

## **UIC Academy for Policymakers**

### **Webinar transcript: The Recovery Institute: An Overview of Systems-Focused Programs**

#### **Amanda Bowman:**

Hi! My name is Amanda Bowman, and I'm The Recovery Institute Director at Via Hope, which is located in Austin, Texas. Thank you to the Center for Integrated Health Care and Self Direction for inviting me today to speak a little bit about the systems change work we're doing in Texas. But before I say more about the work of the Recovery Institute and Via Hope, I'll tell you a little bit about myself.

I'm a clinical social worker by training. I'm also someone with lived experience of recovery after a life disruption due to mental health challenges. And I identify as a clinician using her lived experience and her professional work. I worked at a psychiatric hospital here in Austin for thirteen years, and it was there in my role as social work director where I learned about Via Hope and the Recovery Institute programs. It was when our hospital had decided to participate in our program to implement a person's centered approach to service planning. That experience really got me back in touch with why, I chose the field of mental health to begin with, and really surfaced a lot of long overdue conversations that we needed to have about how to really meet people's needs that spent time in recovery there at the hospital.

I was also fortunate enough to be on the leadership team at the hospital during a time when we were really learning and figuring out what a thriving peer support program should look like. And the hospital did have a driving peer support program in the end because many people like me learned how that role is different, and what it really needed to look like being "in" but not "of" the system.

I've now been at the Recovery Institute at Via Hope for almost nine years. And I get to spread these messages of hope and resilience that I believe are needed not only by people experiencing mental health or substance use challenges, but also by the people working within the system.

Now, a little bit more about Via Hope. So, Via Hope is a nonprofit organization. We are based in Texas, but we have team members throughout the state and beyond. We have over a decade of experience training curriculum development, consultation, and systems change work.

Via Hope is widely known among the Texas recovery community for the training and professional development programs for certified for peer specialists. In addition to providing an array of continuing education for both licensed professionals, and certified peer professionals, Via Hope also provides much of the mandatory training to acquire the certifications that are associated with peer services

If you're in need of peer support, or you're interested in hearing how we talk about it, I'll offer this description: A peer support worker is someone who lived experience of recovery, following a significant

life disruption that may have been caused by mental health or substance use challenges, trauma, significant loss, or other major life events or stressors. They provide support to others experiencing similar challenges. And this shared experience that promotes a trusting relationship may also be from navigating certain systems, such as the public behavioral health system or criminal justice system.

We like to emphasize that peer support is always non-clinical but can complement clinical services. It's always strength-based and relationship-focused, and it's never for directive or expert-driven.

In fact, one of my favorite phrases from the peer support community, and unfortunately, I don't know the origin, I hear a lot that “peer specialists are experts at not being experts, and that takes a lot of expertise.”

There are a number of specialty areas for certifications available in Texas related to professional care services. That includes recovery and system navigation associated with mental health challenges substance use challenges, criminal justice system involvement, peer specialist supervision, and caregiver navigation of the children's mental health system, family to family support, which is a little bit outside of where I'll focus my presentation today.

Now let me tell you a little bit about where the Recovery Institute fits into all of this. The Recovery Institute was originally created in 2012 to exist alongside the Texas peer specialist training and certification programs for the purpose of spreading the principles of recovery and to support the agencies where peer specialists were being trained to work. The main focus of our work is providing implementation support to both inpatient and community-based provider agencies as they start or strengthen their peer support programs.

In addition to peer support, other recovery-oriented initiatives are equally important and inherently interwoven with peer services. These include recovery-oriented culture, person-centered recovery planning which is a collaborative approach to service planning which is driven by the individual receiving the services as opposed to the clinical professional team. Staff wellness and employee center policies and supervision, as well as other non-clinical planning and support services such as WRAP, which is Wellness Recovery Action Plan, which was created by The Copeland Center.

