

# PEER SUPPORT 101

WELCOME!

# AGENDA: MARCH 17, 2017

- Introductions
- Basic Overview of Peer Support
  - History
  - Mythbusting
  - What is a PSS?
  - Taking a closer look
  - Developing a Peer Delivered Services System of Care
- Question and Answer Period

# INTRODUCTION OF FACILITATORS

## Janie Marsh

## Ally Linfoot

Janie is the Executive Director of MHAO, an inclusive grassroots organization of persons dedicated to empowering consumer/peer voice and recovery through services, education, and policies that foster wellness and full participation in the community.

The services provided by MHAO include training, technical assistance, and consultation-- all from the Peer Recovery Perspective. We house Peerlink National Technical Assistance, EVOLVE Peer Delivered Services, the Oregon Health Reform Peer Network, and the Youth & Young Adult Peer Mentor Training Program.

Ally is the Peer Services Coordinator and Peer Contract Manager with Clackamas County Behavioral Health. She has worked in peer services for nearly 20 years. She came to this work through her son who is now 25 and has struggled since the age of 4. In recent years she has used her experience as a person and mom with her own mental health experiences to work on issues affecting youth and young adults, children and families, and adults in the mental health and addictions systems. For the last 6 years Ally has worked for the Clackamas County Behavioral Health Division developing a Peer Services System of Care providing 16 different peer support programs in Clackamas County. In 2015 the Clackamas County Peer Services System of Care provided support to 5012 people in Clackamas County and provided 95 Peer Support Specialists who deliver supports throughout the county.



Please share your:

- Name
- Role within health/mental health care

Please also share a thought on what peer support is or does.

This could be a personal reaction, the first word that comes into your head, or something you have heard about it (the good, bad, and ugly!).

# INTRODUCTIONS

# HISTORY OF PEER SUPPORT

# EARLY PIONEERS



“As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane.”

Jean Baptiste Pussin in a 1793 letter to Phillipe Pinel.

# A (VERY!) BRIEF HISTORY

- Peer support has existed in various forms for many years (e.g. AA, NA, support groups, cancer survivor groups, grief groups, etc)
- In line with civil rights movements in 1960s and 70s, consumers began to strongly advocate for rights and expanded treatment options
- In the 1980s – 90s funding started to become available for peer groups and the movement became more organized
- Recently becoming more well known and accepted as beneficial practice; considerable amount of growth in the field!



# WHAT IS PEER SUPPORT?

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.

Mead, Hilton, & Curtis, 2001

MYTHBUSTING

# MYTHBUSTING

- Peers can't provide mental health services
- Peer can't work full time
- Peers will relapse
- Peers will replace you
- Peers are too fragile and can't handle the job stress
- Peers can't handle administrative demands
- Peers will cause harm to clients that professionals have to undo

# WHAT IS A PEER SUPPORT SPECIALIST?

# WHAT IS A PEER SUPPORT SPECIALIST (PSS)?

**A person with lived experience of mental health and/or addictions challenges who provides assistance, support, and encouragement.**

A PSS may engage in these common activities with the peers they work with:

- Advocacy
- Experiential sharing
- Building community
- Mentoring/coaching
- Connecting to resources
- Socializing/self-esteem building
- Systems navigation

**Generally, a PSS splits their time 60/40 between doing direct peer support and indirect work (e.g. meetings, documentation, resource connection).**

# PEER SUPPORT SPECIALIST AS A TEAM MEMBER

- Behavioral Health System
- Assertive Community Treatment (ACT) Team
- Early Assessment and Support Alliance (EASA)
- Drug and Alcohol Services Team
- Criminal Justice System
- Department of Human Services (DHS) Child Welfare
- Mental Health and Drug Court
- Jail
- Health Systems

Community involvement may include committee participation and systems advocacy.

