RI Department of Children, Youth & Families
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Introduction

Under the direction of Director Janice DeFrances, DCYF created a department-wide Wellness Committee. In June of 2013, the director convened the first DCYF Wellness Committee Meeting. Participants at the meeting included clerical, direct care and administrative staff from across all of DCYF’s divisions. This initial meeting provided an introduction to the topic of wellness including secondary trauma, ways the department had historically addressed critical incidents, the importance of prevention through self-care and fun activities. This meeting was co-facilitated by the Director and Deborah Mathews of URI’s Center for Human Services. Together they led the group in a dynamic brainstorming and opportunity identification process that resulted in the creation of four areas of focus: (1) Physical Activity Group; (2) Prevention and Education Group; (3) Communication; and (4) Crisis Team and Education Group. Each group was assigned a leader, and participants self-selected the group that best fit their interests, talents, and hopes for change. After several meetings and the creation of work plans for each group, the Wellness Committee narrowed its focus to these areas (1) Physical Activity; (2) Communication; and (3) Prevention and Education, which merged with the Crisis Team and Education Group. The information that follows provides a summary of activities and future goals for each workgroup.

Physical Activity

The Physical Activity Workgroup targeted wellness through improvements to the physical environment of DCYF’s offices, improvements to the physical health of staff and sponsorship of stress reduction activities. To date, this workgroup has been successful in creating exercise rooms in three regional office locations. It has allowed for slot/corporate sponsorship of DCYF teams in 5K walks and runs for charity. The workgroup arranged for yoga classes,
conversational Spanish classes, and knitting and crafts clubs...all offered during the lunch hour or after normal work hours. There are many new ideas in the works for this group and there is widespread participation in the sponsored activities throughout the department.

Communication

The Communication Workgroup identified a tri-level focus for the work: (1) Intra-agency within each division; (2) Inter agency - within the whole department; and (3) Extra-agency - outside the department in the community. Through a variety of traditional and innovative communication strategies, the workgroup identified strategies to promote positive communication with attention to supporting staff and celebrating the strengths of DCYF. They met in early April to continue to move forward on several goals. The goals are listed below with brief explanations.

A primary goal of the workgroup is to improve the flow of basic internal information with attention to positive feedback. Activities to support this goal include the use of the DCYF Grapevine as well as developing new communication outlets. In addition, the workgroup is seeking to use social activities and gatherings as a mechanism for bringing staff together in a supportive and positive activity. Building on positive communication, the workgroup intends to focus on sharing positive stories of DCYF beyond the Grapevine. Specifically, the Child Welfare Institute is coordinating an oral history project for DCYF, which will involve the collection of child welfare narratives from diverse staff. These narratives will tell the story of progress, hope and resilience over time for RI's child welfare professionals. This project is currently underway and is expected to be completed by the fall of 2014. The final product will be a book used to celebrate the rich history of child welfare professionals in RI, to educate newly hired staff to the history of the agency, and as resource for promoting awareness of DCYF across the broader RI
Community. Finally, the workgroup is working to create a public service campaign to showcase the Department's contributions to prevention, family preservation, and support of community supports for families. Part of this process includes the creation of a Speakers Bureau, where designated staff will receive training on delivering a series of messages related to the DCYF divisions and the RI System of Care to name a few topics. The Child Welfare Institute will be helping to coordinate the training of designated staff as well as coordinating their speaking engagements.

**Prevention and Education**

**DCYF Peer Support Team**

In response to the presence of secondary stress associated with working for the Department, the Wellness Committee unanimously agreed to recreate a mechanism for peer support. Historically, DCYF maintained a Crisis Intervention and Stress Management Team (CISM) that was deployed to support DCYF staff and divisions facing stress and trauma related to work and or personal situations. DCYF’s CISM team had been defunct for almost five years at the time the Wellness Committee convened. Unlike the language used to frame CISM, the Peer Support Team embraced the idea of wellness and peer support as the qualities they wanted emphasized as they went forward to support their colleagues.

