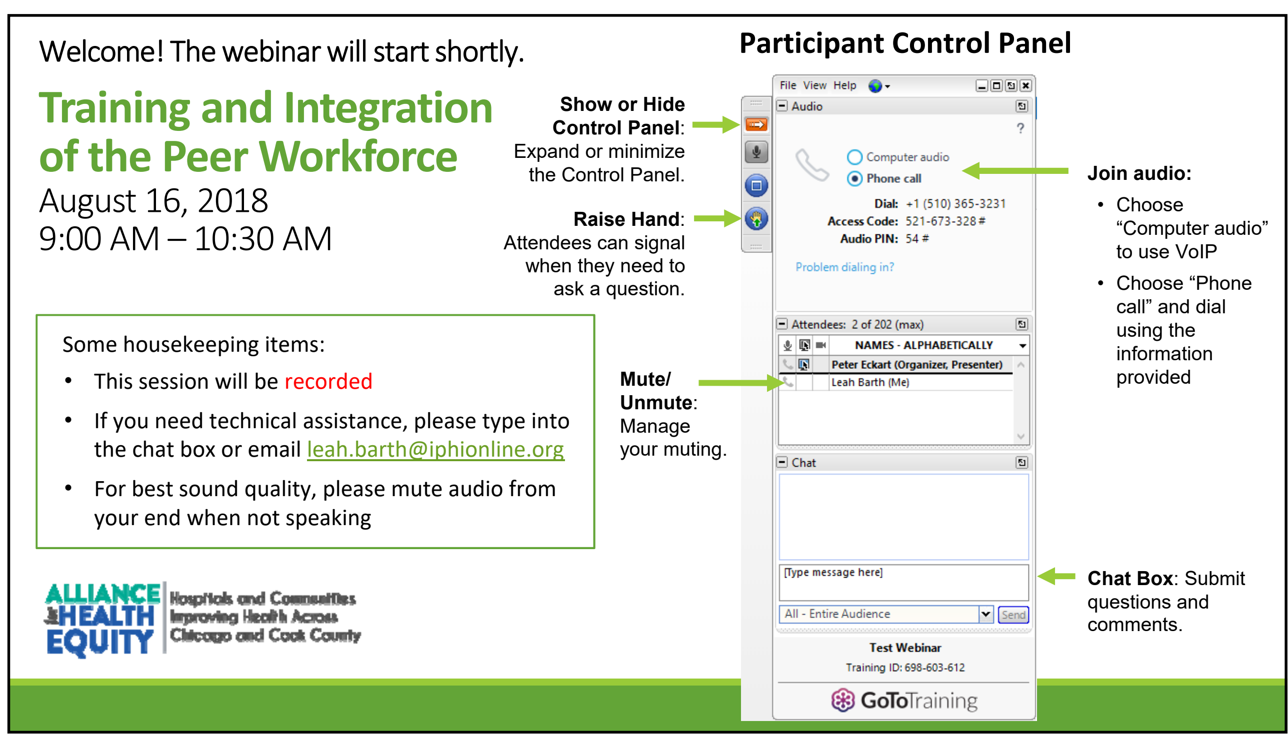

ALLIANCE FOR HEALTH EQUITY

Training and Integration of the Peer Workforce in Chicago and Suburban Cook County

August 16, 2018

Agenda

I. **Introduction**

II. **Denise Hardy,** Georgia Mental Health Consumer Network – *Whole Health Action Management (WHAM) model*

III. **Kathryn Dittemore,** Illinois Dept. of Human Services, Division of Mental Health – *Certified Recovery Support Specialist Provider Workbook*

IV. **Amanda Benitez,** Enlace Chicago – *Supporting the mental health of Latina immigrants through a CHW-led peer support group program*

V. **Discussion**

VI. **Wrap-up and Closing**

- In-person meeting to be rescheduled for March or early April

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ALLIANCE
HEALTH
EQUITY
Hospitals and Communities
Improving Health Across
Chicago and Cook County

Introduction

Jess Lynch, Illinois Public Health Institute (IPHI)

