FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

Provider-Level Workshop Report

Behavioral Health
Davidson, Davie & Forsyth Counties

April 1, 2016

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

Wake Forest School of Medicine

IRHAP
International Religious Health Assets Programme
ARHAP African Religious Health Assets Programme

Written by:
Adam Ridenhour, MDiv

With Collaboration from:
Teresa Cutts, PhD
Bryan Hatcher, MDiv, LCSW
Erin Lysse, MDiv
Leah Creel, MDiv, MA
Jessica Chapman, MDiv
Graylin Carlton, MM
Maria Jones, MDiv, BCC

This report is available online at: www.faithhealthnc.org

TABLE OF CONTENTS

SECTION A

BEHAVIORAL HEALTH PROVIDER WORKSHOP INFORMATION

SECTION A

1. AREA AND LEVEL

A half-day workshop, facilitated by Wake Forest University Medical Center's FaithHealthNC, was offered in Winston-Salem at the behavioral health provider level. As a part of the Community Health Asset Mapping Partnership in Winston-Salem, the workshop focused on institutional, organizational and individual behavioral health providers offering services to the population of Davidson, Davie, and Forsyth Counties. **Image 1** is a map outlining the North Carolina counties of Davidson, Davie, and Forsyth.

Image 1

2. DATE AND PLACE OF WORKSHOP

The Behavioral Health Asset Mapping workshop took place on April 1, 2016 at Green Tree Peer Center on South Broad Street in Winston-Salem, NC. Green Tree offered a central location for both providers of behavioral health services and seekers of such community services. The workshop began at 9:00 am and was completed by 1:30 pm.