During the summer of 2013, DCYF began working with Richard Creeno of Northern RI (NRI) Community Services, Inc. Mr. Creeno and his NRI colleagues are experts in crisis intervention and have training experience working with peer supporters within several police departments in Rhode Island and also serve as their EAP. In collaboration with NRI, DCYF created a protocol for the peer nomination of prospective Peer Support Team members. DCYF staff were nominated by their peers using a survey which was implemented online. A final list
of ten DCYF staff from six divisions (CPS, FSU, Probation, RITS, CSBH, and CWI) were invited to serve as the first members of the Peer Support Team. The Team received 36 hour training of in-depth and specialized training related to peer support and crisis management. The Team completed their training in December of 2013.

The Peer Support Team was officially activated in early April of 2014. Clinical supervision for the Team will be provided via a contract with NRI. The Team will help staff access needed services. The team will not keep any written records. All discussions and meetings with Peer Support Team members will be held in confidence with several exceptions:

to the confidentiality rule:

- clear and present danger to self or others.
- incidents of child abuse or neglect.
- incidents of elder abuse or neglect.
- An employee is under the influence of drug/alcohol during the work day or is otherwise unfit for duty.
- Report that the employee has lost his/her driver's license when the employee either drives as a function of his/her employment

**Restorative Practices (RP) Training**

Conversations within the Education and Prevention Group led to recognition of the need to seize opportunities to move beyond problems and toward finding solutions. This conversation took into consideration the transformation underway within RI’s System of Care and the need to both model productive problem solving and to provide concrete resources for staff in their navigation of relationships with new wraparound external stakeholders, new DCYF roles, and work with families. In an effort to continue to promote wellness at all levels of DCYF system, Restorative Practice Training was explored as an opportunity to expand staffs’ access to tools and resources to support the collective needs of staff, the children, youth and families with which DCYF works, cross-system relationships and the DCYF system as a whole.
The Director brought in Julia Steiny of the Youth Restoration Project to conduct training for targeted groups within DCYF: DCYF Peer Support Team; the Wellness Committee and Expanded Senior Team Members, and the Senior Team. Each group participated in three half-day experiential training sessions. The coordination and scaffolding of training for each of these groups, beginning with newly trained DCYF Peer Support Team and ending with the Department’s Senior Team was intentional. We began with the Peer Support Team which was tasked with exploring RP as a resource for debriefing with each other after interventions with colleagues. It was also thought that RP might also offer support to the Team in their direct work with colleagues. Next, DCYF Wellness Committee & Expanded Senior Team members, who represented a full cross-section of the Department, were invited into RP and tasked with exploring RP and its potential to support various aspects of work and the staff within the DCYF system. This group had the opportunity to share ideas regarding RP within the Wellness Committee and wider agency application. Finally, DCYF’s Senior Team came together in the final RP training session and was asked to explore RP as a resource for modeling validation, support, and solution focused approaches with the various staff and divisions they supervise. The Senior Team’s participation in RP affords an opportunity to embed wellness from the administrative, supervisory, and direct practice levels of the agency.

A total of three RP training session were held, with a resulting nine half-day sessions, beginning in late January of 2014 and ending in March 2014. Support for these training sessions came from Casey Family Program and the Child Welfare Institute. Follow-up sessions with the collective staff who participated in the RP training is planned in May of this year. Child Welfare Institute staff are being trained to be able to lead ongoing RP throughout the Department. The RP
approach is also be offered to DCYF staff as a tool to support their wraparound work with families, specifically as a support for teaming.

**Administrative Training with Dr. Rando**

In an effort to further embed wellness practices and supports within all levels of the Department, the Department arranged for specialized training for DCYF’s Senior Team that will be led by Dr. Theresa Rando, an expert in trauma and working with administrators. DCYF is exploring a 3 to 6 hour training for Senior Team members before the close of the fiscal year. The training would be held in May 2014 and build on the efforts underway through the DWST and Restorative Practices. Dr. Rando will use a DCYF-centric platform from which to consider opportunities for supporting the administration, staff and the DCYF system.

**Individualized Coaching for Administrators**

As needed to enhance leadership and management skills of administrators, as needed, the department provides individualized job coaching through the URI Center for Human Services. In May of 2014, such coaching will commence for one administrator who the department has identified for this opportunity. Each session will follow a comprehensive format that allows for a dynamic, progressive system of comprehensive analysis, reflection and assessment. The coaching intervention will track as follows:

- Initial face to face meeting with client (administrator) to determine need and coach match.
- Initial coaching session with coach and client to determine goals and format of the process.
- Typical process is that the coach will meet with client weekly for 1.5 hours for the first month. This may be adjusted based on need. (Phone or face to face meetings)
• Coaching sessions will continue over a 2-3 month period of time. Meetings are usually 1 hour and weekly. They may be transitioned to every two weeks.

