Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
PEER SUPPORT SERVICES: Creating an Environment for Success

Rita Cronise, M.S., ALWF

Renee Kopache, M.S., CPRP
Housekeeping

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SAMHSA’s Vision for Recovery to Practice

Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered through multiple service settings.
Recovery in Behavioral Health

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
SAMHSA’s 10 Components of Recovery in Behavioral Health
RTP Training and Technical Assistance

WEBINAR SERIES

Recovery-oriented Behavioral Healthcare

Decision Support for Clinicians and Physicians

RTP Newsletter

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Agenda

- Overview of peer support, peer services, and settings
- Definitions of recovery and recovery services
- Environments that support peer services
- Available Recovery to Practice (RTP) curricula
- Resources and discussion
Tell us about your level of experience in working with peer support practitioners (check all that apply):

- I am a peer support practitioner myself
- I am a supervisor of peer support practitioners
- I currently work with peer support practitioners
- I have not worked with peer support practitioners
- Other (specify)
Peer Staff as Disruptive Innovators

We are the evidence that recovery is real and our very presence scrambles decades of academic theories about the course of mental disorders. We are the evidence that it is possible to live our lives, not just our diagnoses.

Just by showing up at work we raise the bar on service outcomes. Mere maintenance in the community or a life in handicaptivity is not a good outcome and represents systemic failure, not success.

Recovery is the goal.

Pat Deegan
2012 Alternatives Conference Keynote
Because the peer specialist profession is a relatively new phenomenon in mental health services, it is often unknown or misunderstood by other mental health professionals, medical health professionals and the general public. Confusion and misunderstandings also exist in regard to the roles peer specialists can or should play in mental health services.

Recovery to Practice 2011 Situational Analysis

Steve Harrington, Executive Director,
International National Association of Peer Supporters (iNAPS)
The Peer Support Profession emerged from:

12-step, self-help, consumer/survivor movements

Longitudinal studies of recovery

Deinstitutionalization and community mental health care

Peer-led self-help support groups

People in recovery (re)gaining skills with a desire to “give back”

Increased demand for peer involvement in service delivery
Having “lived experience” of mental illness or substance use qualifies an individual to be a peer support practitioner.

- True
- False
What are peer support services?

There is already a dizzying array of services that call themselves peer support and that employ peer support specialists to provide services that bear little resemblance to peer support nor share its values. (Pocklington, 2006)
What are peer support services?

In 2001, Georgia became the first state to obtain Medicaid reimbursement for peer support services.

In 2007, CMS issued guidelines to the states for Medicaid billable peer support services.

Now 42 states + the District of Columbia.

Variety of peer delivered services:

- One-on-one support
- Group facilitation
- Recovery education
- Community resource connections
- Change agents – influencing policies and practices
What are peer support services?

Diverse workforce
- Skills
- Settings
- Tasks

Role confusion
- Parking lot security
- Janitorial help
- Office support
- Medication monitoring
Evidence for Peer Support Services

Across service types, improvements have been shown in the following outcomes:

- Reduced inpatient service use
- Improved relationships with practitioners
- Better engagement with care
- Higher levels of empowerment
- Higher levels of patient activation
- Higher levels of hopefulness for recovery

Assessing the Evidence Series, Psychiatric Services, Volume 65(4) April 2014
Environments that support peer support services

Peer support thrives in recovery-oriented environments

But not all settings that offer peer support are recovery-oriented

Let’s explore this....
Core values of peer support

Peer Support Is...
- Voluntary
- Mutual and Reciprocal
- Strengths-Focused
- Transparent
- Person-Driven
- Equally Shared Power

Peer Supporters are...
- Open Minded
- Respectful
- Hopeful
- Empathetic
- Honest and Direct
- Agents of Change
What is recovery?
POLL

People who recover from mental illness were not really mentally ill in the first place.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
POLL

All people with serious mental illnesses can strive for recovery.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
SAMHSA’s 8 Dimensions of Wellness

- **Emotional**
  - Developing skills and strategies to cope with stress.

