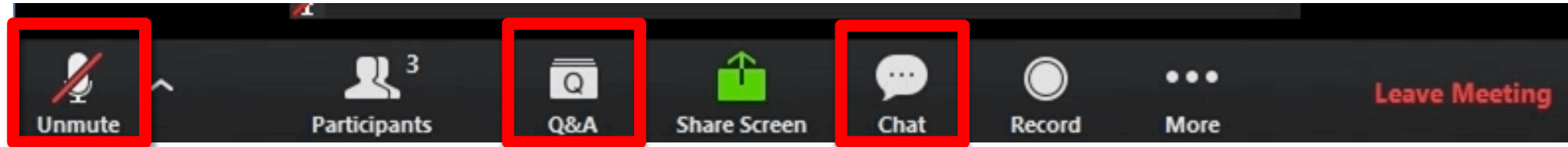# Implementation and Sustainability of a Trauma-Informed, Recovery-Oriented System of Care

February 18, 2021

How to Ask a Question

All functions are located at the bottom of your screen
- Unmute yourself and ask aloud
- Type in the chat box or use the Q&A function
  - You can choose who to send a chat or question to

Evaluation

Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.

https://www.surveymonkey.com/r/TIROSC-PostWebinarEval

TI-ROSC Online Hub

- https://www.thenationalcouncil.org/trauma-informed-recovery-oriented-systems-of-care-state-of-indiana/TI-ROSC Toolkit
  - 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

Aaron Williams, MA
Integrated Care Consultant
Center of Excellence for Integrated Health
Solutions
National Council for Behavioral Health

Amelia Roeschlein, DSW, MA, LMFT
Consultant, Trauma Informed Services
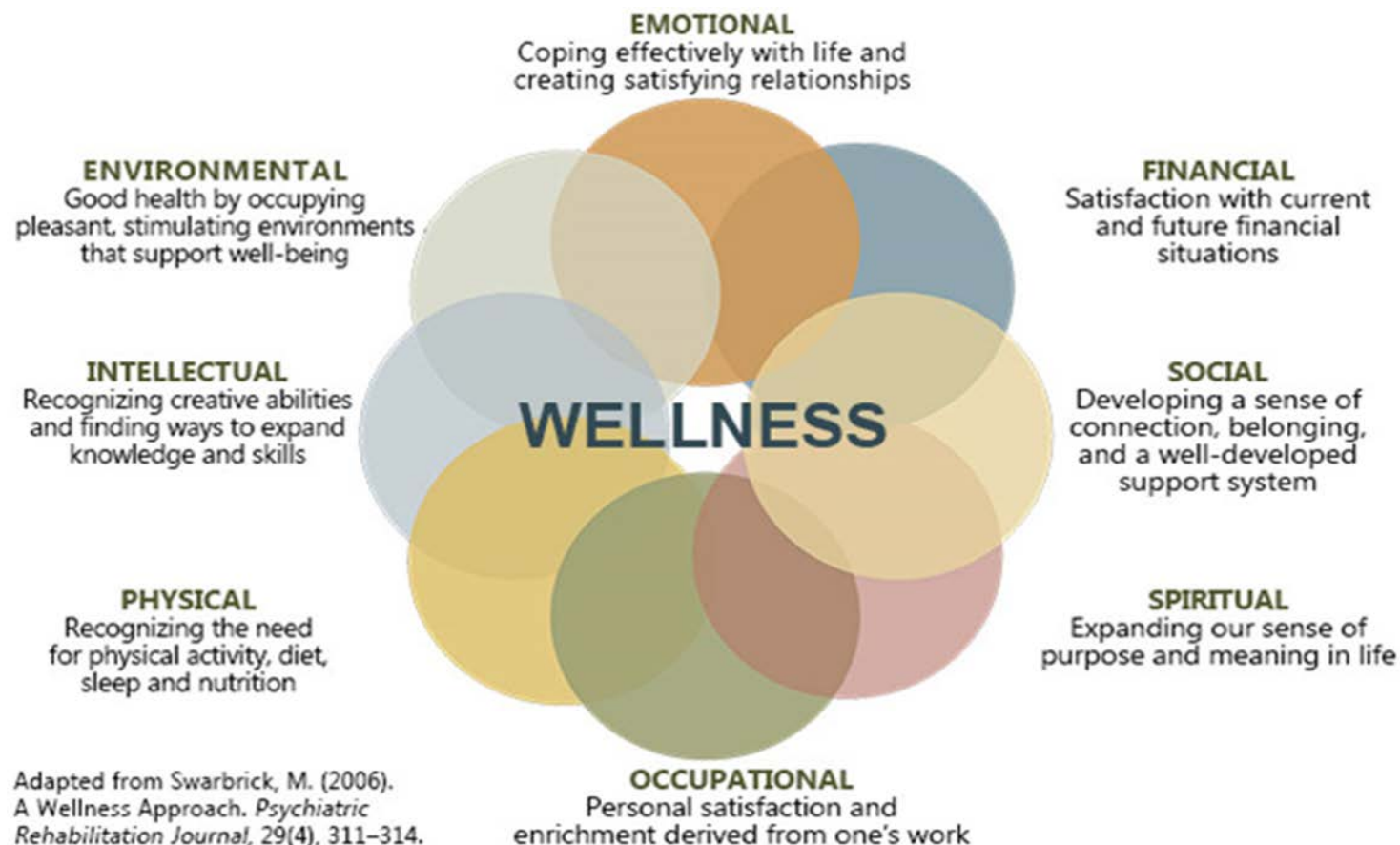National Council for Behavioral Health

