# *Toward the Full Integration of Peers in ADMHS:*

## *A Framework for Change*

**March 2014**

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# Contents

*"The integration of peer support workers into behavioral and primary health care is rapidly expanding as a quality and cost-effective service. It is up to providers, peers, and policy-makers to ensure that the movement to integrate peer support is not derailed or delayed. The work of peer providers is essential because 'peer support services have the potential to improve the quality of healthcare delivery, lower healthcare expenditures, and reduce health disparities.'"*

Peers for Progress, 2002

*"Development and expansion of the peer specialist program: Support for peer specialists is increasing, but strategies for ongoing supervision, assistance with integrating into more 'clinical settings,' training and certification, and career ladders are not yet developed. This is a fruitful area for rapid improvement."*

County of Santa Barbara Comprehensive, Analysis and Assessment of Alcohol, Drug and Mental Health Services, Project 2 and 3 Final Report, TriWest Group, May 2013, p. 60.

## *Executive Summary*

The Mental Health Services Act (MHSA) mandates a mental health system that is consumer- and family-driven and focused on wellness, recovery and resiliency. ADMHS is undergoing a process of systems change that includes the transformation of outpatient service sites into "Mental Health Services Act (MHSA)-funded behavioral health access centers." Full integration of peers – disclosed consumers and family members -- is an integral part of any successful transformation.

We recommend that within the next year, three more peer recovery specialists, seven additional part-time workers for the Peer Expert Pool and at least one peer in an administrative support capacity are hired. In addition, a regular a series of trainings should be implemented to encourage the support of non-peer staff and to equip peer staff with the skills they need for success. To recruit and retain quality peer employees, a peer career ladder should be established. To help ensure ongoing support systems, all peer employees should be required to attend monthly Partners in Hope meetings; Peer Expert Pool staff members and peer volunteers should be required to attend semi-monthly Working on Wellness (WOW) meetings.

As important as these enhancements are, full peer integration will require a number of additional initiatives.

This report presents a framework for ADMHS decision-makers as they consider guiding a process of peer integration in the Santa Barbara County alcohol, drug and mental health service delivery system. The document summarizes the current ADMHS consumer empowerment program, suggests steps to achieve full peer integration and highlights some of the relevant evidence-based research. *It is not an operational plan.*

Before creating and implementing a multi-year peer integration plan, an executive-level commitment to funding of peer recruitment and continuous training for peer and non-peer staff is required. With further staff and stakeholder input, a peer integration plan would outline actions needed to create a supportive work environment, policies and procedures to advance peer integration, a career ladder for peer staff and a more inclusive executive decision-making process designed to sustain an elevated stature for peers at ADMHS.

## *Introduction*

The need to integrate consumers and family members into the public mental health service delivery system is well established. The President's New Freedom Commission (2003) seeks a system in which "mental health care is consumer- and family-driven." Passed into law in November 2004, the Mental Health Services Act (MHSA) also seeks a "consumer- and family-driven" system that focuses on wellness and recovery. Some of the literature validating peer support and peer-run programs is cited at the end of this document.

Prior to the passage of MHSA, ADMHS maintained a tepid level of consumer and family member involvement intended to do just enough to placate oversight

committees and auditors. In 2009, an ADMHS Consumer Empowerment Manager was hired. For three years beginning in 2010, MHSA Workforce Education and Training (WET) funds were used to initiate annual peer support trainings and internships. There were notable successes among the graduates of the peer support training. Some graduates went on to assume part- and full-time positions with ADMHS and community-based organizations. Others found the confidence to accept volunteer assignments or conduct peer support groups. Most importantly, the WET program identified and trained a pool of ADMHS peer specialists, a resource that had not existed before in Santa Barbara County.

In addition, at least one of the three MHSA-funded Recovery Learning Communities (RLCs) proved that the model of peer-run programs can work successfully given the proper leadership and support.

Unfortunately, despite a number of success stories and a broadening of the pool of qualified peer specialists, little or no follow-up and vocational support was offered to many of the 100 graduates of the three annual WET trainings. The WET peer training and internships were not integrated into a larger effort to advance peer integration within ADMHS. Furthermore, more than nine years after the passage of MHSA/Prop 63, a significant number of ADMHS staff members continues to reject the concept of peer staff and the recovery model.

Thanks to a systems change initiative, renewed stakeholder involvement and important changes to ADMHS management, the opportunities are now better than ever to make significant progress toward peer integration. Stakeholder expectations have been raised. A number of passionate and dedicated stakeholders want ADMHS to make the guiding principles of MHSA a reality and accelerate efforts to:

- Include consistent peer voices at the ADMHS executive level
- Hire more disclosed peers, including peer recovery specialists, peer navigators, other peer program staff, and peers serving in administrative capacities, including a substantial number of bilingual/bicultural persons
- Provide peer staff with the training and support necessary for success
- Offer a richer array of peer support services, including peer participation in every clinical program, including mobile crisis teams and a peer-run respite center
- Empower peers with a genuine voice in agency decision-making
- Ensure that clients and families experience a welcoming environment across age groups, cultures, programs and regions
- Educate non-peer staff in the recovery model and acceptance of peer staff
- Create a career ladder for ADMHS peer staff
- Strengthen peer oversight of the three recovery learning communities
- Enhance staff support for peer employees, including establishment of a more formal mentoring program with participation by executives, managers and other staff

## *Purpose of this Report*

This report seeks to accomplish the following:

- ✓ Briefly describe the current ADMHS Consumer Empowerment Program
- ✓ Recommend enhancements necessary to achieve full peer integration and provide a checklist of major steps necessary for success
- ✓ Highlight evidence in support of peer integration

The creation of a detailed plan for peer integration will require:

- further targeted stakeholder and staff input
- an executive-level commitment to a sustained continuous quality improvement approach committed to improving the provision of services with an emphasis on future results
- development of a specific multi-year timeline that includes measurable goals
- trainings for peer staff to ensure their competence and confidence
- trainings for non-peer staff to encourage acceptance of peer staff and the recovery model
- a budget that will support the proposed initiatives
- creation of a peer career ladder at ADMHS to attract and retain qualified peer staff
- development of policies and procedures to advance peer integration and the recovery model
- rigorous evaluation and continuous quality improvement
- robust, routine and sustained peer-executive communications

This document offers a framework for starting a serious dialogue and suggests essential steps toward achieving a recovery-oriented, evidence-based, peer-integrated system. It is not intended to serve as a detailed roadmap for peer integration, and it will not address a number of the bulleted items listed above.

Please keep in mind that language is important. ADMHS should change the name of its Consumer Empowerment Program to "Consumer and Family Member Empowerment Program." This "rebranding" would align ADMHS with the terminology used by many other agencies. Also, it is important to note that throughout this report, the word "peer" refers to individuals who are consumers or family members or both. "Peer" is *not* a synonym for "consumer" or "client."

There are no "quick fixes." Hiring a few more peers and conducting a few more trainings will not achieve peer integration within ADMHS. One of the major admonitions of the TriWest Group report on ADMHS outpatient programs and services is worth repeating: A comprehensive, rather than piecemeal, approach

should be taken to systems change. This applies to the restructuring of ADMHS and to the integration of peers.

### *ADMHS Consumer Empowerment Program*

The ADMHS Consumer Empowerment Manager (CEM) co-supervises six Peer Recovery Specialists. Currently one Peer Recovery Specialist is assigned to each region of the County under the Partners in Hope Program funded by MHSA. Three additional Peer Recovery Specialists work for the Innovation benefits acquisition project in Santa Barbara and Santa Maria.

The CEM also supervises seven members of the Peer Expert Pool (PEP), an initiative undertaken to provide limited part-time job opportunities for seven graduates of the WET peer support training. Seven individuals each work 10 hours per week to lead peer support groups and assist with other peer support and administrative projects.

The CEM devotes considerable time supporting peer staff. In addition, the CEM chairs the Consumer and Family Member Advisory Committee (CFMAC) and the Peer Action Team. The CEM also serves on many committees, including ADMHS Manager Meetings, Partners in Hope, Working on Wellness (WOW), Systems Change Steering Committee and Design Team, Cultural Competence Action Team, IT Steering Committee, QAPI, QIC, Program Ops and the Compliance Committee. The CEM also maintains strong relations with oversight agencies in Sacramento, including Mental Health Services Oversight and Accountability Commission (MHSOAC) and Office of Statewide Health Planning (OSHPD).

Two entities are supposed to represent consumers and family members in ADMHS decision-making, the Consumer and Family Member Advisory Committee (CFMAC) and the Peer Action Team. To date these bodies have not exerted a meaningful level of influence. Serious and consistent executive interactions with consumer and family representatives prior to the making of important decisions must occur if there is to be full peer integration within ADMHS. For example, each ADMHS Executive Team meeting could devote a portion of time to updating peer representatives and hearing peer input.