- **Environmental**
  - Good health by occupying pleasant, stimulating environments that support well-being.

- **Financial**
  - Satisfaction with current and future financial situations.

- **Intellectual**
  - Recognizing creative abilities and finding ways to expand knowledge and skills.

- **Social**
  - Developing a sense of connection and a well-developed support system.

- **Spiritual**
  - Search for meaning and purpose in the human experience.

- **Physical**
  - Recognizing the need for physical activity, diet, sleep, and nutrition.

- **Occupational**
  - Personal satisfaction and enrichment derived from one’s work.
Settings utilizing peer support services

- Psychiatric inpatient, forensic, prison, parole
- Emergency departments, hospital inpatient units
- Hospital diversion, peer-run respite centers
- Partial hospitalization, day treatment
- ACT, PACT, FACT

- Community mental health centers, clinics
- Community support programs
- Consumer-operated services programs (peer-run)
- Independent Living Centers
- Recovery and wellness centers
- Drop-in centers
### SAMHSA Core Competencies for Peer Workers in Behavioral Health Services

**Key Principles and Values**

- Recovery-oriented
- Person-centered
- Non-coercive
- Trauma-informed
- Relationship-focused

**In final development**
- Identify and describe the core competencies required by a range of peer roles within behavioral health services.
- Literature based, consensus driven
- Draft available at BRSS TACS website

SAMHSA Core Competencies for Peer Workers in Behavioral Health Services

Competency Categories

I. Engages peers in collaborative and caring relationships
II. Provides support
III. Shares lived experiences of recovery
IV. Personalizes peer support
V. Recovery planning
VI. Links to resources, services, and supports

http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers
SAMHSA Core Competencies for Peer Workers in Behavioral Health Services

Competency Categories

I. Teaches information and skills related to health, wellness, and recovery
II. Helps peers to manage crises
III. Communication
IV. Collaboration and Teamwork
V. Leadership and Advocacy
VI. Growth and development

http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers
Why is the practitioner’s world view important?

Does the practitioner believe recovery is possible for everyone who is receiving services?

Does everyone in the organization believe recovery is possible for everyone who is receiving services?

Do the peer practitioners themselves believe recovery is possible for everyone?
An Environment for Success: Perspective of a Person Using Services
A successful, recovery-oriented environment fosters hope.

Recovery is Hope

I couldn’t see any way out. I felt like I was drowning in the middle of the ocean. My recovery started when I found hope. It was small at first. The idea that a better life was possible. I never truly understood what the word hope meant until I found it. It means so much more now.
It will be an environment of learning...gaining knowledge and developing skills that enhance life.
People will see things through a different lens.
People will be taking risks and trying new things.
People will be overcoming trauma and setbacks.

While not forgetting the past, they are learning to not be negatively impacted by it.
People are making progress and gaining independence.
An Environment for Success: From the Peer Practitioner Perspective

Peer practitioner experiences differ across settings/environments

- Level of focus on recovery
- Type of agency
- Funding structure
## Comparing experiences of peer practitioners in recovery and non-recovery oriented environments

<table>
<thead>
<tr>
<th>Type of agency (place of employment)</th>
<th>Recovery-Oriented</th>
<th>Non-Recovery Oriented</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Consumer Operated</td>
<td>48 (42)</td>
<td>5 (11)</td>
<td>7.960</td>
</tr>
<tr>
<td>- Other (traditional MH)</td>
<td>37 (43)</td>
<td>17 (11)</td>
<td>P = .01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction with work environment</th>
<th>Recovery-Oriented</th>
<th>Non-Recovery Oriented</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Extremely satisfied/Satisfied</td>
<td>87 (75)</td>
<td>10 (17)</td>
<td>45.842</td>
</tr>
<tr>
<td>- Dissatisfied/Extremely dissatisfied</td>
<td>5 (22)</td>
<td>17 (5)</td>
<td>P = .001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job description matches work performed</th>
<th>Recovery-Oriented</th>
<th>Non-Recovery Oriented</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Quite a bit/Extremely</td>
<td>77 (65)</td>
<td>8 (20)</td>
<td>37.684</td>
</tr>
<tr>
<td>- Not at all to Some</td>
<td>9 (21)</td>
<td>18 (6)</td>
<td>P = .001</td>
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</table>
Satisfaction with supervision is tied much more to workplace environment (recovery-oriented, peers have valued roles) than status (peer, clinician).
Comparing experiences of peer practitioners recovery and non-recovery oriented environments