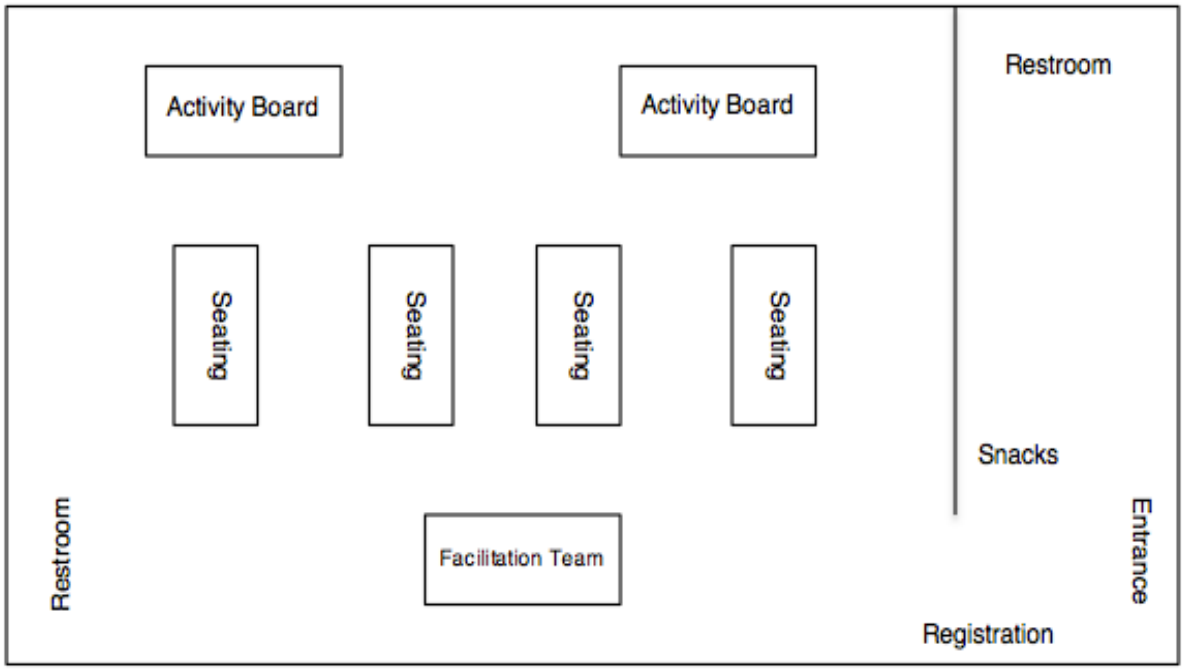
3. FACILITATION TEAM

Lead Facilitators:	Teresa Cutts, PhD
	Bryan Hatcher, MDiv, LCSW
Background Content and Materials Experts:	Adam Ridenhour, MDiv
	Jessica Chapman, MDiv
Small Group Facilitators:	Erin Lysse, MDiv
	Leah Creel, MDiv, MA
	Maria Jones, MDiv, BCC
Scribes:	Jessica Chapman, MDiv
	Adam Ridenhour, MDiv
	Erin Lysse, MDiv
Primary Report Writer:	Adam Ridenhour, MDiv
Registration:	Jessica Chapman, MDiv
	Graylin Carlton, M.M.

4. PHYSICAL DESCRIPTION

The workshop was held in the multipurpose room at Green Tree Peer Center, positioned accessibly in the center of the building. The multipurpose room was handicap accessible and snacks were

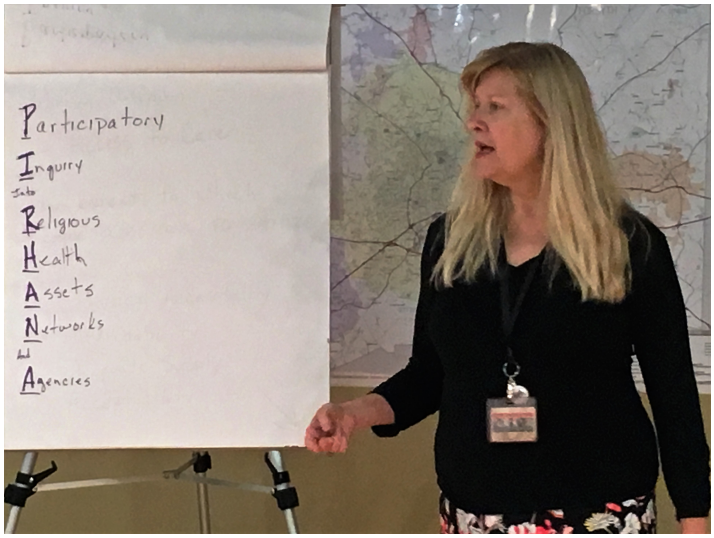
available for participants as they entered the space. Four tables with chairs were positioned in front of multiple activity boards and flip chart located at the front of the room. **Image 2** depicts the layout of Green Tree Peer Center's multipurpose room during the behavioral health provider workshop.



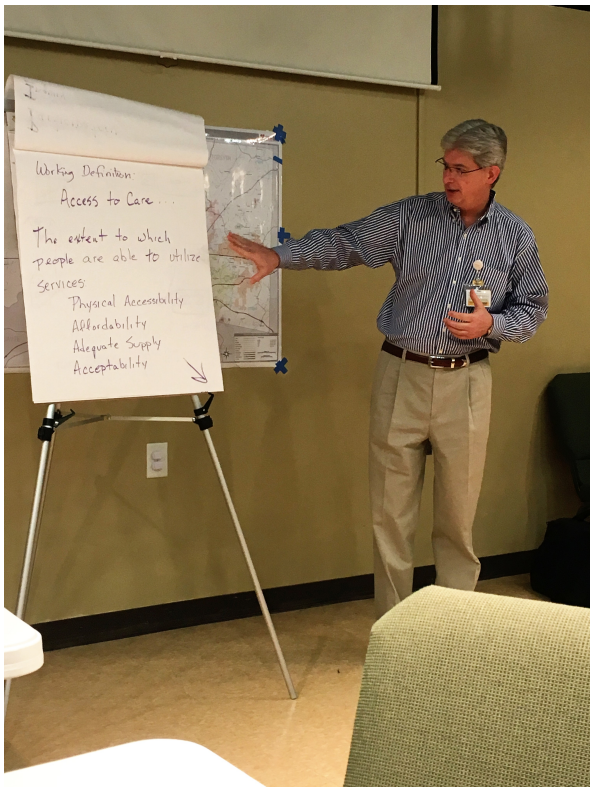
5. PREPARATORY WORK

Preparatory work for this PIRHANA workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

