FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

Seeker-Level Workshop Report

April 2, 2016

Behavioral Health
Davidson, Davie, and Forsyth Counties

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 **3**

AREA AND LEVEL 4

DATE AND PLACE OF WORKSHOP 4

FACILITATON TEAM 4

PHYSICAL DESCRIPTION OF WORKSHOP 5

PREPATORY WORK 5

PARTICIPANTS 6

INTRODUCTION TO WORKSHOP 7

SECTION B **8**

COMMUNITY MAPPING 9

HEALTH AND WELL-BEING INDEX 10

FACILITY/HEALTH RANKING 11

WAYS RELIGION CONTRIBUTES TO HEALTH 13

EXEMPLAR ORGANIZATIONS 13

FOLLOW-UP MEETING NOTES 16

SECTION A

BEHAVIORAL HEALTH SEEKER 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 & PLACE OF WORKSHOP

The Behavioral Health Asset Mapping workshop took place on April 2, 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 3:00 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. Two activity tables provided space for collaborative exercises while general seating provided adequate space for group discussions. **Image 2** depicts the layout of Green Tree Peer Center's multipurpose room during the behavioral health seeker workshop.

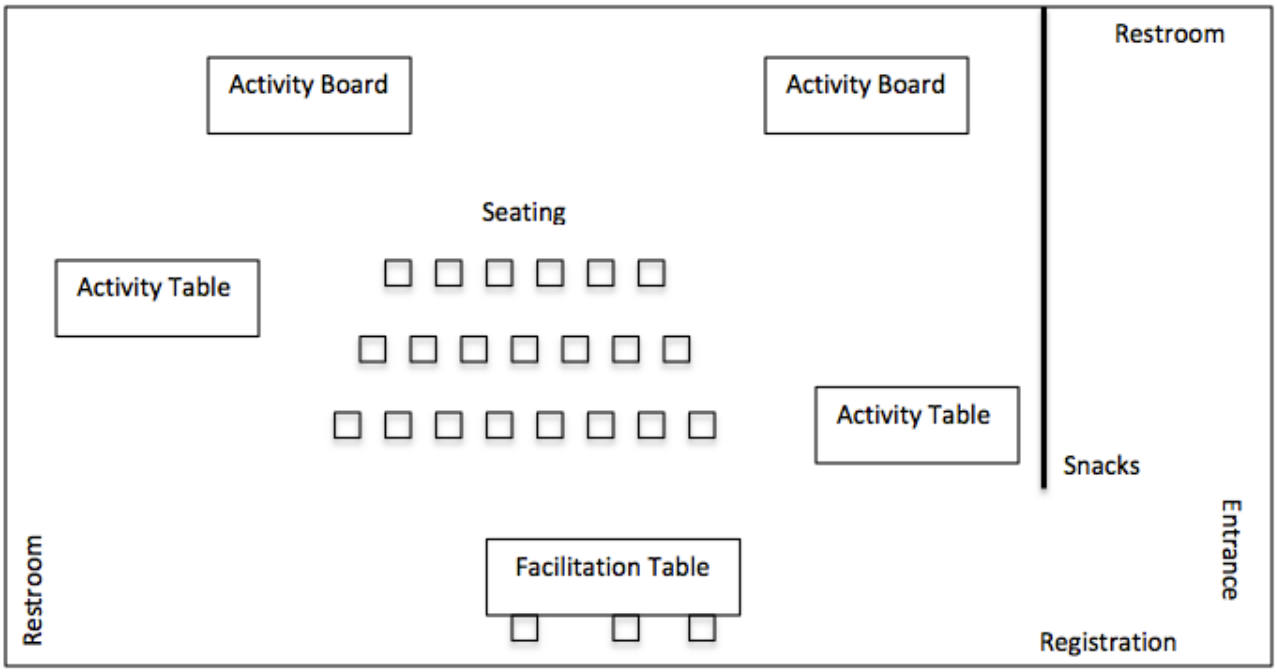

Image 2

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 South 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 of 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 map 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 generation and printing of neighborhood maps, 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

Sixteen people participated in the behavioral health seeker level workshop. 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 their respective county. In addition, each participant signed an informed consent form.

Based on the information collected during registration, participants covered a wide range of demographics. The average age of the participants was forty-five (45) years old. The oldest participant was fifty-nine (59) years old, while the youngest was twenty-one (21) years old. Eleven participants identified as female and five identified as male. Seven participants identified themselves as African-American, six participants as white, one participant identified as "mixed," one participant identified as Hispanic, and one participant did not identify his/her race/ethnicity. Twelve participants were single, two were married, one had separated and one was divorced. The highest level of education for nine participants was high school. Three other participants completed at least Bachelor degrees and one participant completed a Master's degree.

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 the half-day workshop. Participants of the workshop were then asked to stand and introduce themselves, and the areas in which they live.