Our longtime friends and collaborators at Yale's program on recovery and community health have stated this about what's needed to achieve behavior change among people working within the system, and it was in regard specifically to person-centered planning practices:

They say, “Person planning must be embedded in the system that is committed to changing not only what we do, but also how people think and believe about recovery, and their obligation to partner with people to achieve it.”

Okay, so I've used in terms recovery and recovery-oriented several times. So let me pause to share with you how we think about these often-used concepts. The best way for me to demonstrate these values is through story. So let me introduce you to Amy Pierce, the Recovery Institute Deputy Director. This video was recorded prior her to work at the Recovery Institute, when she was overseeing a peer-run respite center for a local community based mental health agency. Please listen as Amy describes her own recovery journey, including the role of people working within the system who did something extra that led to a turning point for Amy.

**Amy Pierce:**

My name is Amy, and I like to share with you the journey of my recovery. I actually had a diagnosis of a male illness at a very young age, so I don't remember life before it. My first hospitalization happened my junior year in high school, and it was at this time where I really felt the impact of the illness and the stigma.

I went off to college at Texas Tech, and while there, life really hit a point where the despair became overwhelming. And I didn't know what to do or where to turn, and some friends of mine there actually helped me get to a place in Buffalo Gap Texas, a treatment center. It was once I ended up with that treatment center that for the first time in a long time, I actually felt heard. I felt that someone saw me, Amy, not the illness, and it meant the world to me. But even with that, and even with that individual standing up for me. The impact of the illness actually became too much, and I ended up being hospitalized again. In another city.

It was during this time during this hospitalization that life really started slipping away, that I really started getting lost in the darkness, and I was told all the things I would never do in my life, never accomplish because of the illness, and eventually I gave up. I had been hospitalized between forty and fifty times at my last hospitalization. But it was during that last hospitalization that everything changed, because the first thing that happened during that last hospitalization is that the doctor, the psychiatrist there, sat me in her office, and what she said to me was that she believed that I could get better. She said it was going to be the hardest thing I ever did in my life, but that I could get better. And that was the first time since the time at Buffalo Gap Texas that someone believed in me.

And it was in that moment that I started seeing glimpses of the future - didn't know what it looked like, didn't know how to get there, but I started seeing glimpses. And it was situation after situation, individual after individual, building me up, believing in me, that allow me to kind of take the steps out of the hole that I was in.

Many things happened during that year that I'll never forget, but probably one of the most impactful things was a conversation I had with a psychologist, and what she did was she just very simply asked me what my hopes and dreams were, and I couldn't tell her because I was so used to living a life without hopes and dreams, a life that I never saw any possibility of living that that I had never thought of it. And I started crying. And um, it was in those moments, though, that things really changed, and for the first time I started seeing life as being possible. I started talking about wanting to have a job and go back to work, and I wanted to have a family and live on my own, and I created this dreams list, where on it was, I want to be a productive citizen. I wanted to travel, go to Hawaii, Washington DC, all these things and each time I came up with something, it was like a little bit of life was breathed in me. And I can tell you today that I've done a lot of those things on that list, and that recovery is possible, and that I had things on that list that I never really thought were possible, and I've done them. I got to go swim with the turtles in Hawaii this last year! Experiences I never would have had, had that doctor not taken a chance on me that day, had that doctor done just what had been heard before. She believed in me, which allowed me to start believing in myself.

And today, my last hospitalization happened fifteen years ago. Um, I've gone from someone who was in and out hospitals every other week to someone who now held a job and had a job at the same state hospital I was hospitalized at for almost twelve years.

I'm now the Peer support Recovery Coordinator of Bluebonnet trails community services, starting a new venture in my life.

I've had relationships, I've lived on my own, I live a really great life, and I'm an individual with a diagnosis of a mental illness. It's not who I am. It's not what I am. It's just a diagnosis I have. Who I am is Amy, and life is really great, and life is possible for anyone with this diagnosis. It's available, sometimes it's just a little bit tough, and sometimes it's hard and life is hard and tough, but it's possible.