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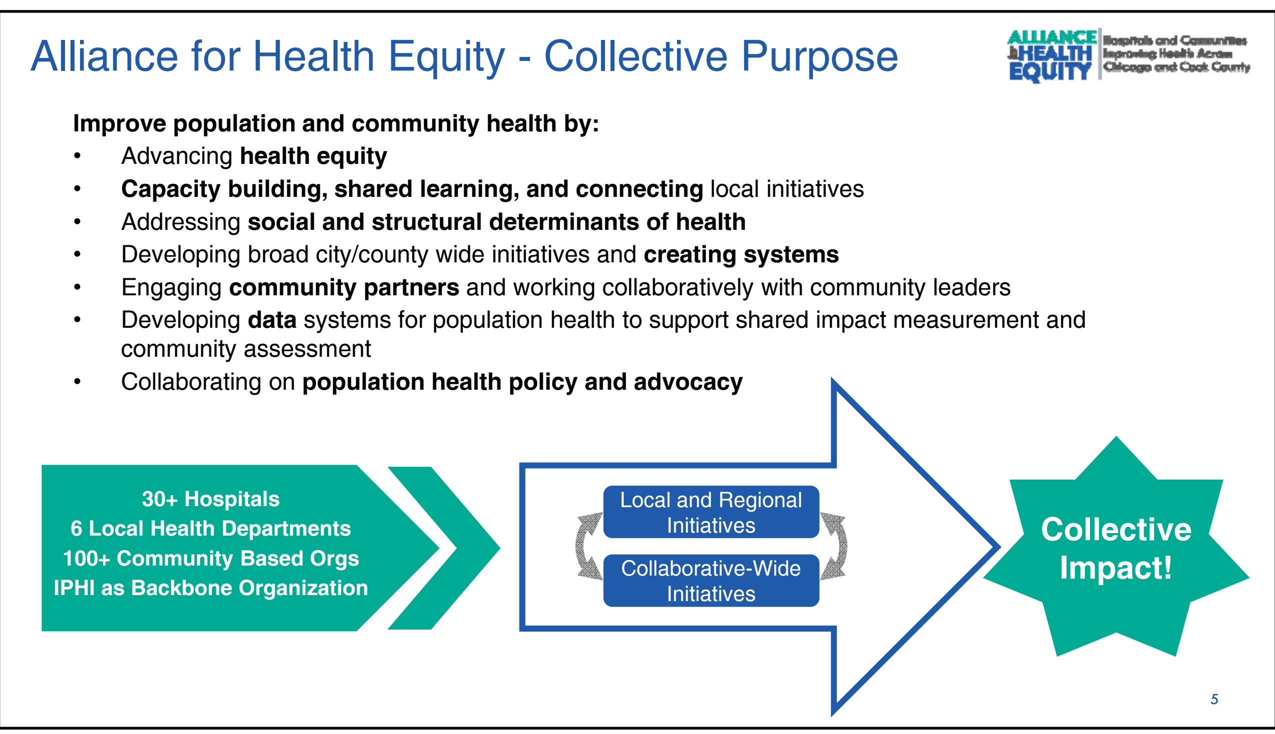

Alliance for Health Equity - Collective Purpose
ALLIANCE HEALTH EQUITY
Improve population and community health by:
• Advancing health equity
• Capacity building, shared learning, and connecting local initiatives
• Addressing social and structural determinants of health
• Developing broad city/county wide initiatives and creating systems
• Engaging community partners and working collaboratively with community leaders
• Developing data systems for population health to support shared impact measurement and community assessment
• Collaborating on population health policy and advocacy
30+ Hospitals
6 Local Health Departments
100+ Community Based Orgs
IPHI as Backbone Organization
Local and Regional Initiatives
Collaborative-Wide Initiatives
Collective Impact!
5

Current Hospital Members
ALLIANCE HEALTH EQUITY
Ann & Robert H. Lurie Children's Hospital of Chicago
Ingalls
Welcome to Wellness.
NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"
RUSH
Advocate Health Care
JPH
Northwestern Medicine
SINAI
Sinai Health System
AMITA HEALTH
Loretto Hospital
PALOS HEALTH
South Shore hospital
COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS
LOYOLA MEDICINE
We also treat the human spirit.
Swedish Covenant Hospital
Presence Health
MacNeal Hospital
THE UNIVERSITY OF CHICAGO MEDICINE
HOLY CROSS HOSPITAL
MERCY
Mercy Hospital & Medical Center
Roseland Community Hospital
UI Health
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Alliance for Health Equity - Interconnected Priorities*

Social and Structural Determinants Priorities	Cross-Cutting Priorities	Mental Health and Substance Use Disorders Priorities
• Community safety • Food access and security • Housing and health • Workforce and economic development • Transportation and access to care	• Chronic disease prevention • Access to care and community resources • Structural racism and structural inequities • Trauma-informed services • Systems to screen, refer, and connect to care • Capacity building • Youth development	• Trauma-informed services • Integrated care • Stigma reduction • Coordination of Mental Health First Aid (MHFA) • Addressing opioids

* The Alliance for Health Equity priorities were developed through a community-engaged community health needs assessment (CHNA) process in 2015-2016. The CHNA identified four top priority community health needs: social and structural determinants of health, mental health and substance use, chronic disease prevention, and access to care and community resources. Per requirements for nonprofit hospitals, the Alliance for Health Equity hospitals are currently engaged in another round of CHNA (with a focus on deeper understanding of needs and building continued momentum for partnership strategies to address community health needs), in close partnership with local health departments and other partners.