**A New Vision and Mission for DCYF and Wellness as an Agency Goal**

The Department reviewed and significantly changed its formal promulgated vision and mission statements and guiding principles (copy attached) to reflect a system transformation built on communication and partnerships, client voice and choice as well as safety, permanence and well-being of Rhode Island’s children, youth and families.

**Vision:** *Healthy Children and Youth, Strong Families, Diverse Caring Communities*

**Mission:** *Partner with families and communities to raise safe and healthy children and Youth in a caring environment*

Additionally, the Department put forth three overarching goals for the Department this year (copy attached). These goals were presented at a joint DCYF-Community planning forum held last month at Alton Jones Campus. The Goals, all aimed at addressing the new vision and mission, are as follows:

1. Diligent Foster Care Recruitment
2. Right-Sizing and Improving Congregate Care
3. Wellness for Staff

This is the first time that wellness for staff was recognized as a major goal for the agency. It was included because we have a true understanding of the secondary stress inherent in this type of work and we wanted to present a climate of awareness, understanding, support, respect and compassion toward each other.
Competitive Federal Grants to Achieve Departmental Mission and Goals

Additionally, in regard to the three goals and new vision and mission, we have been very successful in bringing in federal money to address these critical areas for the state and the department:

- The department secured a five-year, $2,000,000 cooperative agreement from the Administration for Children & Families (ACF) for the diligent recruitment of families for children in the foster care system. *A Family For Every Child!* will focus on identifying, recruiting and retaining kinship, foster and adoptive families that reflect the diversity of children in care. The grant will specifically focus on identifying families for those children who least likely to achieve permanency in a family setting, including older children, children with emotional, behavioral and physical health needs, children of color and children who are part of sibling groups.

- The department was awarded a five-year, $2,425,000 Cooperative Agreement from the Administration for Children, Youth and Families (ACYF) for the development of a trauma-responsive system to support children adopted through the state. It will allow for the development of a long-range strategic plan that reflects the realities of trauma faced by children who have been abused, neglected or dependent and addresses these issues head on as a means of supporting the permanency plan for these children and helping them work through the effects of the traumas they faced early on in their lives. *Adopt Well-Being Rhode Island: System Transformation After Trauma* will systematically address screening and assessment to inform case planning and support evidence-based interventions to achieve improved well-being and adoption outcomes.
• The department was awarded a two-year, $250,000 grant to solidify the infrastructure capacity between state agencies targeted to coordinate and enhance child welfare and early care and education services for children at-risk or in need of foster care services. **Rhode Island Child Welfare-Early Care Partnership** will systematically ensure that infants and young children in the child welfare system receive quality early care and education services which ameliorate the effects of exposure to trauma and improve their social-emotional well-being to better address barriers to permanency.

• The department was invited to participate in **Improving the Use of Psychotropic Medication among Children and Youth in Foster Care**, an initiative of the Center for Healthcare Strategies, Inc. This initiative provided technical assistance and training to help develop guidelines and procedures for the periodic review of medical records, including records for youth on psychotropic medication.

• The department was awarded a $300,000 planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the further development of Rhode Island's **System of Care**. Based on the success of this effort, DCYF was awarded four-year, $1 million Implementation Cooperative Agreement for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program to implement a statewide infrastructure serving children and youth with serious emotional disturbances in the publicly funded system.

• In partnership with the RI Department of Education, the department was awarded the prestigious **Race to the Top for Early Childhood** grant. This four year grant enables screening for young children and training for providers to maximize the success of young children in the child welfare system.
Summary of Wellness Goal

One of the major goals of the Department of Children, Youth and Families (DCYF) is related to the wellness of staff. It is our belief that wellness of staff will help lead to a healthier agency and a stronger and more coordinated system of care for Rhode Island’s children, youth and families.

