Northwestern Medicine®

Trauma Informed Care

Emphasis on Peer Inclusion

Participants: Sabrina Nicholson, MSW, LCSW (Manager); Karyn Erkfritz-Gay, PhD, NCSP, BCBA-D, LCP (Manager); Reema Oliver, BSW, FRD (Family Resource Developer); and Juliette Rigdon, BA, RSS (Peer Recovery Support Specialist)

Presented on: September 26, 2017

Presented by: Ben Gordon Center

Trauma Informed Care: Emphasis on Peer Inclusion

AIM Statement/Rationale for Joining

- AIM Statement
  - To increase agency knowledge of a peer support specialist and assess readiness for utilization of this resource as well as to identify how to incorporate their role into being a trauma informed agency
- Rationale for Joining the Learning Community
  - Ben Gordon Center is still relatively new to peer inclusion into treatment teams and the recovery model. We were looking to expand these peer roles and increase awareness of what they can bring to Ben Gordon Center and the clients we serve. We had 3 peers on staff at the start of this project (2 in the Living Room and 1 in the SASS program)

Trauma Informed Care: Emphasis on Peer Inclusion

Process to implement change

- Activities implemented at the agency:
  - Implemented a pre and post-test to determine the agency's readiness for change and awareness of a peer role on a treatment team and provide more education on these roles.
    1. Distributed pre-test at all team meetings across Ben Gordon within 1 week
    2. Two of our peers did a presentation on their roles at the agency as well as the peer role in general to all team meetings across the agency (May 2017)
    3. Distributed post-test at all team meetings across the agency
  - Resources
    - Juliette Rigdon and Reema Oliver were our best resources as far as spreading the word about peer inclusion across the agency. Reema has worked for the Ben Gordon Center for 5 years and Juliette is relatively new to the agency.
    - The Provider's Handbook on Developing & Implementing Peer Roles was very helpful in developing our pre/post-test.

Trauma Informed Care: Emphasis on Peer Inclusion

Results

Staff Perception Survey Results

- Our comparison did not show a significant change in staff perceptions from pre to post-test.
  - Possible explanations for this:

    (1) less post-tests received

    (2) not every employee heard presentation due to not being in attendance in team meeting

    (3) some confusion in direction for pre-test

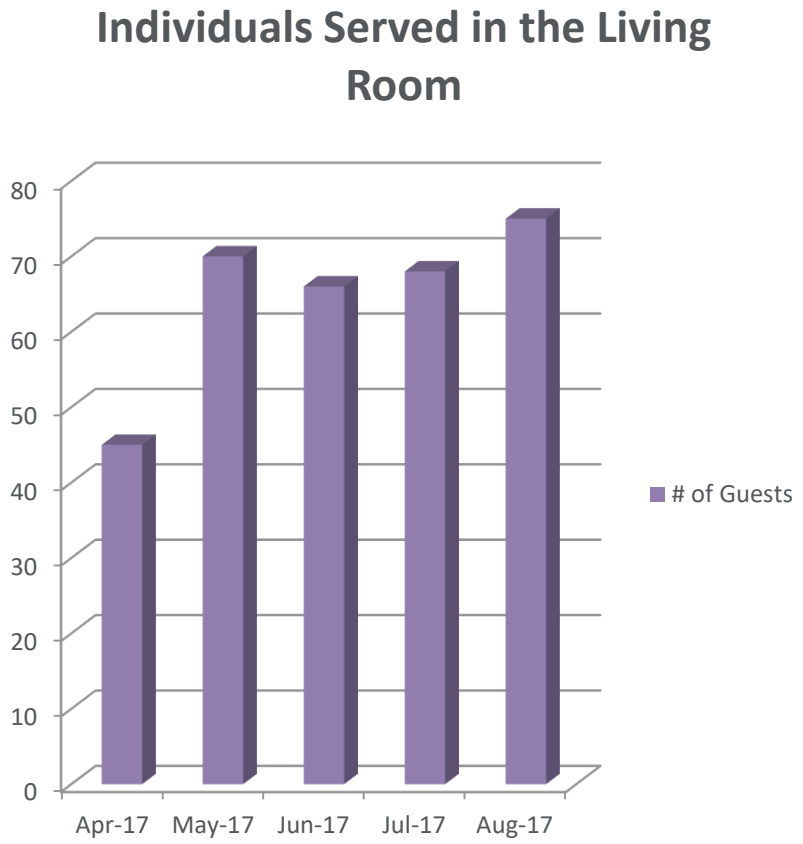
	PRETEST			POSTTEST			
	N	M	SD	N	M	SD	CHANGE in Mean BTW PRE-POST
Question 1: productive and accountable	46	1.565	0.86	29	1.724	0.797	-0.159
Question 2: maintain confidentiality	46	1.304	0.591	29	1.517	0.738	-0.213
Question 3: more frequent psychiatric issues	46	1.934	0.904	29	1.931	1.099	0.003
Question 4: job replacement	46	1.217	0.696	29	1.138	0.441	0.079
Question 5: not understand venting	46	2.11	1.038	29	2	1.069	0.11
Question 6: too many accommodations	46	1.522	0.781	29	1.586	0.907	-0.064
Question 7: why got degree	46	1.444	0.693	29	1.379	0.862	0.065
Question 8: power and control/input	46	1.333	0.603	29	1.379	728	-0.046
Question 9: more like having another client	46	1.456	0.88	29	1.413	0.733	0.043
Question 10: maintain appropriate professional role	46	1.804	0.833	29	1.897	1.939	-0.093
Question 11: dual relationships	46	1.289	0.589	29	1.172	0.468	0.117
Question 12: qualifications needed	46	1.761	0.97	29	1.655	0.897	0.106
Question 13: not enough knowledge of peer value/beliefs	46	1.761	0.993	29	1.379	0.677	0.382

