

Training Group

10/23/17

Johnathan Routhier , Sophia Hyatt , Lenore Sciuto, Dr. Laurie Guidry, Greg Steelman, Steve Tuck, Maureen Rose Julian, Michelle Houle

- Group agreed to combine the training and redefining the therapeutic approach workgroups into one committee.
- Steve Tuck and Jill Fitzgerald to co-lead this combined training group. Steve to lead the Framework Subcommittee, Jill to lead the Clinical Subcommittee.
- Discussion on building consensus and buy-in with stakeholders, most immediately area agencies and providers.
- This focus on trauma informed care represents a culture shift for the DD system, requires leadership involvement and consensus building.
- Need to be careful about how this is presented.
 - More than just trauma informed but includes all treatment modalities available. Not to the exclusion of behavioral management approaches.
 - This is about enhancing the current structure, not replacing it.
 - What is TIC and how does it benefit the system, looking at cost benefit, treatment benefits. Etc.
 - Need to focus on long term goals of this change. At risk if you only look for short term gains, i.e. decreased cost.
- Requires and understand and buy-in that this population can change. The supports that we provide cannot be just for maintenance and safety. With appropriate supports and treatment individuals can change.
- How do we present this in a way that is clear and understood.
 - Targeted to the audience. Different discussions/trainings for leadership vs providers vs direct staff
 - Include next steps
 - Benefits of this approach
 - Include next steps
- Training
 - Needs to be ongoing
 - Ongoing mentorship/supervision embedded within the service
 - Includes self-care for staff
 - Include medical impact of early trauma
- Where do we start? ITS/forensic vs DD system
- CSNI consultants. cost containment and beyond DD services, state plan etc.

Subcommittees

Framework

Steve Tuck Leader

Johnathan Routhier

Sophia Hyatt

Lenore Sciuto

Maureen Rose Julian

Michelle Houle

John Capuco

Clinical

Jill Fitzpatrick Leader

Dr. Laurie Guidry

Greg Steelman

John Capuco

ITS Training Committee

Report Submitted: 9/1/2017

Date of Meeting: 8/16/2017

Committee Members Present: Dr. Lauri Guidry, Steve Tuck

Due to vacations and scheduling issues in August the committee set up a conference call with four members. At the last-minute two of the members were unable to participate due to schedule changes. Dr. Guidry and I discussed the following;

1. Combining Trauma Based Treatment with Behavioral Services within the ITS system of care.
2. The development of comprehensive clinical and behavioral training, consultation and support for all ITS providers in New Hampshire.
3. The need to utilize and implement necessary means to extend these trainings state wide.
4. The need for ongoing support and consistency over time to make meaningful change.
5. The need for committee members to concretize ideas and prepare for the September 27 Combined ITS Committee Meeting.
6. Will use Doodle to determine committee meeting date to prepare document prior to 9/27.

In general, past meetings we have discussed the dissemination of information by regularly scheduled clinical trainings at locations throughout the state. Clinical consultation with provider and agency treatment teams. The use of technology to engage all programs particularly programs in the northern area of the state where resources are less available. In order for the above to work a sustained and committed effort will be necessary from all ITS members in the system of care.

Combined ITS Trauma Informed Group and ITS Training Group

Date: 7/12/17

Location: 105 Pleasant St.

Concord, NH

Hosted by: John Capuco

Participants ITS Trauma: John Capuco, Lenore Sciuto, Gayle Tondreau and Michelle Houle

Participants ITS Training: Joseph Smith, Dr. Laurie Guidry and Stephen Tuck

The combined ITS Trauma Informed Group and the ITS Training Group met to review progress and possible overlap in our work to date. The Training Group has been focused on Trauma based treatment along with developing a state-wide system to implement training and supervision of the model. It was noted in the training group's last meeting that similar work regarding trauma was being discussed in the Trauma Informed Group. The following is a list of topics discussed regarding Trauma Informed Treatment.

- Currently most services provided in the ITS model and throughout the BDS system is behaviorally based.
- Applied Behavior Analysis (ABA) is the primary treatment model for clients being served by Intensive Treatment Services.
- The addition of Trauma Informed Treatment would address the mental health needs of our clients.
- The combination of ABA and Trauma Informed Treatment would bring a balance of behavioral and clinical issues of our clients. This would provide a more holistic approach and provide better outcomes for the population we are serving.
- Trauma Informed Treatment is evidenced based and has been used widely for the past 20 years.
- Concerns arose regarding the Area Agencies accepting the addition of Trauma Informed Treatment. Reasons being financial and the need for a cultural change in viewing our clients.
- Neuro developmental aspects of trauma would be a topic for further discussion.
- The need for better medication management to stabilize clients to meet treatment needs.

Topic regarding training were as follows;

- The need for Trauma Informed Care to be trained throughout the ITS and overall BDS system of care.
- Taking into consideration the level of training of Trauma Informed Care pending position in agencies and system of care.
- The need for an ongoing effort to maintain training, supervision, mentoring and clinical consultation to create a cultural change in the treatment model.
- Past training successes at Gateways and the Moore Center helped with treatment skills and staff retention.

- The need to build a sophisticated clinical infrastructure that will be attractive to skilled clinicians. This would enhance bringing talented people to NH and lessen the need for out of state assistance with programing.

In summary, we had a very productive meeting discussing the need to enhance the current system of care by adding Trauma Informed Treatment. We discussed both the treatment model and how to proceed with training implementation state wide. While more details need to be worked out our focus has been refined to continue work on each group's specific areas of concern. John Capuco will work as a liaison between the two groups to keep all informed of progress and lessen any redundant work.

