

# Peer Support Action Planning Session

## Report and Recommendations

### Summary of Purpose and Process

On July 9, 2009, peer and recovery leaders from throughout PA, in partnership with the Office of Mental Health and Substance Abuse Services (OMHSAS), met to discuss how to keep peer support alive, growing and moving to the forefront of our behavioral health system in the midst of economic uncertainty.

In attendance at the meeting were:

1. **Michael Brody**- Recovery Innovations in transition to the Mental Health Association of SE PA
2. **Gina Calhoun** - OMHSAS
3. **Tim Connors** - Magellan Health
4. **Kathynn Corl** – Keystone Human Services
5. **Dan Craig** – PA Mental Health Consumers’ Association
6. **Nicole Darr** – PA Mental Health Consumers’ Association: PA Peer Support Coalition
7. **Crystal Edwards** – The Institute for Recovery and Community Integration: Philadelphia peer support project
8. **Maureen Feeny-Byrnes** – Consultants in Context
9. **Matthew Federici** – The Institute for Recovery and Community Integration: Statewide peer support project
10. **Melanie Hewlett**- Friends Connection of Montgomery County
11. **Walter Kuebler**- Adams Hanover Counseling Services
12. **Eric Larson**- The Institute for Recovery and Community Integration: WRAP around PA
13. **Kim Maldonado**- Philhaven: Dauphin Clubhouse
14. **Bob Manrodt**- OMHSAS

15. **Maria Martinez**- Case Management Unit of Dauphin County
16. **Joseph Martin**- Paxton Ministries
17. **Chris Mooney** – The Institute for Recovery and Community Integration: Delaware County peer support project
18. **Tom Newman**-PA Mental Health Consumers’ Association
19. **Kimberly Pry**- Philhaven, Dauphin Clubhouse
20. **Corey Rogers** – Mental Health Association of SE PA
21. **Kevin Trenney**- Peer Support Advocacy Network of Allegheny County
22. **Rev. W. D. White**- Office of Mental Health and Substance Abuse Services

The agenda for the day was to: clarify the task at hand (“How do we keep peer support alive, well, and growing in an uncertain economy?”); brainstorm ideas; select four ideas developed in the brainstorming sessions for further exploration; and develop action plans to advance each of the four prioritized ideas.

At the start of the day, meeting participants briefly introduced themselves to the group. Next, OMHSAS Deputy Secretary Joan Erney, Dr. Aidan Altenor and Lu Conser offered their support and appreciation for the work of the group and then left so that the group process could proceed.

The first task of the day was, as stated above, to clarify the task at hand. This was accomplished through an open discussion amongst the members of the group. With this accomplished, the group moved on to the second task: brainstorming. The group discussed guidelines for brainstorming sessions using a handout entitled Eight Rules to Brilliant Brainstorming.

The larger group then split into four smaller groups for the purpose of the actual brainstorming. Each breakout group focused on the same question: How do we keep peer support alive and growing independent of what the economy does?

Each breakout group generated a number of ideas, some overlapping. (These ideas can be seen in Appendix A.) After generating their ideas, each group then developed criteria with which to assess their ideas. (The criteria the groups developed can be seen in Appendix B.) Finally, each group used their criteria to select four to six ideas to present to the larger group.

The four breakout groups then came back together as a large group and presented their selected ideas. After the presentations, the group as a whole selected four of the presented ideas for which to develop action plans and recommendations. Thus a process occurred in which a large number of ideas was generated, and then narrowed down to a smaller number, and then narrowed again to four priority ideas.

Once the four priority ideas were identified, the breakout groups reformed. Each breakout group selected one priority idea and developed an action plan for that idea.

The following pages of this report present the selected four priority ideas, action plans developed for each, and several recommendations. As much as possible, the language and wording used by each group has been preserved.

### **Priority Ideas, Action Plans and Recommendations**

#### **Breakout Group #1**

Gina Calhoun, Chris Mooney, Eric Larson, Joseph Martin, Crystal Edwards and Walter Kuebler

**Priority Idea: Have self-identifying people in recovery employed at every level of the behavioral health system.**

#### **Action Plans:**

1. Develop and hire a team of recovery champions to create recovery accreditations for PA's behavioral health services.

- a. Regional teams of recovery champions will be trained and hired to do site visits to the various mental health organizations and accredit those that meet certain recovery-focused standards. Every organization receiving a site visit will be offered a report with areas of strengths and areas to enhance.
  - b. Accredited organizations will receive a plaque from OMHSAS recognizing them as a recovery-focused organization.
  - c. During times of prosperity, those receiving recovery accreditation will be offered financial incentives.
2. As part of mental health licensure, a certain percentage of employees must be people who self-identify as former or current recipients of mental health services.
    - a. In addition, as part of licensure, a certain percentage of the organizational advisory structure must be people who self-identify as former or current recipients of mental health services.