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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

FINANCIAL
Satisfaction with current and future financial situations

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system

WELLNESS

PHYSICAL
Recognizing the need for physical activity, diet, sleep and nutrition

SPIRITUAL
Expanding our sense of purpose and meaning in life

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.

Recovery-Oriented System of Care (ROSC)

<u>ROSC</u> 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.*

Achara-Abrahams, I., Evans, A. C., & King, J. K. (2011). Recovery-focused behavioral health system transformation: A framework for change and lessons learned from Philadelphia. In J. F. Kelly & W. L. White (Eds.), Addiction recovery management: Theory, research and practice. (pp. 187- 208). Totowa, NJ: Humana Press.
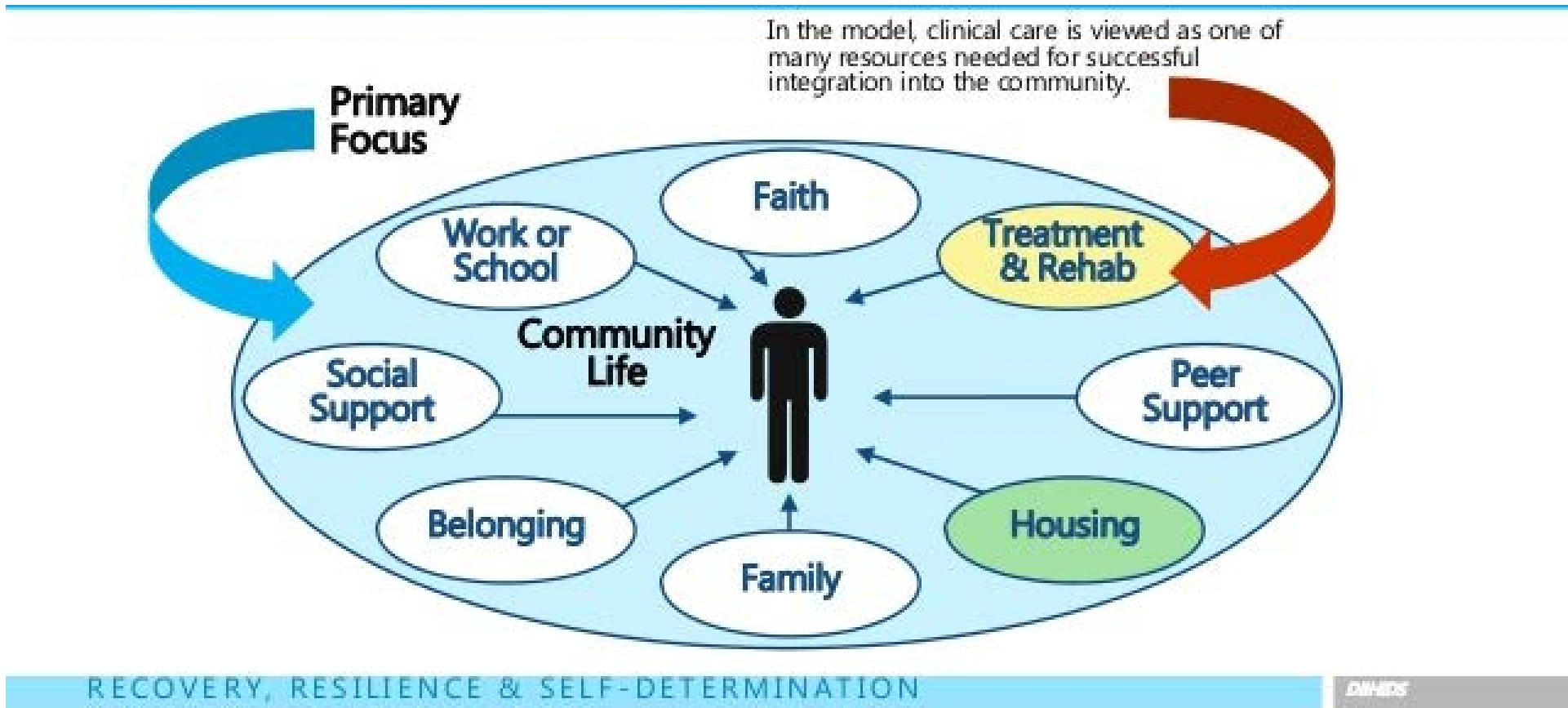
What is a TI-ROSC?

