Recovery Stakeholder Committee Meeting

Thursday, April 12, 2018; 10:00 am – 2:00 pm
Via Hope Offices
4604 S. Lamar Blvd., Ste. E-102, Austin, TX

AGENDA

10:00 Welcome, Introductions

10:30 HB 1486 Workgroup Update

11:15 New workforce training model

12:00 Staffing changes/challenges

12:15 Lunch

12:45 Recovery Institute Purpose and Programs

1:30 Active Via Hope grant proposals

1:45 Debrief – General Comments + Any Action Steps Before Next Stakeholders Mtg

2:00 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 meeting was called to order at 10:11 am by Committee vice-chair, Annie Powell. In attendance were committee members, Annie Powell, Stormy Daniels, Cassandra Ramirez, Merideth Erickson, and Verlyn Johnson (arriving late). Attending from HHSC were Reese Carroll, Jondell Lafont-Garcia, and Reginah Quackenbush. Attending from Via Hope were Dennis Bach, Sandra Smith, Kamala Joy, Amanda Bowman, Christie Gonzales, and Marybeth McAndrews (arriving late).

HB 1486 Workgroup Update

The first agenda item was an update on the stakeholder workgroup for HB1486, presented by Mr. Bach, who is a workgroup member. He presented, and elaborated on, the attached outline. Committee members discussed various issues and questions resulting from the presentation. In particular, there was robust discussion about the relationship between mental health challenges and substance misuse, and that fact that a large majority with one condition or the other actually have both issues in their lives. One person stated that most people with alcohol addiction also have underlying depression and/or anxiety, while most people with a mental health challenge misuse substances as a way to cope with their feelings or the effects of their psychotropic medications.

The discussion touched on the inherent nature of peer support and what type of lived experience enables an individual to provide peer support to another person. In other words, can an individual with only mental health lived experience effectively provide peer support to someone with only a substance misuse history and vice versa.

This conversation led to a discussion of the specialized training envisioned as part of the new HHSC training model under HB1486. The model envisions three specialty tracks – mental health, substance use, and COPSD. One person questioned whether – considering the previous discussion - there should be a separate COPSD track or whether that information should be included in both of the other tracks. Another person suggested that the COPSD material should be part of the core training, so that when an individual began their specialized training in one track they already had that alternate perspective.

New workforce training model

The committee next heard a description of Via Hope's new training model. To make the CPS certification training more accessible, Via Hope will begin providing it monthly in various

cities around the state. The CFP training will be provided three times per year, rather than the current two times. Endorsement trainings will also be held in other cities. We will no longer be providing lodging, and the registration fees for certification training will be adjusted to reflect the actual cost of providing the training. Currently, the training is subsidized by HHSC and Hogg Foundation funding.

Staffing changes/challenges

Mr. Bach explained that Via Hope's Workforce Training Coordinator plans to resign this summer as she is moving out of state. We will advertise to fill that position. The CFP Coordinator has resigned and will be leaving in mid-May. We have posted that position description; it is available on the jobs board on our website and has been sent directly to all of the CFPs in the state.

Recovery Institute Purpose and Programs

Amanda Bowman, manager of the Recovery Institute, discussed the history and purpose of the Recovery Institute. The programs in the Institute are designed to promote organizational change, specifically to help provider organizations examine their culture and practices to become more recovery oriented. The design of the programs use principles of implementation science. They are usually designed as a learning community; organizations apply to be part of the program and commit to a series of activities and organizational change work over a period of several months.

She next updated the committee members on the status of two Recovery Institute Programs, Peer Services Implementation (PSI) and Person Centered Recovery Planning (PCRP). The application for PSI recently closed, and four organizations were selected to participate. The organizations are Tarrant County MHMR in Fort Worth, Emergence Health Network in El Paso in El Paso, Harris Center in Houston, and Helen Farabee in Wichita Falls.

The PCRP program this year focuses on training local coaches who will be responsible for training and coaching other staff within their organizations. In addition to providing training for these coaches, we are developing a series of video presentations that these coaches can use in their own training. These video presentations will be a great resource for the local coaches, and will help maintain fidelity to the curriculum and training. The four organizations participating in PCRP are the Harris Center in Houston, Helen Farabee Center in Witchita Falls, Heart of Texas in Temple, and Haven for Hope in San Antonio.