# CERTIFICATION IN THE STATE OF OREGON

## **Requirements for state certification:**

- Complete an Oregon Health Authority approved training program
- Submit application to Oregon Health Authority
- Pass background check
- Complete 20 CEUs every 3 years
- No clean time requirements for PSS

## **Currently there are:**

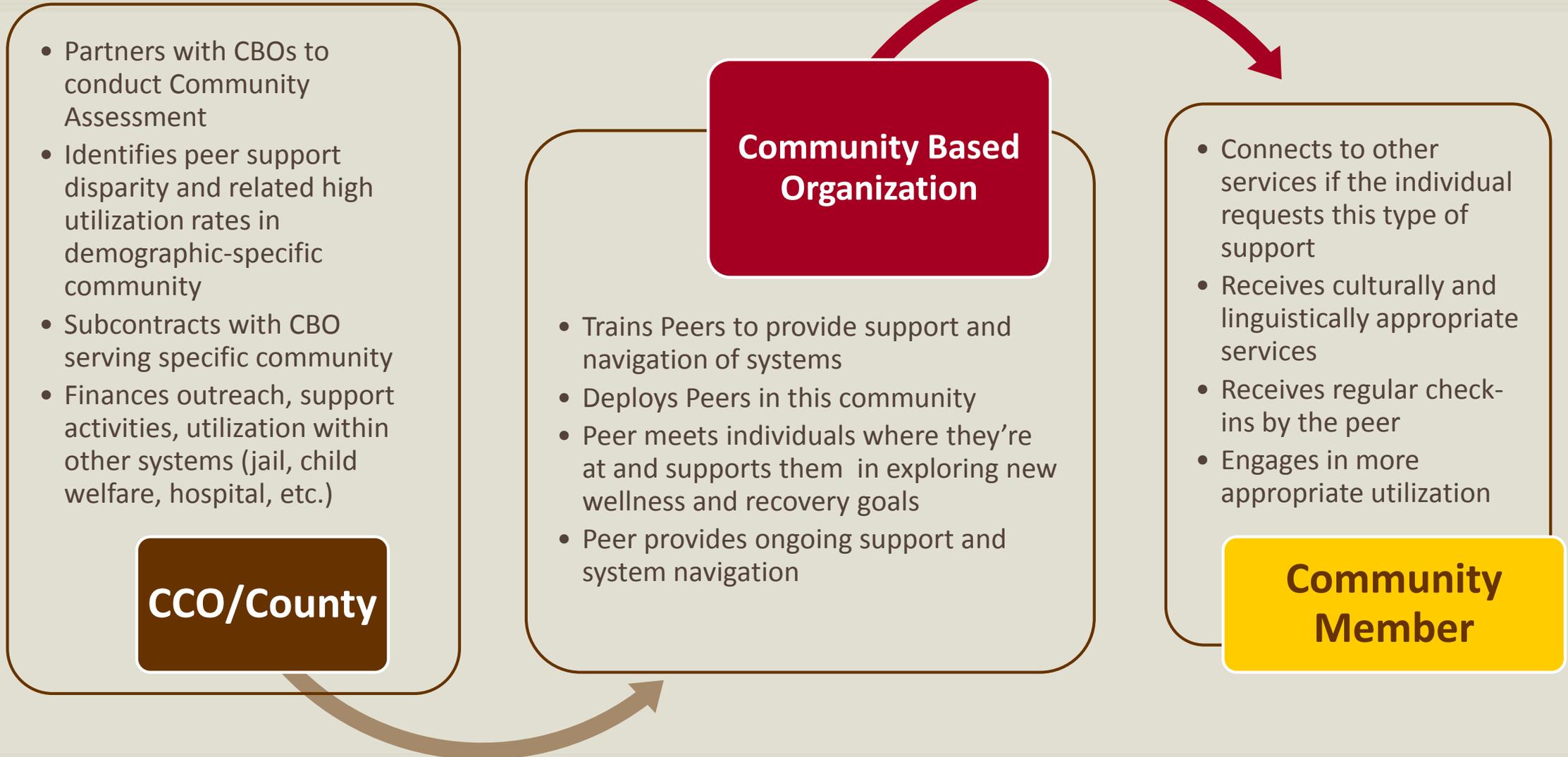
- 16 state-approved PSS training programs
- 3 state-approved PWS training programs
- Around 150 registered and certified PSSs

**National standards have been developed for Peer Support Specialists, and a national certification is in process by Mental Health America.**

