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HEALING HANDS

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Speaking from Experience: The Power of Peer Specialists

In this issue of *Healing Hands,* we examine a few of the ways that peer-delivered social support services are filling the needs of people in or seeking recovery from mental and substance use disorders. A *peer specialist* is a person with lived recovery experience who has been trained and certified to help his or her peers gain hope and achieve specific life and recovery goals. Actively engaged in his or her own recovery from mental or substance use disorders, the peer specialist shares real world knowledge and experience to teach others to build a better life. The peer specialist may be a volunteer or may be a paid employee hired to provide peer support services to others. They go by different names in different settings—peer support specialists, certified recovery support specialists, peer support technicians, recovery coaches, family support providers—but they share a common commitment to assisting their peers from a strength-based, solution-focused perspective (Depression and Bipolar Support Alliance [DBSA], n.d.; US Department of Veterans Affairs [VA], 2013a; Zubko, 2012).

The rapidly growing peer workforce is an integral part of behavioral health treatment teams in both private and public settings, including community-based services, consumer-run respite services, and inpatient care (DBSA, n.d.). The role of the passive consumer of services may be a thing of the past as these individuals become active and valued care providers, developing a new profession and changing how behavioral health care is delivered. Recovery and healing occur in the context of supportive relationships, and peers excel at building effective relationships, helping clients recover (Zubko, 2012).

WHAT PEER SPECIALISTS DO

- Acknowledge that everyone's recovery is unique
- Serve as role models by sharing their personal recovery stories, showing that recovery is possible
- Teach goal setting, problem solving and symptom management skills
- Empower others by helping them identify their strengths, supports, resources and skills
- Use recovery-oriented tools to help their peers address challenges
- Assist others to build their own self-directed wellness plans
- Support peers in their decision making by cultivating others' abilities to make informed, independent choices
- Set up and sustain peer self-help and educational groups
- Offer a sounding board and a shoulder to lean on
- Advocate by working to eliminate the stigma of behavioral health disorders

Sources: Adapted from DBSA, n.d., & VA, 2013b

CONTINUING MEDICAL EDUCATION credit is available at www.nhchc.org/resources/publications/newsletters/healing-hands.

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Peers reflect the consumers they serve. They have overcome the same issues around addiction and mental health conditions as the consumers. Many peer supporters know what it is like to struggle with the challenges of being homeless and they remember what they had to do to survive because they have been there. Now, they want to help others by providing one-on-one support and mentoring. However, they do not direct the recovery journey. They are not case managers or therapists; they are peers. The program participant sets the agenda, deciding what is important to his or her fulfillment, recovery, and independence (Mental Health Association of Southeastern Pennsylvania, n.d.; Steacy, 2011).

Peer recovery supports are essential in the modern health care system. Provider shortages; an increasingly complex health system; population changes—including an increase in diversity and younger cohorts of individuals from low-income families; and the need for cultural understanding and community education are factors contributing to the need for peer specialists. Peers provide navigation and advocacy to underserved and vulnerable populations across the continuum of the recovery process, and their services help individuals and families initiate and stabilize early recovery and sustain long-term recovery (McDaid, 2011).

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PEER SUPPORT & ENDING HOMELESSNESS

Given that many individuals experiencing homelessness also suffer from co-occurring mental illness, substance use, and traumatic stress disorders, homeless service providers can learn much from the research, practices, and policies used to deliver recovery-oriented care in the areas of behavioral health and trauma care (Gillis, Dickerson, & Hanson, 2010).

"If we are to end homelessness," says **Steven K. Samra, MPA,** an associate with the Center for Social Innovation, "we must successfully house people. Those recovered have insight and a skill set based on training that can go a long way to keeping a person housed in ways that aren't always obvious. Peer specialists provide an array of services and information that is hard to find anywhere else." Samra is a deputy director on SAMHSA's BRSS TACS initiative (Substance Abuse and Mental Health Services Administration's Bringing Recovery Supports to Scale Technical Assistance Center Strategy).