SECTION B

HEALTH SEEKER EXERCISES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The first activity of the day involved community mapping. Two groups were asked to discuss what is important to the group members in regards to behavioral health, and to construct a map based on what they believe to be important assets of Davidson, Davie, and Forsyth Counties. The purpose of this exercise was to serve as an "icebreaker", and to allow participants to identify and map behavioral health assets that they deem essential to improve access to care in Davidson, Davie, and Forsyth Counties.

b. METHOD

The participants broke into two small groups, one group per each activity table. Each table was equipped with colorful markers and large white sheets of paper. "Group 1" had five participants comprised of three men and two women. "Group 2" had six participants comprised of five women and one man. The participants began discussing the areas in which they live and formed connections based on their respective neighborhoods. The groups then began drawing their maps of behavioral health resources in Davidson, Davie, and Forsyth Counties. After approximately fifteen minutes, the groups were asked to post their maps along the front of the room and share them with the larger group.

c. DISCUSSION

Group 1, facilitated by Bryan Hatcher, documented churches, Reformer's Anonymous, courthouses, Safe on Seven, Samaritan Ministries, Goodwill, vocation rehabilitation, Monarch, Assertive Community Treatment Team (ACTT), and Daymark. The group asserted the necessity of being part of the whole system and finding places that provide acceptance and love. In addition, one group member emphasized the necessity of wanting to be helped in order to receive necessary services and another participant emphasized the role of responsibility in taking one's medication. A primary realization from the sharing of Group 1 is the importance of relationships with behavioral health service providers.

Group 2, facilitated by Teresa Cutts, documented Goodwill, transportation systems, Green Tree Peer Center, friends, transportation services, Salvation Army, CVS, Forsyth Tech, court systems, Top Priority, Downtown Health Plaza, Rescue Mission, YMCA/YWCA, Humane Society and Daymark. The themes that emerged for Group 2 included retail, faith communities, parks, hospitals and clinics, community centers, and shelters. The overarching theme for this group was that life is easier when the things you need are close in proximity.

2. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The second activity entailed a two-part brainstorming. Part I consisted of the participants brainstorming the most important factors that work against mental health and well being in the Piedmont area. Part II consisted of the most important factors that contribute to good mental health and well being in the Piedmont area.

b. METHOD

Each participant was asked to write one factor that works against mental health and well being on two separate notecards. Each participant's notecards were combined and categorized. After brainstorming the negative factors, each participant was then asked to document two positive factors that work in favor of health care access.

c. DISCUSSION

After each participant wrote their negative factors on two separate notecards, the facilitators shared each notecard with the remainder of the cohort. The notecards were then combined into specific categories:

- Lack of respect or not being heard (n=6)
- Lack of coordination of services (n=5)
- Self-direction of resources (n=4)
- Access support (n=4)
- Lack of motivation (n=3)
- Transportation (n=3)
- Financial resources (n=1)

Using two notecards, each participant was then asked to vote on the top two categories from the list above that he or she believes works against mental health and well-being and access to care within the Piedmont area. The following list depicts the top five factors voted upon:

Question	Results
What is the most important factor or factors that work ***against*** health and well being in regard to access to care in the Piedmont area?	1. Lack of Respect 2. Lack of Coordination of Services 3. Self-Direction of Resources 4. Access Support 5. Lack of Motivation

In Part II of this exercise, each participant provided two notecards regarding what they considered to be the most important factors that worked for mental health and well being and access to care within their community. The notecards were then combined into five categories. The following list depicts the top five factors voted upon:

Question	Results
What is the most important factor or factors that work ***for*** mental health and well being in regard to access to care in the Piedmont area?	1. Peer and Community Support 2. Self-Management 3. Financial Resources 4. Provider Competence

5. Care Coordination

3. FACILITY/HEALTH RANKING

a. OBJECTIVE

The final exercise consisted of ranking various community assets on their levels of efficiency in various contexts. The objective of this activity was to picture the ways in which different entities contribute to mental health and well being as it relates to access to care.

b. METHOD

The participants broke into two groups. These groups were somewhat different than the groups in the first exercise, as many participants left while new participants joined. "Group 1" consisted of two women and four men. "Group 2" consisted of five women and one man.

Each group was asked to rate various community entities on a scale of one to five (one being poor and five being great). Community assets ranked included: retail, church (faith community), parks, hospitals and clinics, community centers, and shelters. Each was ranked based on their ability to offer care based on the factors that contribute to access to care established in exercise 2: transportation, financial resources, provider competence, care coordination, self-management, peer and community support.

c. DISCUSSION

Group 1 ranked transportation and financial resources highest among the entities contributing to mental health and wellbeing. Generally, care coordination, self-management, and peer and community support ranked average among the resources listed.

GROUP 1						
	Transportation	Financial Resources	Provider Competence	Care Coordination	Self-Management	Peer and Community Support
Retail	3	2	N/A	N/A	2	3
Church (Faith Community)	4	3	4	3	3	3
Parks	5	5	N/A	N/A	3	3
Hospitals and Clinics	3	1	3	2	2	3
Community Centers	5	4	3	3	3	3
Shelters	3	1	2	3	2	2

Group 2 ranked self-management and peer and community support as the highest among the entities listed. The lowest ranked resources were retail and parks.