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Active Via Hope grant proposals

Kamala Joy, Manager of family and youth programs, discussed the status of two grant proposals Via Hope is working on. We have submitted a proposal to a Foundation for funding to translate the certification curricula for peer specialists and family partners into Spanish. We have heard that it meets their criteria for the types of projects they fund, but we have not yet heard a final decision. We are also working on a proposal for a peers in school project and have secured a commitment from two Austin area high schools to participate in the project. This was a critical step before we can approach foundations for funding.

Sandra Smith briefly described the Forensic Peer Specialist Certification we hope to develop over the next year. This project is still in the early design stage. We plan to use funding from a new Hogg grant to continue the planning and development.

The meeting was adjourned at 2:10 pm

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HB 1486 Workgroup Update

1. Timeline compressed
    a. Initially predicted mid-late 2019
    b. HHSC announced this week, goal is 01/01/2019
    c. Draft rules due and of this month; details to be worked out later
        i. Orders from HHSC and legislative leadership
    d. Weekly stakeholder conference calls in addition to monthly meetings

2. New HHSC training model
    a. Still planning to use new model HHSC created:
        i. Online orientation and training pre-requisites
        ii. Classroom training on core principles of peer support
        iii. Additional specialized training on MH, SUD, or COPSD
        iv. Supervised field experience
            1. Workgroup recommended 250 hours
            2. Some people from PRS side advocated for more to meet IC&RC standards.
    b. Model includes certain assumptions:
        i. Should be "readily available" – frequent and geographically distributed
        ii. Multiple entities conducting training
        iii. Don't know yet how entities will be approved to provide training.
            1. Several requirements.
                a. Physical location in Texas
                b. Experience training paraprofessionals and using adult learning.
                c. Experience related to peer support: core, supplemental, re-certification, supervisors, instructors to do all of it.
                d. Training plan, application process, scoring rubric, fee policy
                e. Be certified by a certification entity.
                f. Training available in languages other than English.
        iv. Probably single, approved curriculum
            1. Don't know how it will be developed.
            2. Don't know what will be in it; what is core and what is specialized.
            3. TIEMH contracted to compare current CPS and PRS curricula
            4. TIEMH not intending to recommend what should be in core training.
            5. Need to start with underlying values, philosophy, and ethics of each group; haven't done that.

- c. Other Details
    - i. Don't know who would be responsible for supervised field training.
        1. Problems with training entity or certification entity doing it
        2. If employer does it, needs communication link with certification entity
    - ii. Discussion about what activities would count.
        1. Must be actual peer support work
        2. Time spent with supervisor in supervision should count
        3. Individual reading, videos should not count.
- d. Emerging issues
    - i. Beginning to be discussion of underlying differences between CPS and PRS values, roles.
    - ii.

3. New Certification Process
    - a. Permanent vs. Provisional
        - i. Started with concept of provisional certification after classroom training
        - ii. Full Certification only after field experience.
        - iii. Full certification needed to bill Medicaid. CMS wouldn't approve "provisional" idea
    - b. Current approach (recommended by workgroup, adopted by HHSC)
        - i. Initial "full" certification following classroom training and knowledge assessment
        - ii. Could bill Medicaid right away; CMS doesn't require field experience.
        - iii. Initial certification valid for six months.
        - iv. During six months, need to get 250 hours of field experience to be eligible for recertification.
        - v. Subsequent certifications valid for two years with CEU requirements for recertification
    - c. Changing, conflicting answers on who will be responsible for certifying people.
        - i. At one point – each training entity would do its' own certification. Non starter
        - ii. Continue TCBAP certifying people on SUD track; Via Hope MH track.
            1. Recommended by representative of TCBAP; not seriously considered by HHSC.
            2. Workgroup members pushing to have process meet IC&RC standards.
            3. IC&RC not relevant for CPSs.
        - iii. Recently: "training entity and certification entity cannot be the same organization" Challenge for Via Hope and HHSC
            1. Not paying us to be certification entity.
            2. Can develop viable model as training entity, but who would certify?
            3. If hired us to certify, leaves no training entity with MH background.
            4. HHSC hasn't identified any third party organization to be certifying entity.

