

Recovery Stakeholder Committee Meeting

Thursday, January 12, 2017; 9:30 am – 3:00 pm

Hogg Foundation RLS Room, 4th Floor; 3001 Lake Austin Blvd., Austin, TX 78703

MINUTES

9:30 Welcome, Introductions

The Director of Via Hope called the meeting to order at 9:33 am. Traditional introductions were conducted, giving names, titles, and the organization within which each worked, or interest group represented. The Committee members present were: John King, Meredith Erickson, Wayne Gregory, Chris Laguna, Shea Meadows, and Verlyn Johnson. Committee members absent were Shane Delossantos, Shannon Carr, and Robin Peyson.

The Via Hope staff present were Dennis Bach, Amanda Bowman, Liz Castaneda, Barbara Granger, Bobbi Duncan-Ishcomer, Michelle Emery, Betsy Bunt, Jennifer Himstedt, and Michele Murphy-Smith. Representatives of the two major funders present were Wendy Latham (HHSC Program Manager) and Tammy Heinz (Hogg Foundation).

The Via Hope director addressed the reasons he needed to be absent from the two previous meetings and stated his commitment to attending all future meetings. Via Hope's managers and staff will also routinely attend.

There have been membership changes since last meeting. Two members (Stormy Holifield and Janet Paleo) completed their terms and are no longer attending. Their service is appreciated. Also, CPS Council Chairman (John King) has replaced former CPS Council Chairman (Stephen Sellers).

Mapping each member's areas of experience/connections to serve as resource for the work of this group

The Recovery Institute Manager, Amanda Bowman, invited the group to think of personal and professional connections they have that can serve as a resource to the work of this group. An exercise was conducted in which this information was visually recorded for future reference. Members took turns sharing their areas of knowledge/experience/interests while the information was graphically recorded. A photo of the completed product will be shared with the group. It was noted that this list can also inform the building out of the group membership in the future.

Wendy suggested considering the addition of an FQHC (Federally Qualified Health Center) member to the committee. Members recognized the diverse experiences and expertise of the group's current members (beyond the categories required by the DSHS scope of work). A list of the members' connections/interests is found at the end of this attachment.

10:15 **Continuing Conversations from Prior Meetings**

Via Hope staff members shared highlight of topics from prior meetings and provided updates on how stakeholder input has been utilized to shape program activities.

Peer Run Organization Program (PROP): Liz

The PROP Coordinator, Liz Castaneda, provided background information about the project for those in the room who weren't familiar with it. After conducting site visits and receiving input from the stakeholder group last summer, the project is refocusing its efforts on helping participants with organization development with a focus on supporting executive leadership. Clubhouses chose not to participate in PROP this year, but there are several Recovery Community Organizations (RCOs) participating as per the statement of work for the contract with the Health and Human Services Commission.

Meredith Erickson agreed that the new membership makeup, with the departure of the clubhouses, allowed the creation of a reformed community and increased connections among the COSPs that provide stronger support among the participants of this program.

Tammy Heinz reiterated the value differences between COSPs and Clubhouses (i.e. The clubhouse view of a peer is different. Staffing is purposefully low at clubhouses and those working alongside you are viewed as 'client peers' and not valued in the same way as a professional providing unique services based on lived experience).

The PROP participants will continue work on developing a statewide consumer network. They will be meeting with consultant Chacku Mathai in February, along with other peer stakeholders.

For the project's March gathering they will be having their first legislative advocacy day event.

Bridging CFP/CPS Communities

Liz also presented an update on the CPS and CFP advisory council. Both Councils are now meeting on the same days and will find ways to connect and collaborate more. CFPs have been invited to participate in *Best Practices in Peer Support* sessions and can receive CEUs. Overall, staff members are creating new ways to bridge the CPS and CFP communities, and to be more inclusive of Recovery Coaches as well.

Recovery Institute Leadership Academy (RILA)

The RILA Coordinator, Michelle Emery, had facilitated a discussion of leadership's role in supporting staff wellness during the October stakeholder meeting. That discussion and input helped shape the content to be shared with participating site RILA teams.