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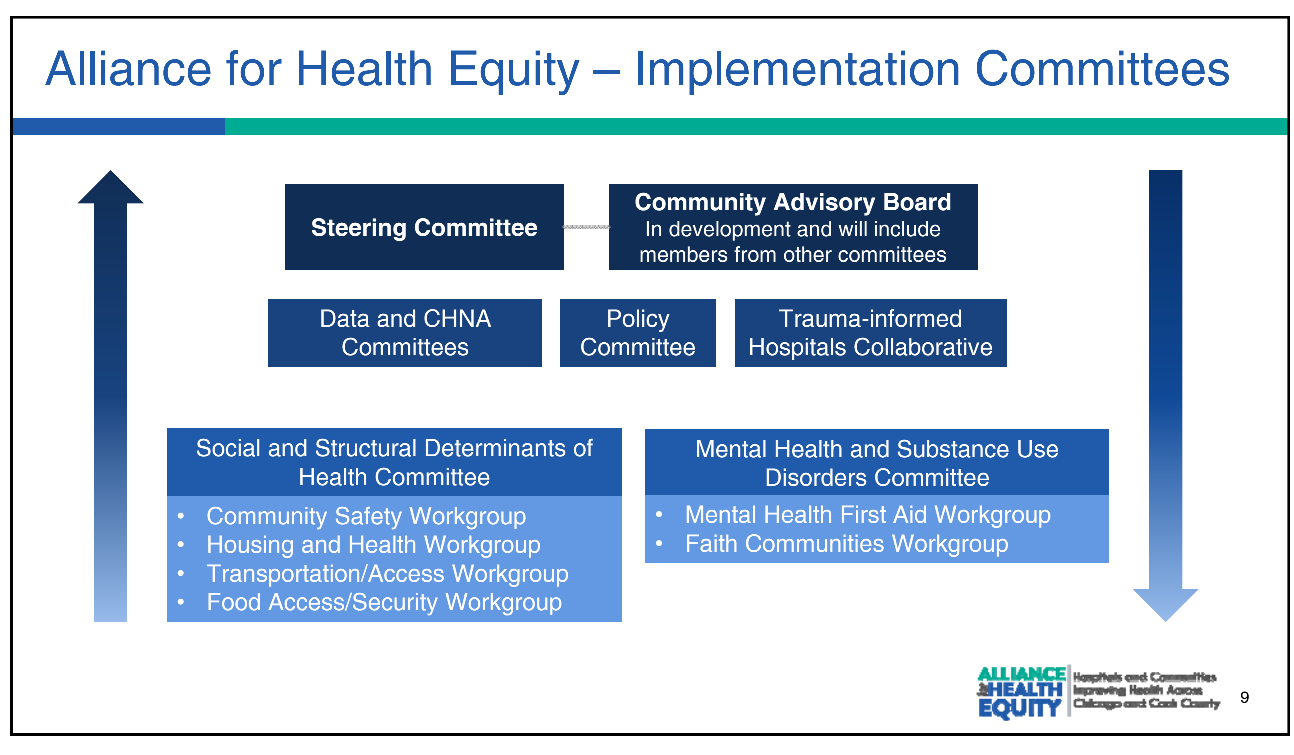

Mental Health and Substance Use Committee Strategy Areas

ALLIANCE HEALTH EQUITY Hospitals and Communities Improving Health Across Chicago and Cook County

Strategy Areas	Impact Areas					
	↓ Stigma	↑ Access	↑ Integration & Quality Care for Both MH + Opioids	↑ Coordination of Systems	↑ Trauma-Informed Communities	↑ Peer Employment Roles
Anti-Stigma Initiatives with Providers and Faith Communities	✓	✓	✓		✓	✓
Partnerships for Peer Workforce and "contact strategies" to engage individuals with lived experience	✓	✓	✓	✓	✓	✓
Mental Health First Aid (MHFA) Coordination	✓	✓		✓		
Housing Workgroup - Flexible Housing Pool	✓	✓	✓	✓		
Trauma-Informed Hospitals Committee	✓	✓			✓	
Explore Policy Opportunities						
Identify Partnership Strategies to Address Opioids (MAT, naloxone, & prevention)		✓	✓	✓		✓

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Reducing Stigma

Multi-pronged approaches to reduce stigma

Previous research has shown the effectiveness of multi-pronged approaches to reducing stigma

Examples of Different Strategies for Stigma Reduction

Contact-Based Strategies
- Peer Navigators, Peer Support Specialists, etc.
- Personal testimony and interaction with individuals who have lived experience
- Art exhibits

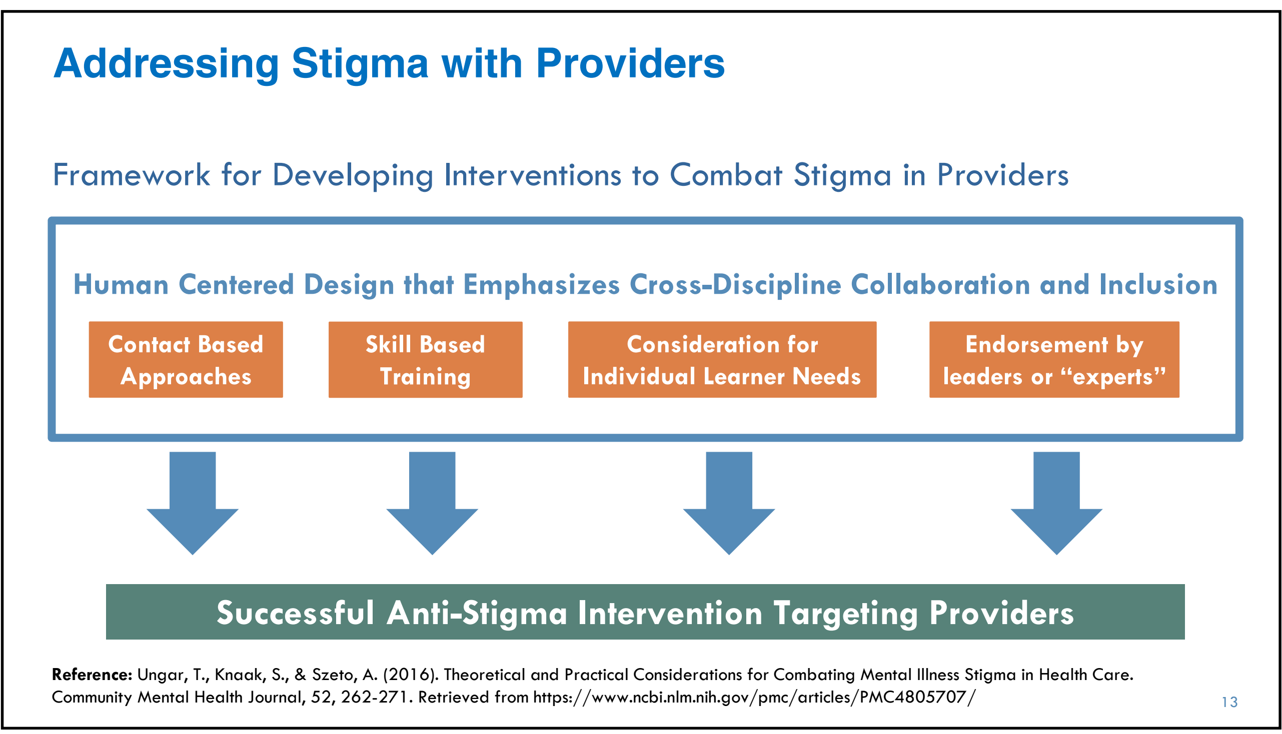
Education-Based Strategies
- Workshops for youth
- School-based programs for young children
- Workplace programs