<table>
<thead>
<tr>
<th></th>
<th>Recovery-Oriented</th>
<th>Non-Recovery Oriented</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor values peer support and recovery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quite a bit - Extremely</td>
<td>89 (74)</td>
<td>7 (22)</td>
<td>62.464</td>
</tr>
<tr>
<td>Not at all - Some</td>
<td>5 (20)</td>
<td>21 (6)</td>
<td>P = .001</td>
</tr>
<tr>
<td>Supervisor is a peer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>45 (39)</td>
<td>6 (12)</td>
<td>6.887</td>
</tr>
<tr>
<td>No</td>
<td>41 (47)</td>
<td>20 (14)</td>
<td>P = .01</td>
</tr>
<tr>
<td>Overall satisfaction with supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely satisfied - Satisfied</td>
<td>85 (76)</td>
<td>14 (23)</td>
<td>28.853</td>
</tr>
<tr>
<td>Dissatisfied – Extremely dissatisfied</td>
<td>6 (15)</td>
<td>14 (5)</td>
<td>P = .001</td>
</tr>
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</table>
Success Looks Like…

**Interaction:**
Approachable, mutual exchange, accepting body language and tone, hopeful, respectful, trusting, not a burden, full attention is on people using services.

**Planning/goal setting:**
Based on individual interests/needs, strengths based, challenging thus growth oriented, collaborative, client driven, measured.

**Programming:**
Safe, effective, diverse, of interest, creative, challenging, growth-oriented, available to all people using services, not mandated, not based on billing, time limited.
Environment for Success Looks Like…

**Organizational structure/operation:**
Input for improvement is sought by people using services and implemented, concerns are addressed, administration is visible, peers who have disclosed are employed at all levels.

**Bricks and mortar:**
Welcoming, colorful, expressive, open, safe but not locked down.
Environment for Success Feels Like…

Scary, frustrating, embarrassing, challenging, exhausting, overwhelming, hopeful, supportive, helpful, victorious, exhilarating, successful, life-changing, and ultimately, wellness.
Critical Factors For Employing Peer Practitioners

Peer support is not equal to recovery.

To have optimal effectiveness, the service environment must support peer provided services.
Critical Factors For Employing Peer Practitioners

One size does not fit all!

Job descriptions must be consistent with work that peer practitioners are to perform.

Paid according to roles fulfilled, not title as a peer specialist.

Opportunities for career advancement.
While it is valuable to have peer practitioners as a part of multidisciplinary teams, it is critical:

- Teams operate from a recovery framework
- Peers receive adequate supervision
- Attention to job descriptions, services provided, and training
- Supervisor values recovery and peer support
Contacts

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Join Recovery to Practice!
RTP@ahpnet.com
http://www.samhsa.gov/recovery-to-practice
Coming up!

- **August 12** - Evidence-based Practice and Recovery-oriented Care
- **August 17** – Building Recovery-oriented Systems
- **August 19** – Whole Health and Recovery (part 1)
- **August 26** - The Role of Medication and Shared Decision Making in Recovery
- **August 31** - Partnership, Engagement and Person-Centered Care
- **September 2** - RTP Applications: Incorporating Recovery-oriented Practice Competencies in Practitioner Training
- **September 3** – Whole Health and Recovery (part 2)
- **September 9** - Health Care Reform and Recovery
Please provide feedback and comments by clicking on the Participation Evaluation link below in the link box.