1. ***The Recovery Book Club***

**(12 Sessions / Max of 8 Individuals)**

**Overview:** Group members will read Happy For No Reason and discuss recovery strategies for reducing their depression or for being happier. We used the Illness, Management, and Recovery (IMR) – Topic 9 – Coping with Problems and Persistent Symptoms as the primary evidenced based curriculum and the self-help book listed above as the secondary curriculum. We used the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult to assess the group members. Assessments were given during the first group session. The group has not ended yet and so we do not have assessments from the end of the group.

**Staff Involved:**  Mary Tolle, Certified Peer Specialist (CPS), Bernice Valdez, LMSW

**Number of Participants:** Five individuals have attended the group. One of the group members, DD (294781) attended the first session but has dropped the group. There have been 3 sessions, each with 3 attendees. Two of the group members did not attend the first group session, but started the group in the second session.

Below is a summary of the attendance of the group:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |   | **Group** | **Group** | **Book**  |  |   |
|   |   | **Introduction** | **Canceled** | **Introduction** | **Chapter 1** |   |
| **Initials** | **Number** | **6/6/2017** | **6/13/2017** | **6/20/2017** | **6/27/2017** | **Total** |
| SM | 126905 | 1 |   | 1 | 1 | 3 |
| JM | 383233 |   |   | 1 | 1 | 2 |
| LJ | 158909 | 1 |   |   | 1 | 2 |
| LD | 133943 |   |   | 1 |   | 1 |
| DD | 294871 | 1 |   |   |   | 1 |
| RB | 45670 |   |   |   |   | 0 |
|   | **Total** | 3 | 0 | 3 | 3 |   |

**Outcomes:** The group has not ended and so we do not have any group outcomes yet.

**Individual and Family Support:** Families were not involved in any of the group sessions. The group members consider each other as a support.

**Barriers to our Services:** There are several barriers for the Recovery Book Club. I created some group fliers and distributed them throughout the clinic, but we only received one referral from someone other than me, which was RB. He was referred after the start of the group and did not attend the group session on 6/27/2017, which was the first group session after his referral even though I reached out to him upon receiving the referral and he agreed to attend. I recruited four of the group members personally and another group member recruited the fifth group member. Three of the group members have attended previous Recovery Book Clubs and the group member who has dropped the group has individual sessions with me. I started the group very soon after the previous Recovery Book Club ended and perhaps before there was enough time to collect more referrals.

The previous Book Club and I chose the book to read in the Book Club. Initially the group members requested a self-help book about relationships. But, we were unable to find any appropriate books with an appropriate number of chapters. We spent two sessions choosing the new book and couldn’t decide, so I suggested Happy For No Reason, which they agreed to. Choosing a new self-help book is not an easy task and getting everyone to agree is not easy either.

The second group session had to be canceled because at that time there were only three group members and one dropped the group and another went out of town, so that left only one group member. We decided to cancel that group and wait for the group member who was out of town to return. Group cancellation is one of the risks when there are not very many group members.

**Suggestions:** For the next group, I would like to promote the Book Club at one of the monthly case manager meetings and advertise for a longer period of time. I promoted the Weight Wellness Group once and received nineteen referrals. That is amazing!

Additionally, it would be helpful to choose a more efficient book selection method in order to give the Book Club group members more input. Last time I looked up relationship self-help books on the Internet and printed four lists of books from most liked relationship self-help book websites. Then each group member rated each one and we consolidated the list into four or five books. We ended up agreeing that most of the books had too many chapters for a book club. One had a list of 100 ways to improve relationships and therefore had 100 chapters. Another had a similar approach and had over 50 chapters. Eventually we rejected all of the selected relationship books and I recommended Happy for No Reason as an appropriate book. Each group member who attended the follow up sessions agreed.

I hadn’t read any of the previous Book Club books prior to the group and that would have been very helpful. The Recovery Book Club group members had trouble with all three previous of the books I selected, so perhaps I should start reading self-help books now in order to have read the book prior to this group ending, so I can select a book that would be appropriate and work well for the group members.