Stephen Tuck
Meeting Notes

ITS Training Work Group

Members: Steve Tuck, Joe Smith, Dr. Laurie Guidry Jonathan Routhier, Maureen Rose Julian

We had some coordination issues as it was our expectation the ITS Training Group would be meeting with the Trauma Informed Group in June. I will now be sending out an invitation to members of both groups for a meeting on July 12 at 9am CSNI in Concord NH.

A refined set of expectations for the meeting was put together to clarify the coordination of each group.

ITS Training Group Expectations;

1. A systematic approach for training all levels staff in the state.
2. The need for a training framework that will draw qualified staff and students to NH.
3. Assess how training effects staff turnover in the state.
4. Maintaining training and supervision skills with ongoing support.
5. The use of consultation to enhance the overall clinical efficiency.
6. Develop an outcome measure of treatment.
7. Access the use of technology to bring trainings to all areas of the state.
8. Develop quality system of trainers.

Combined Interest of the ITS Group with TIF Group;

1. How to develop principles of Trauma Informed Care.
2. Moving clinical foundation away from containment.
3. Shift in culture away from behavioral perspective for high risk need individuals to a broader perspective including both clinical and behavioral.
4. Physical interventions what would fit overarching construct of Trauma Informed Care.

In general, our focus is clearly defining the needs of training in the state. We also have an equal concern as to the nature of the training and a higher level clinical sophistication for all in our care.

Present: Steve Tuck, Joe Smith, Greg Steelman (writer), Jonathan Routhier,

1. Jonathan reported that meeting with bureau indicated that all groups are making progress.
2. Derek Edge has been tasked with developing clinical standards for ITS program. Jonathon reviewed expectations around treatment and its integration into teams.
3. Writer shared work of the Trauma Informed Care group and the overlap in groups. It may make sense to merge groups.
4. Discussed concept of Trauma Informed Care as a process of culture change as opposed to standalone classroom training. Also shared overlap of concepts based in Social Role Valorization and Trauma Informed Care.
5. Appears to be a lack of standardization of resource allotment for staff training. Dr. Guidry shared the importance of ongoing clinical supervision for staff and writer shared the use of Circles of Support and Accountability to reinforce clinical training and support staff teams.
6. Group discussed need to increase clinical resources available to provide training and support system wide. Team members shared development of staff in NH as well as bringing in talent from out of state.
7. Team engaged in discussion around tension between risk management (and risk aversion) and misconceptions around trauma informed care and decreasing containment based on measurable progress in treatment.
8. Group agreed that it would make sense to have a joint meeting between this committee and the Trauma Informed Care Committee at the end of June to discuss how to work together as many of the goals overlapping.
9. Discussed statewide risk management team and it's role in development and implementation of treatment and services.

Summary and Action Steps

1. Training needs to include work at decision making levels of state system ie; bureau and area agency admin
2. Steve will reach out to Jill and Trauma Informed Care committee to explore working together.
3. Next meeting to be scheduled via e-mail.

Submitted,

Greg Steelman, LCMHC

ITS Training Work Group

4/19/17 Minutes

Members: Steve Tucker, Joe Smith, Dr. Laurie Guidry, Jonathan Routhier, Maureen Rose Julian

Committee Leader: Steve Tucker (Role- project management)

Recorder: Maureen Rose Julian (Keep notes forward to Alison)

Discussion of important topic areas:

1. What is currently happening, do we want to create a model for different levels of service providers i.e. DSP's, CM's , Adin, Supervisors. Need to assure access across the entire state.
2. Need for consistency in orientation for working with High Risk/High Need individuals.
3. Establish training framework that draws students to NH, to do training and work In NH to build a strong competent base and build capacity.
4. Need to track outcomes regarding competency, care and cost effects
5. Principles of trauma informed care as underpinning
6. Need a clinical foundation move away from containment
7. Shift in culture away from behavioral perspective for high risk high need individuals to a broader perspective including both clinical and behavioral.
8. Consider all current training curriculums available i.e. Easter Seals, Moore Center trainings, Forensics 101 etc.
9. How does training effect turnover? (Review outcomes of Easter Seals training regarding turnover)
10. Must consider Engagement/relationship skills understanding how people with high risk high need issues perceive the world
11. Maintaining training /supervision must be woven into long term plans for staff and supervisors not a one day event.
12. Debriefing after critical incidents/teachable moments
13. Build consistency across state.
14. Physical interventions what would fit overarching construct of Trauma Informed Care.
15. Gather input of DSP's and direct line managers; what do they want and or need?
16. Best training come through consultation with staff regarding specific individuals.

Goals within next 5 months

1. Develop a training outline and how to provide such to all levels of staff across the state
2. Determine outcome measures

Next Steps

1. Review materials Alison has sent out make note of how that body of work could contribute to the development of comprehensive training around the state.
2. Gather data as to who is providing trainings around the state that may not have been identified, who are the qualified trainers?
3. Assess the use of technology to bring trainings to everyone in the state

Survey questions to be developed and brought to CoP so that ITS programs can survey staff as to their needs for training. CoP to request input from direct care staff

4. Jonathan will bring up the need for training in regards to high risk high need individuals to the Training collaborative and discuss with them the need to include some training regarding this topic in the upcoming SC training event.

Other Next Steps

Jon to follow up with CM group, trauma informed care group, and training collaborative

Joe to look at exit interviews from his region to understand the reason that DSP's are leaving.

Next meeting

May 19th, at 1, at the CSNI office