### *Recommendations*

Over the years a number of Santa Barbara County stakeholders have requested a greater role for peers in public mental health service delivery system. As ADMHS considers transitioning from tokenism to full peer integration, a critical component will be the hiring of a substantial number of additional peer staff. However, research indicates that no matter how many peers are employed, their success depends on the existence of a supportive workplace infrastructure:

> This study informs new strategies that promote integration of peer providers into the staff of social service agencies. Executive directors, human resource managers, supervisors and co-workers at 27 agencies in New York City were interviewed in-depth. Focus groups with peers were conducted. Consistent with previous research, respondents identified attitudes toward recovery, role conflict

> and confusion, lack of policies and practices around confidentiality, poorly defined job structure and lack of support as problems that undermined integration. Emerging from the data are strategies related to human resource policies and practices and workgroup relationships and operations that can improve employment of peer staff. (Developing Strategies to Integrate Peer Providers into the Staff of Mental Health Agencies, Lauren B Gates and Sheila H. Akabas, *Administration and Policy in Mental Health and Mental Health Services Research*, May 2007.)

ADMHS should establish a solid infrastructure to ensure successful peer integration. Peers will benefit from a formal program of mentoring with participation by experienced staff, including individuals at managerial and executive levels. Peers need to be well trained to ensure they are confident and capable in their workplace performance. One study found that "integrating peer support providers is a process that evolves over time and does not end once someone is hired." ("Work transitions for peer support providers in traditional mental health programs: unique challenges and opportunities," S. Moll. J. Holmes et al, *Work*, 2009.)

Non-peer staff should be educated in the recovery model and acceptance of peer staff. As a NAMI member and Santa Barbara family advocate likes to point out, a recovery model will only be fully achieved when peers are respected members of service teams, working alongside their non-peer counterparts.

ADMHS should create or modify policies and procedures to support confidentiality and other issues of importance to peer staff. Job roles and descriptions need to be clearly defined, peers need to be supported in the workplace and meritorious job performance should be rewarded with opportunities for advancement.

Feedback during recent stakeholder meetings identified the need for a wide range of specific peer roles, including:

- Peers to complete part-time administrative projects
- At least one additional peer staff member in administration to support the CEM
- Peers to initiate and conduct support groups
- Peer navigators to help guide consumers and families through the public mental health service delivery system
- Peers to be added to all ADMHS service teams, including mobile crisis, crisis triage and stabilization, crisis residential and peer-run respite facilities
- Peers to assist in community re-entry for persons leaving PHF, hospitals and jail
- Peers to support a welcoming environment at all ADMHS service sites
- Peers to conduct client follow-up, such as assisting individuals who have missed appointments

We recommend that within the next 12 months, the following peer positions be added:

- An additional seven more peers to the Peer Expert Pool, each working up to 10 hours per week. These individuals will complete administrative projects, run support groups and provide transportation to peers wishing to attend stakeholder activities.
- One FTE peer to provide administrative support to the CEM. Job duties would include representing the CEM at meetings, assisting with reports, paperwork and providing support to other peer staff.
- Three additional FTEs -- one additional FTE Peer Recovery Specialist for each region of the County – to provide vocational support and job coaching to peers

A substantial number of new peer hires should be bilingual and bicultural. As budgeting for peer integration becomes more clearly defined and a multi-year peer integration plan is devised, the peer integration initiative should be periodically evaluated and appropriate adjustments made using a continuous quality improvement (CQI) approach.

### *Steps to Peer Integration*

1. Create a peer career ladder along the lines of Riverside County to help recruit and retain qualified peer employees.

2. Review peer job descriptions and make adjustments to improve clarity of job responsibilities and roles.

3. Add or modify policies and procedures necessary to ensure success of peer staff.

4. Expand the system of supports for peer staff, including a formal mentoring program. Also, to strengthen peer support systems, require peer staff members to attend monthly Partners in Hope meetings; require Peer Expert Pool members and peer volunteers to attend semi-monthly Working on Wellness (WOW) meetings.

5. Provide adequate training for peers to ensure they have the skills to succeed in their jobs. Train peer staff in recovery concepts, peer support, welcoming, navigation, client follow-up, in-home visits, assisting persons in transition and other tasks.

6. Train non-peer staff in the recovery model, working with peer staff and the roles of peer recovery specialists.

7. Hire a one FTE peer assistant to the CEM.

8. Hire three additional Peer Recovery Specialists, one for each region of the county to focus on increased vocational support.

9. Increase the Peer Expert Pool by seven persons each working 10 hours per week.

10. Hire additional peers to work on mobile crisis teams and crisis residential centers.

11. Among the new peer hires, ensure that a substantial number are

bilingual/bicultural.

12. Establish a peer crisis respite center.

13. Develop mechanisms to elevate the influence of peers in ADMHS decision-using CFMAC and other appropriate entities, such as the Peer Action Team and consistent appearances of peers at ADMHS Executive Team meetings.

14. Require contractors to hire more peers and activate guidance councils for the Recovery Learning Communities to ensure robust peer oversight.

## Seven Strategies for Successful Peer Integration

From "Successful Integration of Peers in the Workplace," Tina Wooton, ADMHS Consumer Empowerment Manager and John Black, Director, Peer Recovery Art Project, presented at ADMHS, May 15-16, 2012

1. Assist consumers in making the transition from client to consumer provider. Supportive supervision and clear job descriptions are important.

2. Encourage ongoing peer support opportunities. New consumer and family member staff may feel isolated and even at times intimidated by a new work environment. Sometimes their concerns are most effectively addressed when shared with peers in culturally competent support groups.

3. Integrate peers into staff culture to the fullest extent possible. Participation of peer staff in team meetings, treatment planning meetings and a range of other activities are critical.

4. Designate a mentor for each peer staff person. The mentor is responsible for tracking the progress of workplace integration and for helping to solve problems.

5. Provide continuing training opportunities for peer staff. Like non-peer staff, peers benefit enormously from opportunities to learn. We have attended many staff trainings that have been enriched by the presence and participation of peers. Set aside adequate funding for peer trainings and conference attendance.

6. Address non-peer staff concerns about peer staff. A Rand Corporation study suggests resistance to peer staff can be lessened by a) soliciting staff input into the role of peers; b) encouraging peer staff to be assertive in offering assistance to staff and c) requiring the same level of accountability of peer staff as is expected of non-peers.

7. Continually fight stigma. Few people are completely free of bias toward persons with mental illness. Non-peer staff and supervisors must always try to see beyond labels and view peers as total human beings with unique perspectives, talents, insights and abilities. Peers should be offered and supported in work assignments that are not limited to menial tasks.

## *Peer Staff Capabilities*

(Adapted from *Mental Health Consumer Providers, a Guide for Clinical Staff*, Rand Corporation, 2008)

- Help clients attend appointments
- Serve as role models to increase hope and motivation for recovery
- Address housing, financial and recreational needs
- Encourage clients to become more integrated with their communities and help families seek appropriate services and supports
- Work with clients to articulate personal goals for recovery and help them achieve these goals
- Facilitate client access to self-help groups
- Conduct wellness planning and Wellness Recovery Action Plans (WRAP)
- Teach problem-solving skills
- Provide vocational, residential and social rehabilitation
- Enhance the system's recovery orientation by advocating for effective recovery-based services
- Provide the client's point of view at team meetings, treatment planning meetings and psychiatrist visits
- Facilitate and/or lead peer support groups
- Conduct local community outreach
- Serve as a resource to help clients explore activities that in the past gave them meaning

*Evidence Base for Peer Support*

The evidence in both mental health and addiction is growing and shows high satisfaction from services that use all kinds of peer support as well as some positive outcomes for people who receive peer services:

- Reduced symptoms and or substance use.
- Reduced use of health services, including hospitals.
- Improvements in practical outcomes e.g. employment, housing and finances.
- Increased sense of self-efficacy.
- Increased social support, networks and functioning.
- Increased ability to cope with stress.
- Improved quality of life.
- Increased ability to communicate with mainstream providers.
- Reduced mortality rates, particularly for suicide in people with addiction.

There are also proven benefits for people who provide peer services including:

- Creating jobs – learning new skills, developing routines and increasing income
- Restoring confidence, and increasing self-awareness, fulfillment and friendships
- Assisting with recovery and staying well.

(Davidson et al, 2012; Doughty and Tse, 2011; Janzen et al, 2006; Rogers et al, 2007; White, 2009)

From: *Peer Work in Mental Health, Proposal to develop an international consensus to the International Initiative for Mental Health Leadership (IIMHL),* March 5, 2013

## The Many Values of Peer Recovery Support Services

From: "What are Peer Recovery Support Services?" SAMHSA 2009.
http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf

Historically, the substance use disorder and recovery field led the way in recognizing the importance of peer support services for a person seeking to come to terms with a life-changing condition. Utilization of peer support is, by now, a common practice in many fields. In the medical world of today, for example, there is scarcely a specialty where peer support is not recognized as a valuable adjunct to professional medical and social interventions. Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions that require long-term self-management. Thus, the peer recovery support services offered by RCSP grant projects and others stand in a long, well-documented, and copied evidence-based tradition.

Peer recovery support services can fill a need long recognized by treatment providers for services to support recovery after an individual leaves a treatment program. In addition, peer recovery support services hold promise as a vital link between systems that treat substance use disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live. Using a nonmedical model in which social support services are provided by peer leaders who have experienced a substance use disorder and recovery, these services extend the continuum of care by facilitating entry into treatment, providing social support services during treatment, and providing a posttreatment safety net to those who are seeking to sustain treatment gains.