Via Hope accepted four organizations to participate in RILA learning community (Denton, Hill Country, SASH, and Texas Center for Infectious Disease) – It was noted that RILA had the most interest of the three Recovery Institute learning community programs offered. It was exciting to see that organizations want to devote resources to improving self-care for providers. Via Hope believes there is a direct link between staff wellness and the ability to provide recovery-oriented services. Michelle completed site

calls and the first all-team call. The first all team gathering will take place in Austin on February 16-17.

Via Hope Staffing Changes

The Executive Director, Dennis, discussed several staffing changes within via Hope. Interviews will be scheduled in two weeks to fill the vacant Peer and Family Leadership Unit Manager position. There are four good candidates who will be interviewed.

The Family Coordinator, Barbara Granger, will be retiring sometime this summer. We have also concluded that Via Hope needs more in-house CFP resources. We plan to create a full-time Family Partner Coordinator position. We plan to draft a position description to share with the CFP Advisory Council for their comments.

Via Hope made an offer to someone who had interviewed for the Peer Specialist Integration (PSI) Coordinator; however, she was unable to immediately accept due to unexpected personal circumstances. We plan to decide in March whether to make another offer to this individual. In the meantime, we will continue offering public workshops and other PSI offerings as planned.

We are considering hiring a full time, in-house CPS trainer, probably in mid-summer. A position description has not yet been developed or advertised. Currently, all peer specialist training is done only by contract trainers.

The individual who has been the manager of the Recovery Institute, Michele Murphy-Smith, plans to retire in March. Rather than fill this position, the PCR Unit and the Recovery Institute are being combined and the manager of the PCR Unit, Amanda Bowman, will assume the role of Recovery Institute Manager. Amanda will oversee all Recovery Institute programs, including PCR. However, in this expanded role, Amanda will do less direct program work with PCR activities. Betsy Bunt (PCR Program Coordinator) and Janis Tondora (contracted through Yale University) will continue to provide PCR activities.

CFP Integration Activities

Via Hope believes it needs to do more organizational change work with provider organizations around the role and value of Certified Family Partners (CFPs), including greater efforts to promote CFPs as a component of the peer workforce. This has been a major discussion point at prior stakeholder meetings.

Along with full-time CFP Coordinator position, Via Hope is also developing a training curriculum to help staff at provider organizations understand the CFP role. It will be modeled after the existing Demystifying Peer Support training. Within the last three months, Via Hope has been working to develop a "Demystifying Family Support" curriculum to promote better understanding and integration of CFPs across organizations. This process includes assembling a workgroup of people from across the state including family partners and supervisors. The first workgroup meeting is scheduled for January 27th and 28th. The goal is to have the curriculum completed for a "beta" run in May 2017.

Wendy Latham asked whether the CFP Certification training curriculum and existing modules need to be updated or expanded. Shea Meadows replied that the trainers had reviewed the content added by two new modules (i.e. trauma and preparing for transition for families in levels of care, compared to YES waiver). The duration of the training is slightly longer as the result of the new modules. They feel the

expanded curriculum is appropriate.

Outcome of Recovery Institute Applications

For PCRCP, a set of activities and site-specific training/consultation is in the works as an alternative to the learning community program advertised during the RI Application.

For the TAY Initiative, two organizations (SASH and Haven for Hope) were selected. Staff have just completed the initial calls and those organizations desire to focus on education, community support, and internal staffing communication between adult and adolescent units.

For the Peer Specialist Integration (PSI) Program, we have an upcoming webinar, a “Demystifying Peer Support” training offered via both public workshops, and on-site by request. We are planning to train additional people to facilitate this workshop in the next six months.

RILA has four participating organizations, as noted above.