***Recommendations for how to begin Action Plan #2:***

- ***We would like to start action plan number two, by requesting that two self-identified persons in recovery are part of all licensing meetings.***
  - ***We would also like to recommend that at least one certified peer specialist travel with our field officers when they go out to license Peer Support Services (PSS).***
3. Mandatory recovery education for ALL staff. We would like recovery education and peer support education to be part of all employee orientation. In addition, we would like all staff to have a certain number of recovery education hours each year.
    - a. Trainings are best done with various stakeholders presenting together.
    - b. It is important that the culture within PA's mental health system view peer support as the 'engine' not the 'caboose'.
  4. Develop a workgroup to discuss training and action planning for intentional peer support and crisis alternatives.
    - a. Invite Shery Mead to the meeting as she is an expert in this field.

- b. In addition, we would benefit from educating stakeholders on this very important alternative.
- c. Hire peers at all levels to implement this new way viewing crisis as a catalyst for change.

### **Breakout Group #2**

Michael Brody, Tim Connors, Dan Craig, Maureen Feeny-Brynes, Maria Martinez and Kim Maldonado

### **Priority Idea: Unify and Solidify Peer Support in PA**

Our group felt it was very important that there needs to be a clear understanding of what a certified peer specialist is and does. It is also important that this discipline be seen as professional and organized. The PA Peer Support Coalition is a natural leader to help plan, organize and be a leader in this effort. We need to be sure that there is sufficient support for the coalition on a variety of levels.

### **Action Plans:**

1. Create Professional Guidelines
  - a. Ethical Code – As a new discipline, there needs to be guidelines and codes of practice.
  - b. Recertification process for certified peer specialists – While the initial certification process is working smoothly, there needs to be a way to update and monitor ongoing education and keeping certifications current.  
Guidelines/standards need to be created that would be used by anyone with certified peer credentials.
  - c. Standardization of guidelines and practices – Certified peer specialist guidelines vs. non certified peer specialist.

***Recommendation for Action Plan #1***

- ***Identify whether any additional supports are needed/available to assist us with the above stated guidelines***

2. Increase the credibility and visibility of the PA Peer Support Coalition – In order to accomplish goal #1, there needs to be a leader. The PA Peer Support Coalition is a natural fit. We cannot expect them to do it without support from the community.
  - a. Financial support – Have organizational memberships to the coalition which would then include dues
  - b. Create and enhance the communication and networking of the PA Peer Support Coalition – Create list serves to send out communication.
  - c. Develop a Peer Support Coalition website – Develop a website that could be a “hub” for all things peer support. This would allow one place for individuals to go when they need information. This would also be a tool to network with other states/communities who are involved in peer support, allowing us to glean the best practices from other organizations.

**Breakout Group # 3**

Matthew Federici, Tom Newman, Bob Manrodt, Kathyann Corl and Melanie Hewlett

**Priority Idea: Increase the awareness, engagement and value of peer support (as it is recovery-based) in the larger community.**

**Action Plans:**

1. Announce to all peer supporters to learn Personal Medicine, I’m The Evidence, WRAP and In Your Own Voice.

***Recommendation for Action Plan #1***

- ***Make these trainings available statewide and know who is certified to promote and present these trainings***
  - ***OMHSAS to develop a partnership with I'm The Evidence. We want ITE and Recovery posters in every state office and would like to present ITE to OMHSAS and across PA.***
2. Use the public media to get the word out about peer support services in our behavioral health system
    - a. Public Radio and TV
    - b. Facebook and YouTube

***Recommendation for Action Plan #2***

- ***Form a workgroup to research the public forums and develop a list for distribution to all peers***
3. Get peer support presentations on the agenda of all community meetings
    - a. Local and Regional CSP
    - b. Inter-faith and Religious Organizations
  4. Develop a speakers' bureau to promote peer support services

**Group #4:**

Nicole Darr, Kevin Trenney, Rev WD White, Kimberly Pry and Corey Rogers

**Priority Idea: Organize spiritual, religious, political and community organizations to leverage support and develop collaboration to advance peer support.**

**Action Plan:**

*Group four developed five sequential steps to take to set their priority idea in motion*

1. Put together a workgroup/committee to do focused work on this priority
2. The workgroup will:

- a. Identify what's already being done
  - b. Identify potential new partners
  - c. Identify appropriate liaisons to spiritual/religious, community and political organizations
  - d. Develop an outreach plan and materials for distribution
3. Implement the outreach plan
    - a. Outreach to potential new partners
    - b. Strengthen the relationship with existing partners
  4. Bring all the partners together
    - a. Conference
    - b. Forums
    - c. Coalition
    - d. Networking/Retreat
  5. Develop an ongoing committee or coalition with various stakeholder representation (to include representation from community, spiritual, religious, political, and behavioral health organizations) who are committed to advancing peer support

# Appendix A

The meeting attendees, in their respective breakout groups, spent both quantity and quality time brainstorming many possible ideas for keeping peer support alive and growing during uncertain economic times. Appendix 'A' reflects all the ideas generated.