**Success Stories/Positive Outcomes:**

* We have added a co-facilitator for the Book Club. This helps in a number of ways including: having a clinician in the group working with a peer, adding another perspective, both in the group and clinically, allowing the group to continue without being canceled when one facilitator is out of the office, and decreasing the group facilitation and progress notes work load.
* The group member who dropped the group and I are working together continuing to read and discuss the book in individual sessions.
* We have had fairly good attendance with each group consisting of three group members.
* Despite not advertising very long, we have at least four regular group members. The new referral may also attend at a later date.
* We also had a Nurse Practitioner, who is still attending school, shadow us. He attended and participated in two of our groups. He stated that he really enjoyed the group.
* We have started using $25 grocery store gift cards as an incentive for attendance.
1. **The Recovery Zone** (peer led drop-in center)

Drop in center – no limit on the number of sessions / No maximum number of individuals

**Description:**

The Recovery Zone is a peer-led drop-in center, where adults who receive CHCS services, can meet with peers, receive healthy snacks, watch a movie, work on art projects, read poetry, play with puzzles and games, and receive support and encouragement. It was created to provide a safe place for individuals who normally isolate themselves to socialize with others by visiting the drop-in center. The Recovery Zone promotes and facilitates the development of personal interests, skills, and hobbies, and engages people in recreational activities. Individuals also can meet with a nurse, who is available for questions every Friday.

**Staff Involved:** Guadalupe Perez, CPS and Mary Tolle, CPS.

**Number of Participants:**

During this quarter, 21 different individuals receiving services and three guests attended. Six individuals attended multiple times. We were open 11 Fridays. The average attendance was about 3/week. The average attendance in the 4th quarter of 2016 was 4/day and in the 1st quarter was 5. So, our average attendance has decreased by 2. Most of the decrease in attendance occurred after we were closed two times in one month.

**Individual and Family Support:**

Some individuals have brought in their family, providers, and case managers. We welcome all family members to attend, if they are interested.

**Barriers:**

* Many individuals are not able to attend because of lack of transportation.
* We do not have a budget, so we are limited in the activities we can provide.
* We are only open on Fridays from 11:00 AM – 4:00 PM due to our workload and this doesn’t work with everyone’s schedule.
* Limited advertising – we place fliers in the clinic waiting room and where the groups are held. We also email the entire clinic our schedule. Although a referral is not required we need more case managers to refer or explain what The Recovery Zone is in order to increase our attendance.
* We were closed on two Fridays due to both of us attending training out of town and our attendance went down drastically after that.
* A nurse practitioner from another unit has offered to teach individuals how to play the guitar from 3:00 – 4:00 PM. This started in January 2017. Many times, he has not been able to attend and we have had to cancel the guitar lessons. I started asking him for his availability when I make the calendar, so we could advertise when he is here and when he is not here, but that hasn’t been successful because many times something comes up and he is not able to attend and he notifies me the same day.

**Suggestions:**

* We need to ensure that we are open every Friday, so we are reliably there for our individuals.
* It would be helpful to improve our advertising. Frequently, the calendar isn’t completed until the week before or the same week that the month begins, so it would be better for advertising if we could send the calendar out two weeks in advance.
	+ Employment Connections offered to send out the Recovery Z one monthly calendar to all case managers of adults receiving services, starting in July. This will greatly increase both their and Recovery Zone advertising.
	+ Additionally, the Recovery Zone calendar will be sent out with the Group Documents every month.
	+ Maybe we could create a CHCS Recovery Zone Facebook page or add a page to the CHCS web site.
* These are some things we have done and can do to improve the variety of our activities:
	+ Mary Tolle, wrote a grant proposal requesting $3,000 and we were notified that $2,300 was approved. We received the money and have spent some of it purchasing games. We need to spend a the rest of the money before the end of the quarter.
	+ Mary got the shopping filter on the computer removed, which will make it easier to purchase items and so we plan on spending the rest of the $2,300 grant this quarter.
	+ It would be helpful to offer more presentations or speakers from outside agencies.
* We have created a backup plan for the guitar lessons. Lupe is going to start filling in for the guitar teacher, Brian, when he is unavailable, since it was Lupe’s idea to have guitar lessons. When Lupe and Brian are not here, I will fill in.
* Starting in July, we will be offering a $25 grocery store gift card incentive for attending 8 sessions every quarter.
* In August, we are going to have a grand re-opening party where we play Bingo and have pizza and ice cream. We are going to send our Open House flier out to all CHCS, in order to get the word out about our open house. We plan on calling some of our past attendees prior to the open house in order to let them know.
* We currently can provide bus tickets for attending the Recovery Zone, but that is not well known. We can add “Bus Tickets Available” to the calendar. It would also be good if we could somehow pay for Via Trans transportation for the Recovery Zone and groups. Many individuals use Via Trans, but they have to pay each time they ride. I don’t believe there are tickets available for purchase, but we can check into that.

