

# Domain 2

## October 2, 2017

### Consumer Driven Care and Services: Putting the Customer First



# Presenters



**Cheryl S. Sharp, MSW, ALWF**  
Exclusive Consultant for  
National Council for Behavioral Health



**Anna H. Gray, M.ED**  
Certified Peer Specialist  
Owner, Pro International  
Co-Founder Prosumers

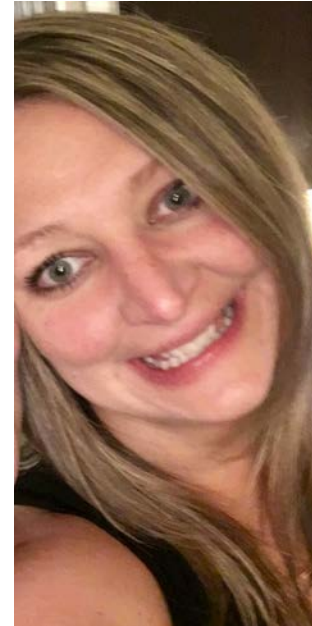


# Presenters



**Rhonda L. Saenz**

Certified Peer Specialist/Peer Team Lead  
Helen Farabee Center  
TICTOC Texas Learning Community



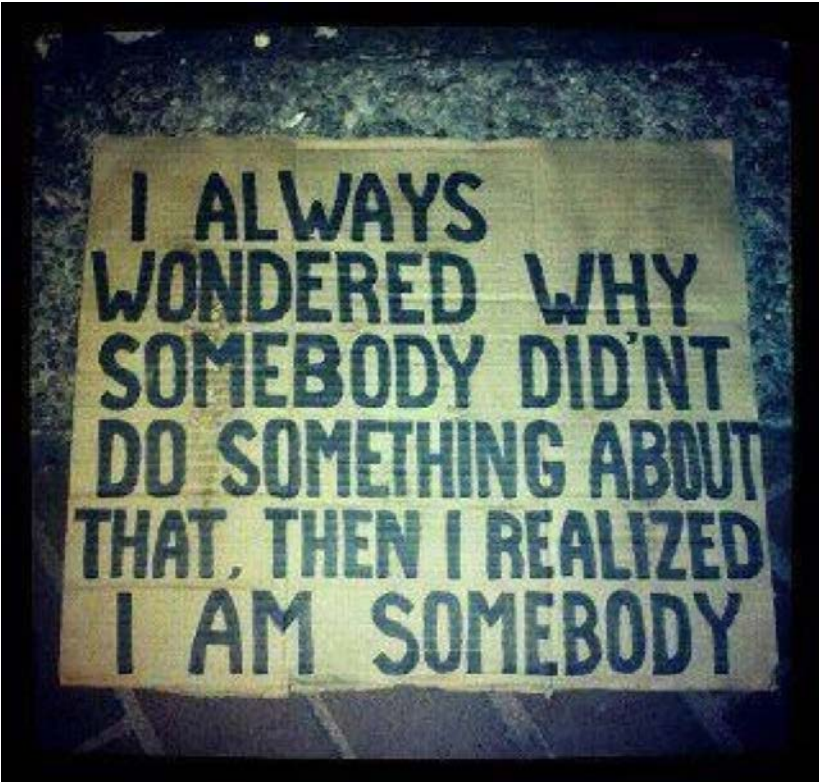
**Danielle Dunn, LMHC**

Clinic Director  
Advocates  
2016-1017 National Learning Community



# Overview

- Listening to Customers
- Empowering Consumers
- What Does this Mean in a Trauma-informed Organization
- Listening to the Voices



I ALWAYS  
WONDERED WHY  
SOMEBODY DIDN'T  
DO SOMETHING ABOUT  
THAT. THEN I REALIZED  
I AM SOMEBODY

# Principles of a Trauma-Informed Approach

## **SAMHSA's Six Key Principles of a Trauma-Informed Approach**

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues



# Family Partners and Advocates

- **Having a Voice**
- **Finding a Connection**
- **Building Bridges**
- **Navigating Systems**





# Domain 2: Consumer Driven Care and Services

There is consumer representation on the following:

- Policy and procedures committees
- Key standing committees
- Task forces
- Workgroups
- New staff interviewing and hiring panels
- Councils
- Advisory and agency boards



# Domain 2: Consumer Driven Care and Services

- Consumers/family/peers employed in various positions directly influence the provision of services
- Consumers/family/peers are hired to provide:
  - Direct services
  - Advocacy
  - Welcoming and orienting new consumers/families to the organization
  - Involvement in orientation and training





# Domain 2: Consumer Driven Care and Services – Formal Feedback

Formal system in place to:

- Continuously gathering consumer feedback
- Identify problem areas
- Make improvements as needed



# Domain 2: Consumer Driven Care and Services

High priority placed on assessing consumers/peers perception of:

- Safety
- Choice
- Collaboration
- Trust
- Empowerment

Done through:

- Surveys / Focus Groups
- Advisory Councils
- Discharge Interviews



## Flaws in Gathering **Useful** Feedback

People may not give you useful feedback **unless**:

1. You make it easy for them. 
2. You make it comfortable for them. 
3. You focus on the service attributes most important to them. 

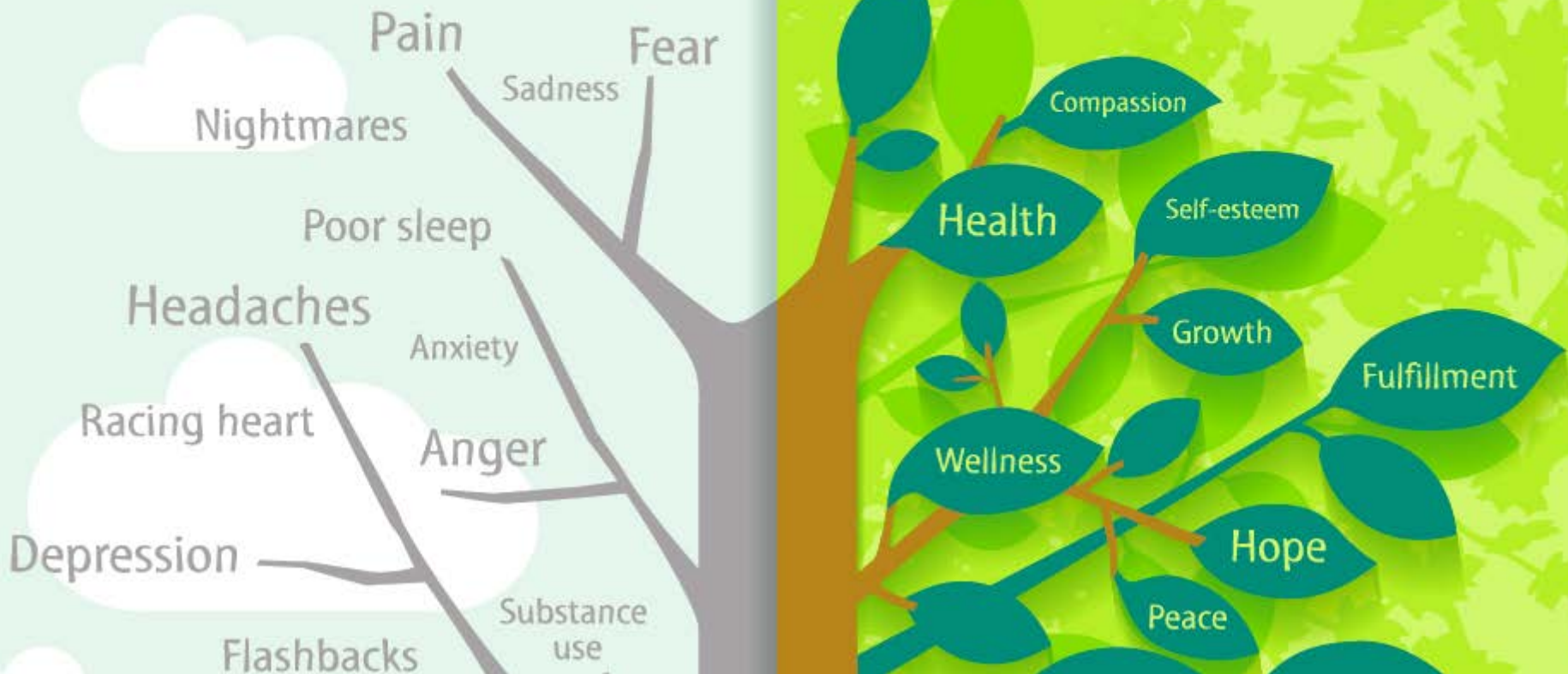
# Domain 2: Consumer Driven Care and Services