"As providers, we face two challenges to housing those experiencing homelessness—especially to housing those defined as *chronically homeless,*"* Samra continues. "The first challenge is finding and engaging these individuals in a way that builds trust, respect, and mutual understanding. How do we get these people into housing? Our approach requires giving the homeless individual options and choices while being person-centered, trauma-informed, nonjudgmental, and compassionate. And lived experience—knowing what it's like being on the street—is essential to engaging the person and building that trust quickly, especially when we are utilizing rapid rehousing and Housing First approaches.

"The second challenge," Samra says, "is keeping the formerly homeless person in housing. Wraparound services—and especially those delivered by peer recovery specialists—are key to helping the newly housed person adjust, building a new community, and understanding how to live housed. The peer supporter can teach the person how to budget and pay bills, how to complete service applications, how to find and engage in new community supports, even how to wash dishes and clean the toilet—whatever is essential for that person to stay housed. As mentors and role models, peer specialists can provide familiarity and support while warning of pitfalls and how not to be victimized by those who prey on the poor. This is important because those just off the streets have often forgotten or lost these essential life skills."

> "I'm a believer. It's cool to see those who have experienced the challenges of homelessness, mental illness and addictions now contributing to the community. Peers do brilliant work. It's great that they are becoming an important part of the behavioral health system."
>
> —Jacob Bowling, Mental Health Association of Southeastern Pennsylvania

WHEN REFERRALS ARE NOT ENOUGH

At the Mental Health Association of Southeastern Pennsylvania (MHASP), freestanding peer support teams provide services to adults who have a behavioral health or co-occurring condition. The teams—composed of two-to-six certified peer support specialists—spend approximately ninety percent of their time out in the community working one-on-one with participants.

"This innovative, mobile team model is based on the premise that if the person walks through the door, they will get help," says **Jacob (Jake) Bowling, MSW**, MHASP's director of advocacy and policy. "Peer support

* Under the Department of Housing and Urban Development's definition, a *chronically homeless person* is one who has experienced homelessness for a year or more, or has had at least four episodes of homelessness in the past three years and has a disabling condition (National Alliance to End Homelessness, 2013).

specialists go with participants to appointments, clinic visits, AA [Alcoholics Anonymous] or NA [Narcotics Anonymous] meetings, outpatient therapy, training or job interviews. They help re-connect individuals with their families and communities and assist in obtaining housing and financial benefits. A key role of the peer support specialist is helping those in recovery traverse complicated systems, which frees up case managers to do other work.

> "To understand the importance of peer recovery support services, you just have to see it in action."
>
> —Michelle Leister, Peer AHEAD

"Peers typically work in collaboration with providers and case managers helping to coordinate care and services," Bowling continues. "The case manager, for example, may complete a housing application and the peer support specialist will accompany the participant to see if he likes the housing and if it's a good fit for the participant's needs. Physicians are often the peer support specialists' biggest advocates. Peer support specialists can coach the participant on what to ask during a medical visit and be available to debrief on how it went. They can help participants develop care plans, including medications, that they are more likely to adhere to, resulting in a positive influence on participants' health."

"The first year of the program, there might have been apprehension among case managers that the certified peer specialists (CPSs) would take their jobs, but the CPSs quickly showed that they were not there to replace anyone," says **Lisa Faulkner**, program manager of PeerNet, a mobile peer support team operated by MHASP. A community-based peer support program for adults in Philadelphia County, PeerNet uses the tenets of self-directed care and mental health recovery to support people as they move towards independence, wellness, and a fulfilling, stable life. Program enrollees are paired with a CPS who works with him or her on goals such as housing, money management, medication adherence, physical wellness, family relationships, educational pursuits or job development.

WE'VE BEEN THERE, WE CAN HELP

Peer support features a relationship where the peer support specialist assists the participant using particular expertise that includes his or her experience in recovery from substance abuse or a mental health condition. Peer support specialists are specially trained individuals who have a mental health and/or behavioral health diagnosis, and they use this personal recovery experience to offer hope that everyone may recover. According to the MHASP, the recovery journey is anchored by the belief that a better future is possible—that individuals can and do overcome obstacles and accomplish their life goals.