**Success Stories and Positive Outcomes:**

* Employment Connections, which is our Supported Employment department, presents monthly and when they present, The Recovery Zone attendance has been higher. Individuals attending are instructed how to request a referral to get into the program.
	+ Job leads are posted on the white board and left there for individuals to refer to later. Other individuals attend groups in that room and can utilize those job leads. Usually, it is left up there for at least a week, sometimes longer.
	+ Information is presented about how working affects receiving SSI benefits, so individuals can make an informed choice.
* Some individuals schedule their appointments specifically on Friday, so they are able to attend The Recovery Zone.
* Some individuals come early or take the bus and arrive early and wait in The Recovery Zone for their appointment time to arrive. This teaches individuals to be more patient while they are waiting and gives them something constructive and productive to do.
* We have spent some of the grant money we received and purchased a lot of games, so will be able to provide a greater variety of activities.
* We are trying new things in an attempt to draw in more individuals. We have tried: playing Wii games, Game Day (which is playing board games), Drawing Lessons, and Writer’s Circle, with writing prompts, watching a movie, “inside Out”, and manicures. Those activities haven’t drawn in very many individuals.
1. **Weight Wellness and Nutrition** **– Summer 2017**

**(9 Sessions / Max of 8 Clients)**

Individuals will increase their understanding of nutrition and exercise and work toward a healthier lifestyle with the goal of losing weight. The group utilized the Illness, Management, and Recovery (IMR) as the primary evidenced based curriculum and the Nutrition and Exercise for Wellness and Recovery (NEW-R) as the secondary curriculum. The group used the Duke Health Profile, a self-administered assessment measuring emotional, behavioral, and physical health to measure improvement over the course of the group. Assessments were administered at the first group and will be administered again at the closing group. Optionally, each group member can weigh in and we are tracking individual’s weights. The group has exercised together during the group utilizing a youtube.com 20 minute walking video.

**Staff Involved:** Mary Tolle, Certified Peer Specialist (CPS) and Christopher Ruiz, Clinical Practitioner 1.

**Number of Participants:** Nine individuals were referred. Out of the nine individuals referred, two attended the first session and four attended the second session.

**Outcomes:** It is optional for the group members to weigh in at every session. Four group members completed the first assessment. Being that the group started at the end of June, no post-group assessments were reviewed as this quarter.

Below is the attendance or optional weigh in for each participant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Initials** | **Anasazi** | **6/22/2017** | **6/29/2017** | **7/6/2017** | **Sessions Attended** |
| KT | 174418 |   |   |   |   |
| PN | 281801 |   | Attended |   | 1 |
| BB | 365508 |   |   |   |   |
| CH  | 355403 |   | 270.3 | 267.2 | 2 |
| CK | 153421 |   |   |   |   |
| LG | 282527 | 198.1 | Attended | Attended | 3 |
| RV | 311629 | 235.1 | 237.7 | 233.3 | 3 |
| BS | 397148 |   |   |   |   |
| LM | 335677 |   |   | 212.4 | 1 |
| **Number Attended:** | 2 | 4 | 4 | 10 |

**Individual and Family Support:** The group members encouraged and supported each other in maintaining healthy lifestyles.

**Barriers to our Services:** The Weight Wellness Group’s major barrier was low attendance. We have received nine referrals and as of 7/10/2017, five group members have attended. One of the group members who did not attend, CH (355403) is taking care of his mother and has subsequently dropped the group. Another group member’s, BS (397148), voice mail is not setup and we haven’t been able to get in touch with him. We contacted his case manager and he wasn’t able to contact him either. We have left voice mails every week for a third group member, KT (174418) and he had left a message with the clinic that he wasn’t able to attend the first two sessions. He called recently and we encouraged him to attend the next group. A fourth group member not attending, BB (365508),has been ill for the duration of the group.