Public Awareness Strategies
- Public events with speeches by officials, religious leaders, and teachers
- Special endorsement days by sports teams
- Engagement of trusted community leaders

Empowerment Focused Strategies
- Employment programs
- Consumer-focused grants, such as scholarships
- Community organizing
- Political advocacy

Clinical/Provider Focused Strategies
- Provider education programs
- Peer Navigators, Certified Recovery Support Specialists
- Free medical consultations
- Workplace programs

Reference: Martin, N. and Johnston, V. (2007) A Time for Action: Tackling stigma and discrimination. Report to the Mental Health Commission of Canada. http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Stigma_TimeforAction_MHCommission.pdf



Addressing Stigma with Providers
Framework for Developing Interventions to Combat Stigma in Providers
Human Centered Design that Emphasizes Cross-Discipline Collaboration and Inclusion
Contact Based Approaches
Skill Based Training
Consideration for Individual Learner Needs
Endorsement by leaders or "experts"
Successful Anti-Stigma Intervention Targeting Providers
Reference: Ungar, T., Knaak, S., & Szeto, A. (2016). Theoretical and Practical Considerations for Combating Mental Illness Stigma in Health Care. Community Mental Health Journal, 52, 262-271. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4805707/
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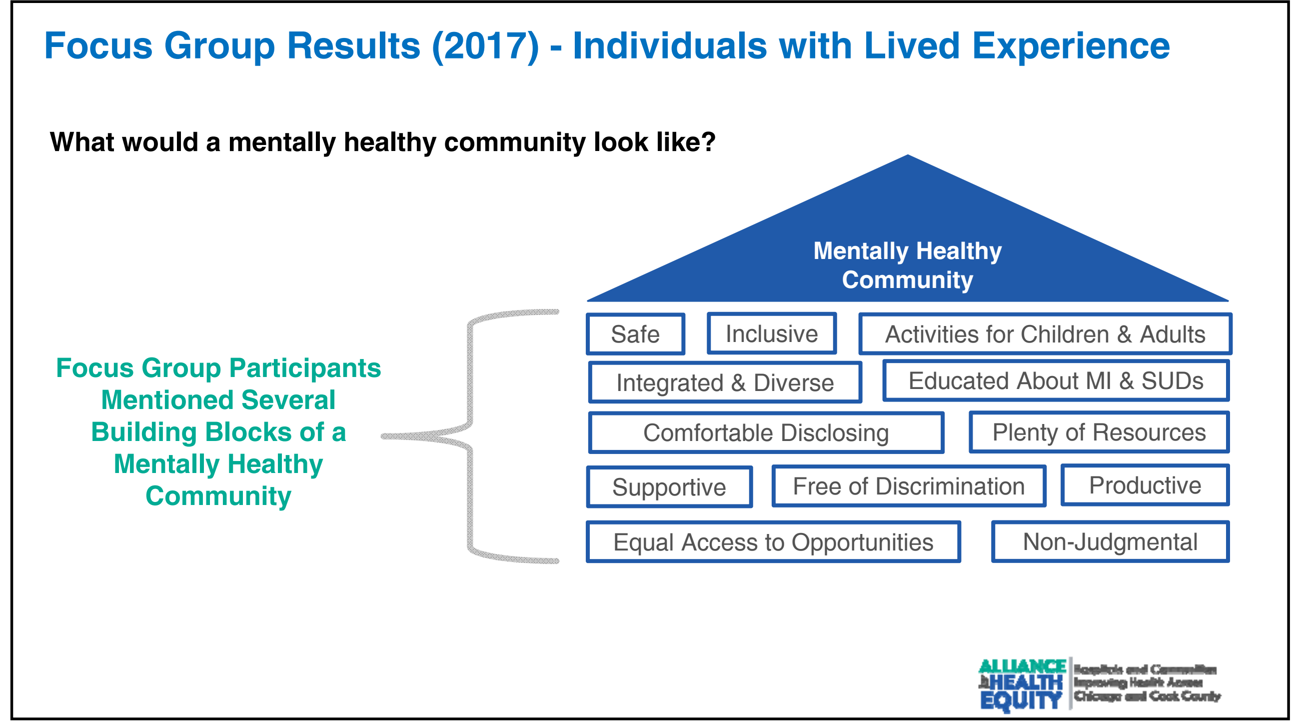

Focus Group Results (2017) - Individuals with Lived Experience
What would a mentally healthy community look like?
Mentally Healthy Community
Focus Group Participants Mentioned Several Building Blocks of a Mentally Healthy Community
Safe
Inclusive
Activities for Children & Adults
Integrated & Diverse
Educated About MI & SUDs
Comfortable Disclosing
Plenty of Resources
Supportive
Free of Discrimination
Productive
Equal Access to Opportunities
Non-Judgmental
ALLIANCE HEALTH EQUITY

Focus Group Results (2017) - Individuals with Lived Experience

Initiative Priorities

What would you want people to know most about recovery from MI/SUDs?

