Integrating Peer & Consumer Services

Rationale for Peer/Consumer Integration

- Nothing about me without me
- Trauma-informed care

Poll Question

My organization has clients involved in some capacity.
___ Yes
___ No

Developing a Plan

- Build it and they will come?
- Talk to your consumers
- Review existing models
- Determine your goals
- Determine your consumers’ goals

Poll Question

Where are you on the Ladder of Consumer Involvement?
___ Consumer Initiated and Directed
___ Consumer Initiated, Shared Decisions with Staff
___ Consumer and Staff Initiated and Directed
___ Staff Initiated, Shared Decisions with Consumers
___ Consulted and Informed
___ Assigned and Informed
___ Tokenism
___ Decoration
___ Manipulation
Recruiting

Know Your Organizational Values

Old
• Rigid boundaries
• Client as patient
• Face to face interventions
• One hour a week, in the office

New
• Role of self-disclosure
• Client as teacher/provider
• Technology in treatment
• In-vivo opportunities

Recruiting

Is your organization ready?

Consumer Readiness

Ready to Go
• Passion to lead and create change
• Can use experience to role model, if angry can use energy assertively
• Able to separate personal experience

Not Just Yet
• Still angry with “the system”
• Anger gets in the way of being assertive
• Difficulty generalizing experiences, or “too” helpful

Consumer Readiness

Ready to Go
• Can strategically use their life story
• Has and uses coping skills for secondary trauma

Not Just Yet
• Tells life story for catharsis, relives as with PTSD, or for secondary gain
• Work stress close to personal stress, difficulty separating the two
Recruiting

- Talk to consumers
- Talk to professionals
- Caveat emptor
- Why should they?
- Barriers

Are your consumers ready?

Training

Train Staff

- The importance of consumer involvement
- What needs do they see?
- Expectations for
- Recruitment
- Training
- Boundaries
- Supporting consumer staff

Training

Train Consumer Staff

- Peer Specialist Training
- Federation of Families CPSP Certification
- What type of support they can expect, ask what type of support they want

Supporting

Meetings Before the Meetings

- Who will be there?
- Goals and purpose of the meeting
- What does the consumer want to say/contribute?
- Fraction of role play
- Develop and understand with yourself or this meeting or event
- Identify potential trigger, develop responses to advance
- It’s okay to redo programming
- Getting a sense of objective & asking yourself: “What went well?”

Meetings After the Meetings

- Process
- Process
- Process
- Praise
- What went well?
- What would you like to try next time?
- Any feedback for staff?
Sustaining Resources and Time

- Staff Time
- Staff Passion and Dedication
- Support of Sponsoring Staff
- Money. Always about the money

Who Are We?

- Futures Program at Truman Medical Center Behavioral Health is a hospital-based outpatient clinic providing mental health services to children, youth, young adults and families from birth through age 25.

Peer Services Defined

Family Support Providers (FSP)/Peer Specialists (PS)/Transition Peer Outreach Workers (TPOW) are individuals who are able to share their own lived experiences within the recovery framework. They are able to model successful recovery behaviors while sharing relevant aspects of their own personal journey.

Peer Fusion Without Confusion

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Why TIP?

- Evidenced Supported Practice which moves young adults to greater self-sufficiency in employment, career, living situation, effectiveness and quality of life (Clark et al., 2004).
- Provides a common language
- www.tipstars.org

What does peer fusion look like?

- Family Support Providers (FSP)
- Certified Peer Specialists (PS)/Transition Peer Outreach Workers (TPOW)
- H.O.P.E. (Helping Our Peers Excel)
- Youth M.O.V.E. –Motivating Others through Voices of Experience
- F.A.I.T.H. (Families Advocating and Inspiring Through Hope)
Family Support Provider (FSP)

Medicaid Billable Services For FSP
- Determine level of understanding of their child’s diagnosis and situation.
- Engage the family to actively participate in the child and family team meetings by helping them pre-determine their roles and the roles of natural support they may have.
- Assist the family in identifying their natural supports or surrogate supports.
- Help the family identify their child’s strengths and the strengths of the family.