Background Research included a review of Religious Health Assets Mapping projects in southern Africa, various approaches to community mapping, and models for participatory research projects.



Field Study included a series of transect drives through the study area with team members familiar with this area and the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.



Data Collection included the acquisition of basic demographic, socioeconomic and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

Facilitation Team Training occurred through team member's participation in training events, past workshops held in similar locations, and a familiarity with the PIRHANA methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the behavioral health providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the two weeks prior to the workshop. Workshop staff also identified Green Tree Peer Counseling Center as an appropriate site for the workshop and secured lunch for participants and staff members.

Workshop Materials Preparation included the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and gift cards).

6. PARTICIPANTS

Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation and the length of time they have lived in Davidson, Davie, or Forsyth Counties. In addition, each participant signed an informed consent form.

Eighteen participants registered and represent a variety of behavioral health care providers within Davidson, Davie, and Forsyth Counties. Fifteen of the eighteen participants identified as White/Caucasian and two identified as Black/African-American. Fourteen participants identified as female, and four identified as male. Five participants hold Bachelors' degrees as well as eleven other participants hold Master's degrees. Two participants have some college experience. The average age of participants was forty-six years old.

7. INTRODUCTION TO WORKSHOP

The workshop commenced with an interfaith prayer offered by Rev. Bryan Hatcher, Chief Operating Officer of CareNet Counseling. Rev. Hatcher shared his appreciation for each participant

and his gratitude for Green Tree Peer Center providing space for the behavioral health asset mapping event. Rev. Hatcher also provided a general introduction to the facility space, including restroom and snack locations.

Following the invocation, the facilitation team conducted introductions and described the purpose of the event. Lead facilitators, Dr. Teresa Cutts ("TC") and Rev. Bryan Hatcher, introduced the background of the Community Health Asset Mapping Partnership (CHAMP) program. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Sahara Africa. The objective of CHAMP facilitated by FaithHealthNC is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions.

The participants within these workshops on both the behavioral health provider level and the behavioral health seeker level contribute their knowledge and community understanding in a variety of activities and exercises throughout a half-day workshop.

The participants of the workshop were then asked to each stand and introduce themselves, their organizations, institutions or ministries and the role in which they play within their organization, institution or ministry. Many participants also contributed what they would like to see happen differently in the behavioral health landscape of Davidson, Davie, and Forsyth Counties. They shared their challenges, their objectives and their joys in regard to serving those within the community. As each participant shared their organizational, institutional, or ministerial affiliation, a sticky note was placed on a map of the target counties to document where they are located within and around the community.

SECTION B

PROVIDER ACTIVITIES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries: their location within the specified counties, and their proximity to one another. The mapping exercise provides a greater awareness of which organizations are present in Davidson, Davie, and Forsyth Counties and helps to note gaps in the community.

b. METHOD

Participants were asked to stand and introduce themselves, their organizations, institutions or ministries and the role in which they play within their organization, institution or ministry. The participants then placed the location of their service on a large map of Davidson, Davie, and Forsyth Counties. After the sticky notes were placed on the map, each organizational representative spoke on the services their particular organization offered. They shared their challenges, their objectives and their joys in regard to serving those within the community.

c. DISCUSSION

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. The provider participants represented an array of services offered in the greater Winston-Salem region. As each participant placed their organization on the map, participants had the opportunity to hear about each organization and ask questions about the functions of various organizations in the community. While most participants acknowledged an awareness of the various organizations, there were various questions posed about the particular services offered to those seeking behavioral health services.