Trauma Informed Care: Emphasis on Peer Inclusion

Results

Increased awareness has led to an increase in Living Room referrals/guests

- April 2017: 40
- May 2017: 70
- June 2017: 66
- July 2017: 68
- August 2017: 75



Trauma Informed Care: Emphasis on Peer Inclusion
Challenges

What challenges did we face?

- Pre-tests
  - We initially sent out a pre-test that we later learned was confusing for staff members so we created a new one and re-distributed
- Presentations
  - We were unable to present to everyone at the agency due to absences in the team meetings
- Post-Tests
  - We were unable to capture everyone in the post-test due to absences and it being anonymous

Trauma Informed Care: Emphasis on Peer Inclusion

What's Next?

What will we do next?

- Follow through on training all staff (including admin) on Mental Health First Aid and Trauma Informed Care
- Incorporate a training/educational session at our All Staff meetings on peer roles in treatment teams
- Support and educate current staff members who are interested in becoming a peer within the agency
- Create more awareness of WRAP, support another staff member to become a certified WRAP facilitator, and run more WRAP groups

Trauma Informed Care: Emphasis on Peer Inclusion

The Impact!

More Peer Roles at the Agency!

Since we started this project, we have increased our peer roles from 3 to 5! We now have a Community Support Team (CST) that incorporates the peer role and are working toward peer inclusion in our work program (IPS). We are also currently running a WRAP group.

Increase Utilization of the Living Room

The utilization in the Living Room has significantly increased with more guests!

Improving Care Coordination with Managed Care Organizations– Helping Our Clients Maximize Their Benefits

Carol Luna-Anderson, PhD
Maureen Rule, MA, LPCC
Dahlia Christian, CPSW/CCSS LEAD
Matthew Martin, CPSW/CSW
Yvette Medina, CPSW
Ricardo Montano, CPSW

Aim Statement

What was our aim in participating, for joining the VLC?

Utilize the VLN PDSA process as a guideline to effect an identified needed change within the organization. Participate, gain knowledge and disseminate our experiences with other VLN participants. Maximize medical and behavioral healthcare insurance provider coordination for the benefit of clients and New Mexico's four Managed Care Organizations (MCOs) to insure that our mutual clients are receiving the best possible care.

What changes did we make?