**Amanda Bowman:**

Despite working with Amy for nearly a decade both at Via Hope and before we were both at Via Hope, it still moves me to hear her recovery story. I believe it conveys the belief that recovery is possible for anyone, and it also offers this quiet, but powerful invitation for others to join in a different way of thinking about wellness and recovery.

Peer specialists like Amy are making a significant difference in the lives of our communities through the modeling of authenticity and acceptance and hope. In fact, it's this hope and sense of self which Amy conveys so nicely in her story that connects to goal setting, and this, in my opinion, is the critical foundation of a person-centered approach to service planning.

I like to capture this idea with the following statement. It really serves as the premise for a person-centered approach to planning: “We cannot know what a person needs until we first understand what it is that they want.” Person-centered planning redefines goal setting as a vision by the person, not their professional team of providers, a bout hopes and dreams, not just system-focused outcomes like staying out of the hospital. The work of systems change should also be viewed as a social justice and human rights movement.

I'll now introduce you to another colleague of mine, Christina Carney, Peer Leadership coordinator at Via Hope. Christina will discuss several equity-based foundational beliefs underlying a recovery orientation.

**Christina Carney:**

I wanted to talk to you about today is this connection of equity and recovery:

How do they relate?

How do they connect?

Why is it important?

So, we've got to work off of a few different premises: The first one is that recovery is for everyone. That everyone can recover, that it's possible for anyone. So that's our first premise.

Our second is that everyone's recovery is likely to look different. And so, you know what is recovery for me is going to look different than recovery for you. And these things are often connected to things like identity and lived experience. That it's a unique, self-directed path to finding wellness.

And then the third premise that is maybe a little harder to wrap our heads around, a little harder to face, is that our systems aren't built for individual recovery, for unique recovery. Our systems, especially our public health systems, are really built for kind of a one size fits all. And so how does that, wow does that translate then? What does that mean for people's individual recovery if our systems are really focused on a certain path in a certain way. And additionally, if our policies and procedures make it really difficult to access some of those recovery services as well. So, there's a lot of different things that we need to look at when we're talking about equity and recovery.

**Amanda Bowman:**

Christina does such a nice job of explaining the importance of focusing change at the systems model.

Now let's hear from Michele Bibby, peer provider, recovery advocate, and currently serving as chair of Via Hope's board of directors. In this segment, Michele shares her vision of a recovery-oriented system.

**Michele Bibby:**

So, on the glorious day when we achieve the um, the ultimate recovery-oriented mental health system, number one, I think that system should be primarily driven by the people who have lived experience. I think we're getting closer to being there. But we're not quite there yet, so I think people with lived Experience should be directing policy aspects

I've really come to have such a greater appreciation for administrative rules that guide how state programs are implemented. And so, people with lived experience should be involved in shaping the rule making processes. And then I think peer services should be the heart and soul of a recovery-oriented system. So, I give all respect and props to the traditional mental health clinicians. But I think any mental health service delivery array that does not include your services is incomplete.

**Amanda Bowman:**

Now that I shared the why of our work and introduced you to some of our team members. I'd like to share a little bit more about how the Recovery Institute programs go about supporting organizational leaders as they change the system and their programs.

The Recovery Institute is a small team of both peer and clinical professionals, partnering together to make fundamental improvements in the systems, as well as other adjacent systems to the behavioral health system, such as the criminal justice system, schools, and primary health care.

Our in-house expertise draws from decades of professional work in the mental health field, as well as personal experience with recovery. Much of our programming draws from and builds on other experts from around the world. We believe strongly that by creating a far-reaching network of passionate people who are dedicated to recovery-oriented systems change, we can realize a healthier, more connecting sense of wellness and community, especially as we continue to navigate and recover from stress and loss resulting from the COVID-19 pandemic.

