Peer Support Staff: Hiring, Supervising, and Managing Peers in Your Organization

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Learning Objectives

Participants will be able to...

1. List the benefits and challenges of employing peer support staff.

2. Identify key characteristics needed by peer support staff.

3. Identify, select, supervise, and retain quality peer staff.
Historical Perspective

Certified Peer Specialists

Ohio has lagged behind many other states in advancing Certified Peer Support

- 29 states are now billing Medicaid for CPS (Ohio will be the 30th state as of July, 2013)
- OEC has been designated by ODMH as the sole CPS Training/Credentialing organization in Ohio
- OEC has trained over 100 peers in past 18 months
- Ohio needs 400-600 CPS by 2014 in preparation for Health Care Reform (ACA)
- Biggest growth in areas of health integration, hospital & jail diversion programs
Historical Perspective

Peer Recovery Coaches

- PRCs are part of a larger Recovery Movement led by people in addiction recovery.
- Peer Recovery Coaching emerged in Ohio only 2-3 years ago.
- 137 people have completed training in Ohio
Certified Peer Specialists

- New York State (1998) CPS Program resulted in 41% reduction in psych hospitalizations
- Wisconsin/Tennessee (2011) CPS Programs resulted in 71% reduction in psych hospitalizations
- Washington State (2012) CPS Program resulted in 73% reduction in psych hospitalizations
- Saved the Pierce County, Washington $550,000
- Respite Program saved $1.99 million in one year in Pierce County, Washington
- Georgia (2006) Compared the annual cost of Day Treatment @ $6,491 vs CPS @ $997
- Saved Georgia $5,494 per person
Research Evidence

Peer Recovery Coaches

• June 2008 study of Texas drug court participants who received services through Access to Recovery found that “among the specific types of recovery support services, those that were most closely related to the process of recovery such as individual recovery coaching, recovery support group, relapse prevention group and spiritual support group, were more strongly associated with successful outcomes.”

• December 2008 study of the Texas Co-occurring State Incentive Grant Project, it was found that “completers were more likely to receive peer mentoring in combination with other social support services provided by the voucher.”

• A study of peer support programs for people with co-occurring psychiatric and substance use disorders found that people who received the services of a “friend’s connector” (peer recovery coach) had dramatically fewer crises and hospitalizations, less alcohol and drug use, improved living circumstances, enhanced income and enhanced health compared to those who did not receive recovery coaching.
## Research Evidence

### Access to Recovery: Ohio GPRA Data

<table>
<thead>
<tr>
<th>GPRA Measures</th>
<th># Valid Cases</th>
<th>% at Intake</th>
<th>% at 6-month Follow-up</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence: did not use alcohol or illegal drugs</td>
<td>3,040</td>
<td>55.6%</td>
<td>82.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Crime and Criminal Justice: had no past 30 day arrests</td>
<td>3,056</td>
<td>94.2%</td>
<td>92.9%</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Employment/Education: were currently employed or attending school</td>
<td>3,051</td>
<td>31.4%</td>
<td>45.3%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Health/Behavioral/Social Consequences: experienced no AOD related health, behavioral, social consequences</td>
<td>3,037</td>
<td>84.2%</td>
<td>93.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Social Connectedness: were socially connected</td>
<td>3,039</td>
<td>84.2%</td>
<td>94.0%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Stability in Housing: had a permanent place to live in the community</td>
<td>3,040</td>
<td>29.5%</td>
<td>32.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Ohio Department of Alcohol and Drug Addiction Services. ATR Report generated 10/12/12.
Research Evidence

GPRA results from RCSP programs – outcomes at 6 months post service initiation:

- 75% of clients reporting no substance use, an increase of 19%
- 96% of clients reported no arrests at 6-month follow-up
- 50% of clients reporting being employed, an increase of 31%
- 52% of clients reporting being housed, an increase of 27%

Mental Health Outcomes

- Clients experiencing serious depression decreased 21%
- Clients experiencing serious anxiety decreased 21%
- Clients experiencing trouble understanding, concentrating, or remembering decreased 26%
- Clients attempting suicide decreased 29%

Benefits of CPS & PRC service

- Peers can reach clients that are difficult to engage
- Balanced and equal relationship
- Persons in recovery prefer them
- Can extend recovery resulting in fewer and shorter duration of relapses
- Can be effective pre-treatment, during treatment, in lieu of treatment and post-treatment
- Saves health care system $
Role Comparison

Counselors

Peer Specialists/Recovery Coaches

Sponsors
Foundational Knowledge

**Counselor:** Emphasis on formal education (theory and science); vetted by the profession

**Peer Specialist/Recovery Coach:** Emphasis on experiential knowledge and training; vetted by the community

**Sponsor:** Emphasis on experiential knowledge; vetted by reputation within a community of recovery
Organizational Context