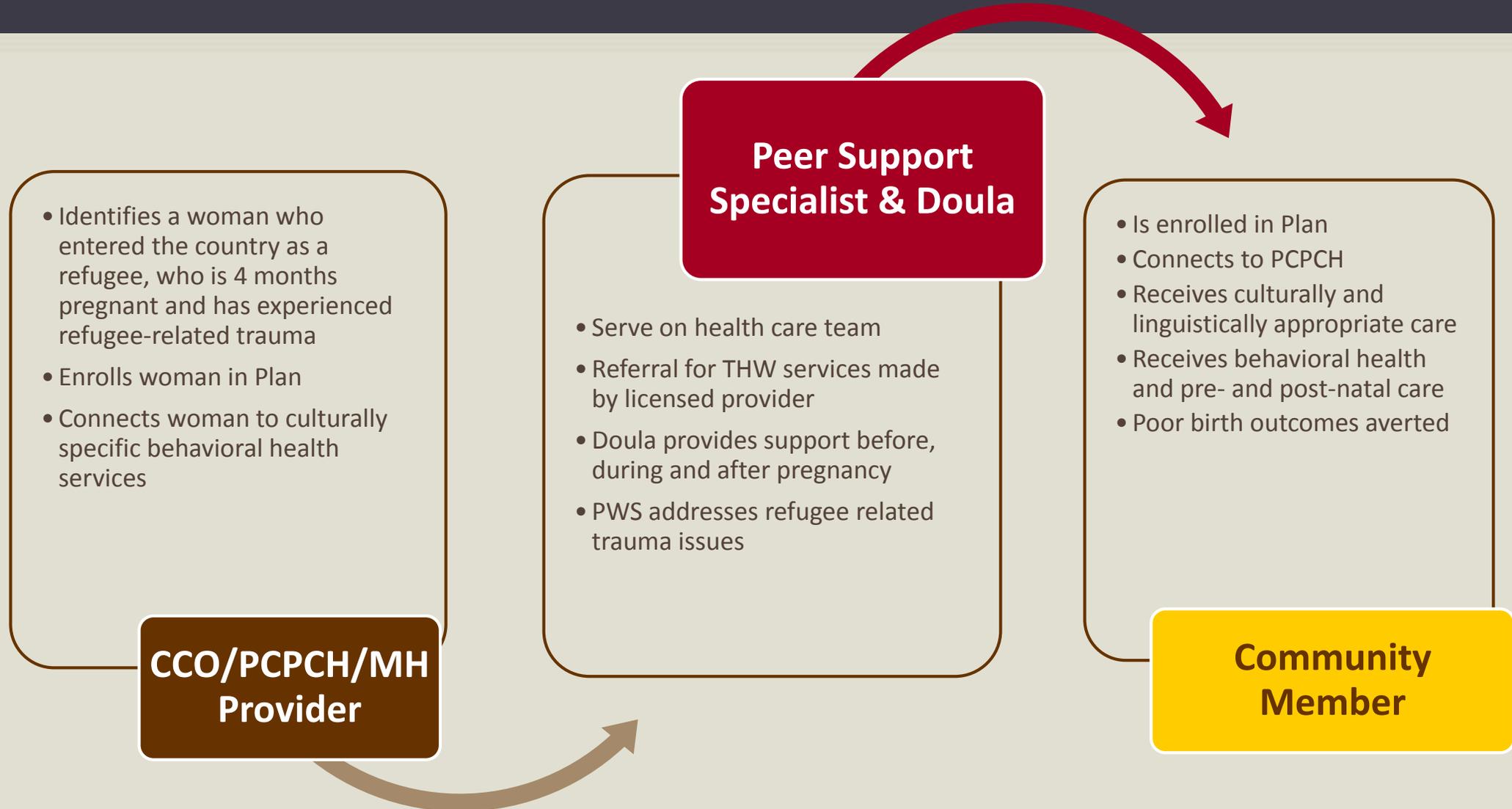
# TRADITIONAL HEALTH WORKER (THW) COMMISSION

- Created under HB2024
- Current rule: OAR 410-180-0300
- Falls under the purview of the Office of Equity and Inclusion (OHA)
- Maintains the Traditional Health Worker Registry (5 worker types)
  - Peer Support Specialists
  - Peer Wellness Specialists
  - Community Health Workers
  - Birth Doulas
  - Personal Health Navigators
- Provides technical assistance to CCO's, providers, and other system partners working to integrate THW's
- Develops tool kits to aid in the implementation of THW's with health and mental health care systems and providers
- Working to develop payment models for THW roles

# OPPORTUNITIES FOR INTEGRATING THW'S



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# BOUNDARIES

**“Learning how to say no in a way that still invites the relationship to continue is an art and takes lots of practice.”**

**“Boundaries tell us why we’re both here and what we’re supposed to be doing together.”**

- Peer support involves rich and complex relationships that are like but also very unlike conventional “therapeutic” relationships.
- They rely on the mutuality and reciprocity of equals who share similar but not identical experiences.