The Recovery Institute works with organizations that serve a variety of populations and different types of programs. This includes adults and young people, veterans, people who are unhoused, people involved with the criminal justice system -we're working with a couple of specialty courts right now. All Recovery Institute initiatives incorporate these things, including topics on recovery, themes in social justice the role of lived experience, the ethical imperative of staff wellness, and the necessity of trauma-responsive environments.

All Recovery Institute programs provide rich learning opportunities, while also incorporating time for both personal and organization focused self-assessment to identify goals for change and identify steps forward. While we do offer some activities and events that are stand alone, most of our efforts are focused on the longer term learning collaborative programs lasting for a year or more. And those programs

involve a variety of activities, including team monthly coaching calls, virtual sessions that you might think about as webinars like this, cohort gatherings, site visits where we get to be hosted and meet people at the organizations.

I can't talk about the Recovery Institute work without highlighting our focus on engagement and local solutions. Just as true person-centered practice responds directly to the values, motivations, and immediate needs that are determined by the individuals in recovery, our methods are keenly focused on the unique priorities and strengths of the organization and staff members that we work with. Drawing on best practices and adult learning and implementation science, we prioritize staff engagement and local solutions as people closest to the work find practical ways to put these concepts and standards into practice.

This local ownership leads to sustainable change that reflects the identity, and values of the team, community, and organization we're working with. Whether it be a workshop, planning session, organizational assessment or coaching session, Recovery Institute activities all have a roll-up-your sleeves quality that puts participants front and center. We also focus a lot on the implementation of goals and projects and really tracking measurable change. Participating teams are asked to identify specific projects that they want to work on throughout the program. They must identify their goals for change during the application process as we select who will be in the cohort together and be a good match. We finalize specific project plans with the participating teams early on in the program, after we can provide some facilitated organizational self-assessment and some consultation on implementation best practices.

And then we also help teams identify the measurable outcomes along the way. So oftentimes those are hard to see, especially when they're not as much as what you're working toward. But you are making these really important changes. So sometimes having an outside consultant or partner that you're working with really helps you identify some of those critical changes that are happening in order to amplify those successes.

Speaking of the outside partnerships, many of the Recovery Institute programs have been evaluated by and developed in coordination with the Texas Institute of Excellence on Mental Health (TIEMH) at the University in Texas at Austin. You can find a bank of valuable resources and evaluation reports by our partners at TIEMH, both on the impact of the Recovery Institute programs and the gains within our behavioral health system in Texas. There's a QR Code for you if you're interested in going to that website, I'll give you a minute to scan that with your phone and you'll get the link.

We want to offer a sampling of some of the outcomes that participating organizations have accomplished throughout the programs. There are a lot of outcomes that have to do with the standards of care, so maybe adding person-centered practice requirements to staff performance evaluations, including some of those

requirements and hiring selection criteria of staff. We've also assisted publicly funded community clinics as they deepen or start partnerships with other organizations that are local, and peer run that are not providing medical services.

Staff wellness practices are also critical. So, um changes to the way performance measures are gathered to better support staff in doing this complex and relationship-focused work with people; changes to policies that expand the system, simply training on secondary trauma, or maybe consultation groups supported supervision, are just a few of the staff wellness changes that leadership have made.

Some of the other outcomes have included creating site-based training for all staff on the role of peer services. Because we know how critical it is that if other professionals are working alongside peer providers that they really understand the similarities and differences between the professional roles.

We've also seen a lot of improvements to agency-based hiring practices, supervision approaches, and the development of career ladders for peer staff. We really want to reverse this pattern of peer professionals moving into clinical roles because it's the only way that they can um advance in their career. We want to keep people in those peer support roles.

Next on this list is assistance with implementing WRAP, the Wellness Recovery Action Plan. As an evidence-based practice that peer professionals can deliver as part of the service array within a clinical agency or a peer-run agency. So, helping to really provide the training and coaching and implementation support that that takes has also been a highlight of our work.