In reflective analysis of the map, participants noticed the density of the organizations placed in the downtown region of Winston-Salem. Various participants noted the lack of resources on the outskirts of the city and in the rural communities that make up the greater Winston-Salem area. Such a reflection led to an informative conversation about the lack of services offered outside of the downtown area and evolved into a dialogue about the organizations in the community not present in the mapping conversation.

Organizations that were not present at the workshop were Monarch, Lindley, Forsyth County School System, Goodwill, Novant Health, Old Vineyard, InSight, Renewed Minds, Department of Social Services and the Mental Health Association among others. Representatives from Transportation Services, the East Winston-Salem area, the judicial system, for-profit organization and religious organizations such as the Minister's Conference were also missing from the conversation. Various participants proposed that such organizations might be underrepresented in our mapping event because "we do not know who they are [in the community]."

2. HEALTH SERVICE MATRIX

a. OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community. The exercise helps gain an overview of the way in which local entities contribute to behavioral health and describes services heavily offered as well as identifies gaps of services.

b. METHOD

Participants placed the name of their organizations on a large chart at the front of the room. They were asked to classify their organization as faith based, for-profit behavioral health services, government/federally-qualified healthcare, or not-for-profit. They then classified their organizations' two primary areas of engagement.

c. DISCUSSION

The majority of organizations present identified themselves as not-for-profit organizations and few identified themselves as government/federally qualified health services. Only one organization present identified itself as a for-profit behavioral health service. Five organizations present engage in prevention education; six engage in self-management; two engage in emergency assistance; two engage in advocacy; one engages in education; two engage in in-patient care; seven engage in out-patient care; two engage in peer services; one engages in addiction; two engage in support groups and two organizations offer "other" services. No organizations present engaged in detox treatment.

As the participants analyzed the chart they created, they quickly realized various areas of engagement that were not listed, such as: few faith-based organizations, no educational systems, few offering addiction services, and few prevention services. With "what do we need?" as the driving question, participants acknowledged a need to have representatives from the judicial system, homelessness agencies, for-profits, Senior Services, and Youth Opportunities present in the behavioral health conversation.

Table 1 on the following page displays the matrix demonstrating the various organizations, the sector in which they identify themselves and their primary areas of engagement within the community.

	Not-for-Profit	Faith-Based	Government/Federally Qualified Health Services	For-Profit
Prevention	-SBIRT Counselors -Senior Center -CareNet Counseling	-CareNet Counseling	-CenterPoint Wellness Center	
Self-Management	-Green Tree Peer Center -Senior Center -I-CAN House -Empowerment Project	-Forsyth Christian Job Corps	-CenterPoint Wellness Center	
Emergency Assistance	-Empowerment Project	-Crisis Control		
Advocacy	-The Shepherd's Center -I-CAN House	-Crisis Control		
Education				-Lindley
In-Patient Care	-CPSP -SBIRT Counselors			
Out-Patient Care	-CPSP -The Counseling Center -Youth Opportunities -CareNet Counseling -The Children's Home -The Shepherd's Center	-Hospice and Palliative Care		-Lindley
Peer Service	-Green Tree Peer Center		-Top Priority	
Detox				
Addiction			-Top Priority	
Support Groups	-The Counseling Center	-Forsyth Christian Job Corps		
Other	-The Children's Home		-CenterPoint Wellness Center	

3. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The fourth activity entailed a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they personally believe are most important to the health and well-being of those who seek behavioral healthcare. Part II consisted of two factors their organizations believe are most important to the health and well being of those seeking behavioral health services.

b. METHOD

On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well being of those who seek behavioral health services. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

c. DISCUSSION

The following list, separated into six categories, include the items shared after participants initially shared the factors in which they felt were most important:

1. **Person-Centeredness:** Valued, basic needs met, cultural sensitivity, empathy, accompanying, self-determination, and whole person
2. **Relationship** (between those seeking and providing care): Respect, trust and acceptance, non-judgmental, safety, and engagement
3. **Accessibility:** Affordability, transportation, community engagement, and outreach
4. **System Change:** Positive deviance, policy, governance, and legislative
5. **Formal and Informal Support Networks**
6. **Provider Competence:** Cultural sensitivity, recovery focus, appropriately trained, and dependability

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care. The following list is the top factors voted upon:

Question	Results
"What do **you personally** believe to be the most important factors regarding the health and well-being of those seeking behavioral health services?"	1. Person-Centeredness 2. Accessibility

Participants were then asked to choose from the large list of factors and vote on what they felt were most important to their organization regarding those seeking behavioral health services. The following list depicts the top five factors voted upon:

Question	Results
"What does **your organization** believe to be the most important factors regarding the health and well-being of those seeking behavioral health services?"	1. Person-Centeredness 2. Accessibility

After the second chart was created, the group observed that the relationship between behavioral healthcare seekers and providers was identified personally and organizationally as the most important factor for those seeking behavioral health services. Various participants noted organizational emphasis on relationships, thinking aloud about client outcomes and therapeutic relationships.

4. SOCIAL NETWORK MAPPING

a. OBJECTIVE

The objective of the fourth exercise was to create a picture of the ties, networks, and links between the various entities present. The exercise helps describe the connections to wider institutions and facilities that play a role in the local behavioral health service provision. It also provides data regarding important relationships that contribute to the success of behavioral health service delivery.

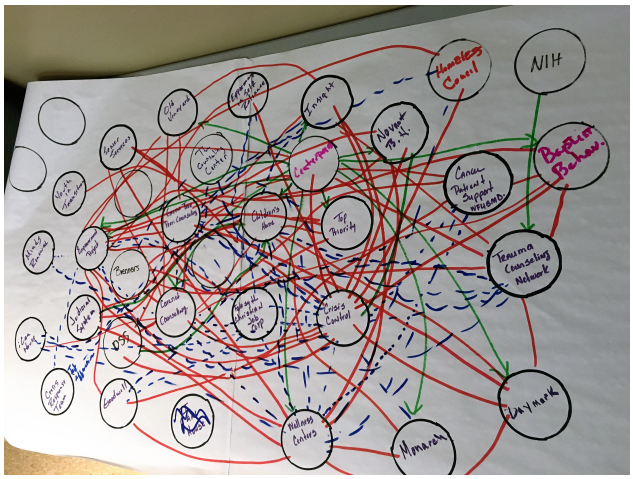
b. METHOD

The fourth activity was centered on drawing connections via a spidergram chart. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a "red" pen. If organizations are connected via financial resources such as funding, their connection was drawn with a "green" pen. If organizations saw a potential beneficial relationship they drew a line in "blue."

c. DISCUSSION

In reviewing the spidergram chart, participants noticed that the diagram showed many lines of connections between behavioral health service providers (red lines). However, there were only a few green lines that connote relationships in which money is exchanged. The diagram shows that most of these relationships are connected to CenterPoint as the major funding source. The

Wellness Center, the Trauma Counseling Network, Crisis control, Cancer Patient Support Program, and Downtown Health Plaza all had the greatest number of blue dotted lines that signified desired relationships.



3. COLLABORATION CONTRIBUTION GRID

a. OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

b. METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to complete their forms individually. After their forms were completed, they were submitted at the end of the workshop.

c. DISCUSSION

Tables 2-13 depict the various organizations present, the organizations in which they have existing partnerships, and organizations in which they would like potential partnerships. Participants also listed contributions they could potentially make to their partnership organizations and contributions their partnership organizations could make to them.