These services are proving to be very adaptable, operating within diverse populations, stages of recovery, pathways to recovery, service settings, and organizational contexts. Notably, they build on resources that already exist in the community, including diverse communities of recovering people who wish to be of service. By serving as role models for recovery, providing mentoring and coaching, connecting people to needed services and community supports, and helping in the process of establishing new social networks supportive of recovery, peer leaders make recovery a presence in their communities and send a message of hope fulfilled.

*Evidence Base for Peer Support (continued)*

**Peer Support** - also available online at http://www.countyofsb.org/admhs/admhs.aspx?id=45578


- Ashcraft, L., Ph.D., and Anthony, William, Ph.D., The Story of Transformation: An Agency Fully Embraces Recovery, Behavioral Healthcare Tomorrow, April 2005 http://www.recoveryinnovations.org/pdf/BHcare%20Apr%202005.pdf

- Campbell, Jean, Ph.D., Consumer-Operated Services Program (COSP) Multisite Research Initiative Overview and Preliminary Findings, May 7, 2004 http://www.power2u.org/downloads/COSPVAREPORT.pdf

- Campbell, Jean, Ph.D., Emerging Research Base of Peer-Run Support Programs (as of 5/05) http://www.power2u.org/emerging_research_base.html

- Carpinello, S., Knight, E., and Janis, L. (1992). A study of the meaning of self-help, self-help processes, and outcomes. Paper presented at the Third Annual Conference on State Mental Health Agency Services Research, Arlington, VA: NASMHPD Research Institute, Inc., 37-44.

- Chinman, M., Young, A.S., Hassell, J., Davidson, L. (2006). Toward the implementation of mental health consumer provider services. Journal of Behavioral Health Services & Research, 33(2) 176-195. http://www.ncbi.nlm.nih.gov/pubmed/16645906

- Chinman, M., Hamilton, A. et al, Mental Health Consumer Providers: A Guide for Clinical Staff, Rand Corporation, 2008, http://www.rand.org/content/dam/rand/pubs/technical_reports/2008/RAND_TR584.pdf

- Cook, J.A., Peer-Delivered Wellness Recovery Services: From Evidence to Widespread Implementation, Psychiatric Rehabilitation Journal, Vol. 35, No. 2, 2011: "A growing body of evidence suggests that peer-provided, recovery-oriented mental health services produce outcomes as good as and, in some cases superior to, services from non-peer professionals." http://www.gmhcn.org/files/Judith_Cook_peer_delivered_services_article.pdf

- Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (2009). Pillars of Peer Support: Transforming mental health systems of care through peer support services. Atlanta: The Carter Center. http://www.in.gov/fssa/dmha/files/Pillars_of_Peer_Support.pdf

- Daniels, Allen S., Ed.D., Rebecca Cate, Ph.D.; Susan Bergeson; Sandra Forquer, Ph.D.; Gerard Niewenhous, M.S.W.; Beth Epps, M.Ed., Best Practices: Level-of-Care Criteria for Peer Support Services: A Best-Practice Guide, Psychiatric Services, December 1, 2013. http://www.in.gov/fssa/dmha/files/Pillars_of_Peer_Support.pdf

- Davidson, Chinman, Sells and Rowe, Peer Support among Adults With Serious Mental Illness: A Report From the Field, Schizophrenia Bulletin, Vol 32, 2006. http://schizophreniabulletin.oxfordjournals.org/content/32/3/443.full.pdf+html

- Davidson, L, Bellamy, C, et al, Peer support among persons with severe mental illnesses: a review of evidence and experience, World Psychiatry v.11(2); Jun 2012 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/

- Doughty, C and Tse, S, Can Consumer-led Mental Health Services be Equally Effective? An integrative view of CLMH services in high income countries. *Community Mental Health Journal* 47:3, 252-266, 2011. http://www.ncbi.nlm.nih.gov/pubmed/20512528

- Druss, BG et al, The Health and Recovery Peer (HARP) Program: a peer-led intervention to improve medical self-management for persons with serious mental illness, Schizophrenia Research, May 2010. http://nasuad.org/sites/nasuad/files/hcbs/files/150/7485/PeerSupport11-6.pdf

- Eiken, S., & Campbell, J. (2008). Medicaid coverage of peer support for people with mental illness: Available research and state examples. Thomson Reuters Healthcare. http://nasuad.org/hcbs/about-hcbs-clearinghouse/history

- Faulkner, Alison and Kalathil, Jayasree, The Freedom to be, the Chance to Dream: Preserving User-Led Peer Support in Mental Health, Commissioned by Together, 2012, http://www.together-uk.org/wp-content/uploads/2012/09/The-Freedom-to-be-The-Chance-to-dream-Full-Report1.pdf

- Felton, C. J., Stastny, P., Shern, D. L., Blanch, A., Donahue, S., Knight, E., et al. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. Psychiatric Services, 46(10), 1037-1044. http://www.ncbi.nlm.nih.gov/pubmed/8829785

- Frese, Frederick J, III, Ph.D.; Jonathan Stanley, J.D., et al, Integrating Evidence-Based Practices and the Recovery Model, Psychiatric Services 2001;doi: 10.1176/appi.ps.52.11.1462 http://journals.psychiatryonline.org/article.aspx?articleid=86679

- Fricks, Larry, Peer Workforce in Integrated Health, SAMHSA Presentation, November 8, 2012. http://www.integration.samhsa.gov/11.8.12_Cohort_V_Academy_Part_4.pdf

- Galanter, M. (1988a). Research on social supports and mental illness. American Journal of Psychiatry, 145(10), 1270-1272.

- Galanter, M. (1988b). Zealous self-help groups as adjuncts to psychiatric treatment: A study of Recovery, Inc., American Journal of Psychiatry, 145(10), 1248-1253. http://ajp.psychiatryonline.org/article.aspx?articleID=165386

- Gates, L.B., Mandiberg, J.M. et al, Building Capacity in Social Service Agencies to employ peer providers, Psychiatric Rehabilitation Journal, 34(2), 145-252 http://www.ncbi.nlm.nih.gov/pubmed/20952368

- Holter, M. C., Mowbray, C. T., Bellamy, C. D., MacFarlane, P., & Dukarski, J. (2004). Critical ingredients of consumer-run services: Results of a national survey. Community Mental Health Journal, 40(1), 47-63. http://www.ncbi.nlm.nih.gov/pubmed/15077728

- Horvath, Alex, COMMUNITY / Mental health peer program helps officers, Special to The Chronicle, Published 4:00 am, Friday, May 9, 2003 http://www.sfgate.com/bayarea/article/COMMUNITY-Mental-health-peer-program-helps-2649337.php#page-3

- Janzen, R, Nelson, G et al, A longitudinal study of mental health consumer/survivor initiatives: Part IV - Benefits beyond the self? A quantitative and qualitative study of system-level activities and impacts. *Journal of Community Psychology* 23, 285-303. http://onlinelibrary.wiley.com/doi/10.1002/jcop.20100/abstract

- Klein, A. R., Cnaan, R. A., and Whitecraft, J. (1998). Significance of peer social support with dually diagnosed clients: Findings from a pilot study. *Research on Social Work Practice, 8* (5) 529–551. http://rsw.sagepub.com/content/8/5/529.abstract

- Kyrouz, E. M., Humphreys, K., and Loomis, C. (2002). A review of research on the effectiveness of self-help mutual aid groups. In B.J. White and E.J. Madera (Eds.). *American self-help clearinghouse self-help source book*. 7th ed., 71–85. Cedar Knolls, NJ; American Self-Help Group Clearing House. http://nipspeersupport.org/?page_id=588

- Lived Experience Research Network, The 2012 National Survey of Peer-Run Organizations, John Hopkins Bloomberg School of Public Health, December 6, 2013.

- MacNeil, C. and Mead, S. A Narrative Approach to Developing Standards for Trauma-Informed Peer Support. *American Journal of Evaluation*, 26:2, 231-244, 2005.

http://aje.sagepub.com/content/26/2/231.short

- Markowitz, F. E., DeMasi, M. E., Carpinello, S. E., Knight, E. L., & Videka-Sherman, L. (1996). The role of self-help in the recovery process. Alexandria, VA: Proceedings: 6th Annual National Conference on State Mental Health Agency Services Research and Program Evaluation. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Research Institute

- Mead, S. & MacNeil, C. (2006). Peer Support: What Makes It Unique? *International Journal of Psychosocial Rehabilitation*, *10* (2), 29–37. http://www.psychosocial.com/IJPR_10/Peer_Support_What_Makes_It_Unique_Mead.html

- Mowbray, C.T., & Tan, C. (1993). Consumer-operated drop-in centers run by and for psychiatric consumers: Evaluation of operations and impact, *Journal of Mental Health Administration, 20,* 8-19.

