

Implementing Peer Support: Learning to Grow, Clarifying Roles, and Getting Out of the Way



Presenters:

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Phoenix Health Center

- Program of Family Health Centers, Inc. in Louisville, KY
- Began in 1988
- State licensed and Joint Commission accredited
- \$4 million budget:
 - Bureau of Primary Health Care (HCH)
 - HUD
 - Substance Abuse & Mental Health Services Administration (SAMHSA)
- 45 employees



Phoenix Health Center

Health Care for the Homeless Project

**Health Care and Social Services
for
Persons Living
in Shelters and on the Streets**

Operated by Family Health Centers, Inc.

Phoenix Health Center

Comprehensive Care:



- Primary Care Clinic
- Health Outreach
- Dental Care
- Respite Care
- Mental Health Services
- Social Services
 - Outreach
 - Case Management
 - Substance Abuse Treatment
 - SOAR
 - Permanent Supportive Housing
 - Coordinated Assessment

5,000 patients and 31,000 visits in 2013

FHC's Housing First Programs

SAMHSA I (Grants to Benefit Homeless Individuals):

“Louisville Housing First Project for Homeless Adults”

- 2008-2013
- \$2 million (\$400,000/year)
- PSH + supportive services for homeless
- 62 housing vouchers: 42 HUD PSH + 20 Shelter+Care
- Grant Partners:
 - Louisville Metro Government
 - St. John Center
 - St. Vincent de Paul
 - Seven Counties Services
 - Wellspring

SAMHSA II (Cooperative Agreements to Benefit Homeless Individuals):

“Louisville Cooperative Housing First Project”

- 2011-2014
- \$1.5 million (\$500,000/year)
- PSH + supportive services for chronically homeless
- 75 housing vouchers: 70 Housing Choice, 5 Shelter+Care
- Grant Partners:
 - Bridgehaven
 - Louisville Metro Government
 - Louisville Metro Housing Authority
 - St. John Center
 - St. Vincent de Paul
 - Seven Counties Services
 - Wellspring

Prescription? Housing!

AN ARTIFICIAL WATERMARK IS ON THE BACK - HOLD AT AN ANGLE TO VIEW THIS MARK

MGH
1811

JAMES J. O'CONNELL, M.D.
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MEDICAL WALK-IN UNIT
617-726-2707

PATIENT'S FULL NAME JOHN DOE	PHONE NUMBER N/A	AGE 50	SEX M
ADDRESS STORROW DRIVE BRIDGES		DATE 9 / 4 / 2005	

Rx **1 STUDIO APARTMENT**
SIG: USE EVERY DAY PRN
: 30 DAYS

Dr. **J O'Connell M.D.**

Refills 1 2 3 4 **11**
 No Refills Void After _____

DEA #: _____

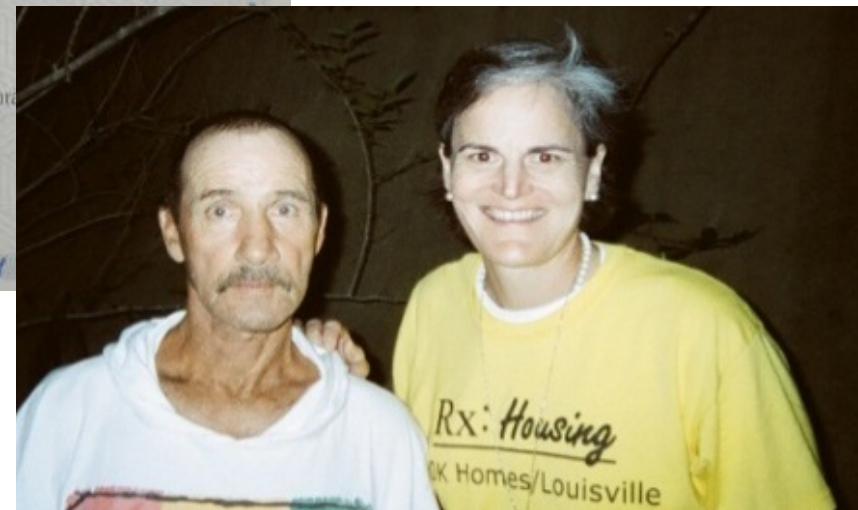
VALID FOR CONTROLLED SUBSTANCES

Interchange is mandated unless the prescriber indicates otherwise.
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"RX" ON BACK IS PRINTED IN DISAPPEARING INK - RUB BRISKLY

Rx: Housing

100K Homes/Louisville



Client Demographics: Rx Housing

- Total Housed: **104**
- Chronically Homeless: **100%**
- Mean Age at Intake: **48**
- Gender: **88% M, 12% F**
- Prior Housing: **54% shelters, 46% street/
outdoors**
- Chronic Mental Disorder: **95%**
- Chronic Substance Use Disorder: **77%**
- Co-Occurring Mental + Substance Disorders: **77%**
- Chronic Health Problem: **83%**

Why Include Peer Support in PSH?

