Presentation Outline

- Peer Support Specialists:
  - Definition, Role, Sample Services, Value Add and Challenges
- Evidence for Peer Support Services
- Funding Peer Services
- Magellan's Role in Peers and Partnerships
- Magellan Core Principles of Recovery
- Recovery and Resiliency Focus Areas
- Recovery and Resiliency Review:
  - 2013 Community Integration and Recovery Academy,
  - WarmLine
  - Direct Member Services (Peer)
  - Seed Grant
- Recovery and Resiliency Initiatives in 2014
- Conclusion/Questions and Answers
What is a Peer Support Specialist?

- An individual with lived experience, typically in a behavioral health context, who is trained and certified to work with individuals in a variety of capacities.

- Qualifications:
  - 18 years of age
  - GED or High School Diploma
  - Successful Completion of a two-week 80 hr certification course
  - Ability to role model recovery and lead by example
  - Sustained Recovery
  - Minimum of 1 Year

- Peer Support Credentialing Process
  - Joint partnership with LASACT/OBH/Magellan
  - Scheduled for Release Early 2014
Peer Support Services: Role

- Provide Support and Encouragement to individuals.
- Offer and/or provide linkages to mutual support groups such as Wellness Recovery Action Plan (WRAP) and Peer Support Whole Health and Resiliency (PSWH and R)
- Communicate effectively with treatment teams/providers.
- Use personal recovery experience as a tool to support others.
- Work with individuals to establish goals in a strengths based approach.
- Serve as an example of recovery/role modeling.
- Bridge gap between community and treatment options.
- Facilitate self-direction.
- Aid in engagement of services.
Peer Support Services: Sample Services

- Establish initial meeting with individual to determine goals for treatment and life in community.
- Identify potential barriers to successful treatment and work with individual to develop a plan to address barriers.
- Review protocols and establish guidelines for services.
- Establish regular check-ins, focus on recovery goals.
- Identify and provide connections to community resources.
- Work with treatment team to establish a whole person plan of care.
- Begin from outset to plan for successful discharge from program.
- Close the gap between the community and treatment.
- Facilitate successful transition to care, support professionals in efforts.
Peer Support Services: Value Add

- Ability to connect, relate as individuals who have similar experiences to participants.
- Serve as a model of recovery, hope/encouragement that recovery is possible.
- Able to offer another perspective on the role of the service delivery system in helping individuals to succeed in treatment as required.
- Offer daily support to individuals to help maintain connections to the community and treatment.
- Can aid in navigation of judicial processes, provide support.
- Lead support groups that encourage goal setting and engagement in treatment.
- Provide practical assistance following release.
- Focus on long-term recovery versus compliance
Peer Support Services: Challenges

- Employment of individuals who may have experience with criminal justice system.
- Access to criminal justice facilities if on probation/parole.
- Supervision
- Cross-training
- Defining the role of a Peer Specialist and providing education to team members concerning that role.
- Documentation of Services provided
- Determining whether participation in Peer Services is voluntary or mandatory?
- Information to be kept confidential.
- Establishment of Boundaries/Ethics.
Evidence for Peer Support Services

- Peer Support Specialists are a recognized Evidenced-Based Practices as acknowledged by SAMHSA; moreover,

Anecdotal evidence as stated in a policy brief on the *Emergence of a Forensic Peer Specialist Workforce (2011)* found: (1) consumers are reported to be very satisfied with the availability of a FPS; (2) the FPSs, despite staff turnover rates roughly comparable to the turnover rates of entry-level human service workers generally, report being delighted to have the opportunity to work and particularly thankful to do so in an arena that allows them to ‘give back;’ and (3) most program managers report that they would be happy to expand these programs.