- New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America. Final report. (DHHS Publication No. SMA-03-3832). Rockville, MD: Government Printing Office. http://govinfo.library.unt.edu/mentalhealthcommission/

- O'Hagan, M. Peer support in mental health and addiction: A background paper. Kites Trust, Wellington, 2011. http://www.peerzone.info/sites/default/files/resource_materials/Peer%20Support%20Overview%20O'Hagan.pdf

- Pfeiffer, P.N., Heisler, M., Piette, J.D., Rogers, M.A.M., & Valenstein, M. (2010). Efficacy of peer support, interventions for depression: A meta-analysis. *General Hospital Psychiatry, 33*(1), 29-36 http://www.ncbi.nlm.nih.gov/pubmed/21353125

- Pillars of Peer Support Services Summit IV: Establishing Standards of Excellence, Atlanta, GA, September 24-25, 2012, http://www.pillarsofpeersupport.org/POPS2012.pdf

- Rappaport, J., et al. (1992). Mutual help mechanisms in the empowerment of former mental patients. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (84-97). White Plains, NY: Longman.

- Rogers, E. S., Teague, Ph.D., Lichtenstein, C, Campbell, J, Lyass, A. Chen, R., & Banks, S. (2007). The effects of participation in adjunctive consumer-operated programs on both personal and organizationally mediated empowerment: Results of a multi-site study. *Journal of Rehabilitation Research and Development*, 44(6), 785-800 http://www.power2u.org/downloads/JRRD_Rogers_et_al_Effects_of_participation_in_consumer-operated_service_programs.pdf .

- Rogers, E.S., et al, Systematic Review of Peer Delivered Services Literature 1989 – 2009, Boston University, Sargent College, Center for Psychiatric Rehabilitation, 2009, http://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/peer-delivered-services/

- Salzer, M. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. Psychiatric Rehabilitation Skills, 6(3), 355-383. http://www.cdsdirectory.org/SalzeretalBPPS2002.pdf

- Salzer, M. (2004). Best practice guidelines for consumer-delivered services. Evanston, IL: Center for Psychiatric Rehabilitation. http://www.tandfonline.com/doi/abs/10.1080/10973430208408443#preview

- SAMHSA (Substance Abuse and Mental Health Services Administration), Behavioral health peer navigator (description), (SAMHSA) 2011 http://www.samhsa.gov/grants/blockgrant/BH_Peer_Navigator_05-06-11.pdf

- SAMHSA (Substance Abuse and Mental Health Services Administration), What are Peer Recovery

Support Services?, Rockville, MD, 2009
http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf

- SAMHSA (Substance Abuse and Mental Health Services Administration),Equipping Behavioral Health Systems & Authorities to Promote Peer Specialists/Peer Recovery Coaching Services, August 17, 2012, http://www.samhsa.gov/recovery/docs/Expert-Panel-02112013.pdf

- SAMHSA (Substance Abuse and Mental Health Services Administration), Consumer-Operated Services: The Evidence, Rockville, MD, 2011, http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/TheEvidence-COSP.pdf

- SAMHSA (Substance Abuse and Mental Health Services Administration), Grantee Spotlight: Peer Coaches Inspire Success and Motivate Change at WellSpring, December 2013, http://www.integration.samhsa.gov/about-us/esolutions-newsletter/esolutions-december-2013#spotlight

- SAMHSA (Substance Abuse and Mental Health Services Administration), Equipping Behavioral Health Systems and Authorities to Promote Peer Specialist/Peer Recovery Coaching Services, Expert Panel, March 21-22, 2012 http://www.samhsa.gov/recovery/docs/Expert-Panel-02112013.pdf

- Sells D, Davidson L, Jewell C, Falzer P, Rowe M, The treatment relationship in peer-based and regular case management for clients with severe mental illness, Psychiatr Serv. 2006 Aug;57(8):1179-84. http://ps.psychiatryonline.org/article.aspx?articleid=96947: Findings strongly suggest that peer providers serve a valued role in quickly forging therapeutic connections with persons typically considered to be among the most alienated from the health care service system.

- Simpson, E. L. & House, A.O. (2002). Involving users in the delivery and evaluation of mental health services: Systematic review. *British Medical Journal. 325,* 1-5. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC136921/pdf/1265.pdf

- Solomon, Phyllis, Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients, Psychiatric Rehabilitation Journal, Vol 27(4), 2004, 392-401. The article defines peer support/peer provided services; discusses the underlying psychosocial processes of these services; and delineates the benefits to peer providers, individuals receiving services, and mental health service delivery system. Based on these theoretical processes and research, the critical ingredients of peer provided services, critical characteristics of peer providers, and mental health system principles for achieving maximum benefits are discussed, along with the level of empirical evidence for establishing these elements. http://www.parecovery.org/documents/Solomon_Peer_Support.pdf

- Solomon, P., & Draine, J. (2001). The state of knowledge of the effectiveness of consumer provided services. Psychiatric Rehabilitation Journal, 25(1), 20-27. http://www.ncbi.nlm.nih.gov/pubmed/11529448

- Summary Bulletin, A Longitudinal Study of Consumer/Survivor Initiatives in Community Mental Health in Ontario: Individual-level and System-level Activities and Impacts, 2004. http://www.communitybasedresearch.ca/resources/crehs.on.ca/downloads/csi%20summary%20bulletin%202004.pdf

- White, W. (2000a) The history of recovered people as wounded healers: I. From Native America to the rise of the modern alcoholism movement. Alcoholism Treatment Quarterly, 18(1), 1-23. http://www.tandfonline.com/doi/abs/10.1300/J020v18n01_01?journalCode=watq20#preview

- White, W. (2000b). The history of recovered people as wounded healers: II. The era of professionalization and specialization. Alcoholism Treatment Quarterly, 18(2), 1-25.

- White, W. (2009). Peer-based addiction recovery support: History, theory, practice, and scientific evidence. Chicago: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services. http://www.attcnetwork.org/regcenters/productDocs/3/Peer-Based%20Recovery%20Support%20Services%20-Final%20Version%20w_Cover_June%2008%2009.pdf

## Peer Roles and Competencies


- Fricks, Larry, The Gifts Peer Providers Bring, SAMHSA, December 2012. http://www.integration.samhsa.gov/about-us/esolutions-newsletter/esolutions-december-2013#feature

- King County Mental Health, Chemical Abuse and Dependency Services Division (Washington State), Mental Health Recovery Competencies, http://www.valleycities.org/about/principles-of-recovery/mental-health-recovery-competencies/

- Lakeman, R., Mental health recovery competencies for mental health workers: a Delphi Study, Journal of Mental Health, 2010 Feb; 19(1) 62-74. http://www.ncbi.nlm.nih.gov/pubmed/20380499

- McKegg, Kate and Oakden, Judy, Characteristics of Good Peer Support, Knowledge Institute, New Zealand, November 2009 http://www.wellink.org.nz/pdf/Characteristics_of_Good_Peer_Support.pdf

- Mead, Hilton and Curtis, Peer Support: A Theoretical Perspective. A key differentiating factor in the certified peer specialist (CPS) role from other mental health positions is that, in addition to the traditional knowledge and competencies in providing support, the CPS operates out of a lived experience and experiential knowledge, Fall 2001, *Psychiatric Rehabilitation Journal.* http://old.dsav.asn.au/research/Peer%20support%20theoretical%20perspective%20by%20Mead,%20Hilton%20&%20Curtis.pdf

- Moran, G., Russinova, Z., & Stepas, K. (2012). Toward understanding the impact of occupational characteristics on the recovery and growth processes of peer providers. *Psychiatric Rehabilitation Journal, 35*(5) 376–380. http://psycnet.apa.org/journals/prj/35/5/376 /

- Tennessee Department of Mental Health Peer Support Work Group, Recommended Models of Peer Support, March 15, 2012, http://www.tn.gov/mental/up_event_images/peer/PeerSupWorkGroupRpt.doc

- Russinova Z, Rogers ES, Ellison ML, Lyass A, Recovery-promoting professional competencies: perspectives of mental health consumers, consumer-providers and providers, *Psychiatr Rehabil J.* 2011 Winter;34(3):177-85. doi: 10.2975/34.3.2011.177.185, http://www.ncbi.nlm.nih.gov/pubmed/21208856

- Southard, Marvin J., Peer Specialist Training and Core Competencies, County of Los Angeles, April 24, 2013 http://file.lacounty.gov/dmh/cms1_194804.pdf

  White, William, Peer Support Core Specialists Core Competencies, Institute for Behavioral Health Integration, 2007 http://instituteforbehavioralhealthintegration.org/media/9690/peer_specialist_competencies.pdf

- Woodhouse & Vincent, Development of peer specialist roles: a literature scoping exercise. (Information provided by peers is often seen to be more credible than that provided by mental health professionals), 2006, Scottish Recovery Network / Scottish Development Centre for Mental Health. http://lx.iriss.org.uk/sites/default/files/resources/Mental%20Health%20Delivery%20Plan%20Development%20of%20Peer%20Specialist%20Roles%20A%20Literature%20Scoping%20Exercise.pdf


## Peers and Crisis Response


- Atkinson, Travis and Class, Lara, Utilizing Peer Supports In Crisis Settings (PowerPoint), Hope Network Behavioral Health Services, MACMHB Presentation, 10-17-11 http://www.countyofsb.org/uploadedFiles/admhs_new/resources/Systems_Change/Peer_Action_Team/PeerSupportsinCrisisSettings.pdf

- Landers, Glenn, Cooney, James et al, The Effect of Peer Support On Recidivism Rates for Mental Health Hospital Admissions and Crisis Stabilization Episodes, Georgia Health Policy Center, September 27, 2006, http://aysps.gsu.edu/sites/default/files/documents/ghpc/long_term_care/reports/Final%20Peer%20Support%20Report%209-27-06.pdf

- Lawn, S., Smith, A., & Hunter, K. (2008). Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. Journal of Mental Health, 17(5), 498-508. http://informahealthcare.com/toc/jmh/17/5

- Mead, Shery and Hilton, David, Crisis and Connection, *Psychiatric Rehabilitation Journal*, Summer 2003, Vol. 27. No. 1.

