

# Peer Talent, Pure Success!

## Tips and Traps in Peer Specialist Integration

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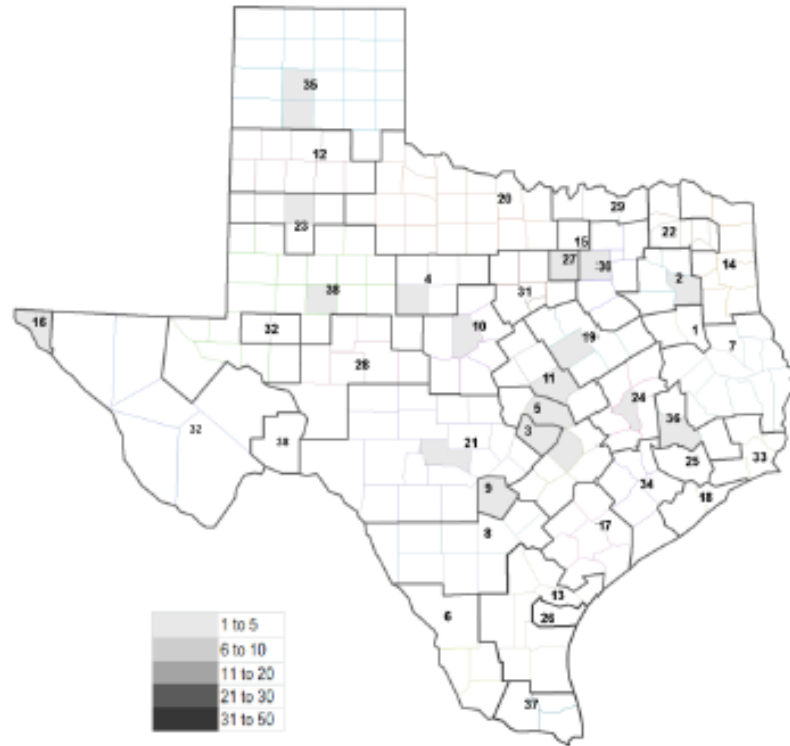


# Peer Support in Texas

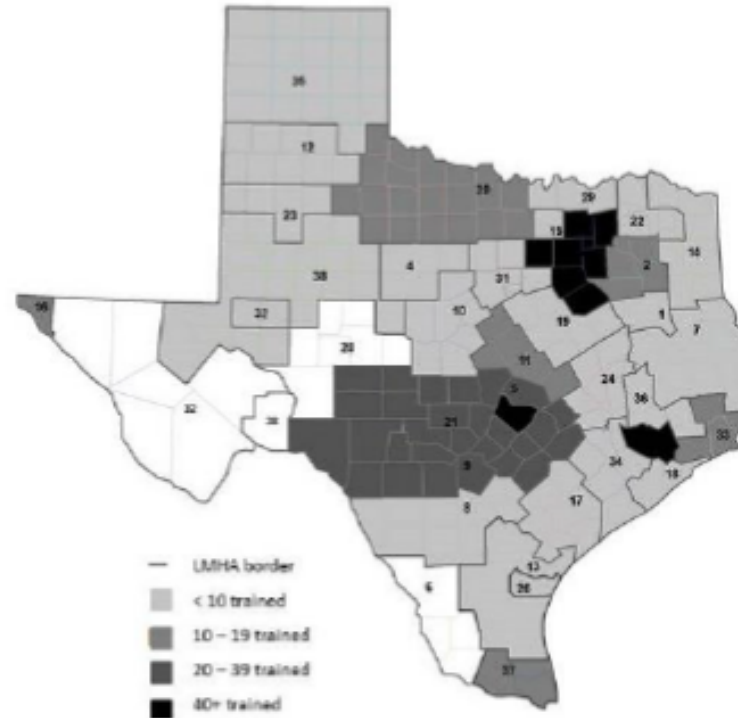
- ▶ 2010 - Via Hope hosted first Peer Support Training and Certification class, and established the Peer Specialist Learning Community
- ▶ 2011 Recovery-Focused Learning Community emphasized peer support as a critical component of recovery-oriented practice.
- ▶ 2012 Recovery Institute was launched, focusing on peer specialist integration, person-centered care, and peer leadership.
- ▶ As of February 2014, 507 people completed the basic peer specialist training through Via Hope.