- In 2009, The Rand Corporation outlined the role of Peer Specialists in a provider setting in *Mental Health Consumer Providers: A Guide For Clinical Staff*. Included in the documented it stated that “Research on peer support programs has shown that participation in these services yields improvement in psychiatric symptoms, and decreased hospitalization (Galanter, 1988); larger social support networks (Rappaport et al., 1992); and enhanced self-esteem and social functioning (Markowtiz, DeMasi, Knight, & Solka, 1996), as well as ] decreased lengths of hospital stays, and lower services costs overall, (Dumont & Jones, 2002).” [http://www.rand.org/pubs/technical_reports/TR584.html](http://www.rand.org/pubs/technical_reports/TR584.html)
Funding Peer Services

• In the United States, currently 29 states have Medicaid Reimbursable Peer Services, Louisiana is not such as state, however;

• Louisiana Service Definition Manual:
  – Peer Support Specialist/Peer Mentors are a recognized provider type for unlicensed individuals for Psychosocial Rehabilitation, Crisis Intervention, Community Psychiatric Support and Treatment and a number of addiction services.
  – Individual must be all qualifications required under provider type.

• In Lieu of Services

• Grant Funding
Magellan: Transforming the System of Care
Who is Magellan Health Services?

A health care management company that:

• Works with government agencies, health plans and employers to offer consumers a choice in finding the most appropriate and effective health care services.

• Provides access to expanded behavioral health services that focus on personal strengths and build hope.

• Provides care and services that respect the behavior, ideas, attitudes, values, beliefs and language of the individuals served.
Role of Peers and Partners in Transformation

• Increased focus on the roles of peers in the System of Care.
• Establishment of the Louisiana Training and Technical Assistance Center.
• Identifying opportunities for partnerships.
• Providing technical assistance in the development of a recovery-oriented culture.
• Increase system knowledge on the intrinsic value of member voice and choice.
• Supporting a system of care that is recovery focused versus medically focused.
• Offer learning opportunities that enhance the capacity of providers.
Magellan Core Principles of Recovery

- Demonstrate appreciation.
- Respect culture & language, and communicate effectively.
- Discover & support the strengths, skills & attributes of others.
- Think holistically about all areas of people’s lives.
- Focus on self-determined readiness.
- Offer meaningful choices.
- Measure, Monitor and Improve.
- Optimize peer, family & natural supports.
- Create opportunities for meaningful consumer & family involvement.
- Celebrate and Share Success
- Promote self-confidence in others.
- Model these principles in actions, language and decisions.
Louisiana Recovery and Resiliency: Areas of Focus

1. To “hold the hope” for others as they grow their own recovery. To role model recovery and wellness.
2. To assist in the development and implementation of evidenced-based and best practices that incorporate recovery-based and person-centered principles of care.
3. To assist in the development of peers as leaders and advocates through education, technical assistance and services.
4. To support efforts that address the needs of transitional age youth.
5. To promote and/or provide training and education focusing on recovery and resiliency.
6. To support members in receiving high quality and accessible services across the system of care including the provision of PSS Services.

7. To increase and promote peer inclusion in developing program policies and procedures through participation in quality improvement activities, such as the Family, Member, Stakeholder Advocate Committee. Voice and choice is essential.

8. To promote respect for members’ rights through education and outreach.

9. To promote efforts that ensure services delivered are culturally respectful and diverse.

10. To promote the development of agencies in their ability to provide peer-centered services.
Recovery & Resiliency: 2013 Year in Review
Community Integration and Recovery Academy (CIRA)

• Purpose: To introduce and provide information about creating a recovery-oriented culture of care in Louisiana and how that system will operate among multiple dimensions focusing on reduction of seclusion and restraint, community integration practices, enhancement and inclusion of the peer workforce and how to evaluate services performed.
• Held October 13th-15th in Metairie Louisiana
  – Over 150 attendees majority of whom were from the provider community
• Component of the Louisiana Behavioral Health Training and Technical Assistance Center
• Guest Speakers Included:
  – Dr. Judith Cook – University of Illinois, Chicago
  – Thomas Lane – Magellan National Director of Consumer Affairs
  – Charles Curie – The Curie Group, LLC
CIRA Evaluation Data (n=60)

Question: Please describe your overall experience at CIRA.