A person in recovery, Faulkner supervises a team of seven certified peer specialists, each with a workload of 10 to 20 program participants. "I love what I do and being able to give back," Faulkner says. MHASP hired Faulkner to develop the peer-to-peer program and August 2013 marked her fourth year there. Her first task was to make presentations to increase awareness and understanding of the recovery model, what peers do, and the value of peer support services. This outreach and educational effort fostered partnerships with agencies and hospitals that now refer clients to PeerNet, which is close to capacity serving about 130 individuals in recovery, several of whom are experiencing homelessness.

"Some of these referrals come from Friends Hospital, a psychiatric hospital that contacts PeerNet before the patient is discharged into shelter," says Faulkner. "The peer specialist will meet the patient at the hospital, walk them through the process, and help the person find a stable living situation."

Mobile team model. "We meet the participants where they are," adds Faulkner, "they do not have to be clean or sober to enroll. They may be using or drinking, but as long as they have a desire to recover, they are eligible for peer support services. Early in the process, we work to identify the person's strengths using a self-assessment tool called 'My Life Story' that examines areas of life like family, education, finances, spirituality, and social relationships. We discuss the participants' hopes and dreams for themselves, and they identify what they want to work on.

"The CPS supports them in creating a personalized, practical recovery plan, breaking the goal into doable action steps that are participant-driven," Faulkner continues. "If the person's dream is to attend community college, for example, the recovery coach could assist with enrollment, go with the participant to class, help with homework, or find the participant a tutor. Most participants accomplish their goals, and these achievements keep them going."

As people identify and use their many strengths, resiliencies, coping skills, talents, abilities, and capabilities, recovery occurs. "On average, participants are in the program a year," Faulkner continues. Initially, peers meet with participants once weekly, then that changes to meeting every other week. The frequency of one-on-one visits drops to once monthly, and then the participant just checks in for resources. "The program has great outcomes, and some participants go on to become peer specialists themselves."

Evidence-based practices. "Peer AHEAD, a SAMHSA-funded service, is another program using recovery coaches who are certified peer specialists," says Program Supervisor **Michelle Leister.** The Peer AHEAD (Access to Housing through peer-delivered Engagement, Assistance, and Direction) Program uses peer support services to create a bridge to permanent housing for over 100 of Philadelphia's most vulnerable homeless individuals. "The goal of our program is to house at least 40 long-term homeless individuals into permanent supportive housing each year over the next

three years." The program conducts outreach and engagement with people who have significant behavioral health challenges and are living on the streets and in Center City's underground rail and retail concourse.

Peer AHEAD integrates two evidence-based practices: peer support and Critical Time Intervention (CTI). CTI is a time-limited case management model designed to prevent homelessness and other adverse outcomes among people with a mental health condition following discharge from shelters, hospitals, jails, prisons, residential treatment facilities, and other institutions. CTI provides emotional and practical support during critical transition periods and provides case management to strengthen an individual's ties to services, family, and friends (Evans, 2009; National Registry of Evidence-based Programs and Practices, 2013).

"Our recovery coaches connect these hard-to-reach homeless adults to housing and supportive services" says Leister. "This requires overcoming the alienation and mistrust that can prevent these individuals from accessing the housing and services that could transform their lives. Our objective is to connect individuals receiving housing assistance with supportive benefits and services that enhance the likelihood that they will succeed at making the transition from homelessness to housing stability. Peers offer services from a perspective of mutuality and support and serve as positive role models.

"Recovery coaches help program participants navigate the SSI/SSDI application process, for example. They help the participant complete the necessary forms, request medical records, accompany them to appointments, and follow up once the person is approved and receiving disability benefits," Leister says.

