Implementation and Sustainability of a Trauma-Informed, Recovery-Oriented System of Care

February 18, 2021
How to Ask a Question

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• Unmute yourself and ask aloud
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Evaluation

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TI-ROSC Online Hub

  - Webinars
  - Trainings
  - Tools and Resources

- Upcoming webinars
  - Recovery Supports, Peers and Boosting TI-ROSC Awareness and Reducing Stigma
    - *March 9, 2021 at 11:30am-1:00pm ET*
  - Trauma-informed, Resilience-oriented Engagement
    - *April 13, 2021 at 11:30am-1:00pm ET*
  - Early Intervention, SBIRT and Harm Reduction
    - *May 11, 2021 at 11:30am-1:00pm ET*
Today’s Presenters

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National Council for Behavioral Health
Learning Objectives

By the end of the webinar, participants will be able to:

– Describe the trauma-informed, recovery-oriented system of care implementation process

– Explain the five success factors of implementation and sustainability of a trauma-informed, recovery-oriented system of care

– Understand the importance of data-informed decision making and continuous quality improvement in sustainability efforts
SAMHSA’s 8 Dimensions of Wellness

- **EMOTIONAL**: Coping effectively with life and creating satisfying relationships
- **ENVIRONMENTAL**: Good health by occupying pleasant, stimulating environments that support well-being
- **INTELLECTUAL**: Recognizing creative abilities and finding ways to expand knowledge and skills
- **PHYSICAL**: Recognizing the need for physical activity, diet, sleep and nutrition
- **FINANCIAL**: Satisfaction with current and future financial situations
- **SOCIAL**: Developing a sense of connection, belonging, and a well-developed support system
- **SPIRITUAL**: Expanding our sense of purpose and meaning in life
- **OCCUPATIONAL**: Personal satisfaction and enrichment derived from one’s work

Recovery-Oriented System of Care (ROSC)

ROSC is...

...A shift away from crisis-oriented, deficit-focused, and professionally-directed models of care to a vision of care that is directed by people in recovery, emphasizes the reality and hope of long-term recovery, and recognizes the many pathways to healing for people with addiction and mental health challenges.*

What is a TI-ROSC?
A Trauma-Informed, Recovery-Oriented System of Care

- Coordinated network of services and supports
- Person-centered and strengths-based to promote recovery and health
- Fully integrates TIC into policies, procedures, practices
- Actively resists re-traumatization
- Recognizes widespread impact of trauma, its connection to SUD and recovery
- Includes individuals, families, and communities
Substance Use Disorder
Treatment Continuum of Care

Enhancing Health
- Promoting optimum physical and mental health and well being through health communications and access to health care services, income and economic security and workplace certainty

Primary Prevention
- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies

Early Intervention
- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

Treatment
- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

Recovery Support
- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life

TI-ROSC Framework

IT'S NOT WHAT YOU DO, BUT HOW YOU DO IT.

LOTS OF WISE PEOPLE
Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender Issues
TI-ROSC Components of Change

1. Creating a County Change Team
2. Increase Urgency and Buy-In
3. Visioning
4. Community Assessment
5. Future System Development
6. Goal Setting
7. Action Planning
8. Implementation and Sustainability
Making an improvement is 80% psychology and 20% tools.
Five Success Factors

Impact on People

Case for Change

Leadership

Ownership

System Infrastructure
Impact on People

• Assess the impact that becoming a trauma-informed, recovery-oriented system of care will have on everyone involved, e.g. staff, clients, community members
  ➢ Control
  ➢ Meaning
  ➢ Status

• Communicate the impact to people
Case for Change

Appealing to the Head:
• Giving and Analyzing Data
• Show statistics

Appealing to the Heart:
• Share your Vision
• Bring in Students/others with lived experience

Appealing to the Hand:
• Develop processes
• Teach strategies
Leadership is action, not position.

-McGannon
Ownership

Improvement sustainability is highly dependent on the level of engagements of those most affected by the change: Staff, clients and community partners.

It’s uplifting to be included in the continuous improvement process.

It’s traumatizing to have the continuous improvement process happen TO you.

I’m a little stressed right now...
(just turn around and leave quietly and no one gets hurt.)
System Infrastructure

- Leadership
- Policies and Procedures
- Workforce Development
- Community Engagement
- Data Collection

Trauma-Informed Recovery-Oriented System of Care
Leadership

• Leadership is the mobilization of resources to bring about the change.

• Leadership galvanizes the people to change their ways.

• Leadership is a reflective and active, personal learning process.
Policies and Procedures to Consider

Referral Processes
Data-Sharing Processes
Universal Expectations
Shared screening processes and tools
Community Safety committee
This policy, protocol, procedure or document:
- Emphasizes value for psychological, social and physical safety for everyone, including adapting usual approaches, if needed.
- Reinforces listening to member’s histories without judgment.

This policy, protocol, procedure or document:
- Recognizes trust is something that is earned over time, so members may not disclose information until a relationship is established.
- Recognizes members may “test” relationships, because they may have been hurt by people or systems in the past who were supposed to guide or protect them.
- Recognizes members may be sensitive to interactions or communications that do not include them.
- Recognizes that members may anticipate that staff will not follow through with commitments or agreed upon plans.