Curriculum Revisions

A workgroup is working on a curriculum revision for peer specialist certification training. The project is led by the Via Hope training coordinator (Darcy) and our contract curriculum developer (Maureen). The goal for the workgroup is to improve the existing curriculum and complete some missing pieces, but not make substantial changes in the content. John King provided notes on examples of revisions so far (take out superfluous slides, more on ethics, will keep duration within 15 minutes of previous training). The revisions are expected to be completed in March, with a Beta test conducted in April.

Via Hope Strategic Planning

Via Hope is about to launch a formal strategic planning process for the organization. This was another recommendation by the stakeholders’ group. We will contract with a strategic planning consultant to facilitate the planning process. We hope to have an RFP ready for release in February and begin the process soon after. The goals of strategic planning include revising the current mission statement, identifying where Via Hope hopes to be in 3-5 years, and developing a strategy to diversify our funding sources. The Stakeholder committee may play a role in this process, as will all Via Hope staff, Board of Directors and potentially other partners. Details of the process and how various groups will be incorporated are yet to be determined.

The followed a discussion of the role and scope of work for this stakeholder committee. The DSHS contract requires the group to focus on the content of the DSHS/HHSC SOW, but it’s not clear if it prohibits them from advising Via Hope beyond the? Wendy Latham discussed the potential for revising the contract to acknowledge and approve stakeholder committee work beyond that specifically outlined in the contract, and will be taking action to confirm this. Multiple stakeholder members expressed strong support for ensuring the scope of the group to go beyond only one contract/funder.

11:30 **LUNCH**

12:15 Via Hope's Role in System Transformation

The Recovery Institute Manager, Amanda, addressed moving from identifying what needs to be changed to deciding how to effect change, and described Via Hope's use of implementation science in program design. Committee members had previously been sent a copy of an article on the science of change implementation: "The Science of Spread". Amanda highlighted relevant points from the article:

- Critical roles: enthusiastic champions, or engines of change (total investment leads to unrealistic goals) + executive leader, to practice underlying values and ideas throughout the change process (to be successful, allow individual sites within organization to customize that area) + frontline providers/staff, who know the space and will be implementing the change
- Innovations must fit within the culture and value for those adopting the change; at time improvement requires confronting rather than accommodating the prevailing culture
- The tipping point posits that improvement will spread if the new behavior is established with a certain number of people; this is often not true at healthcare organizations so maintenance and sustainability are required. In many cases "islands of improvement" exist and remain, or people revert back to previous behaviors over time.
- Effective communication strategies are important; different messaging for different people (as people have different priority values).

She then asked for any thoughts or feedback regarding this article. Michele Murphy-Smith acknowledged an assumption that participative leadership across varying roles was important for effective change. The Recovery Institute applications of the past attempted to be clear about Via Hope's belief in this principle. However RI teams often didn't practice participative leadership. A lesson learned was that Via Hope cannot assume each team's leadership agreement with this principle. If there is no agreement, the team is at a disadvantage. Experience has shown that strong leadership gave effective support so that people actually doing the work are able to make sustainable change. Shea brought up the importance of supervisors who strongly champion their staff when they are not in the room (ie, when meeting with other leaders). Bobbi commented if not everyone involved feels like a change agent or is empowered than no tipping point would be reached; a sense of ownership is important.

Amanda addressed the relevance of these concepts to the Stakeholder Group, including the need to be intentional about opportunities, be clear about VH role, be honest about capacity, and be both realistic and visionary in taking on challenges. Next she explained the use of the agreement certainty matrix in examining at a challenge and encouraged the group to remember this throughout strategic planning.

The questions posed to the committee for discussion included: What are the roles of national experts in our work? What is the role of evaluation? How do we measure the effectiveness of our work going forward?

Michelle Emery discussed the urgent needs identified by the Stakeholders Group at the July meeting in response to our request: *'What's happening around you that demands attention?'*

She said she agreed with the comments from the group that pointed out that staff support and advocacy are important for organizational culture and transformation of that system. She explained that feedback from the stakeholders committee was used to help shape the design of all programs within the Recovery Institute and identify the key issues with which Via Hope should align.