- Sledge, W.H., Lawless, M. Et al, Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations, *Psychiatric Services*, 62(5), 2011.


## Post-Crisis Peer Services


- Fisher, Daniel, Rote, Kay et al, From Relief to Recovery: Peer Support by Consumers Relieves the Traumas of Disasters from Mental Illness, Presented at After the Crisis: Healing from Trauma After Disasters, Expert Panel Meeting, April 24-25, 2006,Bethesda, MD (updated July 2006) http://gainscenter.samhsa.gov/atc/text/papers/peer_support_paper.htm

- Griswold, MD, MPH, Kim S., Patricia A. Pastore, FNP, Gregory G. Homish, PhD, and Angela Henke, Access to Primary Care: Are Mental Health Peers Effective in Helping Patients After a Psychiatric Emergency? Primary Psychiatry – NP/PA Edition. 2010;17:9(Suppl 10):8-13. http://www.cnsspectrums.com/aspx/article_pf.aspx?articleid=3534


## Consumer-Run Residential Programs


- Ashcraft Lori, Ph.D., Executive Director, The Living Room, Peer Services in a Crisis Setting; The Living Room, META Services Recovery Education Center, March 2006, http://www.recoveryinnovations.org/pdf/LivingRoom.pdf

- Bologna, M., & Pulice, R. (2011). Evaluation of a peer-run hospital diversion program: A descriptive study. *American Journal of Psychiatric Rehabilitation*, 14(4), 272-286, http://www.tandfonline.com/doi/full/10.1080/15487768.2011.622147#.UbfP1-fdQYQ

- Burns-Lynch, B., & Salzer, M. (2001). Adopting innovations: Lessons learned from a peer-based hospital diversion program. *Community Mental Health Journal*, 511-521. http://www.ncbi.nlm.nih.gov/pubmed/11504144

- Burroughs Erdman, J. (2011). A place for us. *Mental Health Weekly*, DOI:10.1002/mhw.

- Gordon, R., Edmunson, E., Bedell, J., & Goldstein, N., Reducing rehospitalization of state mental patients: Peer management and support. Journal *of the Florida Medical Association*, 66, 927-933. Randomized controlled trial (RCT) evaluating participation in a consumer-operated crisis hostel, finding shorter hospital stays, fewer hospital admissions, and improved empowerment. (1979).

- Greenfield, Thomas K, Stoneking, Beth C. et al, A Randomized Trial of a Mental Health Consumer Managed Alternative to Civil Commitment for Acute Psychiatric Crisis, *American Journal of Community Psychology*, September 2008.

- Holzer, Charles E., Ph.D., Cost-Effectiveness of 9 Crisis Residential Modalities, Texas Alternatives Project Grant, May 1996. http://www.power2u.org/downloads/Crisis_Alternative_Project_Texas.pdf

- Janzen, R., Nelson , G., Trainor, J. & Ochocka, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part IV - Benefits beyond the self? A quantitative and qualitative study of system-level activities and impacts. *Journal of Community Psychology* 34, 285-303. http://onlinelibrary.wiley.com/doi/10.1002/jcop.20100/abstract

- Jenkins Tucker, S., Miccio, S., Swarbrick, P. (2011). SAMHSA training teleconference. Peer respite services: transforming crisis to wellness. http://promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference08042011.aspx

- Keilman, J. (2011). "Living room" offers ER alternative for mental illnesses. *Chicago Tribune*, http://articles.chicagotribune.com/2011-12-01/news/ct-met-living-room-20111201_1_mental-illness-mental-health-josselyn-center

- *Medical News Today,* Crisis Residential Facilities Healthier Than Psychiatric Hospitals? - Study Finds More Mental Health Improvements At Consumer-Managed Program, August 19, 2008 http://www.medicalnewstoday.com/releases/118619.php

- Mosher, L.R., (1999). Soteria and Other Alternative to Acute Psychiatric Hospitalization: A personal and Professional Review, *The Journal of Nervous and Mental Diseases*, 187 (3); 142-149. http://www.moshersoteria.com/articles/soteria-and-other-alternatives-to-acute-psychiatric-hospitalization/

- National Empowerment Center, Evidence for Peer Run Crisis Centers: The Turning Point Community Crisis Residential Program in Sacramento, California participated in a research/ demonstration project from 1993-1997 that compared cost and outcome to a locked, inpatient psychiatric facility. The study compared the effectiveness of the unlocked, mental health consumer-managed, crisis residential program (CRP) to a locked, inpatient psychiatric facility (LIPF) for adults for severe psychiatric problems. Participants in the CRP experienced significantly greater improvement on interviewer-rated and self-reported psychopathology than did participants in the LIPF condition; service satisfaction was dramatically higher in the CRP condition.

- Ostrow, Laysha, MPP, Evaluating Peer-Operated Crisis Care Alternatives, Presentation to Columbia University/Nathan Kline Institute, September 2012.

- Ostrow, Laysha, MPP, Ph.D. candidate, Peer Respite Programs for Mental Health Crises: Research and Practice Initiatives in the United States, Presentation at MHA of San Francisco, November 15, 2013
- Ostrow, Laysham, MPP, and Fisher, Dan, M.D., Ph.D., Peer-Run Crisis Respites: A review of the model and opportunities for future developments in research and innovation, 2011. http://www.power2u.org/downloads/Ostrow-Fisher-PRCR-12.20.2011.pdf

- SAMHSA (Substance Abuse and Mental Health Services Administration), Peer Support Wellness Respite Centers, March 30, 2011, http://www.integration.samhsa.gov/images/res/PDF,%20PSWRC.pdf (webinar)

- Swarbrick, P., Brice, G. et al, Peer Support Wellness Respite Centers, SAMHSA Presentation, March 30, 2011, http://www.integration.samhsa.gov/images/res/PDF,%20PSWRC.pdf


## Peers in Inpatient Settings


- Almazar, R. (2011). Consumer/Peer inclusion as one of the six core strategies to prevent use of seclusion and restraints. PowerPoint presentation at NASMHPD's August 2011 training, Effective Use of Peer Programs to Prevent the Use of Seclusion and Restraints.

- Ashcraft, L. & Anthony, W. (2008). Eliminating seclusion and restraint in recovery-oriented crisis services. Psychiatric Services, 59(10). http://ps.psychiatryonline.org/data/journals/pss/3858/08ps1198.pdf

- Bluebird, G. (2008). Paving new ground: Peers working in in-patient settings. National Technical Assistance Center, National Association of State Mental Health Program Directors (NASMHPD). http://www.nasmhpd.org/docs/publications/docs/2008/Bluebird%20Guidebook%20FINAL%202-08.pdf

- Bouchard, Sylvie, a family peer, described in "Peer Support in the ER," AMI-Quebec, http://amiquebec.org/peer-support-in-the-er/

- Chinman, M. J., Weingarten, R., Stayner, D., and Davidson, L. (2001). Chronicity reconsidered: Improving person-environment fit through a consumer run service. Community Mental Health Journal. 37 (3) 215–229. When peers are part of hospital-based care, the results indicate shortened lengths of stays, decreased frequency of admission, and a subsequent reduction in overall treatment costs. http://www.ncbi.nlm.nih.gov/pubmed/11440423

- Consumer/Survivor Initiatives: Impact, Outcomes & Effectiveness, Ontario http://www.opdi.org/images/resources/CSIs_Impact_Outcomes_and_Effectiveness.pdf

- Dumont, J., & Jones, K. (2002), Outlook, 4-6. Findings from a consumer/survivor defined alternative to psychiatric hospitalization. http://www.nri-inc.org/reports_pubs/2002/OutlookSpring2002.pdf

- Fisher, Cory, Peer counselors help SNMH Emergency Department psychiatric crises, The Union, Nevada County, CA, October 14, 2013 http://www.theunion.com/news/8513057-113/crisis-peer-counselors-health

- MIWatch.org, Peer counselors support consumers in emergency rooms, retrieved 12/22/13

- Ricketts, Kathy, Counselors offer hope, empathy to mental illness patients, *The Daily Gazette*, Schenectady, NY, August 14, 2008 http://www.dailygazette.com/news/2008/aug/14/0814_Peer/

- Sharp, C. (2011), Effective Use of Peer Programs to Prevent the Use of Seclusion and Restraints. Wellness Recovery Action Planning as a Seclusion/Restraint Prevention Tool. PowerPoint presentation at NASMHPD's August 2011 training.