And lastly, here we've seen some big improvements in how consumer councils are established, and how they can really inform changes to policy procedures and other initiatives throughout the agency if, you know, their input can be gathered in a really meaningful way.

But again, I think that oftentimes the most impactful outcomes are shared through story directly from the people who've lived them.

So, as I get my next slide up here, I would like to share this story from a director of children's services at one of the inpatient psychiatric hospitals as she shares the result of working diligently to eliminate the use of seclusion and restraint, as well as implement a person-centered model of care.

**Christina Laguna:**

Thinking about how PCRIP can impact a person in their recovery, I think back to a young lady that came into the hospital. And unfortunately, she had been hospitalized multiple times prior to coming to our setting. And it kind of came with, as folks sometimes do, with a history of having a lot of trouble with

other facilities. Lots of restraints. I distinctly remember um the call from admissions, “oh, you're going to have a chair with straight ready for this one.” And our team chose to do something very different from the get-go - was to literally meet with her on the way into the unit and ask her what she liked. Ask her what was important to her and then work to incorporate all of those things into her plan.

And she was never restrained during her stay with us and was able to begin to talk about some of the things that had impacted her, and being the kind of, shape the person that she was. But she was able to talk about some of those traumatic events. She was able to talk about wanting to reconnect with her family in a way that she hadn't been able to before. And we were able to actually have conversations between her and her father to try to repair some of that that hadn't been able to occur before

I remember her saying to us, “I can't believe you didn't restrain me. That's never happened before.” And thanking us for doing some different with her that allowed her to have some hope for her own recovery, and to start taking some of those steps that, in her previous experiences with a mental health system, she hadn't been allowed to or encouraged to do. So, I think it was a very different experience for her, because even before she stepped foot in the facility, we had a different idea of how we were going to work with her.

**Amanda Bowman:**

I love that story, not only because thinking about the young woman, and hopefully her recovery journey continued after that turning point that she had, but also the impact that it had on the staff working at the hospital. And saying that, you know, they could do something different, to impact the lives of the people that they were working to support, and also make their jobs much easier.

As we close up this session, I want to thank you for your time and interest in our work. And I'd like to close with a quote and one other quick video. So, I'd like to close by sharing a quote from my long-time collaborator, coworker, and teacher, Amy Pierce.

Oftentimes when Amy and I have been working with an organization who may be experiencing some setbacks, maybe the implementation team is feeling a bit discouraged because the pace of the change isn't happening as quite as they had hoped, Amy will be the first to share this sentiment, that if we believe that every person has the ability to recovery and find a place of wellness, we must also believe that every organization can recover. And so, if you are

watching this as someone who is maybe working in the system and sees the vast potential there is for change, we encourage you to keep in mind the value of partnering with those who aren't yet on board.

Amy, and I believe strongly in speaking the truth, and advocating for the needed changes, but also in forming alliances across groups and building community. It's the relationship we have with each other that sustain us in our own wellness and in the important work that we do.

And on that note, I'd like to close with one more brief segment by Bill Gilstrap, who is a pioneer in the early days of the Texas peer and recovery movement, as he speaks about community and the importance of relationships.

**Bill Gilstrap:**

I'm convinced that recovery happens in relationship to other people. As long as I was living in the woods with a possum that followed me around like a dog, I was kind of trapped in my internal monologue. I didn't get start to get better until I achieved what we might call a therapeutic alliance with another person. And we began to have heart to heart dialogue, and that's what brought me out. That's what helped me to realize that I could step up and take responsibility for my life and have the outcomes that we important to me.

As I moved into recovery, what that began to mean for me was that I could be connected to a community. The folks at the bank would say, "Hi Mr. Gilstrap, how are you today?" I could sing in the church choir, I could go to the library, I could live in a regular house and drive in a regular car. And really be part of a community, and I got to choose that community.

Thank you for watching!