- They need to know that we can be productive members of society. We have things to offer that other people don't.
- People do recover from anything especially mental illness; Don't count us out
- Good comes out of it, MH is not a bad thing
- Recovery works, if you work it

Who else should be involved?

- Individuals with lived experience
- Emergency responders
- Politicians and public officials including local and state government
- School administration and students
- Transportation systems
- Jail staff
- Nursing home staff
- Researchers
- News Media
- Managed care companies

µNothing about us, without us¶

Stigma Reduction Strategies

ALLIANCE HEALTH EQUITY Hospitals and Communities Improving Health Across Chicago and Cook County

Multi-pronged approach to stigma reduction that includes contact, education, public awareness, empowerment, and provider focused strategies.

Goals and Activities

Decreased stigma among health professionals

- Development of CEUs in Ethics and Cultural Competency
- Expand peer support services
- Align with trauma-informed work

Decreased stigma & increased treatment seeking among public

- Create framework for multi-pronged stigma initiative
- Implement models for faith community and healthcare partnerships for mental health
- "Know Your Rights" Campaign

Improved coverage & reach of MHFA trainings

- Facilitate improved coordination between MHFA providers
- Develop processes to track impact of MHFA over time
- Align with efforts to catalog health resources

Improved screenings & referrals for MH-SUDs

- Align with efforts to catalog health resources
- Support efforts to create integrated data systems
- Develop aligned policy agendas

Increased Peer Support Workforce

- Align and connect with existing efforts in our state, both for CRSS and CHWs.
- Educate health systems and healthcare providers about peer services and peer workforce models

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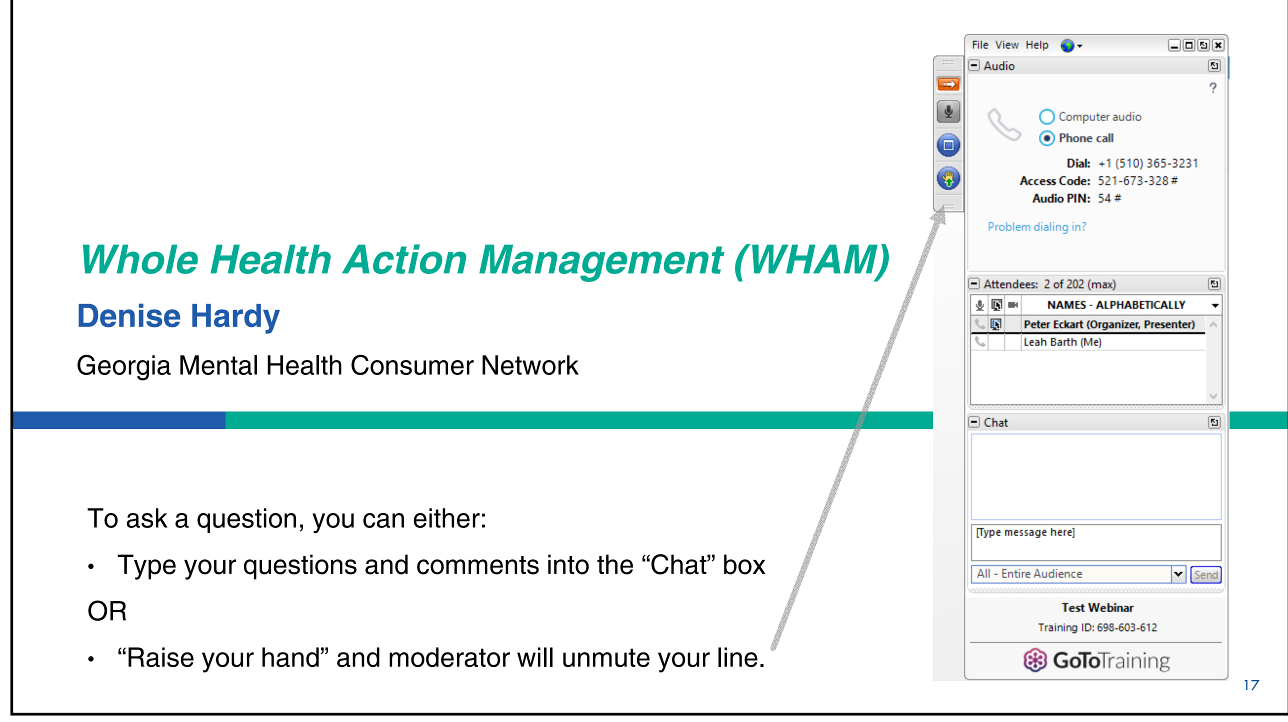

Certified Recovery Support Specialist Provider Workbook

Kathryn Dittemore

Illinois Dept. of Human Services, Division of Mental Health

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Certified Recovery Support Specialist (CRSS) Provider Workbook

A Systematic Guide for Incorporating Recovery Support Specialist’s in Behavioral Health Services

Brief History

- Statewide collaborative
- Culturally diverse community representation
- Strategic planning

Overview

- Culture change
- Training and supervision
- Risk Management and Program Sustainability
- Roles and Responsibilities
- Self-disclosure
- Posting and filling positions
- Thriving in the workforce
- Developing a career path

Culture

- Leadership buy-in
- Recovery-focused process
- Data, research, and feedback
- “Nothing about us without us”
- Welcoming environment
- “This is what recovery looks like”
- principles of recovery
- Spread the word

Training and Supervision

"Tell me and I forget. Teach me and I remember. Involve me and I learn"