- SPIRIT Peer Empowerment Center, Crisis Peer Counselors to Offer Mental Health Support at Local Emergency Department, Dec 11, 2012 http://yubanet.com/regional/Crisis-Peer-Counselors-to-Offer-Mental-Health-Support-at-Local-Emergency-Department.php#.UrY-uzK9KSM


## Assertive Community Treatment (ACT)


- Clarke, G. N., Herinckx, H. A., Kinney, R. F., Paulson, R. I., Cutler, D. L., Lewis, K., et al. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: Findings from a randomized trial of two ACT programs vs. usual care. Mental Health Services Research, 2, 155–164. http://www.ncbi.nlm.nih.gov/pubmed/11256724

- Craig, Tom, Doherty, I. et al, The consumer-employee as a member of a Mental Health Assertive Outreach Team. I. Clinical and social outcomes, Journal of Mental Health, January 2004. http://informahealthcare.com/doi/abs/10.1080/09638230410001654567

**Attachment 1:**

**Tennessee Department of Mental Health Peer Support Work Group**

# Recommended Models of Peer Support

**March 15, 2012**

| MODEL | LITERATURE |
|---|---|
| **Peer Specialists in Drop-in Programs**<br><br>• provide informal one-on-one peer support<br>• role model recovery<br>• help members find resources in the community<br>• provide opportunities for socialization in the community | Carolan, M., Onaga, E., Pernice-Duca, F., & Jimenez, T. (2011) A place to be: The role of clubhouses in facilitating social support. Psychiatric Rehabilitation Journal, 35(2), 125-132.<br><br>Galanter, M. (1988). Research on social support and mental illness. American Journal of Psychiatry, 145(10), 1270-1272.<br><br>Kaufmann, C., Ward-Colesante, M., & Farmer, M. (1993). Development and evaluation of drop-in centers operated by mental health consumers. Hospital and Community Psychiatry, 44(7), 675-678.<br><br>Mowbray, C.T., and Tan, C. (1993). Consumer-operated drop-in centers run by and for psychiatric consumers: Evaluation of operations and impact, Journal of Mental Health Administration, 20, 8-19. |
| **Peer Specialists in Recovery Education Programs**<br><br>• teach classes in EBPs, such as WRAP and IMR plus best practices such as BRIDGES, etc.<br>• lead recovery education activities in topics such as stress management, Declaration for Mental Health Treatment, etc.<br>• facilitate support groups<br>• role model recovery | Cook, J. (2011). Peer-delivered wellness recovery services: From evidence to widespread implementation. Psychiatric Rehabilitation Journal 35(2), 87-89.<br><br>Copeland, M.E. (2012) Facilitator Training Manual: Mental Health Recovery Including WRAP Curriculum**.** Dummerston, VT: Peach Press.<br><br>Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J.K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology: Science and practice, 6, 165-187.<br><br>Diehl, S., & Baxter, E. (1999). BRIDGES: A journey of hope, a peer-taught curriculum on mental illness, mental health treatment, and self-help skills. Knoxville, TN: Tennessee Alliance for the Mentally Ill.<br><br>Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 136.<br><br>Pickett, S., Diehl, S., Steigman, P., Prater, J., Fox, A., & Cook, J. (2010). Early outcomes and lessons learned from a study of the Building |

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| | Recover of Individual Dreams and Goals through Education and Support (BRIDGES) Program in Tennessee. Psychiatric Rehabilitation Journal 34(2), 96-103.<br><br>Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). Wellness Recovery Action Plan (WRAP). Retrieved from the National Registry of Evidence-based Programs and Practice Web site, http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208.<br><br>Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: How to Use the Evidence-Based Practices KITs. HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009. |
| **Peer Wellness Coaches**<br><br>• provide group and one-on-one Peer Wellness Coaching sessions, focusing on individual health and wellness strengths and needs<br>• lead health and wellness educational groups<br>• teach classes in the EBPs of the Chronic Disease Self-Management Program and the Diabetes Self-Management Program<br>• teach basic nutrition and how to make healthy snacks and meals<br>• coordinate intentional physical activities, including dancing, kickball, walking, etc.<br>• administer recovery and health and wellness assessments<br>• identify resources within a community that support a healthy lifestyle | Arloski, M. (2007). Wellness coaching for lasting lifestyle change. Duluth, MN: Whole Person Associates.<br><br>Botelho, R. (2004). Motivate healthy habits: Stepping stones to lasting change. Rochester, NY: MHH Publications.<br><br>Daniels, A. S., Tunner, T. P., Ashenden, P., Bergeson, S., Fricks, L., Powell, I., (2012), Pillars of Peer Support III: Whole Health Peer Support Services, www.pillarsofpeersupport.org ; January 2012.<br><br>Kelly, D., Boggs, D., & Conley, R. (2007). Reaching for wellness in schizophrenia. Psychiatric Clinics of North America, 30, 453-479.<br><br>Lorig, K., Sobel, D., Stewart, A., Brown, B., Bandura, A. Ritter, Holman, H. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: A randomized trial. Medical Care, 37(1), 5-14.<br><br>Swarbrick, M. (1997). A wellness model for clients. Mental Health Special Interest Section Quarterly, 20, 1-4.<br><br>Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29, (4) 311- 314.<br><br>Swarbrick, M., Hutchinson, D., & Gill, K. (2008). The quest for optimal health: Can education and training cure what ails us? International Journal of Mental Health, 37 (2), 69-88.<br><br>Swarbrick, M., Murphy, A., Zechner, M., Spagnolo, A., & Gill, K. (2011). Wellness coaching: a new role for peers. Psychiatric Rehabilitation Journal, 34(4), 328-331. |
| **Peer Specialists in Housing Services** | Besio, S., & Mahler, J. (1993). Benefits and challenges of using consumer staff in supported housing services. Hospital and community psychiatry, |

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| • Peer Specialists serve as Resident Counselors in Supportive Living Facilities and provide informal one-on-one peer support in that role.<br>• Four Peer Specialists serve as Consumer Housing Specialists across the state.<br>• Peer Specialists also serve as Regional Housing Facilitators, but not as a requirement of employment.<br>• Peer Specialists also serve as PATH Outreach Workers, but not as a requirement of employment. | 44(5), 490-491.<br><br>Transforming Housing for People With Psychiatric Disabilities Report. (2006). HHS Pub. No. 4173. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006. |
| **Peer Specialists in Psychosocial Rehabilitation**<br><br>• teach classes in EBPs, such as WRAP and IMR plus best practices such as BRIDGES, etc.<br>• working with clients to develop and implement a person-centered individual service plan to reach goals<br>• provide one-on-one peer support<br>• teach topics such as anger management<br>• provide supported employment, job readiness<br>• provide whole health classes<br>• provide GED prep | Mowbray, C., Moxley, D., Jasper, C., & Howel, L. (Eds). (1997). Consumers as providers in psychiatric rehabilitation. Columbia, MD: International Association of Psychosocial Rehabilitation Services. |
| **Peer Specialists as Outreach Specialists**<br><br>• provide outreach to people who have frequent inpatient hospitalizations<br>• provide outreach to people who have failed to engage with the mental health system (alternative to Assisted Outpatient Treatment).<br>• provide outreach to people who are non-compliant with MOT<br>*Note: consider teams of two Peer Specialists when needed for safety.*<br>• receive training in the techniques of motivational interviewing, which includes engagement strategies in the areas of:<br>  • non-threatening approaches in the engagement process<br>  • addressing clients (What would you like to be called).<br>  • setting safe proximities during contact<br>  • giving clients choice (What would be a good time for you)<br>  • asking open ended questions (Tell me about some things you like to do)<br>  • adhering to appropriate language. ( He is a schizophrenic vs. He is a person diagnosed with schizophrenia ) | Canady, V. (2011). Peer support services help reduce hospitalizations, curb costs. Mental Health Weekly.<br><br>Fisk, D. & Fray, J. (2002). Employing people with psychiatric disabilities to engage homeless individuals through supported socialization: The buddies project. Psychiatric Rehabilitation Journal 26(2), 191-196.<br><br>Kottsieper, P. (2011). From compliance to adherence to service engagement. Center on Adherence and Self-determination Research and Practice Brief No. 3. Retrieved from URL www.casd1.org.<br><br>Kryda, A. (2008) Mistrust of outreach workers and lack of confidence in available services among individuals who are chronically street homeless. *Community Mental Health Journal* 45(2), 144-150.<br><br>Peer support specialist / outreach worker job description. California Institute for Mental Health. Retrieved from URL www.cimh.org.<br><br>TennCare PeerLink Service Program Guidelines. (2009). Tennessee Mental Health Consumers' Association. (See Appendix F) |
| **Peer Specialists on Intensive Community Treatment Teams (such as ACT and others)** | Chinman, M. J., Rosenheck, R. A., Lam, J., & Davidson, L. (2000). Comparing consumer and non-consumer provided case management services for homeless persons with mental illness. *Journal of Nervous and* |

