

Military/Veteran Resource Network Application - Healthcare Providers

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Organization Name	Terros Health
Address	3003 N. Central Ave. Ste. 200 Phoenix AZ 85012 United States
Phone	(602) 685-6000
Website	http://www.terros.org/
What sector is your organization part of?	Community
Type of organization (check all that apply)	Healthcare Provider / Community Health
Organization Mission and/or Charter:	We are a healthcare organization of caring people, guided by our core values of integrity, compassion and empowerment. For more than four decades, the heart of everything we do is inspiring change for life.

Brief background of organization (year established, etc.):

On a cold day in January 2013, Kelly was released from a Phoenix jail wearing summer clothes and sandals with no place to go and no family or friends to bring her to a warm home. However, Amanda and Marion, employees of the Terros Bridging the Gap program were there to meet Kelly, and during the next three months they connected her with the medical and behavioral health care she needed and a housing program.

They also helped Kelly make connections with a food pantry, social security and an Alcoholics Anonymous group. These tasks helped Kelly have a chance for a new and better life; she needed help “bridging the gap” from jail to living independently. A grateful Kelly said, “I kept waiting for them to give up on me but they didn’t.”

Kelly’s story is similar to that of young people in Phoenix in 1969 in desperate situations because of bad trips on drugs, overdoses, and drug-related suicide attempts. Like Kelly, they had no place to go and they needed both immediate and long-term help. In those days, they were afraid of both hospitals and the police and didn’t go to them for help. A small group of friends, some of them teenagers, responded to their need and reached out to help them with a belief that people can change and with a commitment to not give up on them. That was the beginning of Terros.

Two of the helpers, Mark Davis and Bill Thrift, had the idea of organizing a group of helpers that would become an agency. They decided to call the new organization “Terras”, a name closely related to “terra” meaning “earth” because they were helping people who were high on drugs come down to earth and become grounded in “terra firma.” However, the name was printed incorrectly as “Terros” in the articles of incorporation. They decided this was not a huge issue and the misspelled name was kept.

Terros had a new approach to helping people in trouble with drugs. Dave Haynes, a police officer on the Phoenix Police Department in 1969, said Terros was an entirely new concept. Drug users were a big problem for the police and, initially, the police didn’t know what to make of Terros. Soon, Mr. Haynes and other officers saw that people using drugs were getting the help they needed. Officer Haynes became an advocate for the work Terros was doing. Today, Officer Haynes’ son Steve, a Phoenix Police Department Lieutenant, assists the work of Terros as a member of the Terros Board of Directors.

The new organization began filling a service gap by providing a safe place for people to stay for a short while and they developed an outpatient treatment program for substance use disorders, one of the first in Arizona. Every year, the program helped more people recover from addictions. In 2012, over 11,800 people received outpatient treatment in Terros recovery programs.

Jimmy is one of those who benefited from Terros treatment programs. Recently, when he was asked why his recovery became a possibility after years of addiction to methamphetamine and alcohol, his quick answer was, “Terros believed in me. They didn’t kick me out. I kept coming back to treatment because they believed in me. I now have four years of healthy sobriety.”

Many of the drug users in 1969 were also struggling with mental illness and needed treatment for both conditions. One in five adults with mental illness has a co-occurring substance use disorder. Treating people with co-occurring conditions is a Terros expertise. The LADDER Program (Life Affirming, Dual Diagnosis, Education and Recovery) serves individuals with both mental illness and substance use disorders who need a structured outpatient treatment environment. More than 550 patients participated in the LADDER program in 2012.

Terros believes in collaborating with the communities it serves and partnering with other organizations and agencies to increase its capacity to help more people. For ten years, Terros has been working with Child Protective Services (CPS) through Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together), providing family-focused substance abuse treatment for families referred by CPS. This service promotes family independence, stability and self-sufficiency while supporting child safety.

The early founders of Terros also established connections with hospitals and police departments to marshal community support and help for people in trouble with drugs. In 2012 nearly 4,000 patients in a behavioral health crisis in hospital emergency departments were seen by Terros clinicians who connected them to appropriate community care through a program called "Connect2Care". Since its first days of providing service, Terros has been reaching out to people with a caring commitment to not give up on them.