Tables 2-13

Top Priority Care Services				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Social Services	X		-Adult Service -Peer Support -WRAP -Individual Support	
Local, Regional Hospitals	X		-Substance Abuse Counseling, Individual and Group	
Jails	X		-Medication Management -Group and Individual Therapy	
Primary Care Doctors	X		-Medication Management -Group and	

			Individual Therapy	
Probation Officers	X		-Respite Care for adults	
Vocational Programs	X		-Respite Care for adults	
Court Hearings	X		-Child/Adolescent service	
Group/Assisted Living programs	X		-Child/Adolescent service	
NC Mental Health Consumer Organization	X		-Training in Health Integration Peer Program -Wellness Recovery (WRAP)	-Training in development of skill and reaching more people
Bethesda Center		X	-H.I.P.P. -WRAP -Advocating for Peer and Self	-Networking -Space to train
Centerpoint	X		-Advocating for Peers and Self -Networking	-Resources
Cardinal Innovations		X	-Training and education on development -Networking	

Samaritan Ministries		X	-Advocating for Peers -Networking	

CareNet Counseling				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Green Tree Peer Support		X		-Info @ Clinical Case Conference
Empowerment Project		X		-Sharing information and available resources

Crisis Control Ministry				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Salvation Army	X		-Giving office space for outreach	
The Wellness Center		X	-Give clients	-Speaking to their clients, etc.
DayMark Lindly	X		-Give meds -Providing volunteer opportunities	
Goodwill	X		-Give clothing	-Vouchers and gift cards for clients
Health Providers (DHP/WFUBMC, Novant)	X		-Provide medication (for free) for patients	-Financial contributions

The Counseling Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CareNet Counseling		X	-Availability of grief group, individual trauma counseling (EMDR)	-Discussion for cross-referral
Trauma Counseling Network		X	-Availability of grief group, individual trauma counseling (EMDR)	-Information about services

The Children's Home				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Wellness Center, Centerpoint		X	-Space	-Programs for kids in our care
Goodwill	Limited with donations	X	-Space	-Programs for kids in our care

Cancer Patient Support Program - WFUBMC				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Cancer Services	X		-Referrals for financial help and groups for patients	-Referrals for financial help and groups for patients
Wellness Groups		X	-Send Referrals	-Wellness programs for patients who can't pay
Homeless (if have cancer)		X	-Provide NFFS counseling for cancer-related issues	

Empowerment Project - WFUBMC				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Forsyth Christian Job Corps		X	-Referral of members -Consultation on Homeless and MA/SA	-Partnership and ongoing collaboration
Wellness Centers	X		-Referrals	-WRAP training
NC Canso		X	-Shared ideas	-Stay focused on current affairs for consumers

Forsyth Christian Job Corps				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
ICAN House		X		-Explore topics -Referrals -Founding -Curriculum
Wellness Center		X		-Founding a new NFP -Needs Assess -Other Referrals
Crisis Control Ministry		X	-Referrals	-Referrals
Empowerment Project		X		-Information
NC Canso (Peer-Run)		X		-Information

CenterPoint				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Stokes, Davie, Rockingham, and Forsyth County Collaboratives	X			
Managing Substance Use in Pregnancy Collaborative in Forsyth County	X			
MH/SU/IDD Providers who receive state & Medicaid funds	X			
Stakeholder Groups in Forsyth, Stokes, Davie, & Rockingham Counties	X			
ICan House		X	-Getting more information about them to share with providers, stakeholders, and families/consumers	
Forsyth Christian Job Corps		X	-Getting more information about them to share with providers, stakeholders, and families/consumers	

Wellness Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
All Agencies	X	-We would love to partner with all to build resources and programming	-Meeting space -Programming -Collaboration -Training -Integrated Care	-Collaboration with trainers for lunch & learn sessions

SBIRT Counselors - WFUBMC				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
CareNet Counseling		X	-Knowledge sharing -Collaboration -Consultation	-Knowledge sharing -Collaboration -Consultation
Centerpoint		X	-Referrals	-Collaboration -Greater knowledge of programming
Insight		X	-Referrals	-Collaboration -Greater knowledge of programming
The Counseling Center		X	-Referrals (PTSD/ASD, EMDR)	-Information about services/offerings

5. LOCAL ACTION

a. OBJECTIVE

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community and share the date of the follow-up meeting.