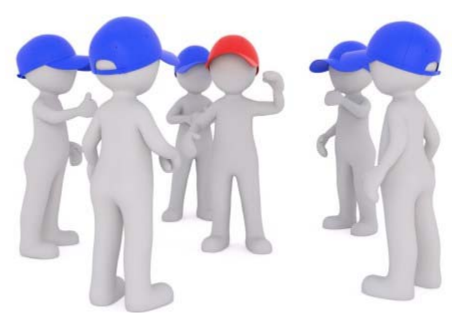
Benjamin Franklin

Risk Management and Program Sustainability

- Critical issues to address early
- Communication plan
- Risk reduction
- Sustainability
- Staff orientation
- Continuous improvement

Roles and Responsibilities

- Unique role
- Complementary array of services
- Ethical and professional conduct
- Self-disclosure expectation
- Best Practices
- Recovery education for all



Self-Disclosure

Unique to the Recovery Support Role

Staff education

RSS training

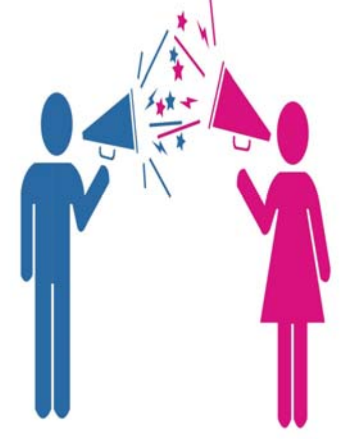
Support and role development

Benefits of self-disclosure:

Conveys hope “if I can do it so can you”

Builds relationships

Supports a self-directed journey



Posting & Filling Recovery Support Service Positions

- Staff education and input
- Organizational chart to include RSS
- Analyze job function
- Create job description
  - Essential job functions
  - CRSS competencies

Returning to & Thriving in the Workplace

- Orientation
- Responsibilities and expectations
- Performance incentives
- Salary schedule
- Ongoing support and education
- Specialized certifications
- Advancement opportunities

Developing a Career Path for Recovery Support Specialists

- Communicate career development philosophy to ALL employees.
- Provide the needed tools, guidelines, and incentives to the RSS and supervisor
- Support community collaboration among employees
- Identify talents and expectation within the RSS role
- Incorporate forward thinking training and development

Resources

- ORACL: Online Recovery Academy and CRSS Library

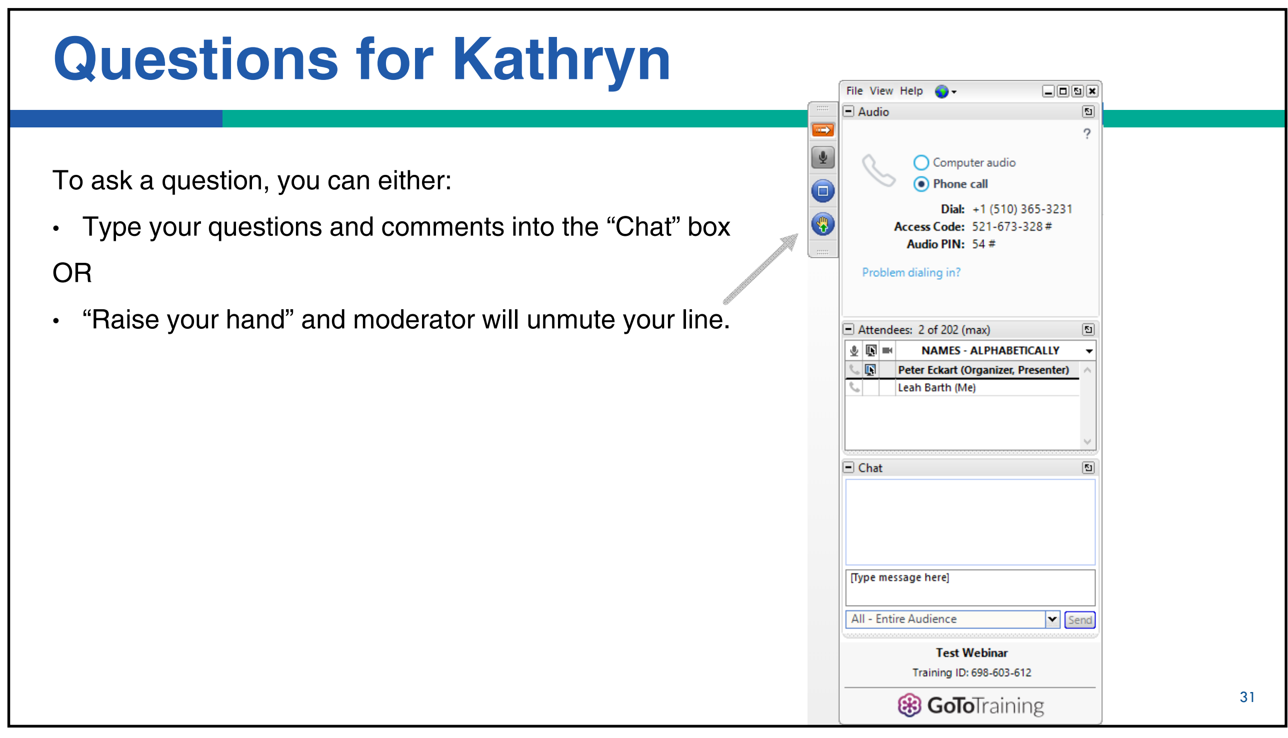
http://www.recoveryacademyillinois.org

- Recovery to Practice Weekly highlights

https://rtp4ps.org/rtp-peer-specialist-resources/weekly-highlights/

- Certified Recovery Support Specialist (CRSS) Provider Workbook

http://www.illinoismentalhealthcollaborative.com/consumers/crss/CRSS-Provider-Workbook.pdf