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| • Peer Specialists usually perform the same duties as other members of the intensive community treatment team, including:<br>  • working with clients to develop and implement a person-centered individual treatment plan<br>  • teaching daily living skills<br>  • providing transportation as needed<br><br>• In addition, Peer Specialists:<br>  • Engage clients through outreach and support<br>  • Work with clients to develop a psychiatric advanced directive, if desired<br>  • Share first-hand experiences of their own recovery journey to inspire and support<br>  • provide peer support services that address symptom management, coping skills, finding resources, etc. | *Mental Disease*, *188*, 446–453.<br><br>Felton, C.J., Stastny, P., Shern, D.L., Blanch, A., Donahue, S., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. Psychiatric Services, 46(10), 1037-1044.<br><br>Wright-Berryman, J., McGuire, A. & Salyers, M. (2011). A review of consumer-provided services on Assertive Community Treatment and Intensive Case Management Teams: Implications for future research and practice. Journal of the American Psychiatric Nurses Association, 17(1), 37-44. |
| **Peer Specialists as Insurance Navigators / Benefits Specialists**<br><br>• Help people to enroll in insurance<br>• Teach people how to access care (PCP, specialty care, health home, etc.)<br>• Educate consumers on changes in health care reform<br>• Teach people how to use care appropriately and move toward recovery<br>• Advocate for inclusion of peer support in new insurance plans<br>• Educate insurers about mental health population and personal prevention components that must become part of good quality care<br>• Help peers understand their benefits.<br>• Help peers understand that they can work in spite of receiving benefits.<br>• Become knowledgeable of the SOAR Initiative.<br>• Help individuals who seek SSI/ SSDI benefits by taking them through the SOAR process. | Daniels, A. S., Tunner, T. P., Ashenden, P., Bergeson, S., Fricks, L., Powell, I., (2012), Pillars of Peer Support – III: Whole Health Peer Support Services", www.pillarsofpeersupport.org ; January 2012.<br><br>Peer Supports and SOAR, webinar. (2011). SAMHSA SOAR Technical Assistance Center, Policy Research Associates, Inc. |
| **Peer Specialists as Peer Evaluators**<br><br>• assist consumers in completing the MHSIP, Mental Health Statistics Improvement Program. | MHSIP Consumer-Oriented Mental Health Report Card (1996). Appendix C: A review of the literature and research on the use of consumer surveyors in assessing the quality of services. Retrieved from URL: http://www.mhsip.org/library. |
| **Peer Specialists in Inpatient Psychiatric Settings**<br><br>• provide one-on-one peer support<br>• lead support groups<br>• teach classes in WRAP, IMR, and BRIDGES<br>• serve as the hospital liaison for grievances | Ashcraft, L. & Anthony, W. (2008). Eliminating seclusion and restraint in recovery-oriented crisis services. Psychiatric Services, 59(10).<br><br>Almazar, R. (2011). Consumer/Peer inclusion as one of the six core strategies to prevent use of seclusion and restraints. PowerPoint presentation at NASMHPD's August 2011 training, *Effective Use of Peer* |

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| • accompany people through the intake process<br>• accompany people through discharge<br>• follow up after discharge (in-person, when needed) | *Programs to Prevent the Use of Seclusion and Restraints.*<br><br>Bluebird, G. (2008). Paving new ground: Peers working in in-patient settings.<br>National Technical Assistance Center, National Association of State Mental Health Program Directors (NASMHPD).<br><br>Sharp, C. (2011). Wellness Recovery Action Planning as a Seclusion/Restraint Prevention Tool. PowerPoint presentation at NASMHPD's August 2011 training, *Effective Use of Peer Programs to Prevent the Use of Seclusion and Restraints.* |
| **Employment Specialist / Job Coach**<br><br>• provide EBP supported employment<br>• coordinate services with Voc Rehab, if applicable<br>• provide WRAP for Work | Swarbrick, M., Bates, F., & Roberts, M. (2009). Peer Employment Support (PES): A model created through collaboration between a peer-operated service and university. Occupational Therapy in Mental Health, 25(3-4), 325-334. |
| **Peer Specialists in Crisis Services**<br><br>• CSUs are required to have at least one Peer Specialist on staff.<br>• Mobile Crisis Response Teams are required to have access to a Peer Specialist.<br>• Southeast MHC has 10 Peer Specialists who work in various areas of their crisis services continuum. | *Practice Guidelines: Core Elements for Responding to Mental Health Crises.* HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009. |

**Attachment 2:**

# Peer Positions in Riverside County

| Class Title | Min Monthly Salary | Max Monthly Salary |
|---|---|---|
| MENTAL HEALTH PEER POLICY & PLANNING SPECIALIST | $4,030.54 | $5,532.11 |
| MENTAL HEALTH PEER SPECIALIST | $2,656.46 | $3,954.74 |
| MENTAL HEALTH PEER SPECIALIST TRAINEE | $2,257.37 | $3,357.97 |
| SENIOR MENTAL HEALTH PEER SPECIALIST | $3,318.12 | $4,941.13 |

**Mental Health Peer Policy and Planning Specialist**
Under general direction, to plan, coordinate and advocate for programs, activities and services which support an ethnically diverse population of consumers and families/caregivers in receiving from the mental health system the full scope of services they require; to make ongoing policy and program recommendations based on the special needs of consumers and/or families/caregivers; to functionally supervise specialized programs for consumers and families/caregivers; to make policy and operational recommendations to the highest levels of mental health administration; and to do other work as required.

Incumbents of this classification report to the Director of Mental Health or his designee and are primarily responsible for understanding the needs and perspective of consumers and families/caregivers, focusing on the barriers to care, and providing that unique perspective to mental health administration. Duties include communicating, developing, organizing, facilitating, coordinating and advocating for programs, services and activities designed around the special identified needs of consumers and those who care for them. The classification is further characterized by special project assignments, by its functional countywide responsibility for consumer directed programs and services and by its responsibility for representing the department of mental health at statewide and national activities relative to consumer oriented services.

**Mental Health Peer Specialist**
Under direction, provide information, support and assistance and advocacy for recipients, and/or caregivers/family members of consumers of mental health services and to provide feedback and perspective to the mental health system relative to the impact and effectiveness of the services provided and to do other work as required.

Incumbents in this class perform the full journey level scope of assignments in the Mental Health Peer Specialist series and report to either a program supervisor or a regional manager; team with mental health professionals in the provision of consumer treatment, directly assist consumers and families/caregivers in the utilization of appropriate community resources, provide education and information to consumers and the community; and provide a unique consumer perspective to the mental health team.

Incumbents in this class provide a full range of information, training, support, encouragement, advocacy, service effectiveness assessment and related services in order to assist the consumer and family/caregiver in coping with immediate situations. The consumer and family/caregiver perspective is provided in the development of programs and services and in formulation of treatment strategies. Incumbents of this class do not attempt to modify or change the consumer's personality structure. Classes in this series differ from those in the Clinical Therapist series in that the latter, due to advanced education and experience, use independent judgment in making diagnoses, developing treatment plans, and providing a wide range and variety of mental health services including psychotherapy. This series differs from the Behavioral Health Specialist series in that the latter provides general counseling, initial assessment and case management. In contrast, this series provides information and assistance based on the unique perspective of being a recipient of or having been closely associated with the direct receipt of mental health services.

**Mental Health Peer Specialist Trainee**
Under close supervision, provide information, support and assistance and advocacy for consumers and/or caregivers/family members of consumers of mental health services and to provide feedback and perspective to the mental health system relative to the impact and effectiveness of the services provided and to do other work as required.

This is the entry and trainee level class in the Mental Health Peer Specialist series. Incumbents are expected to promote to the journey level position of Mental Health Peer Specialist upon meeting the minimum qualifications and with satisfactory work performance.

Incumbents in this class report to either a program supervisor or a regional manager; team with mental health professionals in the provision of consumer treatment, directly assist consumers and families/caregivers in the utilization of appropriate community resources, provide education and information to consumers and the community; and provide a unique consumer perspective to the mental health team.

Incumbents in this class provide basic information, training, support, encouragement, advocacy, service effectiveness assessment and related services in order to assist the consumer and family/caregiver in coping with immediate situations. The consumer and family/caregiver perspective is provided in the development of programs and services and in formulation of treatment strategies. Incumbents of this class do not attempt to modify or change the consumer's personality structure. Classes in this series differ from those in the Clinical Therapist series in that the latter, due to advanced education and experience, use independent judgment in making diagnoses, developing treatment plans, and providing a wide range and variety of mental health services including psychotherapy. This series differs from the Behavioral Health Specialist series in that the latter does not require the unique experience of having been the recipient or having been closely associated with the direct recipient of mental health services.

**Senior Mental Health Peer Specialist**
Under direction, to provide the highest level of information, support and assistance and advocacy for consumers and/or caregivers/family members of consumers of mental health services and to provide feedback and perspective to the mental health system relative to the impact and effectiveness of the services provided; provide specialized training and work direction to other peer specialists and to do other work as required.

Incumbents in this advanced level class perform the highest level of assignments in the Mental Health Peer Specialist series and report directly to either a regional manager or Peer Policy and Planning Specialist; team with mental health professionals in the provision of consumer treatment, directly assist consumers and families/caregivers in the utilization of appropriate community resources, provide education and information to consumers and the community; provide a unique consumer perspective to the mental health team; and may act in a lead capacity.

Incumbents in this class provide a full range of information, training, support, encouragement, advocacy, service effectiveness assessment and related services in order to assist the consumer and family/caregiver in coping with immediate situations. The consumer and family/caregiver perspective is provided in the development of programs and services and in formulation of treatment strategies. Incumbents of this class do not attempt to modify or change the consumer's personality structure. Classes in this series differ from those in the Clinical Therapist series in that the latter, due to advanced education and experience, use independent judgment in making diagnoses, developing treatment plans, and providing a wide range and variety of mental health services including psychotherapy. This series differs from the Behavioral Health Specialist series in that the latter does not require the unique experience of having been the recipient or having been closely associated with the direct recipient of mental health services.