A Trauma-Informed, Recovery-Oriented System of Care

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

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

TI-ROSC Framework

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

| LOTS OF WISE PEOPLE |

Principles of a Trauma-Informed Approach

6 Cultural, Historical & Gender Issues

1 Safety

2 Trustworthiness & Transparency

5 Empowerment, Voice & Choice

4 Collaboration & Mutuality

3 Peer Support

TI-ROSC Components of Change

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE
TOOLKIT

Prepared by the National Council for Behavioral Health for the Indiana Family and Social Services Administration

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**

Five Success Factors

Impact on People

Case for Change

Leadership

Ownership

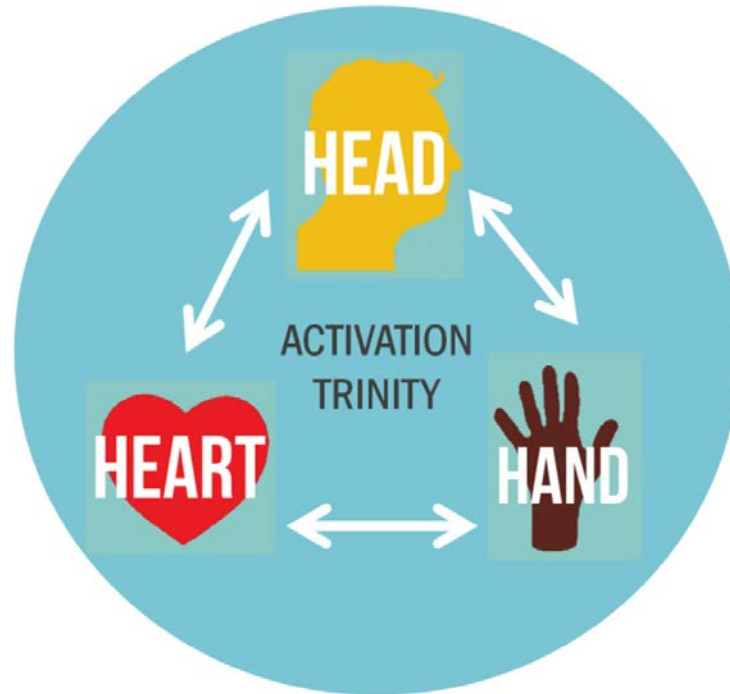System Infrastructure

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**
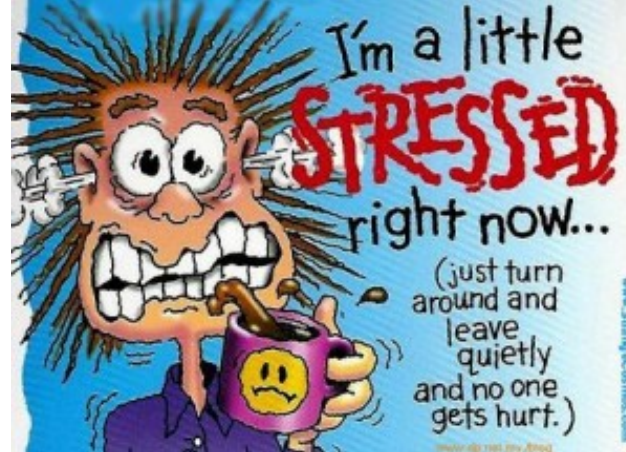- **Teach strategies**

Leadership is action, not position.

-McGannon

Ownership

It's uplifting to be included in the continuous improvement process
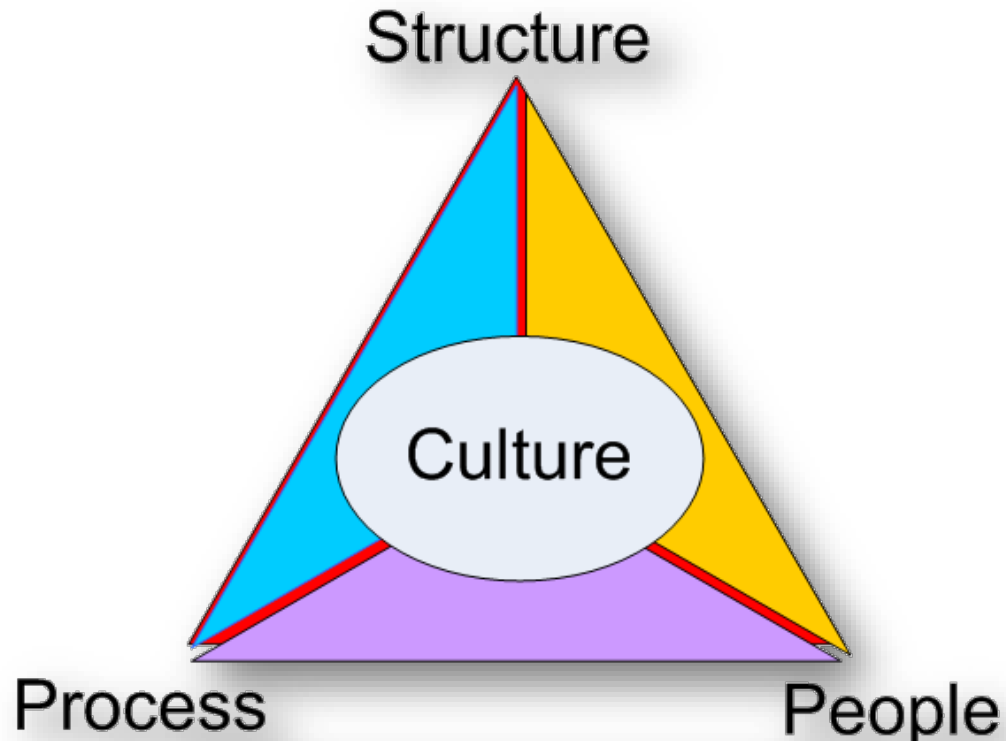
It's traumatizing to have the continuous improvement process happen TO you

Improvement sustainability is highly dependent on the level of engagements of those most affected by the change:

Staff, clients and community partners

System Infrastructure

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

Leadership

TRUE LEADERS DON'T CREATE FOLLOWERS, THEY CREATE MORE LEADERS

- 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

Trauma-Informed Lens
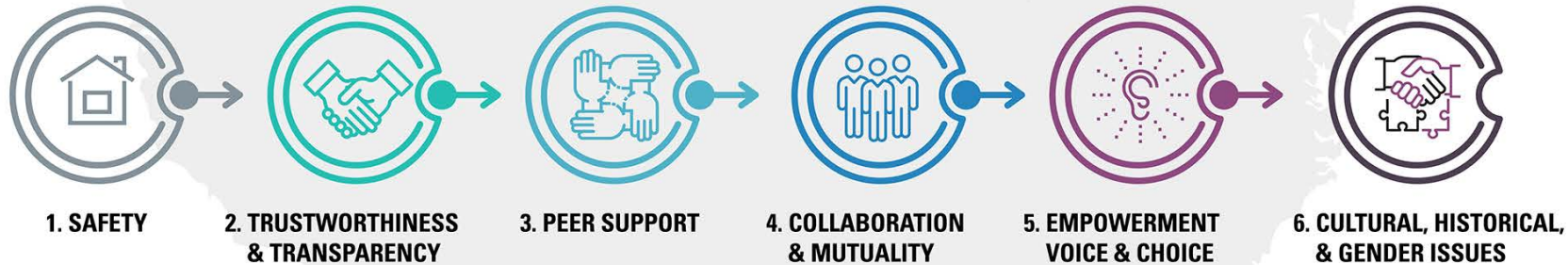
This policy, protocol, procedure or document:
- Emphasizes value for psychological, social and physical safety for everyone, including adapting usual approaches, if needed.
- Reinforces listening to member's histories without judgment.

This policy, protocol, procedure or document:
- Supports the development and implementation of teamwork and peer support

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.

1. SAFETY   2. TRUSTWORTHINESS & TRANSPARENCY   3. PEER SUPPORT   4. COLLABORATION & MUTUALITY   5. EMPOWERMENT VOICE & CHOICE   6. CULTURAL, HISTORICAL, & GENDER ISSUES

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:
- 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