# Texas Certified Peer Specialists

March 2010 (1st CPS class)



as of February 2014



353 Currently Certified  
453 Ever Certified

Information presented as part of program evaluation, provided by Texas Institute for Excellence in Mental Health at the University of Texas Center for Social Work Research

# Peer Specialist Integration: 5 Domains

- ▶ Organizational Culture
- ▶ Funding
- ▶ Roles
- ▶ Hiring & Recruitment
- ▶ Supervision & Career Advancement

# Tips and Traps...

Tips



Traps



# Organizational Culture

When we try to pick out anything by itself, we find it hitched to everything else in the Universe. - John Muir

# A Recovery Orientation and Peer Support are Mutually Reinforcing and Interdependent

- ▶ Peer Support can be more effective in a recovery-oriented environment.



- ▶ A recent survey of Certified Peer Specialists (CPS) in Texas showed that CPSs who work in more recovery oriented places are more satisfied with their jobs (TIEMH, 2013). Higher job satisfaction is linked to lower rates of burnout and longevity.



- ▶ Surveys show that clients who work with CPSs view their service organizations as **more recovery oriented** (TIEMH, 2014).

# Leadership Matters



- ▶ Don't underestimate how radical a shift this is! Supporting for integration must be communicated from the top.



- ▶ Organizations that have leaders who demonstrate strong commitment to recovery orientation are more successful at integrating CPSs and are viewed as more recovery oriented by staff (TIEMH, 2014).



# Change is Anxiety-Provoking



- ▶ Organizational leaders that take the time to listen to and address staff concerns about this shift—both toward a recovery orientation and the integration of peer support staff—send the message that all employees are valued.
- ▶ For example, “I went to school for 6 years to do case management, but what credentials do CPSs have?”
  - ▶ “We all have a role to play in promoting recovery. You matter, too.”

# Funding

# Red Herrings



▶ Beware the many red herrings in funding!

▶ “We can’t find extra money to fund peer support positions” = “It isn’t a priority.”



▶ “Peer Support Services can’t be reimbursed by Medicaid” = FALSE

# Role Creep



- ▶ As it's true for any organization that must raise money to support its programs / activities, choosing certain activities or funding streams can result in role creep.



- ▶ Be clear about appropriate roles, responsibilities, and opportunities that ensure that the value of peer support is the highest priority when pursuing funding for these roles.
  - ▶ When accessing Medicaid as a funding source, ensure your understanding of the TAC as it relates or is interpreted with respect to peer support roles.