- Consumer's voice and choice are respected and encouraged
- Consumers' receive information about their rights and program opportunities:
  - Education/information regarding impact of trauma
  - Exploration of options
  - Programs avoid direct or subtle coercion or punitive actions



# Hope Beyond Hurt

There is hope beyond hurt.



## Trauma Matters

# WHY TRAUMA MATTERS IN PRIMARY CARE



## TRAUMA IS COMMON



**59%** of men and women experience at least one adverse childhood experience (ACE)



# Barriers and Challenges: Let's Talk About It

- Uniqueness of the role
- Personal family dynamics
- Finding and cultivating people to fill positions
  - Potential employees understanding their value
  - Boundaries - “the sand trap”





Let's  
Talk  
About  
it...



# Polling Question 1

We have at least 2 consumers/peers who are currently or have received services in the past from our organization on our core implementation team?

Yes

No

We have peer support workers/specialists/family advocates on our core implementation team?

Yes

No

## Let's Talk About It



# Polling Question 2

- We have hired at least one Peer Support Specialist since we joined this Learning Community or are planning to add peers to our workforce in the near future

Yes

No

- Our Peer Support Services are reimbursable through Medicaid

Yes

No

## Let's Talk About It



# Polling Question 3

We have engaged consumers/family advocates as co-presenters in at least one staff training event

Yes

No

We have included a consumer/family advocate on our hiring panel

Yes

No

## Let's Talk About It



# Polling Question 4

We have made changes to our policies and procedures to engage consumers throughout the organization

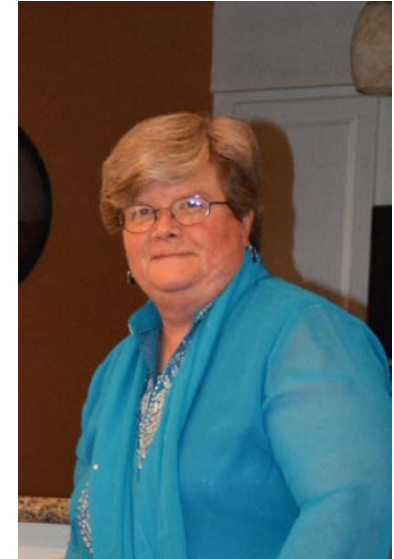
Yes

No

## Let's Talk About It



**Anna H. Gray, M.Ed.**  
**PRO International**  
**[www.ThePROInternational.com](http://www.ThePROInternational.com)**  
**[ahgray59@gmail.com](mailto:ahgray59@gmail.com)**  
**210-535-5418**





# Domain 2: Consumer Driven Care and Services

## Benefits of Domain Implementation



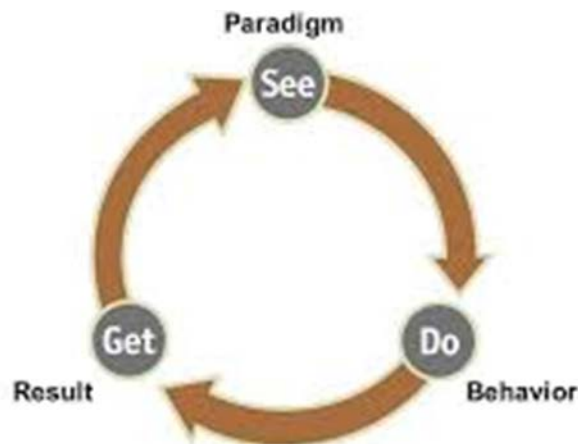
- Improved outcomes
- Partnership in healing
- Provider of choice in a managed care environment

# What Does It Take?



# It takes a paradigm shift...

Listening through a trauma informed lens we are likely to see evidence of prolonged stress reaction and adaptive behaviors for survival instead of symptoms.