- Lived experience (Peers should represent consumers)
 - Homelessness
 - Mental illness
 - Substance abuse
- Allows two staff members for each consumer
- Recovery focus
- Different dynamics
- More informal

Wellspring's Experience

- Wellspring began hiring “consumer” staff in the late '80's
 - Life Skills Coaching was the primary focus
- In 1995, with the opening of our first Crisis Stabilization Unit, they hired 3 “Peer Support” Staff and expanded the job description to include facilitation of peer support groups, peer counseling, life skills support, wellness planning (WRAP), and full participation in the staff meetings
- They have employed more than 30 Peer Specialists
- Currently, their longest continuously employed Peer Specialist has been on staff for 17 years.

Bedrock of Peer Support Philosophy & Practice

- People with psychiatric or substance use difficulties can and do recover, living meaningful lives.
- Peers can help one another with the recovery process in ways that professionals cannot.

Peer Specialists as Catalysts

- ❖ Recovery is an abstract concept
- ❖ Peer specialists are the manifestation of recovery
- ❖ Recovery is PERSONAL but seeing and hearing from persons who have had similar struggles is hopeful and empowering

Recovery: It's More Than a Word

The Power of Peer Support

- Peer Specialists inform the work of the team
- Peer Specialists challenge our assumptions of what recovery means
- Peer Specialists foster empathy and understanding
- Bring clarity to the words “client rights”
- Clients relate to someone who has “Been There, Done That”
- More authentic relationships, greater honesty, and less shame
- Peer Specialists challenge stereotypes

Challenges of Implementing Peer Support

- Defining roles & relationships
- Moving beyond the role of “client”
- Co-workers expectations of each other
- Accountability
- The Peer Specialist’s responsibility to educate his/her team members
- Reasonable accommodation
- Human Resources
- Collaboration among agencies
- Hiring clients...yes or no?

Kentucky Certified Peer Specialists

Requirements:

- Diagnosis of mental illness and/or substance use disorder for which the Peer has received treatment.
- Strong desire to identify as a person in recovery.
- Current or former consumer of behavioral health services.
- In recovery for at least two years.
- Agree to be open about their mental illness and/or substance use disorder and their recovery.
- Complete a short essay about the person's own recovery and reasons for wanting to be a peer specialist.
- A reference from someone who can attest to the applicant's having been in recovery for at least 2 years.
- High school diploma or GED.

Peer Specialist Training

- Week long, 30 hour curriculum.
- Must pass a written and oral exam.
- Topics include:
 - **Problem solving**
 - **Wellness recovery action plans**
 - **Stages in the recovery process**
 - **Effective listening skills**
 - **Establishing recovery goals**
 - **Using support groups to promote and sustain recovery**
 - **Ethics**
 - **Trauma informed care**
 - **Principles of recovery**
- 329 certified peer specialists have been trained in Kentucky since 2006

The Power of Peer Specialists to Change Organizational Culture

- Broadens & strengthens the array of services
- Improves client satisfaction
- Contributes to the development of a more authentic organization
- Sends a strong message to our clients, our staff, and the community that the agency believes in recovery

Learning to Grow

- Role Confusion
- Social Worker paired with Peer Supporter
- Who does what?

- Does the same Job Description apply to both Social Worker and Peer Supporter?

- Social Workers follow NASW Code of Ethics. Do Peer Supporters follow same Code of Ethics?

Learning to Grow

- Embracing Program Models (Housing First and Harm Reduction)
- Some of our Peer Supporters came to our Housing First / Harm Reduction program from other programs using very different program models (e.g. treatment compliance required).
- Differing views between clinician and peer supporter
- Clinicians and peer supporters work for two different agencies (issue of supervision became important).

Thank God for New Mexico

- We attended SAMHSA's National Network to Eliminate Disparities in Behavioral Health Conference (NNED) in March 2012 (program started September 2011).
- Learned from Lisa Goodale, LSW with Depression and Bipolar Support Alliance (DBSA) and Olga Wuerz, Peer Supporter with Dallas VA.
- “Committing to Authentic Peer Support Services”

Are We Doing it Right?

- Implementing peer support services is not easy and often results in confusion and even strong conflict within organizations.
- Even those who clearly want to “do peer support right” find themselves questioning just what “right” is.
- Lack of a widely-accepted model for quality implementation and supervision of peer supporters creates both conflict and opportunities for all those involved.

Pillars of Peer Support

- For full listing, see 2009 Summit Report at www.pillarsofpeersupport.org
- #1 “...there are clear **Job Descriptions** that define specific duties that allow certified peer specialists to use their recovery and wellness experience to help others recover.”
- We did not have a Job Description for our program!