# ETHICS

## **Peer Support Specialists OHA Standards of Conduct**

- Competence
- Represent professional capabilities honestly and openly
- Communication with community members
- Develop collaborative partnerships
- Non-Discrimination
- Act as an advocate
- Support self-determination
- Respect
- Confidentiality
- Recognize and protect an individuals rights

## **Certified Recovery Mentors ACCBO Code of Ethics**

- Non-Discrimination
- Responsibility
- Competence
- Legal and Moral Standards
- Public Statements
- Publication Credit
- Client Welfare
- Confidentiality
- Client Relationships
- Interprofessional Relationships
- Remuneration
- Societal Obligations

# TAKING A CLOSER LOOK AT PEER SUPPORTS

# INTERNATIONAL ASSOCIATION OF PEER SUPPORTERS

## iNAPS Core Values

- Peer support is voluntary
- Peer supporters are hopeful
- Peer supporters are open-minded
- Peer supporters are empathetic
- Peer supporters are respectful
- Peer supporters facilitate change
- Peer supporters are honest and direct
- Peer support is mutual and reciprocal
- Peer support is equally shared power
- Peer support is strengths-focused
- Peer support is transparent

## iNAPS Practice Guidelines

- Support choice
- Share hope
- Withhold judgement about others
- Listen with emotional sensitivity
- Be curious and embrace diversity
- Educate and advocate
- Address difficult issues with caring and compassion
- Encourage peers to give and receive
- Embody equality
- See what's strong, not what's wrong
- Set clear expectations and use plain language
- Focus on the person, not the problem

- Develop peer services system of care
- Design and implement peer support programs based on community needs and gaps in services
- Foster and maintain relationships with peer service providers
- Foster and maintain relationships with system and community partners
- Oversee peer provider contracts
- Provide technical assistance
- Work with compliance division and participate in financial and programmatic audits
- Facilitate cultural change within systems
- Staff Peer Advisory Committee
- Know your champions

## PEER SERVICES COORDINATOR

Successful systems of care strive to develop leadership and share leadership across stakeholder groups.

# HIRING AND SUPERVISION

## Hiring

- Competitive process
- Lived experience is not singular qualification
- Follow universal policies on hiring employees
- Value the need to recruit and hire qualified peers

## Supervision

- Both administrative and consultative
- Needs to be knowledgeable about PSS role and scope of work
- Supports development of PSS roles
- Different when supervisor does not have a PSS background

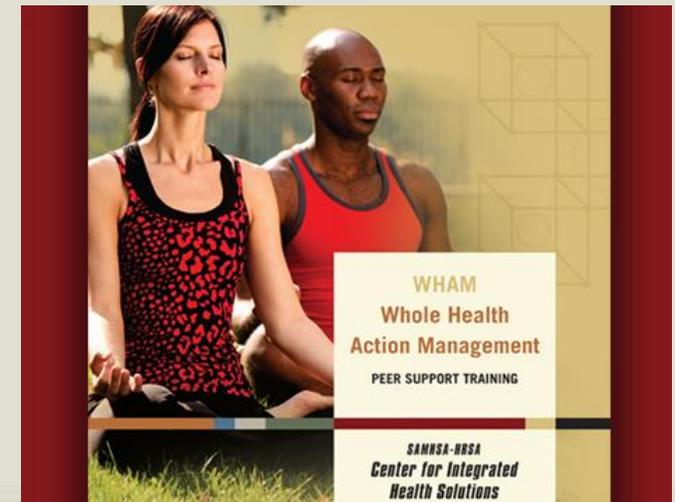
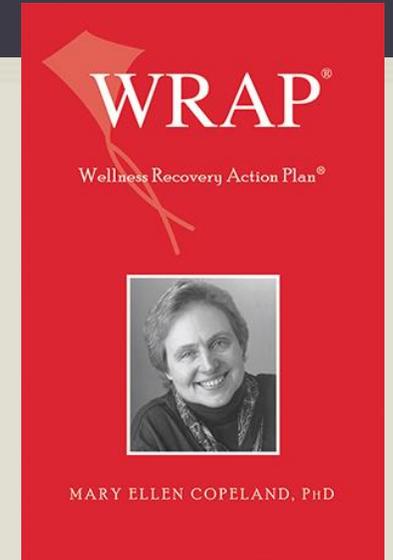
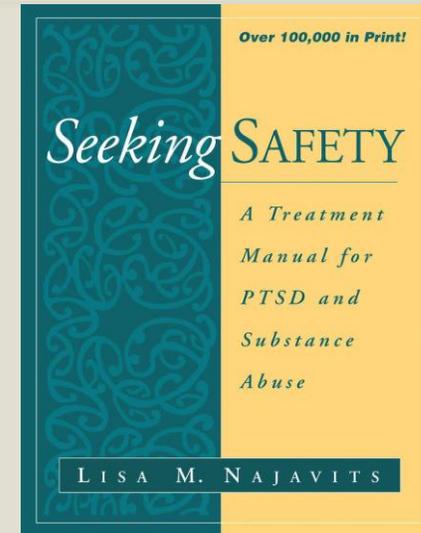
# EXAMPLES OF 2 PRIMARY TOOLS USED IN PEER SUPPORT