Supporting the mental health of Latina immigrants through a CHW-led peer support group program

Amanda Benitez

Enlace Chicago

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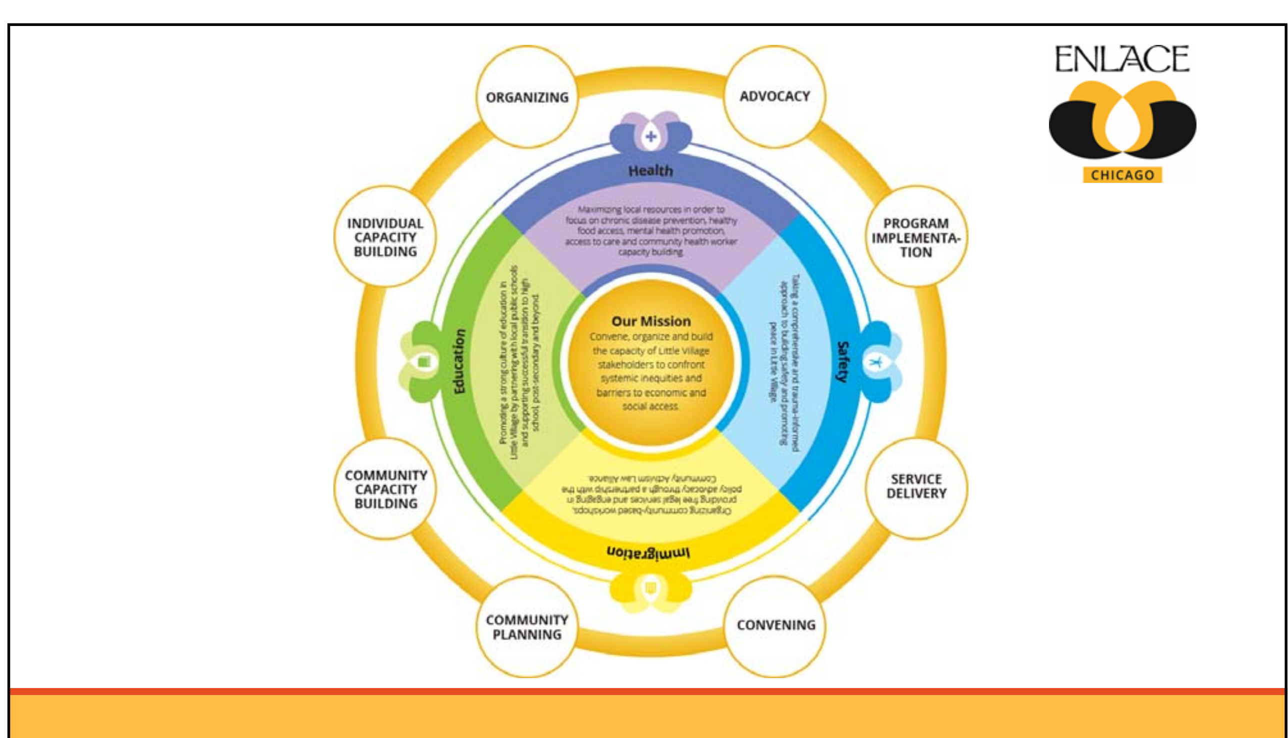
Supporting the mental health of Latina immigrants through a CHW-led peer support group program

AMANDA BENITEZ, MPH
ENLACE CHICAGO



Little Village Context

- Population: 73,983
- 84% Hispanic/Latinx
- 39% foreign born; 29% are not U.S. citizens
- 29% < 18 years old; 8% < 5 years old
- 35% of households below poverty line
- High rate of overcrowded housing
- 2nd highest hardship index in the city at 74
- 26th Street – "Second Magnificent Mile"

Sources: American Community Survey, 2012-2016 5-year estimates, UIC Great Cities Institute

Little Village Health

- 29% of Little Village residents are **uninsured**, compared to 15% of all Chicago residents.[1]
- **Obesity rate:** 33% (adult)[2] and ~50% (children)[3] of the Little Village population
- **Diabetes rate:** 15% (adult); 24% of women reported having been diagnosed with diabetes[2]
- In 2013, only 1 in 3 residents in need of **behavioral health services** was receiving services.[4]

Sources: 1. American Community Survey, 2012-2016 5-year estimates; 2. Sinai Community Health Survey 2.0 – March 2017; 3. Chicago Public Schools, 2012-2013; 4. Little Village Mental Health Needs Assessment, Roots to Wellness, 2014.

Enlace's Community Health Programs

Overarching Goal: *To promote wellness, improve access to and quality of care, and prevent chronic disease in Little Village through health promotion, patient navigation, advocacy, and capacity-building.*

Areas of Focus:

- Access to care
- Chronic Disease Prevention
- Community Health Worker Capacity-building
- Mental Health Promotion
- Healthy Food Access

PAES Network (*Promoviendo, Abogando y Educando por la Salud)*

Mission: *PAES provides support to community health workers through continuous training and development in order to build their skills in health promotion and education, create more opportunities for them to gain employment, and mobilize them to be advocates on behalf of the community.*

PAES Network (Promoting, Advocating and Educating for Health)

- Creates a space for peer support, networking, and resource-sharing
- Offers capacity-building/training that responds to strengths and needs of Little Village
- Assists local providers with issues of cultural competency
- Partners in community-based participatory research projects
- Engages in public health advocacy efforts

Mental Health in Little Village

A recent report found depression, anxiety, and stress were the mental health concerns most often reported among Chicago's southwest side residents

Over three quarters of 2,878 residents surveyed said they would consider seeking mental health services, but respondents reported major barriers including:

- Cost (57%)
- Not knowing where to go (38%)
- Lack of health insurance (38%)
- Lack of nearby services (34%)

Source: https://bit.ly/2ngP1V5

Mental Health in Little Village

Residents discussed preliminary findings from the surveys at community events held across the area.