Pillars of Peer Support

- #9 “...there are **Expanded Advancement Opportunities** that enable certified peer specialists to move beyond part-time and entry level positions to livable wage salaries with benefits.”
- A big challenge for many of us, but important!
- Peer supporters make the best supervisors of other peer supporters. Consider an advancement opportunity for a peer supporter to become a supervisor of other peer supporters.

Pillars of Peer Support

- #19 “...there is a **Comprehensive Stakeholders Training Program** that communicates the roles and responsibilities of certified peer specialists and the concepts of recovery and whole health wellness to traditional, non-peer staff (peer specialist supervisors, administration, management and direct care staff) with whom the certified peer specialists are working.”
- **BEFORE** you begin your peer support program, provide information on roles and responsibilities of your new peer supporters. Introduce your peer supporters to your agency, explain what is new/different about peer supporters, how they fit in with your larger agency.

Pillars of Peer Support

- #24 “...there is a **Peer Specialist Code of Ethics** that guides peer support service delivery.”
- There is no national standard here for peer supporters (like the NASW Code of Ethics for Social Workers).
- Please consider developing a code of ethics for your specific program / agency **BEFORE** you start delivering peer support services.

POOR Peer Support Implementation

- Fail to hire the right Peer Supporter
- Peer Supporter not on the road to recovery
- Mutual trust not established between Peer Supporters and other agency staff
- Other staff treat Peer Supporters like patients, view Peer Supporter actions through mental illness lens (Peer Supporters are staff too and need to be held to the same expectations as all other staff)
- Peer Supporters only do grunt work no one else wants to do
- Peer Supporter roles not clear to Peer Supporters or rest of treatment team

Learning to Grow

- Q: Should Peer Supporters have access to client files?
- A: Yes.
- Q: Should Peer Supporters document in the client file?
- A: Yes.
- Q: How much Peer Supporter independence?
- A: Peer Supporters should be able to make their own schedules. Setting schedule to meet team goals recommended.
- Q: What if a Peer Supporter relapses?
- A: Recovery is part of the Peer Supporter's "job." Program should encourage Peer Supporter to access treatment, provide accommodation like they would to another staff accessing treatment for a medical issue (e.g. FMLA allows an agency to hold a position for 3 months).

Clarifying Roles

- In our program, we paired a peer supporter with a social worker (a team approach for a shared caseload).
- Clinician has primary responsibility for the care of the client.
- Peer supporter / clinician work as a partnership.
- Peer supporter / clinician collaborate on approaches with shared clients.

Clarifying Roles

- Peer support supervision is provided by the peer support supervisor (and not the clinician who works with the peer supporter)
- Peer support services are adjunctive to case management provided by the clinician (not required, goal of this intervention is to facilitate recovery and not supersede what clinician is working with client around)
- As part of the treatment team, peer supporters have access to the client record
- Peer supporters are encouraged to document all pertinent encounters in client file in accordance with the peer specialist code of ethics

Clarifying Roles / Code of Ethics

- Peer Supporters will, when appropriate, openly share their stories of hope and recovery and will likewise be able to identify and describe the supports which promote their recovery and resilience.
- Peer Supporters, honoring self-determination, do not put their agenda ahead of their peer.
- Peer Supporters explore alternatives and options rather than give advice.

Clarifying Roles / Code of Ethics

- Peer Supporters will advocate for the full integration of people with disabilities into the communities of their choice and will promote the inherent value of these individuals to those communities. Peer Supporters will be directed by the knowledge that all individuals have the right to live in the least restrictive environment.
- Peer Supporters will not exploit, devalue, manipulate, abuse, neglect or ignore a peer.
- Peer Supporters will never engage in sexual or intimate activities with whom they serve.

Clarifying Roles / Code of Ethics

- Peer Supporters will avoid dual relationships; when they are unavoidable, appropriate boundaries are established within the relationship with the support of the supervisor.
- Peer Supporters will only provide service and support within work hours and locations approved by the agency.
- Peer Supporters will not accept gifts of significant value from those they serve.