# PERSON-DIRECTED PLANNING

- A Person-Directed Plan (PDP) tells us about the focus person, future dreams, supports needed to be successful and action steps to move towards those dreams.
- Directed and owned by the focus person;
- Strengths-based;
- PDPs uphold the following principles: person-directed, individual rights, ongoing, diversity, relationships, and inclusion.
- Many different kinds of PDPs but principles maintained.

# EVIDENCE-BASED PRACTICES

- Peer Support and Recovery Mentorship!!
- Seeking Safety
- WRAP® Wellness Recovery Action Plan
- WHAM Whole Health Action Management



ACTIVITY

# DEVELOPING A PEER SUPPORT SYSTEM

# BACKGROUND

- 2009 Clackamas County Behavioral Health Redesign
- Recognition that peer support services as a critical component to sustained recovery for both mental health and addiction
- Contributes to the building of natural supports and community
- Creation of the Peer Services Coordinator
- Peer Services Coordinator
  - Develop peer services system of care
  - Foster and maintain relationships with peer service providers
  - Write an RFP for a comprehensive array of peer support services
  - Oversee peer provider contracts
  - Provide technical assistance

## ■ January 2011

- Steering Committee convened
- 18 members
- 4 county staff
- 3 youth/young adult reps
- 4 family member reps
- 7 adult and peer-run organization reps

## ■ Committee charged with:

- Identifying the values of a peer service delivery system
- Measures and outcomes
- Ancillary systems
- Strategies for implementation

## ■ Committee Developed:

- Logic Model
- Elements of peer delivered services grid
- Measures and outcomes matrix

PEER  
SERVICES  
STEERING  
COMMITTEE

# ELEMENTS OF PEER SUPPORT SERVICES - ROLES

## ADULT

- Recovery Coach (defined by William White)
- Anyone interested in promoting addiction recovery
- Serves as a personal guide & mentor
- Removes barriers
- Links newly recovering persons to the recovery community
- Peer Support Specialist (defined by Pillars of Peer Support)
- An individual in mental health recovery
- Is a valued member of an individual's planning team
- Provides support, information, and navigation
- Assists in times of transition
- Forensic Peer Specialist (GAINES)
- Individuals with history of mental illness and incarceration
- Serves as community guide, coach, advocate for those in early stages of re-entry
- Willing to share their experience
- Model skills
- Helping relinquish learned survival mechanisms & attitudes in criminal justice settings

## YOUTH / YOUNG ADULT/ ADULT

- Young Adult Peer Mentors (defined by TRACS-Transition Resources & Community Supports); Peer Coach
- Individuals that offer first hand experience of living with & overcoming mental health issues to support & assist young adults
- Demonstrate by their presence that recovery is real & possible
- Provide more intensive, community-based outreach & support
- 1:1 mentoring for approx 6 mo., 1-2 hrs/wk
- Young adult sets goals to be addressed in weekly meetings with mentor
- Focus is on developing natural, sustainable resources
- At the end of the mentorship the young adult no longer should need a mentor
- Mentors are encouraged to be open about their illness & recovery experiences, but to share only when the young adult is interested & the information will be to their benefit

## PARENT/CAREGIVER

- Family Support Specialist (defined by FFCMH)
- A person who is parenting or has parented a child experiencing mental, emotional or behavioral health disorders
- Strengths based
- Establishes relationship on mutual learning from common lived experience
- Empowers parents & caregivers to advocate for their child/youth's needs
- Promotes wellness, trust & hope
- Reduces isolation of family members experience & stigma
- Can articulate the understanding of their experience with another parent/caregiver
- Identification & understanding of cultural & linguistic diversity