Our Objectives include:

a. To make DCYF a healthy agency
b. To ensure a true understanding of the existence and affects of secondary trauma on the work force
c. To ensure the provision of a climate of awareness, understanding, support, respect and compassion
d. To make DCYF a place that attracts and retains quality staff
e. To make DCYF a strong partner with the community and other agencies to work as a team on systems issues and service delivery

Background – Staff related: Recruitment of staff is extremely difficult. Individuals offered employment are turning down jobs here because of the stress level and the feeling that it is difficult to live a normal life that balances work and personal life when employed for DCYF. New staff participating in the six month orientation and probationary period are dropping out in record numbers and/or are unable to sufficiently demonstrate their ability to handle the stresses and content of the job. We desperately need a healthy and stable workforce and need to do whatever we can to make this a reality.

Background – Community related: The system of care for children, youth and families is a partnership which relies on collaboration with community partners, the courts and other state and local agencies and service providers. Enhanced partnerships and team work can only help us to accomplish the camaraderie/shared ownership that is needed to become stronger individually and as an agency. Also, there is a great deal of professional expertise in the community in terms of trauma related issues we need to access that expertise to the benefit of DCYF staff and ultimately, the families we serve.

A culture change is not easy but the will is here now to make it happen. Once we are a more healthy agency with a strong and vibrant work force, maintaining the health of the agency will be built into the management and operations. A strong commitment exists at all levels.
SPECIAL REMINDERS OR NOTES FOR ADMINISTRATORS
(Excerpted from Wellness meetings of June 3 and June 24)

1. Have a climate of awareness, understanding, support, respect and compassion toward each other.

2. Have supervisors and administrators acknowledge the hard work and heavy workload of staff and not having to stress over not being able to complete everything and not being penalized when you work hard and still cannot accomplish everything that needs to be done.

3. Not feeling stress about coming to work and not constantly worrying about families because of workload and feeling you cannot accomplish everything.

4. Have people show appreciation to staff for hard work done on a daily basis.

5. Feel connected to colleagues; have good work relationships with common goals.

6. When a traumatic situation occurs at work, be given the time to work through the event and to receive support from others.

7. Have open and honest communication following a critical incident and someone to talk with after a traumatic event.

8. Have more training/education around vicarious trauma or secondary trauma.

9. When a traumatic event occurs, it should trigger an automatic call from a crisis team with an offer of help.

10. When a formal review of a case is scheduled due to a child death or other serious event, have administrator of unit meet in advance with worker to help address secondary trauma, loss and anticipated stress of review.

11. Have a variety of workshops aimed at stress reduction through skill building because we feel better when we are more confident.

12. Have opportunities for informal discussion on stresses/frustrations without fear of repercussion or hostility (people that staff can safely go to) and access to counseling and psychiatric services as well.

13. Have no stigma for staff seeking or using supports.

14. Have team building or communication activities between staff of different disciplines and/or at different sites.
15. Have monthly staff/unit meetings, appreciation breakfasts, and frequent positive meetings with administrators so you know you have been heard.

16. Have non-crisis relate interactions with other units and divisions

17. Have someone focus and acknowledge when things are done right.

18. Send cards and emails to staff for personal/professional loss or accomplishments

19. Do fewer emails, and do more walking around to see people and speak with them.

20. Have a quiet place where people can think things through when they need a little time to do so.
Peer Support Team

Rhode Island Department of Children, Youth and Families
Staff Directive: 1300.0019
Effective Date: September 22, 2014
Version 1

The Department of Children, Youth and Families (hereinafter, the Department) recognizes the incidental or cumulative critical incident stress experienced by staff in the performance of their jobs. Through its ongoing commitment to ensure the long-term emotional health of its staff, the Department has implemented stress prevention and education programs, including a Peer Support Team (hereinafter, PST). The PST provides confidential staff assistance. The service is voluntary and also can be mobilized in the event of a critical incident. Department staff serving as members of the PST receive training and consultation in providing education, support and referral services.

The PST is purely a voluntary peer support model, which allows Department staff to help staff, but which does not provide clinical assistance. To this end, the PST is available to respond to and assist staff involved in critical incidents or staff in need of assistance as a result of any stress related incident(s). With the exceptions noted in this protocol below, meetings and interactions are held in confidence. Participants are reminded of the confidential nature and exceptions to the PST at the beginning of each and every meeting, debriefing and/or defusing. With the exceptions noted in this protocol below, the PST’s confidentiality will be respected by the Department; PST members will not be called by the Department to testify at administrative or disciplinary proceedings against staff.