This policy, protocol, procedure or document:
- Recognizes relationships matter and demonstrates interest in peoples’ histories and current life circumstances.
- Establishes an expectation staff will work together with members to create a plan that embraces strengths and further learning rather than dictating a plan to change behavior.
- Establishes an expectation that staff will work to minimize power differentials when possible.

This policy, protocol, procedure or document:
- Redefines member’s “problems” as coping strategies or adaptations.
- Recognizes member’s strengths and anticipates areas where members need to build skills.
- Recognizes members 1) may often feel like they cannot be successful and 2) require their strengths to receive more emphasis and attention.
- Recognizes members are often told what to do and how to do it, so they may have a hard time believing their choices and opinions matter to others.
- Recognizes a “one-size-fits-all” approach can make members feel discounted.
- Demonstrates members and staff choices are important and valued.
- Recognizes that in the past, some members may have been told 1) what they think does not matter and 2) to do things that make them feel uncomfortable or unsafe.

This policy, protocol, procedure or document:
- Emphasizes the need to move past cultures stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography.)
- Recognizes the impact of historical trauma on how members access and experience services.
- Recognizes the role culture plays in how members access and experience services.
- Recognizes the need to offer gender responsive services.
Workforce Development
Understanding Transferring into Practice

- Awareness
- Skill Building
- Embedding
- Trauma Champions
## Transferring to Practice

<table>
<thead>
<tr>
<th>Training Component</th>
<th>Knowledge % of trainees who understand concept</th>
<th>Skill % of trainees who can apply the concept</th>
<th>Transfer % of trainees who make the concept part of their repertoire</th>
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</thead>
<tbody>
<tr>
<td>Study of Theory</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>...Plus Demonstration</td>
<td>30%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>...Plus Practice</td>
<td>60%</td>
<td>60%</td>
<td>5%</td>
</tr>
<tr>
<td>...Plus Coaching</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Adapted from Joyce & Showers, 2002
Evaluation of Training

Level 1 Reaction
• Did they like it?

Level 2 Learning
• Did they learn it?

Level 3 Behavior
• Do they use it?

Level 4 Results
• Did it improve results?
Community Engagement: Being a TIROSC Community Member

• Community trainer
• TIROSC MOUs
• Develop community taskforce
• Engage with first responders, community leaders, schools, medical providers, business owners

"Take me to your community leader."
First Law of Quality Improvement

“Every system is perfectly designed to achieve exactly the results it gets”
Second Law of Quality Improvement

To change the **RESULTS**
you must change the **SYSTEM**!

- Working harder won’t do it!
- Getting rid of poor performers won’t do it!
- Throwing more money at the existing system won’t do it!
- Finding someone to blame won’t do it!
- Sending out a memo won’t do it
CQI Basics

- Establish a culture of quality in your practice
- Conduct a readiness assessment
- Determine and prioritize potential areas for improvement
- Collect and analyze data
- Communicate your results and share your successes
- Commit to ongoing evaluation
A Good Metric Is:

1. **Actionable**: When metric changes the cause & required actions are clear.
2. **Accessible & Credible Data**: Data can be collected with modest effort from source that is trusted.
3. **Common Interpretation**: Staff know what the metric means.
4. **Transparent & Simple to Calculate**: Method for generating metric is shared & well understood.
Three Ways to Impact Data Collection

1. Connect data to the **vision**
2. Make data **meaningful**
3. Effectively **communicate** data
1. Connect the Dots to the Mission

**Why...** do we want this change? do we exist as an organization?

**What...** will be the benefits? does the market want?

**How...** will things be different? will we get there?
2. Make Data Meaningful
3. Effectively Communicate the Why and the Data

• If you are not measuring a process you don’t know what you are doing.
• If you are not measuring processes you can’t improve.
• If you are not measuring processes you are operating blindly and therefore are at risk for delivering ineffective and wasteful care at best.
• If you are not measuring your care provision and administrative processes you cannot achieve the quadruple aim of population health management, cost containment, customer centered care.

... or in other words, survive in the marketplace today.
Being data informed means using data as a factor in decision making rather than using it as the entire basis. In a data informed business, teams may take other factors like brand consistency or subjective customer experience into consideration in addition to data when making decisions.

- Takes into account the limitations of available data
- Uses multiple sources to make decisions, rather than just relying on data
- Can facilitate a more creative or “out-of-the-box” decision making process, potentially leading to better results

Why Data-Informed and not Data-Driven?

Assessment Cycle

Source: Adapted from Jillian Kinzie, Pat Hutchings, and Natasha Jankowski, “Fostering Greater Use of Assessment Results”
TAP-IT: Data Informed Decision Making

1. Team
2. Analyze
3. Implement
4. Plan

- Track
Ongoing Evaluation

1) Keep the changes small, but continue to test

2) Involve care teams that have a strong interest in improving care

3) Study the results after each change. All changes are not improvements, so discontinue testing of anything that does not work.

4) If help is needed, involve others who do the work—even if they are not on the improvement team

5) Ensure overall performance is improving; changes in one part of a complex system may adversely affect another.
Sustaining the Journey

Action Planning

Integrate & Align

Communication

Develop & Support Staff

Eye on Best Practices

Community Engagement
Evaluation

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THANK YOU FOR JOINING US!

For more information, please email Sarah Flinspach at SarahF@TheNationalCouncil.org