Resource mapping was used to see what resource and experiences are available for sharing, as well as being a tool to help Via Hope stay connected with allied organizations and enhance membership of this group.

Vision for a Communications Function/Campaign

The PCRCP Coordinator, Betsy Bunt, referenced the upcoming strategic planning process, the importance of communicating the VH brand, and the need to develop and refine core messages (i.e. 'recovery oriented care'). There is room in the VH budget for a communications consultant or staff member.

Several communication ideas that were suggested by the group included reinstating the Via Hope blog, initiating a newsletter, and creating tangible message products (i.e. core value cards).

Need to Develop & Refine "Core Messages"

An exercise, the *1-2-4-all Activity*, was used to allow the entire group to participate and share reflections on "*What are the core messages of recovery oriented care?*"

The initial messages and concepts the group suggested included:

- ✓ Person-centered.
- ✓ Recovery as a process not an end goal.
- ✓ Rich messaging.
- ✓ What works for the individual is different for everyone.
- ✓ Strengths based, [staying away from] buzzword "recovery".
- ✓ Participatory methods.
- ✓ Social justice as an umbrella.
- ✓ Belonging is a human right, based on unique needs (and wants) of individuals.
- ✓ One bite at a time (your taste, you savor it).

Betsy brought the group back together to address the concept of "sticky messages" and making messages "more juicy". She described ideas that would stick with people and then listed criteria for memorable messaging. Sticky messages are:

- simple
- profound
- unexpected
- concrete
- clarified
- credible
- emotional and
- story-based.

A Larry Davidson video clip was used to illustrate the use of the “bowl of noodles” story to illustrate person-centered partnership around granting an unusual, but harmless request by a patient. Another invitation was issued using 1-2-4-all for “How can you make core messages ‘sticky’”? Individuals and then groups wrote their sticky messages on post-it notes; a member from each group shared out their post-it note sticky messages to the full committee and added more information as needed.

Resulting messages from the group included:

- You are your own guide
- You are the guide
- Capture your now
- No two adventures are the same
- Take it one bite at a time
- See yourself in pictures
- Right to any life-left up to me.
- Stronger than my symptoms
- Choose your own adventure
- Peer support is a lifesaver
- Custom designed not IKEA
- You can't buy recovery at IKEA
- Recovering in wellness (Recovering my wellness)
- You can't know what a person needs until you first understand what they want
- There's something beyond this
- Expect recovery, it happens
- #nojudgement
- See yourself in pictures
- Wellness, it's not just in your head
- It's okay to be... (validating for audience, more hopeful, more positive; capture their attention where they're at)
 - Anger can be a sign of healing
 - Anger is a part of my survival
 - Anger is part of recovery
 - “Recovering my wellness”
 - If you can see it, you can be it

1:45 **What should be the role of online courses?**

Amanda reviewed the current set of online trainings and the opportunity to develop more training. The courses we currently offer are:

1. Introduction to Recovery and Recovery-Oriented Practices (2 hours)
2. Intro to Peer Support (1 hour)
3. Partnering: The Person-Centered Approach (3 hours; newest)

4. Person-Centered Recovery Planning Core Components (on hold)

All of these courses offer CEUs to a variety of professionals and we have the ability to harvest information provided by variety of professionals in the field through this source. Amanda showed a clip of the partnering course (Chapter 3: The Value of Risk and Differing Perspectives); interactive graphics, open-ended surveys (information synthesized on back end), etc. She encouraged the group to provide positive and constructive feedback of online courses to (i.e. what is the value, if any, of getting this information out across the state/country? Is it a good idea to use these courses as prerequisites for other Via Hope trainings? Next additional questions were identified that need to be considered.

Q. What is this doing for Via Hope? Should this be a priority?

There are two sides to the online course opportunity: people can only go so far with independent online learning. VH provides onsite, integrated consulting that helps organizations in a more in-depth way. But, does online learning help by getting the VH name out to organizations?