In 1995, after twenty-five years of service to the community, Terros was in serious financial difficulty. The Terros Board of Directors turned to Dale Rinard, an experienced behavioral health administrator, to provide leadership and restore Terros to the vital service organization it had been. Dale accepted the challenge and with committed and caring employees, the organization restored itself and began to grow. During the next sixteen years, Terros grew from a small company with 110 employees to a comprehensive healthcare organization with more than 400 employees touching the lives of over 27,000 people every year.

In 2011, the caring commitment of service that originated with the founders of Terros was entrusted to the leadership of its new President and CEO, Peggy Chase, who had been the organization's senior vice president of operations and chief financial officer. Peggy is guiding the integration of behavioral and medical services and the expansion of services throughout Arizona. The integration of services gives patients comprehensive care. Maribel is a 36-year old woman who has received both behavioral health counseling and primary medical care at the Terros McDowell Care Clinic. She says it is "better for me to go to one place on the same day. I can also get my prescriptions filled there. Everyone knows me and treats me with respect." Terros continues to help people manage addiction and mental illness, restores families and connects people to the care they need, and provides primary medical care. Mobile behavioral health crisis services are provided in homes, public places, and even the streets. Terros guides individuals making the transition to living as independently and productively as possible. Substance abuse prevention programs build healthy communities and Terros HIV/STI prevention and testing services reduce the spread of sexually transmitted infections. Autism and developmental disabilities services are also available to families.

Overview of organization's experience and expertise in delivering services, best practices used, etc.:

Our Terros story is a collection of thousands of individual and family stories of restoring health, finding recovery and sustaining wellness. It is the on-going story of caring people who inspire change, don't give up on people's ability to change and are guided by the core values of integrity, compassion and empowerment. The spirit of our founders, the caring commitment of our employees and our experience of touching the lives of thousands of people keeps us motivated to innovate, improve and help more people.

What area of the state do you serve/cover/etc.?

Regional within Arizona

2. County/Counties:

Coconino
La Paz
Maricopa
Pima
Pinal
Yuma

Brief overview of programs, resources, services, operations, etc.:

Addiction and mental health treatment, primary medical care, family services, community living, crisis services, community health, and sober living

General eligibility guidelines for programs, resources and/or services:

Most, if not all insurances are accepted; provides mental health, physical health services

Description of target audience:

Focuses on those who have substance use disorder, are persistently ill, children services, primary care services, providing whole person, whole health

In addition to treatment, also provide youth preventative services for substance abuse, HIV, STI

Cost for programs or services to service members, veterans and/or family members (or funding sources if no cost to individuals and families):

Depends on insurance coverage

Regulatory body that has oversight over organization and/or industry (if applicable) and any organizational memberships (e.g. chamber of commerce, alliances, associations, etc.):

Terros Leadership Team and Board of Directors

Our organization understands and agrees to the following Guiding Principles:

1. Military service often fosters resilience and strength in service members, veterans and family members.
2. Military service impacts the individual and the family. A “military family” can include a service member or veteran, their spouse/significant other and children, as well as parents, siblings, extended family and friends.
3. The military is a distinct culture. While service members, veterans and their families experience the same life circumstances and events as civilians, both positive and negative, they also have a unique set of life experiences relating to service, deployment and reintegration that are distinct from civilian life.
4. As a community, we are committed to providing the best care and support to all those who serve. Since changes in military status affect eligibility for programs, resources and benefits, we seek to build a continuum of care that addresses the needs of the entire military, veteran and family population.
5. No one organization can meet all needs for the entire military and veteran population. Stronger collaboration between military, government and community partners supports service members, veterans and their families in connecting to the right program, resource and/or benefit at the right time. Organizations should also focus on collaboration to maximize available resources and minimize duplication of effort.
6. There should be no wrong door to which a service member, veteran or family member goes to for help. Each individual and organization should have at least the basic knowledge on the military/veteran systems of care to assist in connecting that individual or family to a more appropriate resource so that no one is turned away.
7. As a network of individuals and organizations who provide care and support to the military and veteran population, our goal is to assist service members, veterans and family members in being informed consumers who are empowered to make decisions to access those programs, resources & benefits that will meet their needs.
8. Every service member, veteran and family member has an individual experience and perspective which should be acknowledged and incorporated into the provision of care and support.