Related Policy
Reporting Child Abuse and Neglect
Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)
Suspension of Employees Driver’s License

Related Protocol
Code of Conduct

Definitions:

Critical Incident: Any incident that has a high emotional impact on the responders; or is beyond the realm of a person’s usual experience that overwhelms his/her sense of vulnerability and/or lack of control over the situation.

Critical Incident Stress: A normal reaction(s) to an abnormal event.

Defusing: A brief, confidential discussion between and focusing on staff(s) involved in a critical incident and PST staff immediately following the incident to restore the staff(s) cognitive functioning and prepare him/her for future, related stress reactions.

Debriefing: A closed, confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during and after a stressful event. It is intended to provide support, education and an outlet for associated views and feelings. Debriefings do not provide counseling or an operational critique of the incident.
Employee Assistance Program (EAP): Department staff, dependents and household members can receive free confidential assistance with personal and job-related problems through the EAP, a benefit provided by the state.

Mental Health Professional: is an individual approved by the Department Director (or designee) and licensed by the RI Department of Health, who, operating within the scope of approved practice, provides consultation and assistance to the PST as needed; such assistance may include but is not limited to participating in debriefings and in final decisions on whether or not further counseling is needed by staff.

Sick Leave: Leave granted for personal illness and or injury.

Protocol

A. The PST is comprised of selected department staff who received specialized peer support and critical incident response training to recognize and understand related stress reactions.
   1. All PST members agree to volunteer their time and the Department agrees to allow staff to participate.
   2. Peer Support Co-Leaders are the lead PST staff and determine, within the parameters of this protocol and Department policy, when and how the PST is utilized.
   3. The PST holds monthly meetings to assist members of the PST in functioning as peer supports, to develop the team process and to support the team members.

B. Any statement or discussion with PST staff while acting in his/her peer support role remains confidential. PST staff maintain strict confidentiality in matters discussed in peer defusings, debriefings or support meetings. Because members of the PST are also Department staff, they are bound under state and federal law and regulation to report certain incidents if they are divulged or observed. These exceptions to the confidentiality require PST staff to report:
   1. When failure to disclose such information would present a clear and present danger to self or others;
   2. Any incident of child abuse or neglect as described in DCYF Policy 500.0000, Reporting Child Abuse and Neglect and DCYF Policy 500.0050, Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3);
   3. Any incident of elder abuse or neglect;
   4. That a Department staff is under the influence of drug/alcohol during the work day or is otherwise unfit for duty; or
   5. That a Department staff has lost his/her driver’s license when that staff either drives as a function of his/her employment or is required to have a valid driver’s license as a condition of employment (and the staff is not taking responsibility for notifying the administration of the loss of license). Refer to the Department’s Code of Conduct and DCYF Policy 200.0000, Suspension of Employees Driver’s License.

C. The PST is activated in the following circumstances:
   1. Death or serious injury to a department staff;
   2. Death or serious physical injury to a child or youth in care; or
   3. Any other incident that has a high emotional impact on the staff person beyond his/her usual experience that creates a heightened sense of vulnerability and/or an experience of lack of control over the situation
   4. Any department staff can initiate a self-referral to the PST. A list of members of the PST will be available to all staff.
D. PST provides:
   1. Consultation and information about referrals to staff for job and non-job related problems.
   2. Critical incident stress defusings, debriefings and follow-ups as described in this protocol.
   3. Recommendations to the Wellness Committee concerning areas, such as, stress management, recognition and stress reduction.

E. The director or designee immediately notifies the PST Co-Leaders of the critical incident and provides relevant information. PST Co-Leaders:
   1. Determine whether an immediate call out of the entire PST, one PST member or any combination thereof is deemed necessary. If an immediate call out is necessary, the PST Co-Leaders:
      a. Notify PST members and provide relevant information, including where they are needed.
      b. If involved in the incident, the PST Co-Leaders contact the on-call Mental Health professional to determine whether an immediate PST call out is necessary.
   2. If a call out is not necessary, within an appropriate time frame, the PST Co-Leaders:
      a. Advise team members of the situation;
      b. If necessary, arrange for a meeting between the PST and the involved staff at a later date; and
      c. Notify other contacts, such as the Mental Health professional, to seek assistance if necessary.
   3. If members of the PST are called out after hours, they are afforded comp time for the time spent on PST business.
   4. Organize the defusing following the incident and inviting each staff involved to participate.
   5. Coordinate with necessary personnel, including the Mental Health professional, if needed, as to the time and place of a debriefing.