Trauma Champions

Embedding

Skill Building

Awareness
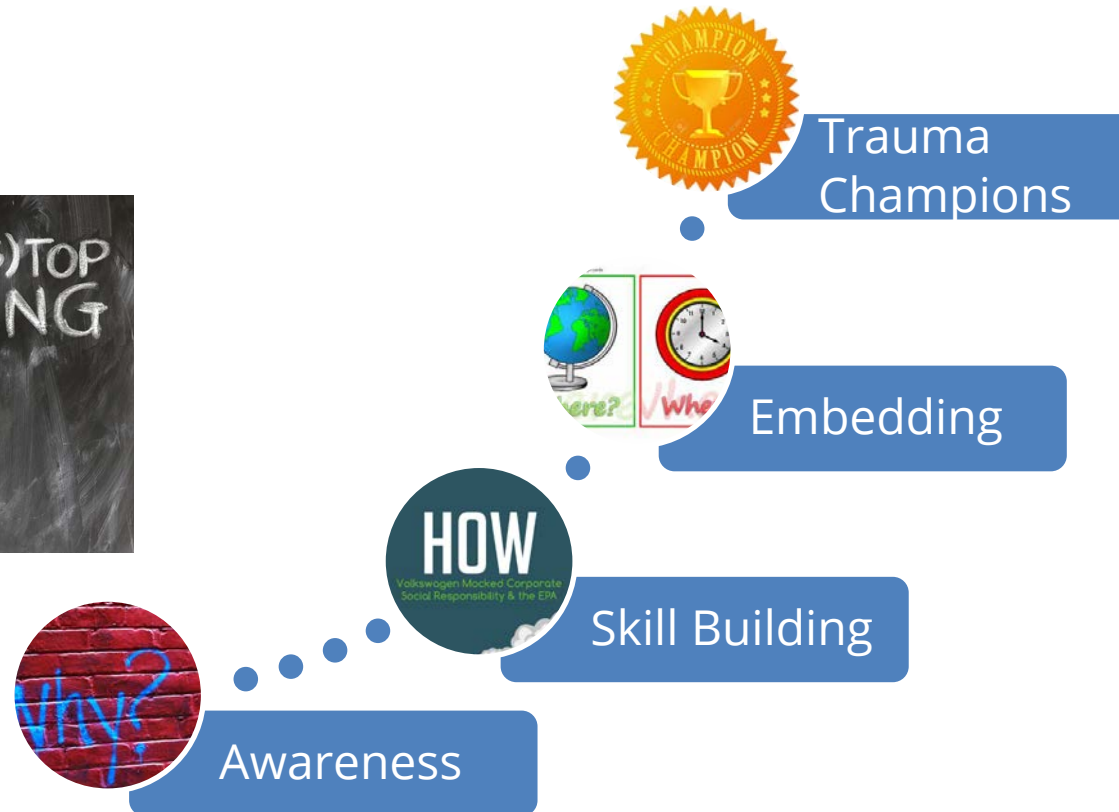
Transferring to Practice

Training Component	Knowledge % of trainees who understand concept	Skill % of trainees who can apply the concept	Transfer % of trainees who make the concept part of their repertoire
Study of Theory	10%	5%	0%
…Plus Demonstration	30%	20%	0%
…Plus Practice	60%	60%	5%
…Plus Coaching	95%	95%	95%

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"

©2002 Institute for Healthcare Improvement

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....

