



## Recovery Stakeholder Committee Meeting

Thursday, April 14, 2016; 9:30 am – 3:00 pm

Hogg Foundation Training Room, 4<sup>th</sup> Floor; 3001 Lake Austin Blvd., Austin, TX 78703

### AGENDA

- 9:30 Welcome, Introductions  
Discussion of Committee agenda and goals for the next six meetings  
DSHS' perspective on Via Hope
- 10:30 Via Hope's current programming - Programs/Initiatives designed to empower individuals and families  
Peer Specialist Training and Certification  
Family Partner Training and Certification.  
PIR Voice  
Best Practices in Peer Support  
Recovery Reads  
WRAP Across Texas  
General Interest Training
- 12:00 Lunch
- 12:30 Via Hope's current programming - Programs/Initiatives designed to change organizational culture and practice.  
Recovery Institute  
Demystifying Peer Support  
Peer Run Organizations Project (PROP)  
Person Centered Recovery Planning  
Online Education
- 2:00 Discussion of chair and vice chair election
- 2:15 Conversation Café: Summing up the day/Moving Forward
- 3:00 Adjourn

*Our Mission: We provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.*



## **Welcome, Introductions**

The Director of Via Hope called the meeting to order at 9:35 am. The Committee members present were Shea Meadows, Stephen Sellers, Shane DeLosSantos, Wayne Gregory, Verlyn Johnson, Robin Peyson, and Chris Laguna. Not present were Stormy Holifield, Merideth Erickson and Shannon Carr. Subsequent to the January meeting, Joseph Sanchez resigned from the committee, citing schedule conflicts.

Via Hope staff present were Dennis Bach, Amanda Bowman, Michele Murphy-Smith, Liz Castaneda, and Darcy Kues. Tammy Heinz from the Hogg Foundation was present. Representing the Department of State Health Services (DSHS) were Wendy Latham (Program Manager) and Reese Carroll.

The group spent time doing traditional introductions, giving their names, where they are from, and organization or interest they represent. Next they did a 1-2-4-all exercise to answer the statement, "I will feel my time on this committee will have been worthwhile if we have an impact on..." The responses included:

- Bridging all peer services together
- Role of CFPs, especially at state hospitals
- Working with schools. Need to stop kids from getting kicked out.
- Integrating mental health and substance abuse recovery, while honoring the differences
- Considering the impact on families
- PCRP, Peer Support, and Expectation of Recovery are the common standard of care.
- Focus on effective implementation support
- People will have more power and choice in their lives
- Evaluating the recovery process
- More influence on the system from people with lived experience

## **Committee Agenda and Future Meetings**

The group next discussed the Committee agenda and goals for the next six meetings. The packet of materials for members included a list of broad questions and issues that the committee could address. (The list is included at the end of the minutes.) After some discussion it was apparent that the members did not feel they were in a position to outline a long term agenda yet. There was a consensus that they would revisit this issue at the next meeting.



### **DSHS' perspective on Via Hope**

The two representatives from DSHS next shared their interest in the Stakeholders Committee and their hopes for Via Hope.

### **Via Hope's current programming**

The Executive Director explained that, broadly speaking, Via Hope has two types of training and programs. One type is oriented towards individuals. E.g. workforce training (for peer specialists and family partners) people in recovery, and family members. These train people for new employment roles or increase the voice of individuals and families to advocate for system change. The other type is designed to promote organizational change, e.g. Recovery Institute Programs that help organization change their organizational culture and practice. Via Hope assumes that both types are necessary to affect system transformation over time. The Director explained that the rest of the morning would be spent hearing presentations about programs for individuals and much of the afternoon would be spent on programs for organizations. He also stated that there is not a totally clear distinction between the two; there is overlap and connections between all of the programs.

Stephen Sellers, Chair of the CPS Advisory Council, discussed the Peer Specialist Training and Certification program. Shea Meadows, Chair of the CFP Advisory Council, discussed the Family Partner Training and Certification program.

Liz Cataneda, Via Hope PROP Coordinator, discussed the PIR (Persons in Recovery) Voice Program, the Best Practices in Peer Support series, and the Recovery Reads project.

Michele Murphey-Smith, Unit manager for the Recovery Institute, discussed the WRAP Across Texas initiative. The Executive Director discussed the General Interest Training sponsored by Via Hope (Intentional Peer Support, emotional CPR, and Focus for Life).  
General Interest Training.

There was discussion and questions and answers following each presentation and again at the end.

Following a break for lunch, the group heard and discussed presentations on the organizational change programs.



### **Via Hope's current programming (continued)**

The Recovery Institute Manager discussed the Regional Workshops that are being held this Spring, the application process planned for this summer, and the launch of the next round of Recovery Institute programs in September. She explained the programming for the current year had to be revised multiple times due to the delays in receiving the DSHS contract and uncertainty regarding when things could start.

The PROP Coordinator next summarized the history and current activities of the Peer Run Organizations Project (PROP). It started as a program for Consumer Operated Service Providers, was expanded two years ago to include accredited Clubhouses, and is envisioned under the new contract to expand again to include Recovery Community Organizations. These are peer run organizations in the substance use community.

The Manager of the Person Centered Recovery Planning (PCRP) Unit described the practice of Person Centered Recovery Planning. Structurally it is considered part of the Recovery Institute, but is so complex that we separated into its' own unit in the organization. The manager and her staff spent most of 2015 and 2016 working on development of online learning modules related to recovery, peer support, and person centered care. She played clips of some of the modules and invited stakeholder committee members to review the entire modules that are currently under development and provide feedback before they are launched.

### **Officer Election**

Prior to the meeting, members were invited to self-nominate themselves to run for chair and vice-chair of the committee, but no nominations were received. It was proposed that selection of officers be delayed for one or two more meetings until members could get a better feel for the organization and decide if they wanted to serve as an officer.

### **Conversation Café**

The meeting ended with a Conversation Café exercise. Some of the members had left early, leaving approximately eight people in attendance. The group sat in a circle of chairs for the Conversation Café and addressed the question, "What stood out for you from the meeting today?".

The meeting was adjourned at 3:10 pm.

The handout that was in members' packets is on the following page.



## Recovery Stakeholders Committee Discussion Items for 2016-2017

The intent is not to discuss these questions in detail during the April meeting. Rather, the hope is that we will be able to identify and prioritize issues that the committee needs to discuss over the next 5-6 meetings. This list is a starting point; committee members may decide that there are other issues, or a re-phrasing of these questions, that are more important.

1. How can Via Hope's mission statement be updated to more accurately reflect current programmatic reality?
2. What relationship should Via Hope have with the addiction recovery movement and that population?
3. How is managed care affecting the role of LMHAs and billing for Medicaid Rehab Services? What are the implications for Via Hope?
4. What are the implications of creating a separate Medicaid Service called Peer Support?
5. Integrated care (primary health and behavioral health) is being talked about with more frequency. What's actually happening and what are the implications for Via Hope?
6. Given all that, in what ways should Via Hope's mission evolve over 3-5 years?
7. What is a viable, sustainable financial model for Via Hope in the future?
8. What other questions should be on this list?