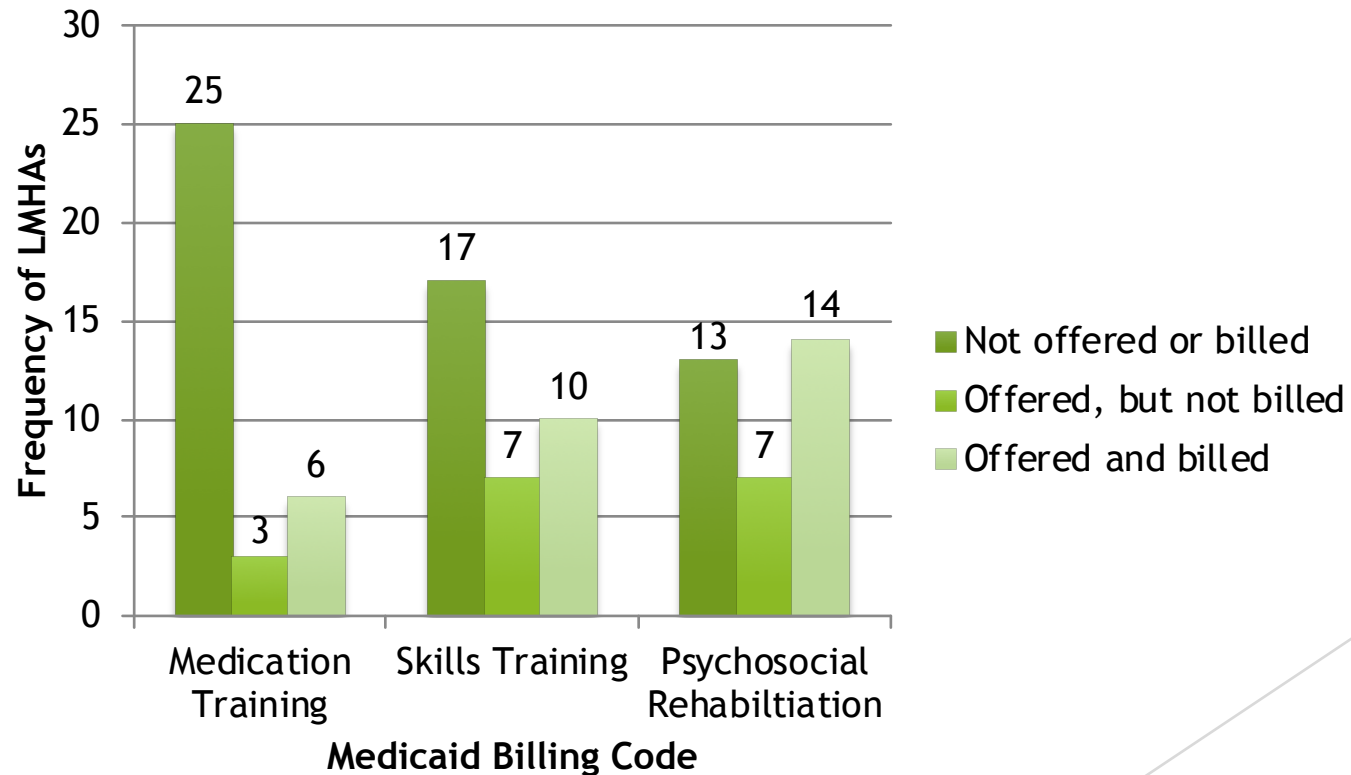
# Use the Data: It's Worth the Investment!



- ▶ Have quick tools that explain the emerging evidence base and cost-effectiveness of peer support at the ready, so you can more easily make the case for peer support.
- ▶ (Example: Handout)

# Take Advantage of Medicaid

- Medicaid doesn't have to be your only funding source (and ideally shouldn't be!), but it is a funding source you can access.



Survey of 39 Texas LMHAs (TIEMH, 2011)

## Some of the services offered by PS billed to Medicaid as skills training:

- ▶ skills for managing daily responsibilities
- ▶ communication skills
- ▶ problem-solving skills
- ▶ social skills
- ▶ stress reduction techniques
- ▶ skills to manage the symptoms of mental illness and to recognize and modify unreasonable beliefs, thoughts and expectations
- ▶ skills to identify and utilize community resources and informal supports
- ▶ skills to identify and utilize acceptable leisure time activities
- ▶ independent living skills
- ▶ recovery skills
- ▶ coping skills

(TIEMH, 2011)

## Some of the services offered by PS billed to Medicaid as psych rehab:

- ▶ Independent living services
- ▶ Coordination services
- ▶ Employment related services
- ▶ Housing related services
- ▶ Medication related services
- ▶ General psychosocial rehabilitation

(TIEMH, 2011)



# Roles and Role Clarification

# Tension is Present, and it's GOOD



- ▶ Peer Support staff may illuminate, question, articulate, and otherwise bring forth certain tensions within an organization where they work. If they aren't, something may be wrong!
  - ▶ Tension is at the heart of progress, and the heart of change. Embrace the “wicked questions” these new perspectives bring forth!

# People Don't Understand the Role



- ▶ From the outset, if people do not understand the role of a peer specialist, they will not appreciate the vital part that lived experience and self disclosure play in their effectiveness. If they don't understand this, everything else falls apart pretty quickly!
- ▶ Example: A peer specialist is told that s/he cannot talk to a person served about his or her lived experience.