SAMHSA supports the technical assistance program SOAR (SSI/SSDI Outreach, Access and Recovery) to expedite access to Social Security disability benefits for eligible adults who are homeless and have serious mental conditions and/or co-occurring disorders. A common challenge is keeping in contact with individuals during the course of the SSI/SSDI application process. Peer support workers are able to keep participants engaged and support them throughout the process while collaborating with the Social Security Administration's claims representative and Disability Determination Services disability examiner. Individuals can use the cash assistance from SSI/SSDI to access housing in addition to medical and behavioral health services through Medicaid (Lupfer, 2012; SAMHSA, n.d.).

PRINCIPLES OF RECOVERY

- Recovery has many pathways
- Recovery is self directed & empowering
- Recovery involves a personal recognition of the need for change & transformation
- Recovery is holistic, involving body, mind, relationships & spirit
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health & wellness
- Recovery emerges from hope & gratitude
- Recovery is a process of healing & self-redefinition
- Recovery involves addressing discrimination & transcending shame & stigma
- Recovery is supported by peers & allies
- Recovery is rejoining & rebuilding a life in the community
- Recovery is a reality.

Source: Kaplan, 2008

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CHARACTERISTICS & QUALIFICATIONS

"It takes a special person to be a peer specialist," says Bowling. "They need to be able to plan, schedule, and create backup plans. A peer specialist must be organized, good with time management, strong in their recovery, and a great listener. It's a unique skill set. They must be able to work with a high level of autonomy plus be able to follow rules and regulations."

The Veterans Administration looks for peer specialist applicants who are able to exercise patience and control their emotions without endangering the health and safety of themselves or others. In addition to being a veteran who has recovered or is recovering from a mental health condition, the VA requires peer specialists to be certified by an approved certification program and have spent a minimum of one year in personal recovery from a mental health condition. Being *in recovery* means that the person is able to talk about their condition candidly, live independently in the community of their choice, and have a meaningful life that they are satisfied with. It often means that the person has not been hospitalized or had legal problems as a result of their behavioral health condition for over a year. This does not mean that the person does not have symptoms or does not take medication to manage their symptoms, but that symptoms no longer significantly interfere with the person's functioning in most life activities (VA, 2013b).

The peer specialist must have accepted their mental health condition and dealt with the stigma that society imposes on individuals with disabilities. A particular quality of peer supporters is the ability to advocate for themselves and those they work with to achieve a level of respect and acceptance of themselves as a person who has a mental health condition. Because of their life experience, peer specialists have expertise that professional training cannot replicate (Halligan, 2012; VA, 2013b).

Peers are good at relating on the same level, which may be difficult for clinical staff. When an organization successfully integrates peer services, they bring added value because consumers divulge information sooner, which facilitates a quicker intervention and quicker outcomes. Consumers are not always comfortable talking to a case manager, so they are more likely to take their concerns to a peer. The peer specialist can help reduce the consumer's ambivalence because the peer specialist's lived experience brings a level of credibility. By modeling behaviors and showing that doing "X" will bring a particular benefit, they have legitimacy. The consumers that do well as peer support specialists are the stellar clients, the ones who have made enormous transformations in their own lives (Steacy, 2011).

HIRING & SUPERVISION

It can be challenging to identify who is ready to take on the responsibility of the peer support role, "but hold on for people who will be good," Bowling advises.

When interviewing peers for this position, make sure they have an understanding of how to have a sincere conversation with consumers. It is unreasonable to think that someone without training could work with this type of consumer. Peers, for example, need to see what issues they need to bring to the attention of therapists and what boundaries they should have (Steacy, 2011).

The peer support specialist position requires a lot of supervision and support, and supervisors must be sensitive to their needs. It is easy for the peer support specialist to over-identify with program participants, and there is a risk of co-dependency. Supervisors must know how to follow through with the peer specialist, which is very different from a regular employee. Supervisors must be clear and straightforward about roles and boundaries and be there for the peers to reinforce and guide them (Steacy, 2011).

The supervisor's role is to support the team, and particularly to support the individual team members in their own wellness, says Faulkner. "Since the peer supporter spends most of the time in the field, team members will either start the day in the office and end the day in the field, or will start the day in the field and end the day in the office. Team members have a 'wellness check in' by phone with their supervisor twice daily. The team meets together once a week, and each team member has one full day in the office each week."

