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!).
HISTORY OF PEER SUPPORT
“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.
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

- 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

Source: Dawniell Zavala of www.wiseup.work
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

- Partners with CBOs to conduct Community Assessment
- Identifies peer support disparity and related high utilization rates in demographic-specific community
- Subcontracts with CBO serving specific community
- Finances outreach, support activities, utilization within other systems (jail, child welfare, hospital, etc.)

Community Based Organization

- Trains Peers to provide support and navigation of systems
- Deploys Peers in this community
- Peer meets individuals where they’re at and supports them in exploring new wellness and recovery goals
- Peer provides ongoing support and system navigation

CCO/County

- Connects to other services if the individual requests this type of support
- Receives culturally and linguistically appropriate services
- Receiving regular check-ins by the peer
- Engages in more appropriate utilization

Community Member
OPPORTUNITIES FOR INTEGRATING THW’S

**CCO/PCPCH/MH Provider**
- Identifies a woman who entered the country as a refugee, who is 4 months pregnant and has experienced refugee-related trauma
- Enrolls woman in Plan
- Connects woman to culturally specific behavioral health services

**Peer Support Specialist & Doula**
- Serve on health care team
- Referral for THW services made by licensed provider
- Doula provides support before, during and after pregnancy
- PWS addresses refugee related trauma issues

**Community Member**
- Is enrolled in Plan
- Connects to PCPCH
- Receives culturally and linguistically appropriate care
- Receives behavioral health and pre- and post-natal care
- Poor birth outcomes averted

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“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

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
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
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
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

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

## Experience of Services

**Children & Family Programs:**

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

## System Involvement

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

## Parent Programs

- Feel accepted in their community: 30%
- Increased wellness: 84%
Data is from FY14
This cost savings was determined using only the data submitted by 3 of our 14 peer support programs.

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
QUESTION & ANSWER PERIOD

JUDGMENT - FREE QUESTION TIME!
ACKNOWLEDGEMENTS

Contributions to this training were made by: 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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