When metric changes the cause & required actions are clear

ACTIONABLE

Data can be collected with modest effort from source that is trusted

ACCESSIBLE & CREDIBLE DATA

GOOD METRIC

COMMON INTERPRETATION

Staff know what the metric means

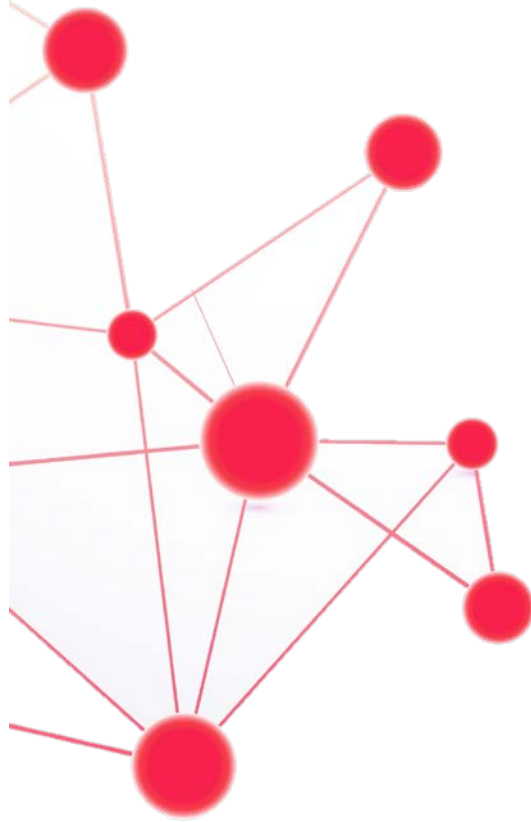**TRANSPARENT & SIMPLE TO CALCULATE**

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

- <u>If you are not measuring</u> a process you don't know what you are doing.
- <u>If you are not measuring</u> processes you can't improve.
- <u>If you are not measuring</u> processes you are operating blindly and therefore are at risk for delivering ineffective and wasteful care at best.
- <u>If you are not measuring</u> your care provision and administrative processes you can not achieve the quadruple aim of population health management, cost containment, customer centered care.
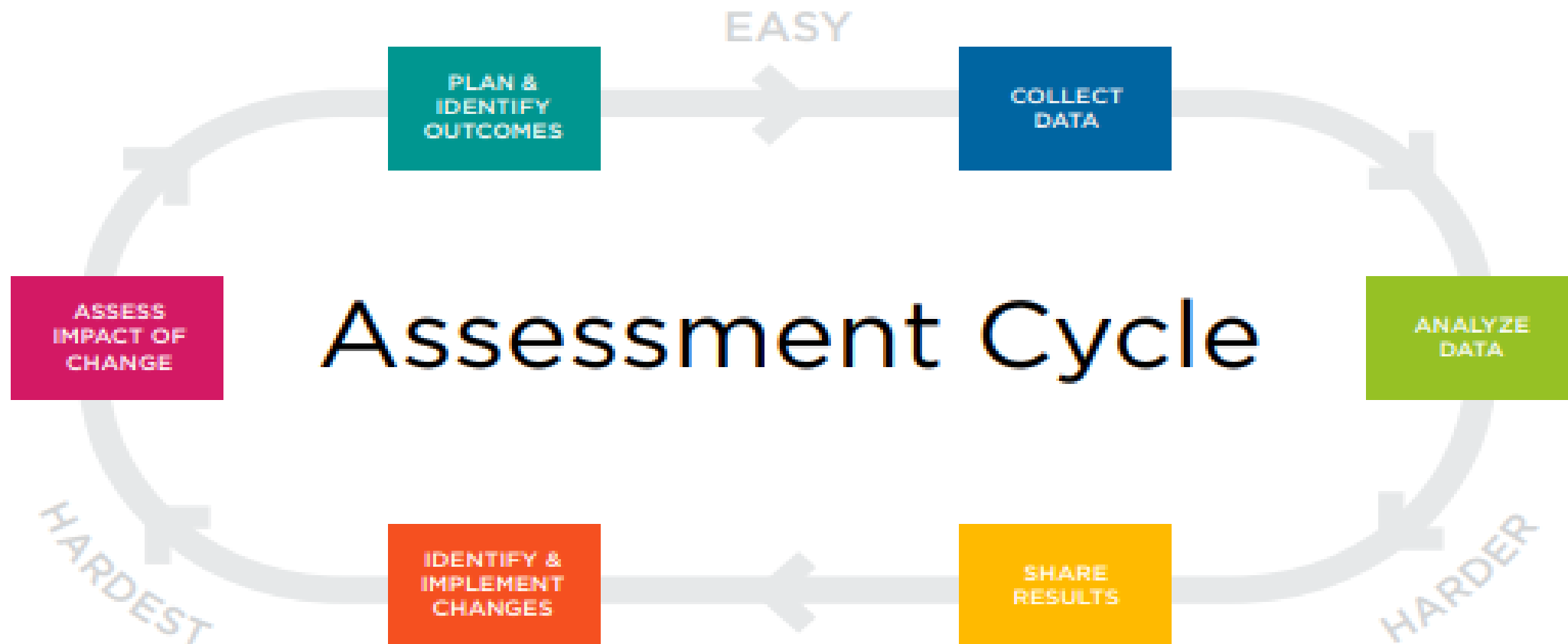
... or in other words, survive in the marketplace today.

Data-Informed

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?

https://www.tradegecko.com/blog/small-business-growth/data-driven-vs-data-informed

Assessment Cycle

EASY

PLAN & IDENTIFY OUTCOMES

COLLECT DATA

ASSESS IMPACT OF CHANGE

ANALYZE DATA

HARDEST

IDENTIFY & IMPLEMENT CHANGES

SHARE RESULTS

HARDER

Source: Adapted from Jillian Kinzie, Pat Hutchings, and Natasha Jankowski, "Fostering Greater Use of Assessment Results"

TAP-IT: Data Informed Decision Making

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

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Sustaining the Journey

Action Planning

Integrate & Align

Communication

Develop & Support Staff

Eye on Best Practices

Community Engagement

Evaluation

Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.

https://www.surveymonkey.com/r/TIROSC-PostWebinarEval

THANK YOU FOR JOINING US!

For more information, please email Sarah Flinspach at [*SarahF@TheNationalCouncil.org*](mailto:SarahF@TheNationalCouncil.org)