When I look for illness and pathology I see a powerless organism to be treated that is ill.

When I look for wellness and thriving I can see a human being able to dream again and live a fulfilled life.

# Standards of Domain 2



- A. We are the decision makers at the decision making table
- B. We are a vital part of the direct service workforce providing peer services
- C. People with Lived Experience of mental health issues are hired at all levels
- D. We get to give feedback and influence the system
- E. We get to say what is safe for us
- F. Our voice and choice are respected – our lives matter – we are in the drivers seat
- G. We are not to be coerced or manipulated in to treatment plans



# How to make it work?

- Recruitment
  - People who use their voice to complain have the strength of self expression, use them on advisory groups and eventually on decision making bodies.
  - People in recovery who benefited from services and are working in the community make a difference in internal and external advocacy
  - Develop a volunteer program in your system that allows people receiving services to give back. This is a great training ground for boards and other decision making bodies.



# How to make it work?

## Retention

- Involvement must be meaningful
- Having more than one Person with Lived Experience makes a difference
- Include People with Lived Experience in additional training and conference opportunities
- Provide opportunities and information on how the systems works and why it works that way
- Be willing to implement the ideas and recommendation made by People with Lived Experience and give them credit





# How to pay for it...

- State Block Grant Money
- Medicaid Waiver Programs
- Establish a Medicaid Billing Code for Peer Services
- Include Peers on Teams that bill as a team, such as ACT Teams
- Take the Rehab Option in the State Medicaid Plan



**Rhonda L. Saenz**  
**Helen Farabee Center**  
**TICTOC Texas**



# My Role

- Engage with people to offer hope and the message of recovery.
- Provide support to the people we serve and staff.
- Connect with people by using my story of lived experience.
- Overcome stigma in the community.
- I model recovery and self-care.



# Transition to the Trauma Informed Care Learning Community

- Workgroup appointment
- Learned what is expected
- Doubts, questions and answers
- Commit to the process
- Implement the plan



# What Happened to Us?

- We were ask for a commitment
- We were challenged
- We were asked to look at our organization through a different lens
- We had to leave our comfort zone



# What We Did Right

- **Team**
- **Time**
- **Safety**
- **Equality**
- **Process**





# Danielle Dunn, LMHC

## Clinic Director



# Member Driven Care Implementation

Created a **Domain 2 Task Force** that included pertinent staff to facilitate change:

- Clinic Director
- Peer Specialist/Member receiving
- Human Resource member
- Executive Involvement



# Member Driven Care Implementation

The work of the task force:

- Identified a group leader
- Developed specific days/times they would meet
- As a group created multiple goals to make progress in this domain
- As a group prioritized the goals that would be worked on
- ***Group leader assigned tasks and oversaw the completion of these tasks***

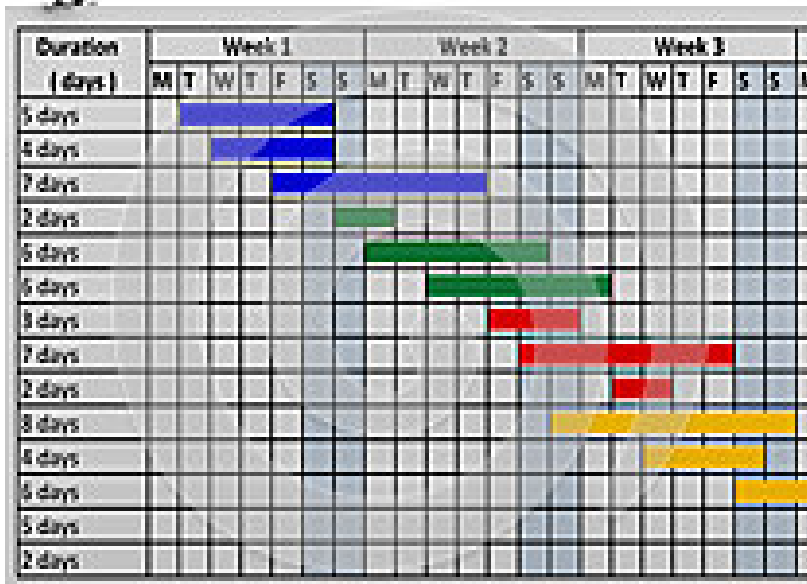


# Task Force Goals

- Create Peer Run Groups
- Member Surveys
- Feedback from Member Advisory Counsel incorporated into clinics
- Peer Specialist incorporated into orientation
- Policy & Procedures changed to reflect TIC language
- Job Descriptions reflect TIC language
- Have a Peer Specialist be the Human Rights Officer for the clinics
- Incorporate Peer Specialist into our TIC training for all staff
- Peer Specialist to attend the monthly clinic meeting
- ***Have Peer Specialist participate in interviews when possible***