Q. Does this contribute to VH's mission?

Meredith questioned whether there is mission creep associated with this. She suggested considering the return on investment, comparing the tangible investments (time and money) with the outcomes or outputs. We should show funders the investment plus the value relationship of the online courses (i.e. charge for CEUs and not course). The could be used to drive traffic to the website, providing CEUs, etc.

Q. What is the opportunity cost? Does this take away from our capacity to do something else?

Q. Is there a connection between online course and training/in-person opportunities?

Q. When these courses were originally started, did the funds come from HCBS grants?

Yes, but they were initially in the main DSHS contract. Creating them took up a lot of time.

Q. If we are moving forward with online courses, what topics should they include?

Q. Texas is big. Could expanding online courses provide opportunities to reduce potential travel?

Tammy Heinz from the Hogg Foundation commented that she views Via Hope as a training and technical assistance center, so it is hard to imagine this isn't an important role of VH. Online courses expand VH's reach. There is no concern about taking work from others (recognizes there already is capacity issue), but it extends the training opportunity to people Via Hope might not reach anyway. We could reach people with opportunities and training that they wouldn't see otherwise.

Q. Are there ways to supplement these courses to provide innovative ways to move beyond passive ways to earn CEUs?

Committee member Wayne Gregory agreed with Tammy that this extends our reach to those we couldn't or wouldn't reach anyway; even beyond Texas. It opens up options for the audience to choose options of learning approaches.

Meredith asked whether Via Hope has a YouTube channel and suggested we create one. (Via Hope does not currently have a channel.) A channel provides an opportunity for built-in advertising; we can serve

videos as teasers for other trainings and programs. She suggested creating a campaign through blogging, hashtags, etc. to spread new mission or strategic plan outcomes.

Tammy inquired if Via Hope captures information on people who take the course. She commented that we could use the audience as a lead generator.

Michelle Emery explained that VH offers free trainings and other ways to educate and engage the field. We need different avenues to reach sub-populations and the general public to disseminate information more widely.

Tammy suggested having a contest to contribute core/sticky messages and rich stories.

2:25 Electing Chair & Vice Chair

The final agenda item was the election of a Chair and Vice Chair for the Committee. The only self-nomination for chair was received from Wayne Gregory. In explaining his interest in being Chair, Wayne stated that loves this group and VH people and our work, he feels there is a contribution to be made, and he wants to be a part of that. Wayne was elected as the Chair.

Shane DeLosSantos submitted the only self-nominated to be Vice-Chair, and she was elected to that position.

2:35 Debrief & Close

The meeting ended with a debriefing session. Committee members were asked to respond to the following invitations:

Something that stands out from the discussion today is...

- Returning to my wellness (Meredith)
- Earlier discussion about scope of Stakeholder group to VH (Kris)
- Wendy to go back and amend language to broaden group opportunities (Wendy)
- Mission shift happens (John)
- Tammy's first meeting was last October (not as a voting member but observer), feel like meeting activities are so valuable from a personal perspective but do not understand how this ties to VH Meredith agreed with this comment.
- It is hard see what we do and what happens next (Chris)
- With the reports this morning VH staff talked about how the input from stakeholders was taken into account, and which actions were taken based on that. It is nice to see actions taken. (Wayne)
- Appreciate the gaps between CFP and CPS seem to be closing from last couple of meetings to now; that was an urgent need identified two meetings ago. I am able to see a shift (Shea)
- If this group is going to be valuable and useful to VH and this meeting valuable of participants times: there needs to be more planning and systemic changes moving forward beyond group formation exercises (Dennis)

A contribution someone else made today that I really appreciated...

- Sticky messages were good (Meredith) and socks (to Bobbi)

- Mapping (resource mapping); to use each other as resources (Verlyn)
- Wayne brought up concern of scope of this group (MMS)

A question that is emerging for me is...

- What can I bring to the table? (Meredith)
- Given my new role, would people be willing to do subcommittee work/work outside of this meeting toward contributions? (Wayne) People nodded in agreement.

The meeting was officially adjourned at 3:03pm.