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| **9. Treatment and wraparound Services** | |
| **NOTE:** To be completed by June 15, 2021.  Please complete the following questions for each of the initiatives funded in this section | |
| **MODEL** | |
| **Service Model**  **Trauma and Resilience Informed Practice (TRIP)** | *Please attached the relevant models of care or service framework/descriptions*  *If necessary, any additional details can be included here*    **Trauma and Resiliency Informed Practice (TRIP) d**evelopment for Fraser Health (FH) Mental Health & Substance Use (MHSU) bed based contracted services and their referral agents is intended to improve service outcomes by building knowledge and enhancing skills in response to clients’ and service providers’ individual and collective effects of trauma and distress. The current TRIP curricula decolonizing trauma and TRIP practices and has been developed in collaboration with Indigenous Knowledge Keepers.  TRIP education in Fraser Health has previously been evaluated in partnership with the Mental Health Commission of Canada with promising results and moderate to large effect sizes. Evaluation results are available upon request.  This TRIP practice development will be intended for three participant groups:   1. Bed-Based Substance Use Treatment Referral Agents 2. Bed-Based Substance Use Treatment Service Providers 3. Supervisors for Participants in Group 1 & 2   For groups #1 and #2, **bed-based service providers and referral agents**, participants will have a choice of options for a two-part workshop, 3.5 hours each totally 7.0 hours that will be facilitated virtually using the zoom platform. Specific learning outcomes include the following.   1. Define what is psychological, social, and ambient trauma and recall different types of trauma that can be experienced in bed-based SU treatment services 2. Become familiar with the effects of trauma (past and current) for clients, families and for yourself as a service provider 3. Describe how the effects of trauma can be activated and/or intensified by triggers and apply skills to reduce re-traumatization and increase effective client and family engagement and safety 4. Appraise your own response to distress experienced from trauma and become familiar with compassion led strategies that support your resiliency   Participants will be invited to complete a pre and post workshop survey, and results will measure this education’s outcomes, as well as inform how TRIP development can be further enhanced and sustained in practice.  For group #3, **supervisors**, a one-part workshop, 3.5 hours will be facilitated virtually and include these learning outcomes:   1. Describe the effects of trauma (current and past) for clients, staff, and leadership 2. Describe empathy fatigue, secondary stress, burnout, and compassion satisfaction 3. Engage in reflective supervision to support employees who are exposed to trauma 4. Plan for TRIP practice development within respective sites   Participants in this cohort will be invited to complete a post workshop survey to inform how TRIP development can be further enhanced and sustained in practice. Findings from this survey will be used to design and implement an on-going TRIP strategy for bed-based services. |
| **Target Population(s)** | *Please briefly describe the population served by these initiatives, including any eligibility criteria, and required referral processes. Please ensure information on the anticipated reach/client capacity is noted here if not included in service framework.*  TRIP education will be offered to:   1. **all staff** within the 18 facilities representing 362 substance use treatment beds in Fraser Health. All but one of the 18 facilities are operated by nonprofit contracted agencies. It is anticipated that between 180-200 staff will participate in TRIP workshops 2. **all staff** who are referral agents to Fraser Health bed-based substance use treatment services. It is anticipate that between 80-100 staff from referring agencies will participate in TRIP workshops. These come from community outpatient substance use services, substance use services access teams and withdrawal management services. 3. **supervisors** from bed-based substance use treatment services and referral agencies. It is anticipated that between 20-30 supervisors participate in the TRIP workshop     All of the above intended participants would be invited by email and poster to register for TRIP workshops using the Learning Hub.  **Reach and Benefit of TRIP for Clients and Families**  Often, clients and families experience the effects of past and current trauma. Moreover, the services themselves can traumatize clients and their families. These effects can be intensified when accessing and receiving services which affect service retention and effectiveness.  Trauma & Resiliency informed Practice is an evidence-informed strategy to reduce the effects of trauma, prevent re-traumatization and reduce substance use related stigma while increasing service providers’ resiliency. [How a shared humanity model can improve provider well-being and client care: An evaluation of Fraser Health’s Trauma and Resiliency Informed Practice (TRIP) training program - Stephanie Knaak, Marika Sandrelli, Scott Patten, 2021 (sagepub.com)](https://journals.sagepub.com/doi/full/10.1177/0840470420970594) |
| *Please briefly describe how these services will (continue to) support Indigenous peoples? How will FNHA, MNBC and/urban Indigenous organizations or service providers be engaged in the implementation of this initiative?*    **TRIP Curricula Development**  The current TRIP curricula was developed and reviewed by Indigenous Elders and Knowledge Keepers within the Fraser Health and Northern Health regions. These collaborations will expand during the implementation of this TRIP development to FNHA who will be invited to contribute to the curricula and review drafts.  **TRIP Workshop Facilitation**  Indigenous Elders will be invited to open each workshop and FNHA addiction specialists will be invited to co-facilitate some of the content as their capacity allows. Also, people with living experience who identify as Indigenous will be invited to share their stories and insights during the workshops |