Considerations for Fusion of FSP
- Lived Experience /Qualities
- Are you ready to be an FSP?
- Salary/benefits
- TIP trained
- Medicaid billable
- Referral process
- Treatment plan/Quarterlies
- Outreach
- Boundaries
- Our Wraparound

FSP
- The role of a Family Support Provider is an essential one that can be an asset to those servicing children, young adults, and families with complex needs. It is not a one-size-fits-all process, but an individualized component that integrates family support and the function of advocacy.
- The FSP is a complement to the services we provide. FSP’s have a broad base of life experiences and a diverse view of community cultures. This means that we have walked in your shoes. The FSP will listen to concerns and frustrations of the parent(s) and will empower the family to express their needs.

Medicaid Billable Services For FSP
- Support the family at child and family team meetings and model good advocacy skills (non-clinical goals).
- Trouble shoot and problem-solve when strategies are not working.
- Connect families to community resources.
- Documentation

FSP Interview Questions
- What do you know about Family Support and why have you chosen to interview for this position?
- Tell me about a time when you were involved in a grassroots project.
- Describe a major challenge you have faced and how you dealt with it.
- What did you learn from that experience?
- How do you react to stress or pressure?
- What does the word “empower” mean to you?
- If a parent you are supporting desires educational programming or a housing situation that you feel is not appropriate or in the child’s best interest—how would you handle that?
- What are your salary requirements/expectations?
Clinical vs. FSP Documentation

Purpose of Visit

Clinical Version
Purpose - Home visit with client's father and FSP to complete role plays in preparation for client’s discharge due to client's and father's continued struggle in communication.

FSP Version
Purpose - FSP met with Stephanie's father to generate strategies through role play to increase positive parent-child interactions as dad prepares for Stephanie's return home.

Interventions

Clinical Version
Clinician encouraged exploration of bonding opportunities that Father and Client could experience together, while prompting Father to express feelings associated with this transition home.

FSP Version
FSP prompted dad in discussing steps he had developed to encourage positive engagement with Stephanie.

Plan for Next Visit

Clinical Version
Clinician will meet with client's father to help recognize consequences in sharing every detail that he is thinking while in front of the client and how this behavior negatively impacts their relationship and how it is a trigger for client.

FSP Version
FSP will continue to offer support as dad prepares for Stephanie's return home and link dad to community resources to increase the success of his employment goal.

Certified Peer Specialists /Transition Peer Outreach Worker (TPOW)

PS/TPOW
- Use the power of peers to support, encourage, and model recovery from mental illness in ways that are specific to the needs of the individual.
- Promote skills for coping with and managing psychiatric symptoms while encouraging the use of natural resources and enhancing community living.
- Activities assist in achieving goals and objects set forth by the YP in their treatment plan and emphasize the opportunity for YPs to support each other as they move forward in their recovery.
Medicaid Billable Services for PS/TPOW

- Provide individual assistance to clients in accessing needed mental health services including accompanying clients to appointment to address medical or other health needs.
- Provide individual assistance to clients in accessing a variety of public services including financial and housing, including assistance on an emergency basis, and directly helping to meet needs for food, shelter and clothing.
- Assist clients to access and utilize a variety of community agencies and resources to provide ongoing social, educational, vocational and recreational supports and activities.

Medicaid Billable Services for PS/TPOW

- Training, coaching and supporting in daily living skills, including housekeeping, cooking, personal grooming, accessing transportation, keeping a budget, paying bills and maintaining an independent residence
- Accompanying clients to activities in the community if appropriate
- Following up with clients regarding appointments, completion of forms, returning forms or receipts and other similar activities

Considerations for Fusion of PS/TPOW

- Lived Experience /Qualities
- Are you ready to be an FSP?
- Salary/benefits
- TIP trained
- Medicaid billable
- Referral process
- Treatment plan/Quarterlies
- Outreach
- Boundaries
- Our Wraparound

PS/TPOW Interview Questions

- Can you tell me about how your own personal experience with recovery will aide you in working with people?
- How do you know you are ready to be a peer specialist?
- Can you give an example of how you set boundaries with others?
- Explain how you handled a difficult situation or resolved a problem between 2 people.
- Are you familiar with the metro area and bus system?

Purpose of Visit

Clinical Version
To discuss with the young person her concerns about the school year, and how the YP will balance homework and chores. To educate and talk to the YP about working with a PS/TPOW, due to the YPs symptoms of anxiety and hesitation to work with new people.