Our organization understands and agrees to the following Ethical Considerations:

1. The interest of the service member, veteran and family member should come first, above the interest of the provider or organization, financial or otherwise.
2. Any potential conflicts of interest should be disclosed up front.
3. Respect the service member, veteran and/or family member by providing accurate information that will assist them in making informed decisions about the care and support they access.
4. Organizations should only offer programs, services and resources that they are equipped or trained to deliver. Outreach and engagement of the military and veteran population should be within the scope of the role and function of the individual (training & experience) and the organization (policies, practices, procedures).
5. Organizations that outreach to the military/veteran population have an obligation to equip their personnel and organizations with the training necessary to understand: a) the unique aspects of the military experience b) the issues affecting these individuals and their families and c) the specific military/government programs and benefits available to this population. Organizations should consult with subject matter experts when necessary.
6. Outreach and messaging to the military and veteran population should be truthful, not misleading nor designed to incite fear, should always accurately and appropriately cite sources and present information in context.
7. Organizations should be cautious about promising outcomes. Information should clearly state if a program or service is evidence-based or independently documented to be effective. Statements about the effectiveness of programs or services should include information on success rates and the documented source of this information.
8. Coordination of care and follow up is essential when service members, veterans and family members are accessing multiple systems of care. Partners need to be actively engaging with other providers and systems as appropriate, while still respecting the confidentiality of the individual or family.

Key personnel (leadership, management, staff, etc.) have knowledge, experience and/or training related to:

The military, veteran and family population and unique aspects of military/veteran culture.
The effects of military service, deployment, reintegration and transition on the population, including physical, cognitive, psychological and/or psychosocial impacts on the individual and family (spouses/significant others, children, parents, siblings, etc.).
Key issues affecting the population (e.g. post-traumatic stress, TBI, depression, substance use), as well as the dynamics of polytrauma.

Total number of staff:

1000

Approximate number of staff that have received the above training:

30

We have employees who are (check all that apply):

Service members
Veterans
Family members
Experienced in working with the military, veteran and/or family population

Additional detail on how our organization CONNECTS to the culture relating to the above areas, as well as any other relevant information:

have received culture training in the past

Approximate number of employees in organization:

1000

Number of individuals trained as Military/Veteran Resource Navigators within organization:

0

Titles/roles of individuals trained as Navigators (e.g. team leaders, supervisors, admin staff, etc.)

Would like to discuss scheduling a navigator training in the new year

Communications (print, web, etc.), content and messaging focused on the military and veteran population: uses appropriate terminology and imagery; describes services offered and treatment modalities, as well as any eligibility criteria; accurately reflects efficacy & evidence basis for services; clearly indicates costs, insurance plans and fee arrangements.

Yes

Additional detail on how our organization ASKS the right questions at the right time relating to the above areas, as well as any other relevant information::

Would like to discuss scheduling a navigator training in the new year

All staff and volunteers have basic awareness of key gateway resources (crisis lines and the Military/Veteran Resource Network) and can provide information to individuals and families as needed. When and how was this information distributed to all employees (e.g. email, intranet, handout, etc.):

attended culture training; emails, Terros Learning community

Mark the area and provide details in text box below:

Staff know to refer individuals and families to a Resource Navigator to connect to the range of available military government and community resources (e.g. housing
mental health
physical health
legal
employment
finances
etc.).

Additional detail on how our organization RESPONDS effectively relating to the above areas, as well as any other relevant information::

Could discuss integrating culture and/or navigator training into the Terros Learning community

We have one or more individuals designated as points of contact (POCs) for the Military/Veteran Resource Network and the military/veteran community:

Yes

Our organization partners as appropriate and needed with public and private sector organizations to strengthen quality and coordination of care for service members, veterans and family members.

Yes

Additional detail on how our organization ENGAGES relating to the above areas, as well as any other relevant information:

Could discuss integrating culture and/or navigator training into the Terros Learning community