SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Hiring and Supervising Peer Providers Innovation Community: Organizational Report-Out

August 26, 2016



HIRSA Health Resources & Services Administration

Setting the Stage: Today's Moderator



Madhana Pandian Associate

SAMHSA-HRSA Center for Integrated Health Solutions



Slides for today's webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/ Innovation Communities





Our format:

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<u>Structure</u>

Presentations from experts

Polling You

At designated intervals

Asking Questions

Responding to your written questions

Follow-up and Evaluation

Ask what you want/expect and presentation evaluation





Listserv

Look for updates from: hiring supervising peers ic



Setting the Stage: Today's Facilitator



Larry Fricks Deputy Director

SAMHSA-HRSA Center for Integrated Health Solutions



Introduction

- Juily Jung Chuang Liang, PhD, Director of Clinical Practices Implementation
- The Center for Health Care Services San Antonio, Texas
- Local Mental Health Authority providing community behavioral healthcare services to individuals with mental health and substance use problems



Accomplishments

- Developed a comprehensive career ladder for peer workforce development.
- Worked through an organizational problem using Lean methodology, ie. hiring peer contractors vs employees.



Lessons Learned

- Organizational commitment to peer workforce development.
- Identifying realistic steps for implementation.



Sustaining the Peer Provider Workforce

- Consult with executive leadership
- Continue to gauge for organizational champions and keep it going.
- If staff resources are limited, work with other supportive departments to identify and work through existing issues, ie. standardizing job description.



Question

- What method of improvement did you use?
- What were the pros and cons for your identified method?



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Introduction

- Harold Hartger, Director of Mental Health Rehabilitation Services
- Pittsburgh Mercy Pittsburgh PA.
- Community Behavioral Health Agency. We have peer support workers in many different programs locations and in many different roles.



Accomplishments

- What are two accomplishments you are most proud of?
- 1. We had an event to bring together all the Mercy Peer Support Workers and their supervisors for the first time.
- 2. We have a very successful Peer Support Worker Training program. We had 51 people apply for the 18 available spots in the program



Lessons Learned

What is one lesson you have learned about the peer provider workforce that you would like to share with others?

We observed that although we have a strong peer workforce, the leadership is not as strong and needs more attention to develop the peer leadership.



Sustaining the Peer Provider Workforce

What are 1 or 2 ways you plan to prioritize the peer provider workforce at your workplace?

We plan to work on developing peer leadership in the organization by developing at least two additional peer leadership positions over the next year.



Question

Is there a question you have for your fellow participants?

I am interested in hearing from people who have had positive experience in developing and supporting peer supervisory and other leadership positions.



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Introduction

- David Braughton, COO
- LifeStream Behavioral Center, Leesburg, FL
- Comprehensive behavioral healthcare system serving as a health home and offering holistic services to persons diagnosed with serious mental illness or substance use disorders.



Accomplishments

- 1. Have become cognizant of the unique needs, learning and support requirements of each Peer involved in the program and, today, are better equipped to address these.
- 2. Have redesigned workflow and clinical practices to make Peers an integral part of the WIN Clinic services and to leverage their life experiences on behalf of consumers.
- 3. Peer has been trained in and is offering DSME and Stanford Chronic Disease Management programs.





Lessons Learned

Integrating peers into clinical workflow and practices is a lot more difficult than it might seem due to: 1) need to rethink how we provide primary healthcare in a behavioral health setting; 2) clinical personnel being medically trained when the peer is not; 3) unique needs and support requirements that the peer may have; and 4) overall difficulty of engaging consumers in wellness related activities and services.



Sustaining the Peer Provider Workforce

- Continue refining clinical workflows and practices with an eye to wellness and Peer involvement.
- 2. Support Peer to become certified.
- 3. Begin billing for Peer services under Medicaid and Medicare.



Question

What have you done to accommodate the particular learning needs of your Peer coworkers?

How have you dealt with absenteeism or tardiness issues, if any?



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Introduction

- Heather Sandala, LCSW—Director of Clinical Services
- The Lord's Place—West Palm Beach, FL
- The Lord's Place is dedicated to breaking the cycle of homelessness by providing innovative, compassionate and effective services to men, women and children in our community

of Homelessness



Accomplishments

- Utilization of Peer Specialists in homeless outreach, housing programs, and reentry
- Expanding number of peer specialists from 2 to 5



Lessons Learned

- Increased role of supervision, support, and planning for community-based positions
- Challenges in the certification process opportunity for advocacy for systemic reform



Sustaining the Peer Provider Workforce

- Grant writing opportunities
- Behavioral Health provider with Medicaid



Question

Does anyone have creative strategies for securing additional funding to support Peer Specialists?



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Introduction

- Tracey Lexvold, Peer Support Specialist Supervisor
- Range Mental Health Center, Hibbing and Virginia Minnesota
- Range Mental Health Center is a community mental health center. Our Peers work in the ARMHS program, Clubhouse, IRTS, Crisis Center, CD, and will be working in our BHH program.



Accomplishments

I am most proud of expanding our Peer Support presence in two additional programs (BHH and IRTS) and having Peer Support presence on our Person Centered team.



Lessons Learned

I have learned that it is crucial to have buy in for Peer Support from the top down.



Sustaining the Peer Provider Workforce

We plan to prioritize the peer provider workforce at RMHC by continuing to expand our involvement in RMHC programing, and have our Peer Support Specialist on the Person Centered team provide coaching on person centered practices to agency staff.



Question

What process are fellow participants using to gather peer support referrals?



Questions





Next Steps Be sure to submit your evaluation to madhanap@thenationalcouncil.org



Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today's webinar

Larry Fricks/larryf@thenationalcouncil.org Madhana Pandian/madhanap@thenationalcouncil.org