TRAINING & CERTIFICATION

Peer supporters use their lived recovery experience to assist others in regaining hope and moving forward, and this lived experience is viewed as a credential that the individual brings to the work that they do (University

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of North Carolina School of Social Work, 2013). In addition, training and certification are important so that peer support services are billable. A number of states administer their own peer specialist training and certification systems; others contract with outside organizations to offer this training and certification (DBSA, n.d.).

One training provider is the MHASP Institute for Recovery and Community Integration, which operates a Peer Specialist Certificate Program and helps organizations and agencies become ready to have peer specialists on staff. The curriculum teaches participating consumers specific skills, philosophies, and concepts related to recovery and peer support such as goal setting, problem solving, crisis intervention, conflict resolution, and cultural competence (Institute for Recovery and Community Integration, n.d.).

> "Work to keep the relationship between the peer and program participant from being clinical. Making friends and having fun is important to recovery. Keep a 'fun bank' of free or low-cost activities available so that participants and peers can do something entertaining together."
>
> —Lisa Faulkner, Mental Health Association of Southeastern Pennsylvania

Establishing career pathways. One challenge is the lack of standardization of certification requirements for peer supports. "SAMHSA is developing a list of core competencies for certified peer support services that will be open for public comment," says Samra. "BRSS TACS is helping prepare this initial draft. Having defined parameters is a key step in building a career track for certified peer support specialists.

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"Training and certification requirements vary from state to state," Samra continues. "While some states are progressive in the ways that they use peers, others aren't. Standardizing core competencies will create a clear understanding of which services are Medicaid billable. Having recognized core competencies may create reciprocity from state to state—something lacking now.

"The core competencies will be those essential ingredients that the industry leaders agree are necessary to creating a qualified peer specialist workforce," Samra says. "Core competencies for peer specialists might include, for example, using a strengths-based approach, creating a partnership-consultant relationship that focuses on collaboration, and sharing one's lived experience in ways that are beneficial to others."

FINANCING SERVICES

HCH projects should check with their state to learn about the regulations and requirements related to Medicaid-billable peer support services. The Centers for Medicare and Medicaid Services recognizes peer support services as an evidence-based model of care and has policy guidance on supervision requirements, care coordination, and minimum training criteria for peer support providers (Smith, 2007). Along with Medicaid, other funding sources for peer support services include state, county, and municipal service contracts; private payers; and federal and state grants (McDaid, 2011). For more financing opportunities and strategies, see the toolkit of resources online at http://www.nhchc.org/wp-content/uploads/2011/09/peer-support-resource-kit-2013.pdf

CONCEPT & PRINCIPLES OF RECOVERY

Peer support relationships play an important role in fostering individual recovery. There are various definitions of recovery across fields and contexts. In the addictions field, for example, recovery refers to the process of achieving and maintaining abstinence from substance use. In mental health, recovery is understood as being restored to an optimal level of functioning within the limitations of one's impairment. For individuals diagnosed with traumatic stress disorders, recovery is seen as the process of regaining a sense of safety, control, connection, and meaning that was damaged or lost by trauma (Gillis et al., 2010).

SAMHSA and its partners crafted a working definition and set of principles for recovery to help advance recovery opportunities and clarify these concepts for peers, families, providers, funders, and others. Recovery from mental disorders and substance use disorders is defined as being *a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* The intent of this working definition is to capture the essential, common experiences of those recovering from mental disorders and substance use disorders (SAMHSA, 2012).

Research on peer-recovery support provides evidence for the effectiveness of services in supporting recovery. Studies show that recovery support services are effective with many people achieving recovery. Important to maintaining recovery and long-term recovery, these support services improve recovery outcomes (Kaplan, 2008). ■

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HEALING HANDS RESOURCE KIT NOW AVAILABLE ONLINE

A resource kit of practical peer support resources featured in this issue of *Healing Hands* is now available on the National Health Care for the Homeless Council's website. You can access these resources at http://www.nhchc.org/wp-content/uploads/2011/09/peer-support-resource-kit-2013.pdf.

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