# Group Leader Project Plan



- Assigned Responsibility
- Identified Tasks
- Completion Dates Established
- Reviewed Progress
- Reviewed/Refined Results

drea



# Interview Process

Hiring manager and peer specialist:

- Reviewed resume together
- Determined important qualities
- Determined who lead the interview
- Determined questions
- Discussion after



# Member Driven Care

- **Successes**
  - Staff excited about the changes
  - Senior Leadership on board
  - Changes in environment and approaches to members
- **Challenges**
  - Time to plan and implements change while still completing current role



***We want our members to know we are in this together, we are listening and we would make changes together that would enhance the services they receive from Advocates***





# Moving Forward with Implementation



# Gathering Input/Communicating for Buy In

- Organizations can invite the voice of the consumer in several different ways:
- Feedback cards
- Surveys
- One-on-one interviews
- Focus groups
- Advisory councils
- Including Voice in every level of the organization.



# Making It Stick: What Gets in the Way?

Tokenism: Perfunctory effort or symbolic inclusion of a group..or, a substitute for the real thing.

Manifests in:

- Just for looks—seen, counted, but not heard
- Perpetual client—seeing a person as only and always a client, in need of care, rather than an expert partner.
- Not paying for expert advice—expecting the person to volunteer \*\*
- Expecting the status quo—expecting the person to say yes, remain passive, i.e. not inviting them to speak their truth.



# ARE YOU READY?

- Assess your resources:
- Cultural/attitudinal:
  - Does your organizational culture allow for true collaboration between clients and staff?
  - Have you had honest, safe conversations about power and shared decision-making?
  - Do you have a clear definition of peer/consumer?
  - Do you know what you will be asking the peers to do?
  - Does the peer group agree with the scope of work?





## **Personnel and Time:**

- ✓ Do you employ a leader who has time to coordinate, facilitate and sponsor the effort?
- ✓ Do you employ a liaison who can supervise, trouble-shoot, communicate between and among staff and peers?
- ✓ Do you have access to a neutral facilitator who can address the increase in visibility, isolation and conflict that occurs among peers?

## **Money and Space:**

- ✓ Can you pay peers to participate? If not, what can you do to show you value them?
- ✓ Can you provide a respectful, 'equal' space, i.e. office?

# Other resources to consider:

## Employee Development

- ✓ Training and continuing education on the role of peer support
- ✓ Implementation of training in work related skills through regular and focused supervision
- ✓ Continued attention to value of lived experience, preventing takeover by the “dominant” culture
- ✓ Employees see the value of peers *in their role*, not as someone’s personal assistant or who can take over when the employee is overwhelmed



# Peer Skill Development

- Peer skill development
  - Organization is prepared to assist in skill development
  - Organization understands ‘where’ the peer comes from
- Leadership training
- Storytelling training
- Group facilitation/training skills training and mentoring
- Accountability for co-facilitator and leadership group facilitators





# Culture Change

*You think that because you understand “one” that you must therefore understand “two” because “one and one” make two. But you forget that you must also understand “and”.*

*-Sufi Teaching*





Let's  
Talk  
About  
it...



# Contact Information

Cheryl S. Sharp, MSW, ALWF  
[cheryls@thenationalcouncil.org](mailto:cheryls@thenationalcouncil.org)

Anna H. Gray, M.Ed.  
[ahgray59@gmail.com](mailto:ahgray59@gmail.com)

Rhonda L. Saenz  
[SaenzR@helenfarabee.org](mailto:SaenzR@helenfarabee.org)

Danielle Dunn  
[DDunn@Advocates.org](mailto:DDunn@Advocates.org)

