



## **SAMHSA-HRSA Center for Integrated Health Solutions**

# **Developing a Dynamic Peer Workforce**

2014 PBHCI Annual Grantee Meeting

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH  
MENTAL HEALTH FIRST AID  
*Healthy Minds. Strong Communities.*

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Substance Abuse and Mental Health Services Administration  
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### **About the Speakers: Jennifer Craig**



- MA in Counseling Psychology
- MS in Organization & Management
- Licensed Clinical Professional Counselor in Illinois
- Senior Professional in Human Resources
- 20+ years of experience in behavioral health services

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## About the Speakers: Isaac Sandidge



- MA in Gerontology from Eastern Illinois University
- 3 years experience working in behavioral health in residential and community settings
- Leads team of 9 peer service providers
- Facilitates Consumer Advisory Council

## History

### Where We Were

- Distrust and misunderstanding of role of peers
- Separate bathroom drama
- Secrecy regarding behavioral health issues – shame, us vs. them

### Where We Are

- Peers are valued colleagues and hold key positions
- Everyone uses the same restroom
- People talk openly about personal health issues (Board, execs, therapists, admin, etc.)

## Strategies to Change the Culture

- Change was a process, not an event
- Change impacted by a variety of initiatives:
  - Shift from medical model to recovery focus
  - Focus on holistic, integrated health
  - Leadership coaching and development
  - Shared vision and leadership buy-in
  - Intentionality about reducing stigma regarding behavioral health
  - Trauma-informed care initiative
  - Staff development and education on evidenced-based practices

## Identifying Potential Peer Wellness Coaches

### Identifying Candidates

1. Agency Website
2. Resource Room
3. Consumer Advisory Council
4. Local media (newspaper, online classifieds, etc)

### Hiring Process

1. Application Screening
2. Interview
  1. Explanation of Expectations
3. 2<sup>nd</sup> Interview
  1. Case Examples
4. Reference/Background Check

## On-Boarding Peers

### 1<sup>st</sup> - 2<sup>nd</sup> Week

- ✓ Online Trainings
- ✓ EHR Training
- ✓ Meet w/ CEO
- ✓ Shadowing (Case managers, other peers, supervisor, etc)
- ✓ Policy Coaching

### 1<sup>st</sup> Month

- ✓ 4 weeks – New Employee Orientation
- ✓ Shadow Groups
- ✓ Establish Caseload
- Ongoing
- ✓ Monthly Development
- ✓ Key Performance Indicators
- ✓ Annual Development Plan

## Development and Coaching

1. Staff self-review – Due 4 days prior to Development
2. Monthly Development
  1. Focus on growth, improvement, and current strengths
  2. Review Certified Recovery Support Specialist concepts
  3. Review of Key Performance Indicators
  4. Identify successes from the month
3. Ongoing regular accessibility to Supervisor

## Peer Roles

1. Emotional Support – peer monitoring and recovery coaching (i.e. community support individual, community support group)
2. Informational Support – provide info on health, wellness, educational, new skill development, employment
3. Instrumental Support – assistance with applications, entitlements, linkages, Wellness Plan development
4. Social Support – assist with building natural supports, feeling connected, and identification of meaningful activities.

## Expectations

1. Direct Service - 62.5% of time worked providing direct services to consumers
2. Wellness Plans - Assist 2 consumers with developing wellness plan each month
3. Quality/Timeliness - Documentation compliant with Medicaid Rule and completed within 24 hours of service
4. Consumer Satisfaction – 80%+ satisfied with peer services provided
5. Collaboration – participate in multi-disciplinary staffings weekly

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## Collaboration is Key!



Peer input is valuable across all teams.

- Peers participate in weekly staffings to provide input and insight
- Peers participate in comprehensive assessment and recovery planning sessions
- Peers regularly communicate with staff psychiatrists to advocate for/with consumers
- Monthly Peer Support meetings without supervisor present

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## Integrated Health Outcomes

- Smoking: 62.5% at intake and 56.3% at 12 month reassessment
- 96.6% - "I am encouraged to take an active role in treatment"
- 94% - "I am encouraged to ask questions regarding overall health and wellness"
- Statistically significant improvement in following areas:
  - Daily living functioning
  - Mental health symptoms
  - Social connectedness
- Decreased utilization of ER (27.3% to 6.8%)
- Lower LDL cholesterol
- Decreased hospitalization

## Integrated Health Outcomes

### HIP Program Enrollment

- 133.3% of PBHCI target as of 6/30/14
- Peer Wellness Coaches are so popular that people are asking to be a part of HIP because they want to work with a Peer Wellness Coach

### HIP Reassessments

- Cumulative reassessment rate of 97.5% as of 6/25/14 compared with 69% for all PBHCI
- Peer Wellness Coaches assist with reassessments
- Nurses identify participants approaching reassessment in weekly staffing

## Key Takeaways

- Develop culture that values peers and promotes personal growth for ALL staff and consumers
- Invest in recruitment, training and ongoing development
- Identify and focus on shared mission and vision –
  - *Who do we want to be to the people we serve?*
- Collaboration is not only encouraged but expected and reinforced at all levels of the organization