Themes from the discussions included:

- Cost as a barrier
- Gender-related barriers
- Family members or partners blocking access to services
- Stigma-related barriers
- Heightened fear, stress and anxiety in the Latinx immigrant community as a result of the 2016 presidential election

Mental Health in Little Village

We need to create more spaces like this…Group activities because we can talk amongst each other in a social setting.

Groups in the community so the people can communicate with one another, find a way to let people express themselves.

When you don't have a social life, you are sure to become depressed.

Handicrafts or cooking classes, in groups.

More discussions, more groups like this one, to vent and get things off my chest.

The GEMAS Program: Curriculum

- 13-session peer support group curriculum delivered over six months
- Tailored to local Mexican women, designed to be led by CHWs from the community
- Themes include resiliency, love for self, family, community, self-determination, and empowerment
- Staff from Erikson Institute Center for Children and Families met monthly with the CHW facilitators

The GEMAS Program: Pilot Results

- Five groups were piloted between January and June 2018
- 40 participants completed a baseline and six-month survey
- Survey included validated measures on seven mental health indicators:

Perceived Stress	Self-efficacy	Emotional Support
Symptoms of Anxiety	Perceived Social Support	
Depressive Symptomatology	Resilience	

- Preliminary findings show **significant improvements in** participants' levels of **stress, anxiety, depression, and emotional support**

Lessons Learned

- Significant mental and behavioral health needs among southwest side Latinxs
- Major barriers related to income and being uninsured, compounded by fears related to immigration status
- CHWs are trusted members of the community who share similar experiences
- We trained CHWs to be frontline mental health workers who provide a safe space for immigrant women to give and receive emotional support
- The pilot demonstrated the effectiveness of CHWs in promoting mental health among Latina immigrant women

Acknowledgements

GEMAS Program Facilitators (CHWs)
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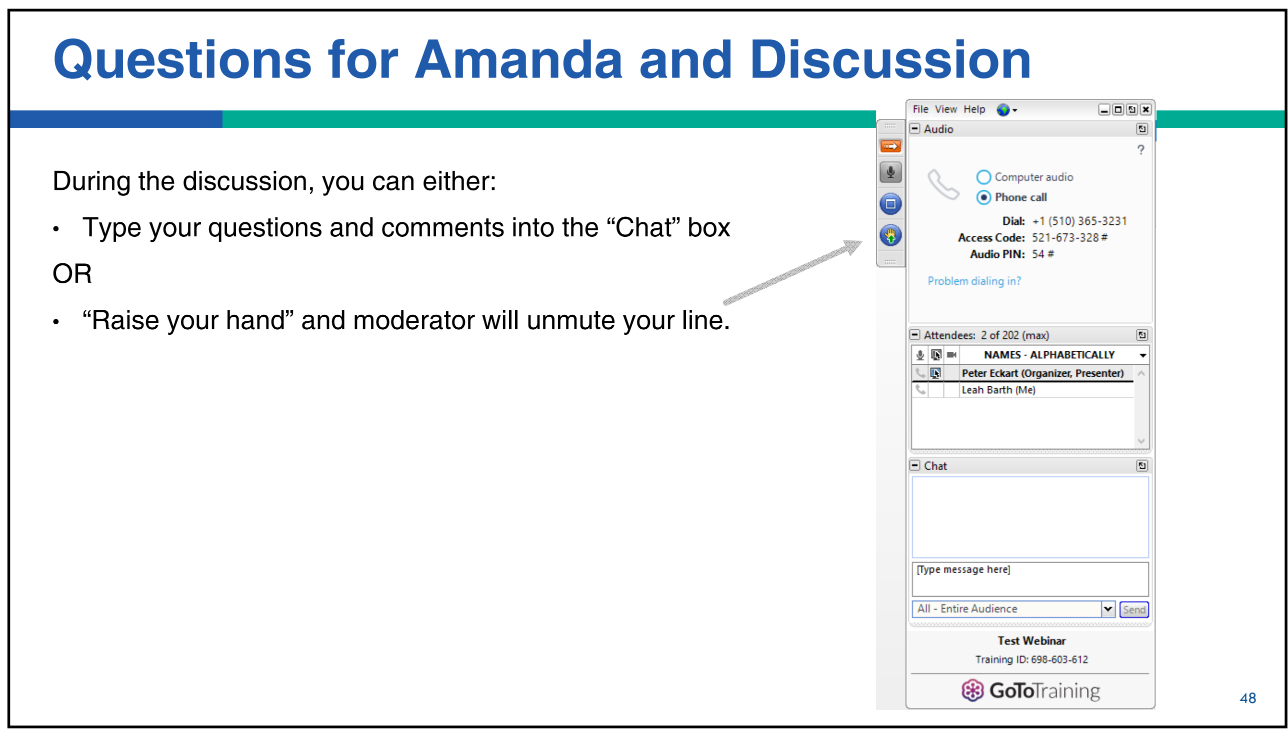
Questions



Wrap-up and Next Steps

In-person meeting - Mental Health and Substance Use Committee: October 11, 2018

Contact Leah at Leah.Barth@iphionline.org if you would like to be added to the Committee.

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