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What do you think should be done to take this process further?" Many participants responded about what they would like to see re: behavioral health services within the community as an outcome of the workshop, and what they would like for providers of the community to pursue collectively.

c. DISCUSSION

Next Action Steps:

- Create a virtual website to act as a resource directory
- Ongoing collaboration and engagement, including the resurrection of "Every Mind Matters"
- Social media access
- Invite the medical and spiritual community to the table of discussion
- Have a real plan following these meetings
- Conduct a mental health fair to promote networking and resourcing
- Insure reports go to local government
- Mental Health Association

NOTES FROM FOLLOW-UP MEETING

A follow-up meeting for both the seekers and providers was held on Monday, May 9, 2016 in Davis Chapel Basement at Wake Forest Baptist Medical Center. In attendance were 7 providers and 0 seekers.

Question: Do you see any differences between the things that the behavioral health seekers mentioned and the things that the behavioral health providers mentioned?

Discussion:

The seekers were an empowered group that focused on self-management of their condition. Those working with peer specialists have become more empowered through risk taking and feel that it is safer to engage the "service world" through the peer-to-peer approach. In regards to medication, behavioral health seekers are more concerned about the side effects of medication and feel that no one is managing their overall picture of health. While clients feel empowered to ask questions of their psychiatrists, it doesn't seem to the behavioral health seekers that there is an expectation on the part of the physician.

There seems to be a difference in action words between the providers and seekers of behavioral health services. Seekers seem to use proactive suggestions concerning the related problem, such as "increase" or "fix." Providers seem to offer reactive suggestions, such as "planning to create a plan." It seems like the providers think they have everything they need but people just need to access it better, whereas the seekers are saying that there is something missing.

Question: Do you see any other steps that we can take together?
Discussion:

The group suggests further engaging the Mental Health Collaborative. According to the group, there is no ongoing representation of the biggest mental health care providers in the community. There are more networking/informational events rather than collaborative and strategic conversations. There are a lot of things that can be better tied together, but we need a framework, and we really don't have one. The group suggests creating a mixed-media approach for seekers to have various entry points into behavioral health resources. In addition, the group suggests finding specific ways to advocate for more peers in the community, especially in terms of local government funding.

Question: What did you get out of the workshop?
Discussion:

Members of the group mentioned the remaining gap between what providers believe that we offer, and what the seekers are asking for. Participants stated that given Maslow's hierarchy, we are not meeting the basic needs of our seekers. In addition, participants said they learned about different organizations within the Winston-Salem area. However, if providers are not aware of the resources in the community, then it is assumed that seekers will not know the providers in the area either.

Participants expressed surprise in how much the seekers spread information through "word-of-mouth." Many of the seekers present for the mapping event were deeply invested in their own wellness. Most of the providers' practices are "recovery-informed", trained in psychosocial rehabilitation skills and have a strong emphasis on relationship/engagement. What I sensed is that not only do we have a problem with engagement between seekers and providers, but also there's a problem with engagement amongst providers. Could we have a solution-focused forum? If we really want solutions in the community, we are all going to have to sacrifice. According to one provider, we have to "get out of being provider-centric."

Question: How can we use our community assets to move forward on these next steps?
Discussion: The report needs to be distributed to the "collaborative" and to others with decision-making power.

ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center and the Winston-Salem Foundation for the funds that helped support staff and underwrite the mapping activities, as well as Green Tree Peer Center, Pastor Tim Gross, and Laurie Coker for allowing use of their space for the meetings and for recruiting participants.