F. Debriefing is conducted within a reasonably appropriate timeframe when possible by a minimum of two PST members:
   1. The primary role of PST members, who participate and assist in each debriefing, is support. Specific members of the PST can be excluded from the debriefing at the request of a participant(s).
   2. Staff who was actively involved in the incident may attend the debriefing. All support personnel will be invited to attend but not mandated.
   3. The debriefing is conducted without supervisory personnel except any involved in the incident. The Director or designee may provide a brief introduction prior to the start of the debriefing, as a show of support.
   4. The Mental Health professional may oversee the debriefing.
   5. A PST member makes a follow up call to each participant within 7-10 days of the debriefing.

G. The PST keeps no written records that contain personally identifiable information. For statistical purposes, the PST Co-Leaders provide the total number of contacts to the administrative supervisor for PST functions identified by the Department.
MINUTES TO WELLNESS Committee Meeting

MEETING CALLED BY: Director DeFrances

MEETING: DCYF Wellness Committee

ATTENDEES: Deb Mathews, Joanne Lehrer, Ann Murphy, Michelle Palette, Tom Tedeschi, Cathy Cochran, Janice DeFrances, Deb DiSculio, Lori Geiselman, Joanne Lehrer, Ron Sanda, Veronica Davis, Nancy Tierney, Dorn Dougan, Deb Mathews

AGENDA TOPICS

I. DIRECTOR'S WELCOME
   JANICE DEFRANCES

   Advocacy for additional social caseworker IIs for the next pre-service class to lighten the load of existing workers; support of existing staff who may be stressed and for those who are involved in unusually traumatic work related and personal issues; importance of using a variety of ways of showing support and being there for each other; private funding exists for wellness related initiatives

   CONCLUSIONS: Continue existing efforts and develop additional ways to show staff support and appreciation.

   ACTION ITEMS: PERSON RESPONSIBLE: DEADLINE:

II. PHYSICAL ACTIVITY WORKGROUP
    ANN MURPHY

   Staff appreciated the purchase of gym equipment, the classes and other initiatives. Continued interest in H2O Filtration system. Important to show staff appreciation and solicit new ideas for wellness initiatives and how they can be implemented to best reach staff in various areas of the department.

   CONCLUSIONS: Need to outreach staff in locations other than Providence; arrange staff appreciation activities; spread the word to all staff about what wellness

   ACTION ITEMS: PERSON RESPONSIBLE: DEADLINE:

   Stress balls with logo

   Ann Murphy
### III  COMMUNICATIONS GROUP  
**VERONICA DAVIS**

<table>
<thead>
<tr>
<th><strong>INITIATIVES</strong></th>
<th><strong>DETAILS</strong></th>
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<tbody>
<tr>
<td>Initiatives Book; importance of letting staff know who to contact for what; welcome packet for new staff, peer supports information; speakers' bureau</td>
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<tr>
<th><strong>CONCLUSIONS</strong></th>
<th><strong>DETAILS</strong></th>
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<tbody>
<tr>
<td>Continue with initiatives and undertake ones that will make staff feel more welcome, informed and supported</td>
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<tr>
<th><strong>ACTION ITEMS</strong></th>
<th><strong>PERSON RESPONSIBLE</strong></th>
<th><strong>DELEGATION</strong></th>
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<tbody>
<tr>
<td>Continue with initiatives book</td>
<td>Veronica Davis/Ginny Stack</td>
<td>fall</td>
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<tr>
<td>Welcome packets for new staff</td>
<td>Ginny Stack and committee</td>
<td>fall</td>
</tr>
<tr>
<td>Who to contact for what information</td>
<td>Joanne Lehrer</td>
<td>fall</td>
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<tr>
<td>Speaker's Bureau</td>
<td>Ginny Stack/CWI</td>
<td>winter</td>
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### IV  PEER SUPPORT TEAM  
**TOM TEDESCHI/MICHELLE PAULETTE**