Counselor: Works within organizational hierarchy of treatment organization & with direct supervision

Peer Specialist/ Recovery Coach: Organizational settings span treatment organizations, allied service organizations and recovery community organizations; varied degree of supervision

Sponsor: Minimal hierarchy and no formal supervision
Service/Support Framework

**Counselor:** Works within a particular organizational treatment philosophy

**Peer Specialist/ Recovery Coach:** Works across multiple frameworks of recovery via choices of those with whom they work

**Sponsor:** Works within beliefs & practices of a particular recovery fellowship
Service/Support Relationship

Counselor: Significant power differential; extreme separation of helper/helpee roles; explicit ethical guidelines; high external accountability

Peer Specialist/ Recovery Coach: Minimal power differential; ethical guidelines being developed; moderate external accountability

Sponsor: Minimal power differential; support is reciprocal; relationship governed by group conscience; no external accountability
Style of helping

**Counselor:** Formal, personally guarded and strategic

**Peer Specialist/ Recovery Coach:** Variable by organizational setting but generally personal and informal

**Sponsor:** Informal, open and spontaneous
Use of Self

Counselor: Self-disclosure discouraged or prohibited

Peer Specialist/ Recovery Coach: Strategic use of one’s own story; role model expectation

Sponsor: Strategic use of one’s own story; role model expectation
Temporal Orientation

Counselor: Considerable focus on past experience

Peer Specialist/ Recovery Coach: Focus on present: What can you do today to strengthen your recovery?

Sponsor: Variable by fellowship and stage of recovery of sponsee
Duration of Service/Support Relationship

Counselor: Brief and ever briefer

Peer Specialist/ Recovery Coach: Measured in months or years (via sustained recovery checkups)

Sponsor: Variable but can span years
Role of Community in Recovery

**Counselor:** Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy

**Peer Specialist/ Recovery Coach:** Focus on linking to community resources and building community recovery capital; significant advocacy work

**Sponsor:** Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy
Documentation

Counselor: Extensive and burdensome

Peer Specialist/ Recovery Coach: Minimal but growing

Sponsor: None
Money

Counselor: Works as paid helper; client or third party pays for service

Peer Specialist/Recovery Coach: Works in paid or volunteer role; service may be paid for by person being coached or a third party

Sponsor: Provides support only as part of one’s own service work; no fees paid to sponsor or recovery fellowship
For more distinguishing characteristics, see the following at: www.facesandvoicesofrecovery.org


Typical Duties of a CPS & PRC

- Use personal recovery experience as a tool
- Link to community resources/services
- Assist in identifying and supporting person in crisis
- Facilitate self-direction & goal setting through strength-based recovery plan

- Communicate effectively with treatment providers
- Provide support and encouragement
- Link to mutual support groups
- Conduct recovery check-ups
- Accessible beyond typical business hours
Characteristics of good CPSs & PRCs

- Great active listening skills
- Excellent communication skills – oral, written, computer
- Must be willing to share lived experience
- Patience
- Ability to support rather than direct
- Supportive of other team members
- Compassionate and non-judgmental
- Flexible, innovative, creative
Where to find trained CPSs and PRCs

Certified Peer Specialists

- OEC roster of Certified peers (roughly 100)
- COSs that have peer support specialists (not formally trained by OEC, or are trained but have not yet taken the test – roughly 100)
- Provider organizations’ client case rosters
- Advocacy organizations, i.e., MHA, NAMI, etc
- Some community colleges and universities have paraprofessional programs for mental health and/or peer support
Where to find trained CPSs and PRCs

Peer Recovery Coaches

- Access to Recovery counties: Stark, Summit, Mahoning, Cuyahoga, Lorain
- Lucas UMADAOP
- Early development in Sandusky, Franklin, Hamilton

Both CPSs and PRCs

- 12-Step Programs
- ODJFS Office of Workforce Development
- Soup kitchens, food pantries
- Probation Officers
- Internet employment resources, ie: Monster or Idealist
How to identify and select peers

• Look for peers far along in stable recovery
• Look to former clients of your agency
• Recruit in community, coffee houses, social clubs for people in recovery
• Contact OEC and OCA
Supervision of Peers

- Conduct supervisor training for PRC & CPS
- Fully integrate peers into your treatment team
- Provide ongoing, regular and frequent (weekly) supervision to resolve ongoing issues, guidance
- Encourage PRC & CPS mutual support groups on a regional basis to provide opportunities to share
- Align agency policies to accommodate principles about sharing lived experience
- Consider Peers for peer supervisory roles after adequate on-the-job experience
Issues

- Staff reaction/resistance – adequate preparation is the key
- Protecting the peer’s own recovery is a priority
- Boundaries, dual roles, confidentiality
- When conflicts of interest arise
- Assisting the peer to adjust to the workplace
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