| **Geographic Distribution** | *Please indicate where these services will be located (if known) and the geographic reach of these services, including any specific agency or regional allocations.*  These service providers are located across the Fraser Healthregion. |
| **FTEs** | *If this initiative includes the implementation of net new HA FTEs, please include the number of net new FTEs and the corresponding position type e.g. Social Worker, Nurse Practitioner, etc.*  Not applicable |
| **TIMELINE** | |
| **Implementation Milestone Dates** | **Key Milestone Activity:**  *Please include a brief overview of implementation activities, including any anticipated changes to existing beds e.g. implementation of service enhancements, additional aftercare services* |
| July- Sept 2021 | * consult with bed-based service and referral agent stakeholders to identify TRIP learning needs * consult with subject matter experts to customize TRIP curricula and facilitation design to respond to identified needs (includes Indigenous Knowledge Keepers, FNHA, FH Aboriginal Health Team) * design pre and post workshop evaluation surveys and secure FH privacy approvals * recruit and support TRIP educators * schedule and set up TRIP workshop registration on Learning Hub * promote TRIP workshops to bed-based service providers and referral agents |
| Oct -Dec 2021 | * administer pre workshop surveys * implement TRIP workshops for service providers and supervisors * administer post workshop surveys |
| Jan – March 2022 | * analyze survey data to write report and inform on-going TRIP practice development * report findings to key decision makers * implement supported on-going practice development that may include a community of practice or TRIP champions who become TRIP trainers/coaches |
| **ALIGNMENT** | |
| **Provincial Policy and Priorities:**   * Accountability * Quality care | *Please describe how these services will align with provincial policy (see footnote[[1]](#footnote-1)), existing relevant legislation, regulations, and standards.*  Trauma informed and cultural safe attributes are listed for treatment and recovery services in BC. This TRIP development is intended to build the knowledge and enhance the skills to provide cultural safe, trauma informed effective care using evidence-informed education design informed by TRIP evaluation findings. More specifically, this includes:   * In 2017, FH partnered with FNHA and Northern Health to create and pilot TRIP curricula that examined racialized trauma and decolonizing practices. This content will be further reviewed and updated now in partnership with FH Aboriginal Health, FNHA and the BC Metis Association. * In 2017, FH TRIP curricula expanded the original four TRIP principles from 2018 endorsed by the then Ministry of Health to include two more:   1. Actively reduce/prevent oppression based on race, culture, ethnicity, faith, (dis) ability, sex, gender, class   2. Meaningful involvement of people with living experience   All principles are translated into knowledge and skills to be developed in the workshop space and beyond into practice. Evaluation includes pre/post workshop measures and observing behaviours in practice   * People with living experience have informed the TRIP curricula and will continue to do so in this investment. Representation from Indigenous perspectives are prioritized. * Currently, FH MHSU is partnering with the Mental Health Commission of Canada (MHCC) in designing a TRIP organizational readiness assessment tool that includes working with Indigenous Elders and Knowledge Keepers. This tool will be piloted will FH Bed-Based Services as part of this investment * In the past three years, FH MHSU has worked to create culturally safe spaces for Elders and Knowledge Keepers to participate in providing teachings during TRIP workshops. This involved recognizing when humility is indicated and awareness needed to be increased so that the workshop space would be safe and receptive for these teachings. In this investment, the same process will be implemented and Elders and Knowledge Keepers will be invited to join facilitators in a respectful, humble and safe way. * In all TRIP workshop materials (curricula, handouts), Indigenous contributions to ontologies (world views) and epistemologies (reaching and knowledge sharing) are acknowledged and gratitude shared. This includes the how Indigenous People regard resiliency in response to trauma. |
| **Systems Approach/ Service Continuum:**   * Accessibility * Coordinated care | *Please describe how these services link to the broader range of FH MHSU services to create or strengthen the continuum of care within your agency:*   * *What existing gaps does this funding address?* * *How will the service reduce access barriers and support seamless and coordinated care?* * *Include information on the referral process, service delivery approach and transitions to community/step down transition approach*   Trauma and Resiliency Practice Development addresses the need to support bed-based and referral service providers and supervisors to build the knowledge and skills for their services to provide safe, effective care. Also, this TRIP education provides common competencies and language for service providers across the FH mental health and substance use continuum, as well as emergency and harm reduction services to support more coordinated care |
| *Please describe how these services link to FNHA services and other non FH MHSU services:*   * *What existing gaps does this funding address?* * *How will the service reduce access barrier and support seamless and coordinated care?* * *Include information on the referral process, service delivery approach and transitions to community/step down transition approach.*   Trauma and Resiliency Practice Development supports common service attributes i.e., trauma informed and cultural safety across services, such as FNHA and PHSA. Expanding a common language, service approach and provider competencies will provide more coordinated care for clients before, during and after bed-based services. More specifically, service providers can coalesce around shared understandings, pathways, and person-centered choices in a coherent, non-conflicting way. |

1. Foundational principles and attributes for treatment and recovery services in BC include, evidence-based, recovery oriented, reducing harm, person-centred, trauma informed, and culturally safe [↑](#footnote-ref-1)