<table>
<thead>
<tr>
<th><strong>DISCUSSION</strong></th>
<th><strong>DETAILS</strong></th>
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<tbody>
<tr>
<td>Show and tell: Peer support bags, cards and posters being developed and flyers with tear off sections with pager numbers; need for gift cards, possible use of Rivers Edge for cards, etc.; consider having monthly meetings in office locations other than Providence; need to issue policy and protocols for interventions; importance of supporting staff by giving consideration to their need not to return right to work after critical incident; ideas for mentoring staff, peer support, help desk formalize help; tips and tricks for computers (on Dispatch); consider series by hospice; solicit 10 new members through targeted recruitment of nominees from un or underrepresented areas of the department; peer support/coaches, develop immediate strategies to help particular region in most distress because of staffing issues; make team available during pre-service</td>
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<tr>
<th><strong>CONCLUSIONS</strong></th>
<th><strong>DETAILS</strong></th>
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<td>Team is working very well and is very well received; branch out and be more aggressive in letting staff know the team is available</td>
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<tr>
<th><strong>ACTION ITEMS</strong></th>
<th><strong>PERSON RESPONSIBLE</strong></th>
<th><strong>DELEGATION</strong></th>
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<tbody>
<tr>
<td>Complete purchases for peer support bags</td>
<td>Michelle Paulette/Tom Tedeschi</td>
<td>fall</td>
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<tr>
<td>Computer and post flyers and tear off sheets</td>
<td>Michelle Paulette</td>
<td>fall</td>
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<tr>
<td>Convene monthly meetings in other locations</td>
<td>Team leaders</td>
<td>On-going</td>
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<tr>
<td>Issue Policy on Peer Support Team</td>
<td>Joanne Lehrer/Janice DeFrances</td>
<td>fall</td>
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<tr>
<td>Solicit new members through targeted recruitment</td>
<td>Team Leaders/Joanne Lehrer</td>
<td>fall</td>
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<tr>
<td>Coordinate with CWI for pre-service involvement</td>
<td>Team Leaders/Lori Geiselman</td>
<td>fall</td>
</tr>
<tr>
<td>Consider use of hospice for training purposes</td>
<td>Team Leaders/CWI</td>
<td>October</td>
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<tr>
<td>Meet with other workgroup reps to plan road trip to other regions, etc.</td>
<td>Team Leaders</td>
<td>Sept/October</td>
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**TRAINING AND OTHER INITIATIVES GROUP**

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<tr>
<th>Discussion</th>
<th>LORI GEISELMAN/DEB DISCUILLO</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Need for 6 weeks lead time for next training of Peer Support new members; involvement of CWI in peer support discussions and continuing to support new staff; progress in completing oral history project</em></td>
<td></td>
</tr>
</tbody>
</table>

| Conclusion | Important to integrate peer support representatives into pre-service at various points to ensure comfort level of staff in accessing team members; several interviews have been completed for oral history project |

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Person Responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue and complete oral history project</td>
<td>Deb Discuillo/Tonya Glantz</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Schedule Peer support team for multiple visits during pre-service</td>
<td>Lori Geiselman</td>
<td>Fall; ongoing</td>
</tr>
</tbody>
</table>

**BRAINSTORMING/NEXT STEPS**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>COMMITTEE</th>
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<tbody>
<tr>
<td><em>Review of proposed actions steps from various workgroups; prioritization of items</em></td>
<td></td>
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</table>

| Conclusion | Coordinate outreach efforts for all workgroups |

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Meet to discuss outreach to other regions, etc. and plans for informational and recruitment road show</td>
<td>Workgroup chairs/Joanne Lehrer</td>
<td>Sept/Oct</td>
</tr>
<tr>
<td>Survey staff on proposed ideas and generate new ideas</td>
<td>Workgroup chairs/Joanne Lehrer</td>
<td>Sept/Oct</td>
</tr>
<tr>
<td>Send update to all staff on wellness initiatives</td>
<td>Janice DeFrances</td>
<td>September</td>
</tr>
<tr>
<td>Recruit new member to wellness committee and nominations for new peer support team members</td>
<td>Workgroup chairs/Joanne Lehrer</td>
<td>Oct/Nov</td>
</tr>
<tr>
<td>Review survey results, regroup and plan for next 12 months and allocate available resources accordingly</td>
<td>Janice DeFrances/workgroup</td>
<td>December</td>
</tr>
</tbody>
</table>