Everyone attending the group has exercised each time, except for CH (355403), who was recently diagnosed with Lupus and wasn’t approved by her doctor for exercise.

We followed up on our suggestions from last quarter including notifying each individual prior to the group start date about committing to at least three sessions and following up with assigned case managers to verify valid contact information since we were not able to contact some individuals. We followed up with BS (397148)’s case manager and we have spoken to BS once prior to group but the case manager and the group facilitators haven’t been able to reach him since the group started.

**Suggestions:** We should attend the monthly case manager meeting prior to the group start date in order to promote the Weight Wellness Group. The last time we attended the case manager meeting, we received nineteen referrals and had eight group members attend the first session, which was awesome!

**Success Stories/Positive Outcomes:**

* As of 7/10/2017, the only two group members who have weighed in multiple times have lost weight: CH(355403) has lost 3.1 pounds and RV (311629) has lost 1.8 pounds since the beginning the of the group.
* Additionally, one of the group facilitator has lost 1.9 pounds.
* Every group member has exercised during the walking videos except for CH, who was restricted by her doctor. On 7/6/2017, some of the group members were laughing and clearly enjoying the exercise portion of the group.
* We will start using a $25 grocery store gift card as an incentive for attendance.
1. **Diabetes Medication Training Group**

**(8 Sessions / Max of 8 Individuals)**

**Overview:** Group members will learn informative topics on the most current diabetes care, to include: diabetic medications, how to monitor blood sugar levels, symptoms of hypoglycemia and hyperglycemia and infection prevention. All education materials have been cross referenced with *American Diabetes Association Care Standards.*

* Clients will learn about A1C and blood glucose values
* Clients will learn how to manage blood sugar levels
* Clients will learn how to manage blood pressure
* Clients will learn about common diabetes medications and medications that increase diabetes risk
* Clients will learn how to prevent infections
* Clients will increase knowledge of which injections they need to manage diabetes
* Clients will learn how to recognize symptoms of hypoglycemia and hyperglycemia

**Staff Involved:**  Annika Zimmer & Carmen Goode

**Number of Participants:** Seven individuals have attended the group from 4/25-6/13. Below is a summary of the attendance of the group and A1C.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   | **Group Sessions Attended** | **A1C start** | **A1C end** |
| **Initials** | **Number** |  |  |  |
| LM | 335677 | 4 out of 8 |   | 5/13 8.3 |
| MD | 149590 |  5 out of 8 |   | 5/02 5.8 |
| DN | 375416 | 8 out of 8 |   | 5/30 10.1 |
| LS | 118042 |  3 out of 8 |   | 5/2 6.6 |
| LG | 282527 | 1 out of 8 (eye surgerynot referred by PCP) |  n/a |  n/a |
| FW | 364445 |  6 out of 8 |  14.4 | 6/16 13.3 |
|  JKE | 376117 | ½ out of 8 (interpreter not scheduled and not aware of attendance) | n/a | n/a |

**Outcomes:** We have start A1C and will compare after group completion A1C with PCP assistance to determine if A1C numbers have decreased.

**Individual and Family Support:** Two clients MD and LS had family members participate in which a release and group rules were reviewed and group was in agreement with their attendance . LS had his son and daughter attend and MD had her husband attend. I feel that it would be beneficial for clients to have family members attend to assist clients with diabetes management. The group members consider each other as a support and some exchanged phone numbers to gain further support.

**Barriers to our Services:** There are several barriers for the Diabetes Group. Transportation was a key issue and also other medical appointments. Bus passes would be beneficial to provide to consumers and also scheduling medical appointments before or after group. Some of these medical appointments were through PCP at our own NW Clinic which was scheduled during group time. Another barrier that was presented was interpreting services. We had one individual show up and no interpreter was scheduled and we were not made aware of client attendance that day. We also had numerous times in which interpreter was scheduled but client would not show. Discussion of the importance of attending weekly with clients will be stressed. We are also eager for the group incentives of $25 gift card which should increase client attendance.