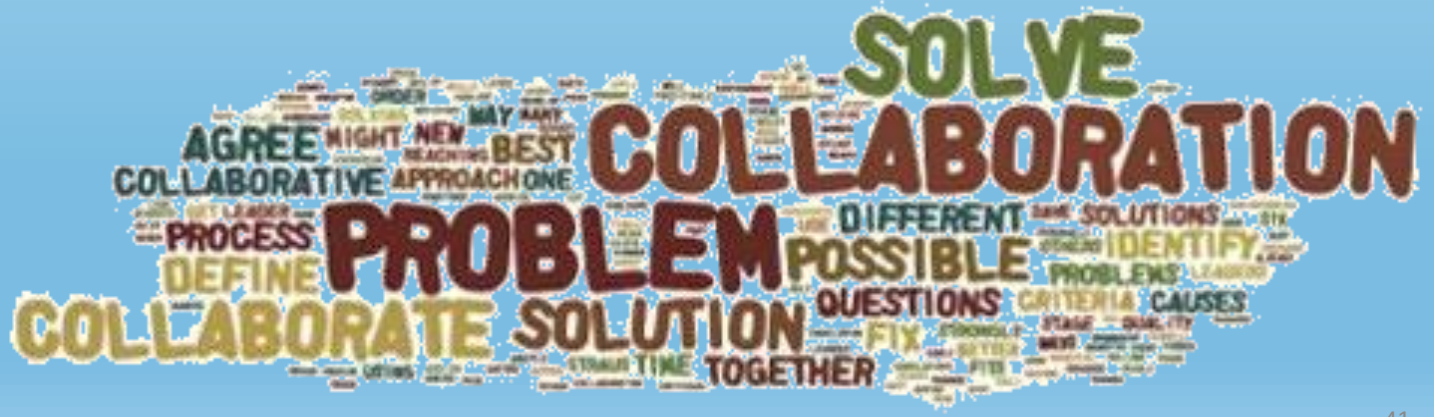
- Established point-of-contact relationships through face-to-face meetings with Peer Support Specialists and Care Coordinators from each of the MCO's – Molina, Blue Cross/Blue Shield, United Health Care and Presbyterian Health Plan/Magellan Healthcare.
- Opened lines of communication between TLL and MCOs and shared information about challenges in connecting with insurers through anonymous 800 numbers and MCO's difficulty in reaching reach our unique population. Resolution: We now have point of contact persons at MCO's and our Peers in this project are now established as point persons for them.
- We established scheduled times and space for each MCO to visit The Life Link in order to share benefit information with clients and complete the member assessments.
- Learned about services we were previously unclear about or unaware of with each respective MCO.

Challenges:

- In the beginning – our mission/aims were too expansive and required paring down.
  - The Life Link has a long history of utilizing the skills and talents of PSW's and their lived experience. 20% of our employed staff of 100, are Peer Support Workers. Consequently, as result of their expertise it was easy to identify numerous barriers our clients face and a number of improvements needed in our community's very siloed system of service providers.
- Scheduling initial meetings and subsequent monthly site visits took much more time than we'd expected. Coordinating with MCO's required a great deal of continued effort and persistence.
- MCO's have far fewer care coordinators and peer support specialists than we were aware of. NM is a large state and the most populace areas have the greatest concentration. Our locality has a dearth of MCO staff and travel to us presents a challenge for the MCOs.
- It will take continued effort to keep the lines of communication going and the monthly visits consistent.

Results:

- We met with representatives from each MCO, have established linkages and are scheduling monthly site visits to TLL for the MCO's. Two of the four MCO's have come to The Life Link to meet with mutual clients and explain their benefits. Four persons completed assessments during one of those first visits. A third MCO has scheduled a day to come to the agency in early October. We are awaiting notification of a new point person for the fourth MCO. Announcements of MCO visits for clients are posted in advance of each visit.



What's Next?