GROUP 2						
	Transportation	Financial Resources	Provider Competence	Care Coordination	Self-Management	Peer and Community Support
Retail	2	N/A	N/A	N/A	3	4
Church (Faith Community)	4	4	4	3	3	4
Parks	N/A	2	N/A	N/A	4	3
Hospitals and Clinics	4	3	3	2	3	2
Community Centers	3	2	4	4	4.5	4
Shelters	2	4	3	4	4	4

Overall, parks and community centers seemed to offer the best resources for mental health and wellness in our community. Hospitals and retail provided the least amount of supportive resources. Overall, transportation and provider competence ranked highest among resources, whereas financial resources and care coordination ranked the lowest.

GROUP AVERAGES						
	Transportation	Financial Resources	Provider Competence	Care Coordination	Self-Management	Peer and Community Support
Retail	2.5	2	N/A	N/A	2.5	3.5
Church (Faith Community)	4	3.5	4	3	3	3.5
Parks	5	3.5	N/A	N/A	3.5	3
Hospitals and Clinics	3.5	2	3	2	2.5	2.5
Community Centers	4	3	3.5	3.5	3.75	3.5
Shelters	2.5	2.5	2.5	3.5	3	3

4. WAYS RELIGION CONTRIBUTES TO HEALTH

a. OBJECTIVE

The next exercise consisted of a short discussion facilitated by the facilitators. The purpose of this activity was to create a participant-driven list of ways in which spirituality/religion contribute to access to care.

b. METHOD

Participants returned to their seats, and as one large group, began to discuss a question posed by the facilitators, "How does faith, religion, or spirituality play a role in this community to promote good mental health?"

c. DISCUSSION

According to the behavioral health seekers, churches and other faith communities offer places of worship, connection, inclusivity, and programs such as Alcoholics Anonymous. Faith communities foster a sense of wholeness and hope, championing the belief that "something good is possible."

Next Action Steps:

- Increase transportation
- Provider training and competence
- More activities
- Current and easy-to-use resource list to network
- Improve communication with providers
- More women's shelters after overflow
- Avenues for conversation between psychiatry and primary care physicians around monitoring psychotropic medications
- Coordination between housing and other agencies
- Increased involvement with peers
- Increase number of bus passes

5. EXEMPLAR ORGANIZATIONS

a. OBJECTIVE

The final exercise entailed participants sharing who in the community they felt epitomized community outreach, patient care and relationship building.

b. METHOD

Participants voted on various organizations with the guidance of the facilitator. Upon choosing which organizations were "exemplar," the participants then listed why they believed each organization stood out.

c. DISCUSSION

Below are the "exemplar organizations" and the various reasons participants appreciate their services:

- Green Tree Peer Center
  - Staff
  - Transportation

    - Education/lectures/training
    - Support (Social): accessibility
    - Safe
    - Non-judgmental, respective
    - No hierarchy
- Daymark
    - Help with organization
    - Housing
    - Transportation
    - Walk-in appointments
    - Help regardless of finances
    - Friendly staff
- Top Priority
    - Professional, compassionate staff
    - Go beyond the call of duty
    - Take extra time with clients
    - Different levels of care
- InSight Human Services
    - Special programs for substance abuse and dual-diagnosis programs
    - Long term intensive recovery program
- Parks Department
    - Variety
    - Mountain bike trails
    - Safe
    - Clean
    - Lots of dog parks
- Courts
    - Help those experiencing domestic violence
    - Help with senior abuse
    - Great classes
    - Legal aid offered
- Mental Health Court
    - Work with those with mental health issues to get appropriate care and support
    - Refer to peer and other support
- Empowerment Project
    - Peer support
    - Knowledgeable about community
    - Provide good resources
    - Provide transportation
    - Involved care coordination
    - Motivate people
- Salvation army
    - Sponsor Boys and Girls Club
    - Case management
    - Housing
    - Utilities assistance
    - Food pantry
    - Vouchers for clothing

    - Veterans society
    - Attend to spiritual needs and worship
    - Care for families
- Bethesda Center
    - Case management
    - Day shelter (only one)
    - Classes; training
    - Clothing, food
    - Transitional support for housing
    - Take showers, wash clothes…welcome people for shower and laundry
- Mental Health Association
    - Generating provider lists (Comprehensive)
    - Make referrals for peer support…peer support specialists
    - Group support for individuals and family members
    - Help you make appointments with providers
    - Payee services
- The Children's Home
    - Family approach
    - Emergency shelter
    - Foster care adoption
    - Services for parents and children
    - Farm – food and animals
    - More outpatient services
    - Keep siblings together
    - Substance intervention and prevention…residential program
    - Guardian Ad Litem
- Battered Women's Shelter
    - Housing
    - Family oriented
    - Anonymous, safe
    - Protective
- Lutheran Family Services
    - Pay rent – person pays utilities
    - Transitional housing
    - Some help with re-entry after incarceration
    - Manage group homes
- Crisis Control
    - Food
    - Medication
    - Utility assistance
    - Personal development program
    - Cooking classes
- The Enrichment Center
    - Services for those with Developmental delays
    - Payee services
    - Music/art
    - Educational services
    - Employment service

- Educational services

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 that 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 emphasize relationship/engagement. What I sensed is that not only do we have a problem re: 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.