# A Magic Sauce?



- ▶ Like any meaningful change process, there is no quick-and-easy solution to role clarification and coordination! Be suspicious of purported quick and easy solutions.

# A Place to Start



- ▶ Clear job descriptions, program roles, and a foundational understanding of responsibilities/activities on all sides.
- ▶ Ongoing, frequent communications strengthen understanding and appreciation of roles everyone has to play.



- ▶ Surveys of mental health providers show that at organizations where staff understand the roles and activities of peer specialists, they are better integrated and receive more referrals (TIEMH, 2014).

# And to Kick it Up a Notch....



- ▶ Incorporate Peer Support Staff into New Employee Orientation--give folks an opportunity to learn about this roles from the outset, and emphasize its importance. Peer Specialists can also move into training roles for new staff. They are invited in as trainers with increasing frequency.



- ▶ Proactive Supervisors act as bridges to the rest of the staff, and can help interpret and coordinate roles.
  - ▶ Example: A case manager approaches a peer specialist supervisor, tell her to tell her staff to “back off”/ “stand down.” A great supervisor can use this opportunity to deepen understanding, clarify, and coordinate.

# Value Lived Experience

## Don't Equate it with Peer Support



- ▶ A hallmark of recovery orientation is the valuing of lived experience for people that occupy a wide variety of roles within an organization (related to later discussion of career lattice, but not same thing).



- ▶ There are **MANY DIFFERENCES** in activity, skill, emphasis, and perspective between staff that occupy other roles (case manager, psychologist, psychiatrist) and those that occupy peer support staff roles.
  - ▶ Avoid recruitment from other staff positions to fill a peer support staff position.

# Peer Support Staff are Employees First



- ▶ Peer Support Staff—like any other staff—should not get emotional support, like therapy, from their supervisors. They are not your clients—they are your employees.
- ▶ Example to Avoid: Well-intended leadership, concerned about the well-being of peer support staff and wanting to ensure their success, hire a therapist to supervise them—to essentially act as an on-site counselor, as needed. This is an ADA issue!



# Hiring and Recruitment

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# Good Screening and Recruitment



- ▶ Human Resources staff can be great resources as you work to interpret guidelines as they apply to screening and hiring for Peer Support staff positions.



- ▶ Identify or develop tools that you can use to help your organization recruit and screen QUALIFIED applicants with the SKILLS you're looking for. Lived experience is one part of the picture, but there is much more to it than that.
  - ▶ Handout.
  - ▶ [www.viahope.org/resources](http://www.viahope.org/resources)

# Recruitment



- ▶ Look for skills, not labels.
- ▶ Look for people in unusual places.
  - ▶ Example: A local artist collective turned out to be one of the best places to recruit peer specialists for a local organization. They never would have known if one of their current peer support staff hadn't mentioned it one day in passing. Surprise!

# Be Attractive

- ▶ Mental health provider organizations who have been successful at hiring/recruiting peer specialists have done things such as:
  - ▶ Establish a peer support career ladder, including qualifications for different positions, competencies, pay grade, and required credentials
  - ▶ Involve peer specialists in the screening and interviewing process for new peer specialists



# Supervision and Career Advancement

# Supervision is Critical to Job Satisfaction



- ▶ Surveys of Texas CPSs show that the supervisor's understanding of the job role of the peer specialist is one of the strongest predictors for job satisfaction and self-efficacy (TIEMH, 2013).

# Reduce Isolation



- ▶ Hire more than one peer specialist—no one wants to be an island.
- ▶ Support formal opportunity for BOTH networking and co-supervision.



- ▶ Example: Monthly meetings of peer specialists from all clinics/ departments. Weekly peer consultation meetings within a clinic or department.

# Make Space, Move Up



- ▶ If an organization has employed peer specialists for several years, but there is no career ladder or career lattice, it is usually a red flag.

- ▶ So bureaucratic it's impossible to make change, or peer specialists are not valued employees, or...?



- ▶ Teams with great focus and proactive staff develop career ladders and opportunities to move across roles, demonstrating the ability to work across lines and departments. Peer support staff are valued.



# Thank you!

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