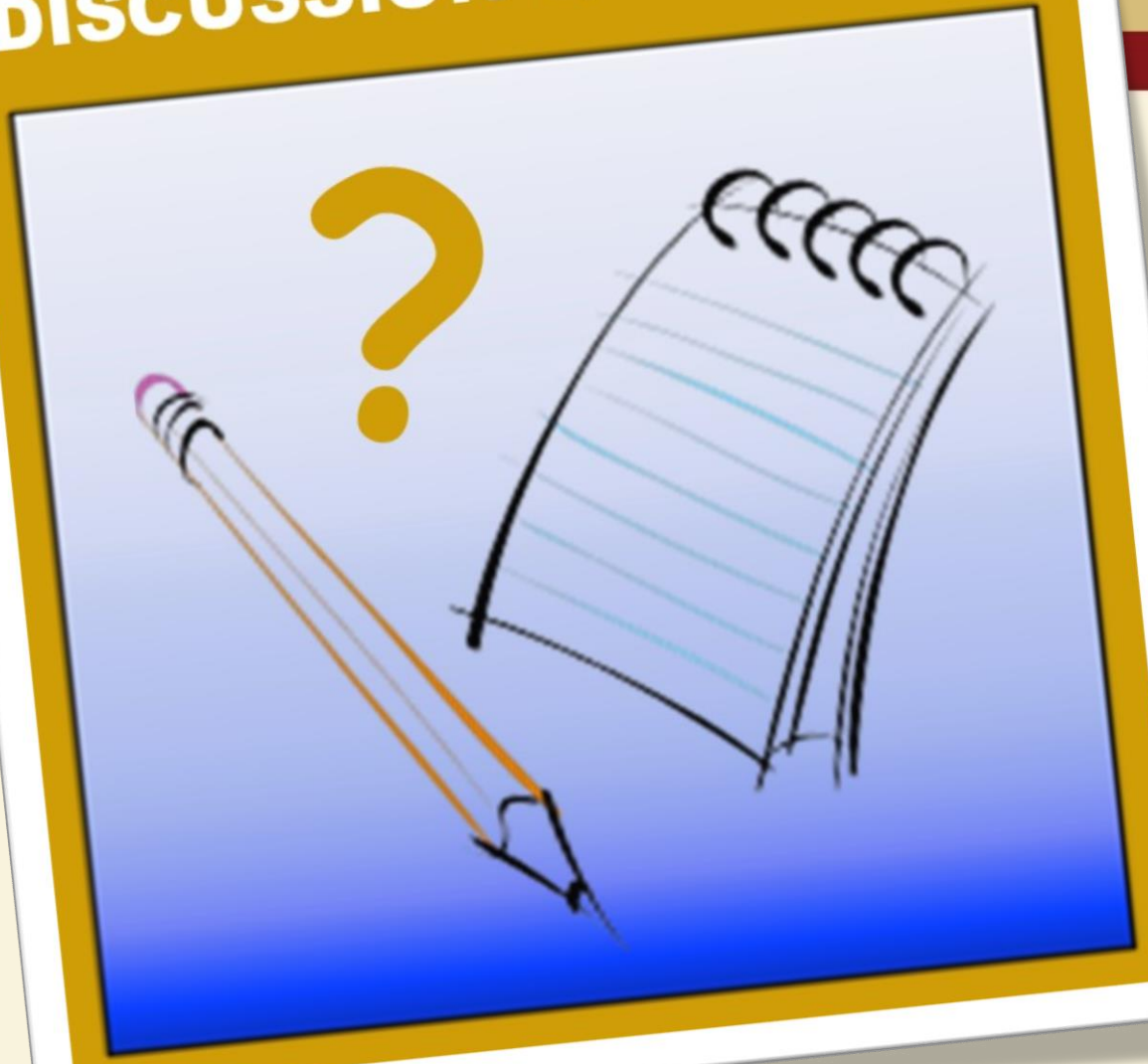
- Continue to monitor progress through bi-monthly meetings.
- Changes or adaptations needed will be effected if and when they become apparent.
- Inform and update agency contacts to MCO's as needed.
- We will coordinate with TLL our in house Treat First intake personnel to make sure that when a person becomes a Life Link client, we determine if they have an MCO; need one, or need to be connected to their MCO.
- Another goal? Always committed to delivering best and evidenced-based practices. We remain committed to providing excellence and continual quality improvement.

Thank you for sharing your knowledge and allowing us to participate!!

Sertoma Centre

- **Aim**
  - *A more integrated workplace emphasizing the importance of hiring and utilizing the specialized skills individuals with lived experience bring to the treatment team and recovery process of consumers served*
- **Changes, Results, Challenges, Future Planning, Impact**

DISCUSSION QUESTIONS!



Action Plan & Wrap-up

- The danger of project oriented change is believing you are finished. This is just the beginning. All activities must be sustained in order to bring about lasting change.
  - *Who are your champions?*
  - *How do you keep Peer Integration a top priority?*
  - *What will you do to stay continuous learners?*

Our goal for this project…

We will increase meaningful involvement of peer workers within service delivery and leadership/management of programs by strengthening the definition and understanding of the role of peer services.

This is a priority because individuals with first person experience of recovery have a wealth of knowledge and compassion that is critical for continued improvement of the behavioral health system.

Tap into your experts!

Thanks for all you do!