# MEASURES AND OUTCOMES

1. Reduce recidivism to higher levels of care, corrections, juvenile justice, Oregon Youth Authority	8. Improved quality of life	15. Cost savings
2. Reduce utilization of traditional mental health and addiction services	9. Increased participation in formal education	16. A more informed public (elimination of discrimination)
3. Help increase the effectiveness of traditional mental health and addiction services	10. Increase in overall wellness (whole health)	17. Community inclusion
4. Satisfaction surveys will indicate care is self-directed and individuals and families feel heard, honored and respected	11. Increase in natural supports	18. Support network for peer specialists
5. Peer Support Programs become an alternative to traditional mental health services	12. Increased alternative health practices	19. Continuing education for peer specialists
6. Seamless referrals to peer support programs from traditional mental health and addiction services	13. Increased involvement in system advocacy activities	20. Training and education for system professionals on the role of peer supports
7. MHO screening activities will show a % of referrals to peer support programs	14. Community and civic engagement	21. Reduction/elimination of misdiagnosis due to cultural barriers and misunderstanding

# LOGIC MODEL - VALUES

- Cultural diversity
- Inclusive and welcoming of under-represented communities
- Community inclusion
- Self-direction, empowerment, and choice
- Participatory process
- Leadership development
- Reduction of isolation and discrimination
- Wellness and resilience
- Community building
- Persistence
- Whole Health Recovery
- Peer support providers and organizations as equal partners
- Prevention, Education, Outreach and Peer In-reach
- Collaboration/partnership between systems, addictions, corrections, families, CSX, young adults in transition, across the lifespan
- Creation of a trauma informed system
- Cultural Responsiveness



## Adults

- Supportive Housing and County Clinics (FQHC's)
- Clackamas County Jail/County Sheriff's BHU
- Mental Health Court/Drug Court/Family Court
- Drop-in Centers and Mobile Outreach



## Transition Age Youth

- Youth Drop-in
- 1:1 Peer Support and Navigation
- LGBTQQ drop-in and Gay Straight Alliance development in Schools



## Families

- Family Partners on Wraparound teams
- Youth Partners on Wraparound teams
- Community Education and Support Groups
- Child Welfare



## Serving All

- NAMI
- Warm Line
- Centerstone Crisis Walk-in

# THE RESULTS

16 Peer Support Programs

# THE NUMBERS – ALL SERVED

## People Served

- Total Served: 5012
- 1:1 Peer Services: 3601
- Drop-ins: 1411
- Support Groups & Workshops for individuals served: 2821
- Outreach activities to system and community partners: 219
- Staff training activities: 46
  
- NOTE: The above numbers do not include Warmline

## Experience of Services

- Engagement Rate: 87%
- Report improved overall wellness (whole health): 83%
- Report improved quality of life: 79%
- Report an increase in natural supports: 73%
- Feel accepted in thier community: 47%
- Report they would have returned to a higher level of care if not for PDS: 61%

# THE NUMBERS – CHILDREN & FAMS

## People Served

- 1:1 Family Support: 438
- Family Reunifications: 45
  - 16 children originally had a permanency plan of adoption (from 2014)

## System Involvement

- Child Welfare: 257
- Juv Justice or OYA: 20
- Adult Addiction Tx: 48
- Adult Court: 143
- Other: 70

## Experience of Services

### Children & Family Programs:

- Engagement Rate: 84%
- Report improved quality of life: 82%
- Report an increase in natural supports: 82%

## Parent Programs

- Feel accepted in their community: 30%
- Increased wellness: 84%

Estimated cost savings to Jail: \$1,288,710

Estimated cost savings to child welfare: \$720,400

Estimated cost savings to system based on  
Warm Line calls: \$283,003

Cost of Peer Services 2014: \$1.2 mil

Cost of Peer Services 2016: \$2.2 mil

## COST SAVINGS

Data is from FY14

This cost savings was determined using only the data submitted by 3 of our 14 peer support programs.

QUESTION & ANSWER PERIOD



**JUDGMENT  
-FREE  
QUESTION  
TIME!**

# ACKNOWLEDGEMENTS

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Robyn Priest and friends at Café TA Center,  
Adrienne Scavera, and Janie Marsh.

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We offer our sincere thanks to all contributors and hope that these  
efforts contribute to the continued recovery and healing of those in  
our community.

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