**Suggestions:**

* When contacting consumers many of them would state, “I was told to do it but I don’t want to… and/or… I don’t get why I have to go.” I think it would be beneficial to coordinate meeting with Carmen or I after PCP visit to discuss diabetes group and engage client in diabetes group services. It was also challenging to engage clients especially individuals who require an interpreter over the phone. Carmen and I explored possible looking at PCP schedule and identifying clients that would benefit from diabetes group services and schedule appointments with Carmen or I after their scheduled PCP appointment to discuss diabetes group
* PCP has voiced some concerns of having the group continuous and held the same day for clients to drop in. I do see this as beneficial but unfortunately our group billing is not equipped for flexibility as clients would need appropriate billing codes in treatment plan. Also a max of 8 is required so if more than 8 attend we would have to send individuals away or possibly split. There is many issues that can occur. We are flexible to further explore these issues to increase group attendance.
* We may want to implement a pre and post test of knowledge of diabetes care basics. I feel that A1C is a good indicator but does not reflect the knowledge gained by the consumer.

**Success Stories/Positive Outcomes:**

* We had a fairly consistent attendance of 4 individuals.
* A1C improvement will gather numbers from PCP and provide with update
* Improvement in knowledge of medications, diet, glucose parameters and health risks. PCP informed us of clients who attended that shared what they had learned during there PCP appointments through diabetes group.
1. ***Managing Stress and Anxiety***(counseling group)

 **(8 sessions/ Max of 8 Clients)**

Group members will learn how stress affects their overall health and develop methods aimed at reducing and preventing stress. Utilizing cognitive behavioral therapy the group members with identify symptoms, learning behavioral interventions to manage symptoms, utilize mindfulness and letting go, understand how worry works, accepting uncertainty, postponing worry, and coping with stress. The assessment utilized is GAD-7.

**Staff Involved:** Yvette Ramirez, MS, LPC, NCC

**Number of Participants:** Currently collecting referrals. 1st series: Group had 1 returning referral that continued the start of group and finished

**Outcomes:** Group is currently offered in 10 sessions. Consumers have not returned phone calls to group invites, they did not return for reasons of transportation, and lost interest.

**Client 61261:**

|  |  |  |  |
| --- | --- | --- | --- |
| Feeling nervous, anxious, or on edge |  |  | Increased by 1 |
| Not being able to stop or control worrying |  | Stayed the same |  |
| Worrying too much about different things |  | Stayed the same |  |
| Trouble relaxing |  |  | Increased by 1 |
| Being so restless that it’s hard to sit still |  | Stayed the same Not at all sure |  |
| Becoming easily annoyed or irritable |  |  | Increased by 1 |
| Feeling afraid as if something awful might happen |  | Stayed the same Not at all sure |  |
| How difficult have these made it for you to do your work take care of things at home, or get alone with other people |  | Remained the same Somewhat difficult 0 |  |

**Individual and Family support:**

Consumer’s need continued case management and peer support to motivate and encourage them to attend groups, as they are symptomatic, and many times do not feel they can make it to group.

**Barriers to our services**

Transportation needs.

**Success Stories/Positive Outcomes**

This consumer’s anxiety symptoms have increased due to stressors at home, but she is able to use her coping skills to calm herself down when necessary.

1. **Life Compass**
	1. Group was not held due to lack of referrals and inability to get in on contact with clients.
	2. Haven’t received a referral for this group since 2/28/17; though, I have had a couple of clients ask me if this group will return, so this pool of 4-5 clients will be contacted.
2. **A Wise Mind**
	1. Group was not held due to lack of referrals and inability to get in on contact with clients. As well as the previous group ending prior to the quarter starting, so we have not been able to start the next group due to lack of referrals.
	2. Too few referrals at conclusion of last cycle; group reconstruction from two groups to one group; Sarah was first intended to be a third facilitator and then left the Center, so scheduling had to be revisited.
3. **Grief Recovery**
	1. Group was not held due to lack of referrals and inability to get in on contact with clients.
4. **Recovery is a FAMILY Affair**
	1. Group was not held due to lack of referrals and inability to get in on contact with clients.
5. **Life As Experienced Through Art**
	1. Group was not held during the last quarter due to group facilitator leaving to conduct other groups and lack of referrals. However, we were able to start the group again on July 13, 2017.
6. **Anger Management**
	1. New group starting July 20, 2017
7. **Chronic Pain Management**
	1. New group starting July 17, 2017
8. **Trauma Recovery and Empowerment**
	1. New group starting August 9, 2017
9. **Addressing Trauma through Art**
	1. “On hold until I can hire an LPC for ACT team.”