Overall CIRA Experience

- CIRA presenters' skill sets: 4.53
- CIRA organization and quality: 4.57
- Usefulness of information presented: 4.4
- Quality of this venue for CIRA activities: 4.27

Question: I would attend next year if available:

Legend:
1 = Poor
2 = Fair
3 = Good
4 = Very Good
5 = Excellent

100% Yes
0% No
• A WarmLine is a non-crisis telephonic support system staffed by individuals with not only lived experience but who are also trained as Peer Support Specialists and Warmline operators.
  – Training for Warmline Operators was held October 23rd and 24th, 2013.
  – 15 individuals trained
  – NASMPHD Consultation Grant/Angel Prater Consultant
• Start Corporation awarded contract through competitive RFP process.
• Soft start November 27th, 2014
  – Available to General Public: Wednesday through Sunday 5:00PM-10:00PM
    @ 1-800-730-8375
• Currently developing marketing materials coupled with Distribution Plan.
Peer Support Specialist Services

- Currently on staff 1 Dedicated Peer Support Specialist position
  - Interface with Recovery Care Management division to support members who have the highest level of need.
  - In 2012, provided direct telephonic and/or in-person services to the top 32 members with the highest cost of care needs.
  - In 2013 developed a rotating caseload of 20-25 peers including contact hours for comparison of before and after recovery supports.

- Sample services provided:
  - Meeting members in hospital to begin to identify transition needs.
  - Facilitate support groups in communities served such as PSWH and R.
  - Provide telephonic and/or in-person peer support.
  - Serve as a Recovery and Resiliency expert with provider community.
  - Work with providers to increase R and R knowledge.
Seed Grant Program

• Begun in early 2013
  – New Magellan CMC Initiative
  – Commitment to development of Community-Based Services
• Purpose: The purpose of the Seed Grant program is to support new and/or existing programs that enhance the capacity of an agency and/or individual to offer supports and services for individuals who self-identify as having a behavioral health diagnosis.
• Goal: To increase the array of peer-centered services offered in Louisiana which focus on recovery and resiliency development.
• 9 Seed Grants were awarded to 8 agencies: (4) $1500, (5) $2500
• Program is funded again in 2014 awards to be made in the following increments: (2) $1500, (5) $2500 and (1) $5000
  – Application Packet to be released in January 2014
A Sampling of 2013 Seed Grant Recipients
NAMI Peer to Peer

- **Peer-to-Peer** is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.
- **Peer-to-Peer** consists of ten two-hour units and is taught by a team of two trained mentors and a volunteer support person who are personally experienced at living well with mental illness. The mentors are trained in an intensive three-day training session and are supplied with teaching manuals.
- Participants come away from the course with a binder of hand-out materials as well as many other tangible resources: an advance directive; a “relapse prevention plan” to help identify tell-tale feelings, thoughts, behavior or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.
NAMI Peer to Peer Program Evaluations

• Of the 11 participants, 10 of them rated their overall satisfaction with the training as “very satisfied”. One ranked as “satisfied”. The “very satisfied” ranking is the best ranking possible.
• Other ratings from all 11 participants (4 = highest, 1=lowest)
  • Quality of training manual (ten ranked “4”, one ranked “3”)
  • Exercises (relapse prevention, mindfulness, target) – ten participants ranked at “4”, one ranked at “2”
  • PowerPoint (seven ranked “4”, two ranked “3”, one ranked “2”, one ranked “1”)
• Three other categories (Content of course topics, quality of training, preparedness of trainers ) all received “4” by all participants
Center for Hope Children and Families
Program Activities: Stigma Reduction and Education