Clarifying Roles – Code of Ethics

- Peer Supporters will never use derogatory language in their communications, whether written or verbal, to or about individuals they serve
- Peer Supporters do not make medical diagnoses
- Peer Supporters function as part of a team and do not keep information from other team members
- Peer Supporters will not violate a peer's confidentiality except when required by law

Clarifying Roles – Code of Ethics

- Peer Supporters' documentation in the agency record is person-centered
- Peer Supporters will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability or any other preference or personal characteristic, condition or state
- Peer Supporters will not engage in substance abuse

Clarifying Roles / Job Description

- Provide positive support and empathy based on own experience and recovery
- Assist clients in the development of their personal recovery plans
- Provide side-by-side support and encouragement to help clients strengthen life skills
- Provide general skills coaching / assistance with activities of daily living (use of public transportation, basic budgeting, laundry skills, grocery shopping)
- Facilitate peer support group
- Assist clients in developing leisure time activities on evenings, weekends, and holidays

Peer Support Supervision

- Peer Supporters: “My supervisor understands my role as a peer supporter.”
- Agree strongly: 64%

- Supervisors: “I understand the role of a peer supporter.”
- Agree strongly: 94%

- Source: DBSA Survey on Peer Support Supervision (www.DBSAAlliance.org)

Peer Support Supervision

- Peer Supporters: “My supervisor advocates for me when needed.”
- Agree strongly: 50%

- Supervisors: “I advocate for the peer supporters I supervise as needed.”
- Agree strongly: 91%

Peer Support Supervision

- Peer Supporters: “I believe that my supervisor has trust in me.”
 - Agree strongly: 59%
 - Agree somewhat: 18%
 - Disagree somewhat or strongly: 23%
- Supervisors: “I trust the peer supporters I supervise.”
 - Agree strongly: 73%
 - Agree somewhat: 27%
 - Disagree somewhat or strongly: 0%

Facilitative / Supportive Supervision (FSS)

- FSS a model of supervision where supervisors focus on the needs of the staff they oversee
- Focuses on the Peer Supporter's strengths
- Minimizes deficits rather than focuses on them
- Most important role of supervisor is to help Peer Supporter improve their performance. No shame in connecting Peer Support work to program outcomes, just like rest of program staff.
- FSS model endorsed and supported by many providers, including VA
- Both individual and group supervision recommended

Getting Out of the Way

- Peer Group has been our program's most popular and most effective group
- This we got right from the beginning: Absolutely ZERO clinicians allowed in our Peer Group
- The magic of Peer Group only happens when “professional” staff learn to get out of the way

James Light, Certified Peer Specialist

- I am a paid staff member with Wellspring
- I have been a Peer Specialist for 1 ½ years
- Before that, I was a participant in a Phoenix housing program
- Before that, I was homeless for close to 10 years

- I am now in recovery
- I have been in permanent housing for 5 years
- I love sharing my experience, strength, and hope working as a Peer Specialist

Rx: Housing Peer Support Groups



How we got started...

- Our first Peer Group was attended by 2 Peer Specialists and 1 peer
- We provide snacks and coffee for each Peer Group session
- Staff (Peer Supporters and Social Workers) began incentive program to encourage attendance for consecutive weeks

Growth of Peer Group

- Our Peer Group became VERY popular
- We began to outgrow our initial room. We met in an office that could handle maybe 7 people, and we ran out of space
- We eventually moved into a much larger space that can easily handle 20-30 people

Growth of Peer Group

- We started meeting only once a week on Tuesdays, but our clients wanted more
- We began to offer a second Peer Group on Fridays to help meet the need
- Rx: Housing offers several groups
- OUR group is the MOST popular

Structure of our Peer Group

- Group came up with its own guidelines and clients were encouraged to gently help to enforce them
- Each client has 3 minutes each to “check-in” at the beginning of Peer Group (how their week is going, personal issues, reconnecting with family, issues with their housing / landlord)
- Peer Specialists rotate facilitating group and bring a topic for each group session
- If a client has a need for group time after check-in, they may take the group topic time (something a client really needs to share or process with others)

OUR GROUP GUIDELINES

- Start and stop on time
- Turn cell phones off or on vibrate
- Keep check-in to 3 minutes per person
- Respect the person speaking and don't monopolize or cross-talk
- No intoxication
- What's said in group, stays in group
- No vulgar or obscene language

These rules were created by our clients

WHY OUR PEER GROUPS WORK



Our clients have a unique bond!

WHY OUR PEER GROUPS WORK

- Different dynamic!
- There is nothing our peers have done that we haven't done already
- Our peers might get over on their social worker but they don't try or even want to with a Peer Supporter or in Peer Group

PEER SPECIALIST'S ROLE IN THE PEER GROUP

- Facilitate the group (bring a topic)
- Set-up and break-down group room
- Model positivity and respect
- Provide support and personal experience where appropriate and effective
- Encourage “whole health”
- Provide a safe and understanding environment
- Encourage humor where appropriate

WHAT I SEE WHEN THIS GROUP COMES TOGETHER AFTER 3 YEARS

- GROWTH & CHANGE
- HOPE
- GOALS
- SELF-RESPECT
- NEW COPING SKILLS
- MORE PATIENCE
- CONSISTENCY (2 groups weekly averaging 15 clients per group and 4 Peer Support Staff)
- FUN
- GRATITUDE
- And LOTS OF PEER SUPPORT.....

NOT just from Peer Specialists!

Contact Information

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