

# Welcome!

## Reducing Emergency Department among the Mental Illness Population Learning Series-

Behavioral & Physical Health Integration: Lessons from the Field-  
Virtual Learning Collaborative

**The session will start shortly!**

### **Best Practices:**

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

# Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- **Please actively participate in the sessions! We want to hear from you**

# Behavioral & Physical Health Integration: Lessons from the Field

## Today's Goals

- Learn the nuts and bolts of creating a peer support program
- Hear the first-hand experience of a peer support specialist
- Learn about funding strategies for peer programs

# Peer Support 101 (Medical Settings)

## Behavioral and Physical Health Integration- Lessons from the Field

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# Learning Objectives

- What is the Peer Role, its Benefits and the Research
- Peer Certifications and other types of Traditional Health Workers
- Developing a Peer Program, Common Pitfalls and Lessons Learned
- Funding for Peer Roles
- Technical Assistance Available to Help with Building a Program (SAMHSA and OHA TA bank)

# MHAAO – Who We Are

**Mental Health & Addiction Association of Oregon (MHAAO)** is an inclusive peer-run organization dedicated to self-direction honoring the voice of lived experience.



# Recovery

About 23% of all years lost because of disability are caused by mental and substance use disorders.<sup>1</sup>

**Recovery** from these disorders is not only **possible** but **probable** when given the **right** supports and services.

# What is Peer Recovery 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.<sup>2</sup>

The terms mentoring or coaching refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.<sup>3</sup>



# Why Peer Support?

- With workforce shortage – untapped workforce
- Cost effective
- People trust in peer support and can work through issues in different way with each other

# Benefits Of Peer Support As Found In The Literature

## Research has shown that recipients of peer support experience reductions in:

- Symptoms
- Hospitalizations
- Use of crisis services
- Substance abuse
- Level of worry
- Life problems

## And increases in:

- Quality of life
- Coping ability
- Medication adherence\* (via the power of informed choice)
- Social network and support
- Daily functioning
- Illness management
- Self-esteem
- Rate of employment
- Earnings<sub>4</sub>

# A Variety of Peer Support Roles

Different certifications/types/titles:

- Peer Support Specialist (PSS)
- Peer Wellness Specialist (PWS)
- Certified Recovery Mentor (CRM)
- Peer Recovery Counselor (PRC)

# Certification of Peer Recovery Specialists

## Two types of Oregon state-approved certification:

Oregon Health Authority - Traditional Health Worker Registry  
PSS, PWS, Birth Doula, Health Navigator,  
Community Health Workers



MHACBO (Mental Health & Addiction Certification Board of Oregon)



# 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/Hospital Systems

Community involvement may include committee participation and systems advocacy.

# 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
- Important to have career path for peer workers (supervisors, program directors etc.)

## 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

# Question & Answer Period



**JUDGEMENT-  
FREE QUESTION  
TIME!**

# A Personal Story

Kristin Griffey's lived experience (personal and as a PSS)



# The Work

- Legacy ED Peer Program-Good Samaritan and Emanuel
  - 36% decrease in ED visits in two months following peer contact
  - 38% of patients who remained out of ED four months post peer intervention
- “Breakroom confessions”
  - Burnout, compassion fatigue and vicarious trauma

# Question & Answer Period

# Steps to Successful Implementation

- Preparation
- Recruitment
- Implementation
- Ongoing Development
- Evaluation and Course Correction



# Common Challenges Worldwide- Peers in Mainstream Services

- Support only from upper management and no buy in throughout the organization
- Clash of values/policies/etc.
- Isolation from other peers
- Limited/no peer training opportunities
- Limited/no peer supervision
- Employing peers just because they are peers
- Not considering peer support as a profession/discipline



# Lessons Learned

- Having an early adopter on the “inside” who understands or is willing to learn about peer support services on a deeper level
- Background check issues/barriers
- Integration of new service in medical setting
- Gatekeepers
- Organic culture change in hospital



# Funding for Peer Services

## Current Funding

- Peers bill Medicaid for services connected to treatment plans
- County/State/Federal grants and contracts (reimbursement)
- Community Benefit Grants (hospitals)

## On the Horizon

- Peer-run organizations able to directly bill Medicaid and private payers for peer services
- Grants/funding to supplement Medicaid and private payer billing

# Technical Assistance

## Free Resources

- Oregon Health Authority OCA and Peer Delivered Services Coordinator: <https://www.oregon.gov/oha/HSD/BHP/Pages/OCA.aspx>
- SAMHSA: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>
- iNAPS: <https://www.inaops.org/>
- Pillars of Peer Support: <http://www.pillarsofpeersupport.org/>
- For CCOs - OHA TA Bank: <https://www.oregon.gov/oha/hpa/dsi-tc/Pages/index.aspx>
- MHACBO/MAAPPs: <http://maapp.org/>

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# Question & Answer Period

# Presenter Contact Information

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# Additional Resources

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers> (Core Competencies)

<https://www.inaops.org/values> (National Practice Guidelines)

<http://www.pillarsofpeersupport.org/>

[http://www.williamwhitepapers.com/rm\\_rosc\\_library/](http://www.williamwhitepapers.com/rm_rosc_library/)

# Citations

1. [http://www.who.int/features/factfiles/mental\\_health/mental\\_health\\_facts/en/index1.html](http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index1.html)
2. Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141.
3. SAMHSA (2009). What are peer recovery support services? <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>
4. Source: Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.

# Research Base

- A challenge in evaluating peer supports is that there are lots of variations among peer support programs and how peer supporters do their work. This variation/flexibility has many of advantages, but it is difficult to determine how effective peer supports is an approach in general for research purposes.
- Relatively new field, and research is being developed. More research (particularly longitudinal) exists related to coaching and mentoring, two aspects of peer support.

1Rogers, E. S., Kash-MacDonald, M., & Brucker, D. (2009). Systematic review of peer delivered services literature 1989 – 2009. Boston: Boston University, Sargent College, Center for Psychiatric Rehabilitation, Accessed from <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/peer-delivered-services>.

# Research Base

“Peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

- Precede formal treatment, strengthening a peer’s motivation for change;
- Accompany treatment, providing a community connection during treatment;
- Following treatment, supporting relapse prevention; and
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.”

<sup>1</sup> Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2008.

Article accessed from <http://maapp.org/media/MAAPP-EFFECTIVENESS.pdf>

# Research Base

- Several studies found peer-delivered services compared to professional services had better outcomes in a number of ways, including higher service use rates, reduced rates of hospitalization, and improved sense of hope and self-esteem.
- A 17-year research analysis, *Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence 1995-2012*, evaluated studies meeting a minimum criteria for moderate or greater evidence of effectiveness. These studies included: randomized control trials, quasi-experimental studies, pre vs. post research and research reviews.

1Rogers, E. S., Kash-MacDonald, M., & Brucker, D. (2009). Systematic review of peer delivered services literature 1989 – 2009. Boston: Boston University, Sargent College, Center for Psychiatric Rehabilitation, Accessed from <http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/peer-delivered-services>.