5. HHSC doesn't have resources to do it themselves.

d. Grandfathering
   i. PRSs argued that have training and field experience, so should be grandfathered.
   ii. CPSs argued that work experience should count the same as field experience.
      1. If have 250 hours experience, full two year certification.
      2. If less than 250 hours, initial six month certification and complete.
   iii. Discussion of what CPSs do on the job and whether they get co-opted.

4. Other issues
   a. Criminal bars
      i. Adopted standards of LCDC, plus a check of the Nurse Aid registry or Employee Misconduct Registry.
   b. Billing Rate
      i. Not settled yet, but starting with HCBS rate.
         1. HCBS doesn't require certification to provide services.
      ii. Much lower than Rehabilitation rate.
      iii. About $25/hour compared to $130/hour (15 minute increments)
      iv. CPSs could continue billing under rehab. What about PRSs?
   c. Supervision by QMHP rather than LPHA
      i. Dropped idea of Peer Specialist Mentor as sort of "functional supervisor"
      ii. Believe many CPSs could qualify as QMHP, so provides career ladder
      iii. Say they agree with CPSs not having dual role, but…
      iv. Don't understand potential conflict: if QMHP, not really doing peer work anymore
   d. Other

Questions for Recovery Stakeholder Committee:

1. Refer to the list of benefits the committee identified at the last meeting. Given what you know now about the process, what is the single biggest benefit - or drawback - of this model?

2. Refer to the list of questions we developed. Given what you know now, what is the single biggest question you have?

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New Via Hope training model

1. Recently announced new model taking effect June 1. (see notice and FAQs)

2. Objectives
   a. Address concerns that too difficult to get accepted into certification training
   b. Make training more frequent, available regionally.
   c. Closer to financially self-sustaining model

3. Details
   a. CPS Certification training monthly; CFP three times per year
   b. Looked at largest cities in Texas, identified twelve regions
   c. Asked for volunteer organizations to host (provide training space) in exchange for free registrations
   d. Will no longer provide lodging, so not restricted to holding training in hotels.
   e. Adjusted registration fees to approximately cover cost of training
      i. Previous fee covered about two thirds; HHSC/Hogg grants covered remaining
      ii. Looked more carefully at staff costs.
      iii. Whether fee covers, more or less, depends on class size
      iv. Assumption is that class sizes will be smaller.
   f. Registration for CPS certification is reduced, but overall cost to participants may be higher.
   g. Endorsement trainings scheduled based on projected demand
      i. Assume will also be smaller classes
      ii. Can't charge registration fee that covers cost – cost prohibitive.
      iii. Endorsements still subsidized.
   h. Draft Schedule – attached

4. No more scholarship assistance
   a. Cash assistance was from Hogg grant.
      i. Used up for this year.
      ii. New grant starting next year will not have funds for this.
   b. Waiver of registration fee is reduction in program income. Need those funds to support budget.

5. Implementation issues
   a. Need to determine best geographic locations to make training most accessible.
   b. Even on one side of large city, not very convenient for people on other side.
   c. Need to identify alternate training locations
   d. More frequent training affects trainer schedule – in house and contracted.

Questions for Recovery Stakeholder Committee:

1. What is your initial reaction to this new model?

2. Does the geographic distribution of training locations seem appropriate? What changes, if any, would you recommend?

3. Do you feel smaller training classes will provide a better or worse training experience? What is the minimum size you feel we should accept?

Staffing Changes/Challenges

1. Training Coordinator leaving this summer
    a. Moving out of state.
    b. Will be advertising to fill her position.
    c. With new application, scoring process, new training model, types of tasks required are changing. Still a lot to be done.
2. Family Partner Coordinator leaving in May
    a. Always difficult position to fill.
    b. Started advertising.
    c. If know anyone, encourage them to apply
3. One difficulty with position is that only one working on family partner issues.
    a. Draft 2019 budget has funds for half time contractor. Duties to be defined.