• Conducted research to support stigma reduction and education re: Mental Illness; implementation of community based support groups/trainings that addressed and countered stigma and discrimination.
• Participated in collaborative trainings and meetings with partnering organizations, peer organizations, and stakeholders in order to address and counter stigma and discrimination; students, teachers, parents and adults attended the collaborative meetings.
• Trained college campus professors/instructors and community-based agencies owners, administrators, managers and staff on implementing a project-based activity to support addressing the issues centered around stigma and discrimination.
• Recruited volunteers/graduate student interns to work with community-based groups to implement the support groups.
• Developed and provided a calendar of scheduled trainings, events, and/or groups; shared with the community in various forms.
• Implementation of community activities (Stigma Reduction) during the Month of May 2013.
• Hosted an event during the month of November 2013 (Fun Day); Awareness of Stigma and Knowledge Building: A Community-Based Initiative.
Numbers Served

- 1438 Individuals
  - Social Service (staff, clients, etc.): ............493
  - School-Age/Youth: .................................. 328
  - College-Age/Students:................................167
  - Radio (per host estimated listeners):..........450

Note: unduplicated numbers.
WRAP classes were held in the following locations

- Monroe Area Guidance Center
  - Harmony House (Day Program)
  - Fairhaven (Homeless Shelter for Behavioral Health Peers)
- Tallulah Behavioral Health Center
- Rayville Recovery (Inpatient Substance Abuse Facility)
- Green Oaks Juvenile Detention Center
WRAP Data (n=47)

Of the evaluations completed, we had the following question answered:

“I felt a sense of hope and encouragement from taking the course”

The pie chart demonstrates the answers ranging from 1(strongly disagree) to 5(strongly agree)
Of the evaluations completed, we had the following question answered:

“I plan to use my WRAP to improve my own life”

The pie chart demonstrates the answers ranging from 1(strongly disagree) to 5(strongly agree)
Recovery and Resiliency in 2014
2014 R and R Program Initiatives

• Peer Support Whole Health and Resiliency
  – Expansion of program to North Louisiana
  – Facilitator Development Program which is a component of Magellan’s Peer Internship initiative
  – PSHW and R Facilitator Training (1st Quarter)

• Peer Online Leadership Academy
  – Purpose: To train peers in leadership processes and to what is their leadership style. Thereby, empowering individuals to become vocal leaders at the local and state levels.
  – Online, multiple learning modules with between class assignments plus culminating project.
  – NASMHPD Consultant Grant (Proposed)
2014 R and R Program Initiatives

• Seed Grant 2014
  — 9 Available Awards: (2) $1500, (5) $2500, 1 ($5000)
  — Focus on specific project domains such as cultural competency and whole health integration
  — Application packet proposed release January 2014

• Community Integration and Recovery Academy 2
  — Scheduled for Fall 2014
  — Continuation of Discussion RE Peer Workforce Integration begun in CIRA 1
  — Conference Committee currently in formation

• Transition Age Youth Initiative
  — TIP Module Training
  — Collaboration with Family Team
  — Youth MH First Aid Certification
2014 R and R Program Initiatives

• Peer Credential
  – Professional level credential hosted by Louisiana Association of Substance Abuse Counselors (LASACT)
  – Full Implementation of Peer Credential Process in 1st and 2nd Quarter
  – PSS currently employed and/or volunteering will be grandfathered for 2 Years

• Face to Face Community and Peer Trainings
  – Proposed Trainings for calendar year 2014 include:
    • Trauma Informed Care; Ethics in Peer Support; Survival and Resiliency; Hearing Voices Overview; MH First Aid; NAMI Smarts

• Louisiana Association of Peer Support (LAPS)
  – Continued expansion and support of LAPS
  – Joint collaboration on projects which foster peer inclusion
2014 R and R Program Initiatives

- **Warmline**
  - Continued growth and expansion of Warmline in 2014
  - Marketing and Distribution of Items
  - Warmline facilitator training late 2014.

- **Recovery and Resiliency Forums**
  - Forums tentatively scheduled for late May 2014
  - Purpose: To introduce R and R initiatives in 2014 and to solicit feedback from peer community regarding R and R and Magellan.

- What are we doing right, what do we need to improve?
  - R and R team members will host all forums
Questions?
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