# RECOVERY SUPPORT SERVICES:

## Behavioral Health Peer Navigator

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| **Target Population** | Adults with serious mental illness and/or a chronic substance use disorder; and/or adults who self-identify as having a mental health or substance use problem; and/or transitional aged youth with severe emotional disturbance and/or substance use disorder and Chronic Health Conditions; Family Members/Caregivers. |
| **Expected Outcomes** | This service helps to remove personal and environmental obstacles to health care access. Individuals receiving this service should demonstrate the following outcomes:<br>• Decrease in time between diagnosis and treatment<br>• Decrease in use of emergency room services<br>• Decrease in health symptoms<br>• Increase in physician visits and medical appointments<br>• Increased adherence to agreed-upon protocols, medication regimens, and/or recovery strategies<br>• Increase in knowledge by the individual about their health conditions<br>• Increase in knowledge by the individual about how to manage their physical and behavioral health conditions<br>• Increase in knowledge and use of prevention activities<br>• Improved feelings of wellness<br>• Improved quality of life Indicators<br>• Increase in knowledge of the health-care system(s)<br>• Reduction in relapse |
| **Service Definition** | This service is a set of non-clinical activities that engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services, including prevention, diagnosis, timely treatment, recovery management, and follow-up. This service includes working with the patient to develop and implement an individualized action plan:<br>• Coordinating physician visits and other medical appointments<br>• Arranging transportation to and from medical services<br>• Accessing and maintaining insurance coverage<br>• Providing education about medical conditions and recovery strategies<br>• Facilitating communication with health care providers.<br>• Maintaining telephone contact between patients and health-care |

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| | providers |
| **Service Requirements** | This service is designed to be a one-to-one, primarily face-to-face service. However, Peer Navigators may be involved in caregiver/family consultations, and in some cases may lead emotional support groups. Additionally, peer navigators may advocate on behalf of the individual with his or her permission.<br><br>Service activities include:<br>• Identifying and Addressing Barriers to Health-care for Health Disparate populations<br>• Maintain telephone contact between patients and health-care providers<br>• Coordinate Physicians visits and other medical appointments<br>• Motivate and educate individuals and their family/caregivers about the importance of preventive services<br>• Assisting Individuals/Families/Caregivers in completing medical, financial, and other forms that are necessary for health care access and services.<br>• Arranging or providing transportation to and from medical appointments<br>• Coordinating care among Providers (such as screening clinics, diagnosis centers, tech labs, and allied health services)<br>• Arranging for Translation Services, where necessary<br>• Providing education to improve health literacy<br>• Providing emotional support to alleviate fears of and barriers to accessing quality health-care<br>• Assists with medication financing and management<br>• Coordinate child-care , elder-care, and respite services when necessary |
| **Staffing Requirements** | H.S diploma or equivalent. Must be able to communicate verbally and in writing. This service area requires skill in communicating with and facilitating dialogue between health care professionals and of individuals and their families. Core competencies include:<br>• Knowledge of communities they serve<br>• Competency in active listening and relationship-building<br>• Ability to communicate with empathy<br>• Ability to actively participate as a team member of a health-care team<br>• Knowledge and ability to integrate health information, about prevention/management of disease and the health system, into the culture and language of the community<br>• Ability to assist the individuals to utilize the health care system in a |

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| | more knowledgeable, empowered, and effective manner<br>• Knowledge and ability to navigate the health care system<br>• Ability to bridge the communication gap between the health care system and the individual receiving the services<br>• Knowledge and lived experience of mental and/or substance use disorders and recovery<br>• Ability to translate medical terminology and concepts in lay terms<br><br>Supervision should be provided one-to-one, on a weekly basis by professional social service/health care staff trained to supervise peer workers. Additionally, a health-care team should review the individual action/recovery plans developed by the staff monthly.<br><br>The case load ratio recommended is 1-12. |
| **Location Requirements** | The services should take place in natural community settings where the individual feels most comfortable and is able to involve caregivers/family members/friends who are involved in care (i.e. the individual's home or a recovery community center). The environment in which the service is provided should foster a familiar and non-threatening atmosphere, where the individual, caregivers, and family are able to be actively involved. Some services (social, emotional support) may be provided by electronic communication.<br><br>This service should not be delivered in environments where:<br>• The individual does not feel comfortable<br>• Confidentiality cannot be assured<br>• The individual is not safe<br>• Public transportation is not easily accessible |
| **Recommended Duration** | The recommended duration and frequency of this service is dependent on the health-care status of the individual. Services should be delivered at a minimum, bi-monthly when delivered as a preventative service. In a diagnosis and acute treatment status, the individual should receive services daily or at a minimum, weekly. |
| **Service Exclusions** | This services should not include:<br>• Providing physical assessments, diagnoses, or treatments<br>• Ordering care, treatments, or medications<br>• Attending to or becoming involved in any direct patient care (e.g., changing dressings, providing direct financial assistance)<br>• Providing physical, occupational, speech therapy, or any other forms |

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| | of medical therapy<br>• Making health-care decisions for the individual and/or family members/caregivers |
| **Documentation Requirements** | Required documents should include:<br>• Written Recovery Plan that specifies the activities of the navigator and updated progress notes, that includes initial assessment, objectives and outcomes as well as the identification of barriers to care<br>• Documentation of all contact(s) with health-care professionals, allied service providers, and family members/caregivers<br>• Evidence of Written Recovery/Wellness/Health-care Plans by Supervisor and Health-care Team<br>• Evaluation reports from individual, family member/caregiver, and health-care providers |

## Wellness Activities and Groups in Santa Barbara County

- Peer Support Groups both English and Spanish
- Goal Setting group
- Women groups both English and Spanish
- Gardening Groups Santa Barbara and Lompoc
- Consumer Empowerment groups
- Family Support Groups both English and Spanish

# Empowerment
## for Mental Health Clients

## *Partners in Hope*

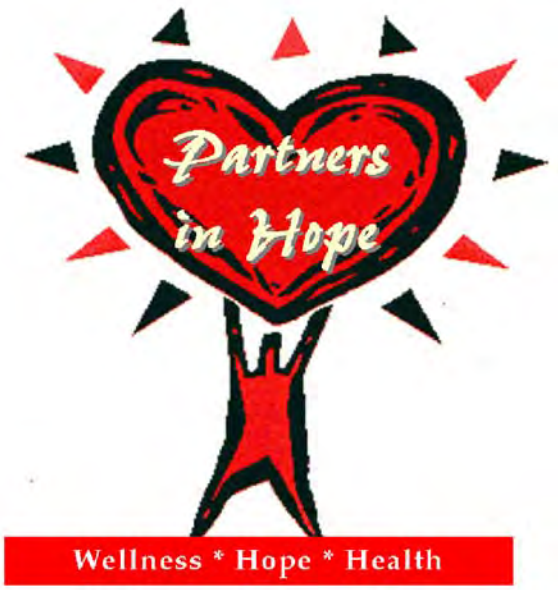
### *MISSION STATEMENT*

***To promote wellness and recovery through peer support activities in Santa Barbara County***

County of Santa Barbara
*Alcohol, Drug and Mental Health Services*

300 North San Antonio Road
Santa Barbara, CA 93110
Tina Wooton
Consumer Empowerment Manager 805-681-5323

Santa Barbara County
Alcohol, Drug, and Mental Health Services




# Partners In Hope

***Choose Wellness***
***Choose Life!***

# Wellness Recovery Peer Support Groups

***Santa Barbara***

*Peer Recovery Specialist*

*Maureen Mina*

*681-5455*

***Santa Maria***

*Peer Recovery Specialist*

*Diana Zavala*

*934-6581*

*Family Partner*

*Maria Perez*

*934-6373*

*Lompoc*

*Peer Recovery Specialist*

*Silvia Perez*

*737-6648*

*Family Partner*

*Lilia Bazan*

*737-6639*

***Find out how to take life into your own hands, make choices that support wellness and recovery, and get to know other people who are doing the same.***

***We are not alone!***

***Together, we are the evidence that a diagnosis is NOT a destiny!***

## *Recovery Principles*

**Hope,** We need our supporters and health care professionals to encourage us to believe in our abilities, and to recognize and acknowledge our strengths and dreams!

**Personal responsibility,** is the understanding that "it's up to ME!" when our perspective changes from "reaching out to be saved" to one in which we work to heal ourselves and our relationships, the pace of Recovery Increases dramatically.

**Education,** is a process which must accompany us on this journey. We search for sources of information that will help us to figure out what will work for us and the steps we need to take on our own behalf.

**Self advocacy**, each of us must advocate for ourselves in order to get what it is that we want, need and deserve. Often the most difficult step is to believe that we deserved to get what we want. Once we make a choice , we need to gather support and persist expressing ourselves calmly and clearly until we are satisfied.

**Support,** Supporters are people who listen to us and treat us well. We need to communicate clearly about what we want and need from our supporters.

# ADMHS Peer Recovery Specialist Activities