PS/TPOW Version
I followed up with the YP, so that we could set a goal plan to help her “improve my attitude.” Also to just briefly chat as well as get to know one another, and establish a healthy relationship on our growth in the future.
Intervention

Clinical Version
CSS prompted exploration of skills that would assist YP in reducing her anxiety around new people. CSS utilized rationales to assist YP in linking her behaviors (i.e., “my attitude”) with her goal of developing new relationships.

PS/TPOW Version
We discussed what steps she could use to help her prevent her attitudes with her mom. The rest of the visit focused on strengths discovery around Sarah.

This Is How We Do It...

Plan for Next Visit

Clinical Version
CSS will follow up with YP regarding her visit with PS/TPOW, and her ability to utilize her new skills related to communicating with others and in monitoring her non-verbal communication with others over the next week.

PS/TPOW Version
We both decided that Sarah would work on this one goal for this week, and next week we will see how everything is going. Sarah will take however much time that she needs for this process before taking the next step.

Referral Process to Peer Services

- Families or young adults who are interested in the service are identified
- Referral is completed electronically with the parents/young adults consent and suggested areas of support
- Team leader accepts the referral
- During supervision, Team leader assigns
- Outreach begins
- Once engaged FSP/PS/TPOW is added to the treatment plan

Treatment Plans/Quarterly Updates

- Where do peer services fit?
- What is the expectation regarding their input into the review?

Benefits of Peer Services to Our Work

- Culture Shift
- FSP/PS/TPOW perspective for clinical staff
- Assist younger CSS's who may not have their own children
- "Street Cred" - ability to say things in ways clinicians may not be able to
Peer Concerns
- SAMHSA's definition of Recovery from Mental Disorders and/or Substance Use Disorders
- Language
- One directional service delivery
- Tokenism

Lessons Learned
- Supervision
- Not using clinical language
- Territorial clinical staff
- Documentation
- Job Descriptions
- Hotlines
- Advocacy

Lessons Learned Continued
- What can I tell the doctor?
- Learning how to balance role as FSP/PS/TPOW and co-worker
- Shifting perspective of the FSP/PS/TPOW in the dept
- Hire from within?
- Confidentiality
- Working for a hospital
- Too many supports?
- Professional vs. “Being Real”
- Triangulation

Fusion Successes
- Having Family Support Providers and Transition Peer Outreach Workers
- Rewriting PS/TPOW job description
- Peer Billing rate is comparable to Community Support
- Ability to bill Outreach
- Double Billing
- Accepted within the department
- CSS/Team leaders-referring without prompts

Councils
- Who are they?
  - H.O.P.E.- Helping Our Peers Excel
  - Youth M.O.V.E. – Motivating Others Through Voices of Experience
  - F.A.I.T.H. – Families Advocating and Inspiring Through Hope

H.O.P.E.
Youth M.O.V.E.
F.A.I.T.H.
H.O.P.E.-Helping Our Peers Excel

- Role

- Mission

The mission for HOPE is Helping Our Peers Excel...by changing attitudes toward mental health because we are more alike than different.
Influence to Date

- Workshop Descriptions
- Welcome Letter
- Texting Guidelines
- Loft Guidelines
- Futures Department Staff Retreat

Youth M.O.V.E.

Youth M.O.V.E. Kansas City
- Two year anniversary
- Youth Motivating Others through Voices of Experience.
- Youth Summit

Youth Can Lead - Youth Summit 2013

Open Mic Night -

Relay For Life
F.A.I.T.H.

Role

Mission: We are Families Advocating & Inspiring Through Hope (F.A.I.T.H) to create opportunities for change in our local, state, and federal policies so our young adults can live, thrive and make positive contributions to society.

Vision: Young adults in Jackson County will transition from childhood to adulthood living independent lives that are self-sufficient, productive and respected.

Our Day At The Capitol

Influence to Date

- ACE Treasure Hunt
- Children’s Mental Health Week Events
- Relay for Life
- Department Orientation Guide

Why “fuse and not confuse?”
Whitney

Whitney expressed she “love[s] H.O.P.E. because it makes me feel important, like I make a difference.”

Questions for the Audience

- What can you do differently today to better serve, youth, young adults, parents, families and supports?
- Ask “Can we? Why Not?”

References

- Transition of Youth and Young Adults with Emotional or Behavioral Difficulties: Hewitt B. Clark and Deanne K. Unruh
- National Network on Youth Transition, Dr. Rusty Clark
- Substance Abuse Mental Health Services Administration http://www.samhsa.gov/

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