## **The following is our brainstorming list:**

*Please note- because the group split into breakout groups for the brainstorming sessions, many of the ideas were stated several times in different ways. In order to promote the reading of the entire list, we chose to condense the related ideas into broad, general terms.*

Keeping peer support alive and moving to the forefront of PA's Behavioral Health system, we could:

- Prioritize the development of more consumer run organizations
- WRAP the world, starting with PA
- Get more involved in advocacy for peer support
- Utilize our peer support skills in all areas of our BH system
- Obtain public and written commitment from our political officials and state leaders
- Continue to share our 'recovery' stories all over the world- starting with PA
- Continue to share WRAP with others
- Connect the dots- better collaboration between existing peer support entities/organizations/associations
- Have more action planning sessions like this one, so various peer leaders can gather ideas and bring the ideas back to their local areas
- Stop being politically correct- when someone needs wellness intervention, the person should be able to access WELLNESS intervention
- Bring peer support to the forefront as we develop crisis alternatives: Intentional peer support and crisis alternatives.
- Stop justifying my mental health challenges for job performances...if I do a good job recognize my skills as a person
- Systematically first priority should be recovery as a realized practice at all levels
- As part of the organizations' licensure to provide mental health services; a certain percentage of staff in the organization must be former or current participants of mental health services
- As part of licensure to provide mental health services, ALL workers within an organization must have so many hours of recovery education each year
- Consumer representation at all levels in PA's BH system
- Give up the 'us' versus 'them'
- Comprehensive recovery education in hospitals and institutions
- More education on Pat Deegan's Personal Medicine curriculum

- More dialogue around medication issues- starting, stopping and offering all perspectives on the issue.
- Remember to treat all people as 'people first' and recognize that all people can learn and grow
- Create a governing board and certification board for certified peer specialists
- Find a way for peer support services to be self-sustaining
- Standardize peer support job descriptions
- Unify peer supports with enhanced networking and communication
- Develop refresher courses for certified peer specialists and others committed to peer support services
- Creating more venues for WRAP trainings
- Funding and creating more availability of the WRAP facilitators' course
- Creating specialized peer support trainings, roles and certification
- Developing a community awareness program
- More TA to bring CSP (Community Support Program) to its ideal in all areas of PA
- More education on peer support for non-peer coworkers
- Break down the silos across systems and within our BH system
- Create job opportunities that allow peer providers to grow beyond the role of a certified peer specialist
- Hire recovering persons at ALL levels in the BH system and in the infrastructure of our BH provider organizations
- Do fund raising to assist peer support to be self-sustaining
- Have a statewide peer support conference
- Have peer supporters participate in civic activities
- Outreach to community organizations outside the mental health system
- Identify strengths within grassroots organizations to support our peer support goals
- Have peer supports take the lead to integrate and educate mental health organizations about their services
- Write articles and keep writing articles
- Expand peer support services in hospitals
- Expand stand alone and program-based peer support services
- Educate private insurance companies to fund peer support services
- Use various media sources/resources to educate communities about mental health and the value of peer support
- Offer TA and education on leadership and administrative skills for Certified Peer Specialists who want to start their own consumer run organization
- Offer education on facilitating and starting up peer support groups
- Unify recovery language
- Create a peer support advisory council
- Go after private funds and grants to support mental health peer support
- Collaborate with spiritual and religious groups to advance peer support

- Collect data that reminds our BH system and our legislatures that peer support services work and are cost effective
- Teach peer support courses in colleges and universities
- Put together a grassroots lobbying group
- Appeal to the larger community
- Identify a few recovery champions to 'put a few faces' to our peer support movement
- Publish stories of recovery
- Publish research on the effectiveness of peer support
- Have more peer run groups in drop-in centers, clubhouses, etc...
- Find a celebrity spokesperson and hire her (or him) for the primary purpose of speaking out about recovery and peer support.
- Go after a 1 million person rally in Harrisburg and DC to push for more funding for peer support
- Teach everyone peer counseling techniques
- Develop a clearinghouse or center for excellence to increase communication and resources amongst peers
- Have PA peers write a screen play and make a movie...tap into the expertise of peers good with writing, theatre, media, technology, etc...
- Develop a video with education about the variety of peer support services available and personal stories; provide this video to organizations throughout PA
- Have PA recognize and fund alternative treatments and supports
- Form a workgroup to develop guiding principles and an ethical code for certified peer specialists (PA Peer Coalition)
- Develop a PA certified peer support registry and website
- Get political candidates with lived experience to speak out
- Have a recovery champion run for political office and develop a workgroup to encourage people to register to vote.
- Get the certified peer specialists training out to all stakeholders
- Bring PA peers together 6 times a year to demonstrate unity
- Create skits and dramas to perform at conferences and community events promoting the value of peer support
- Unify peer support across PA
- Develop mental health ministry programs
- Develop recovery accreditations and offer financial incentives to organizations that demonstrate their recovery-focus
- Educate all stakeholders that recovery is both a value-based and outcome-based practice
- Do in-reach and outreach with community stakeholders and other systems
- Research and collect data that peer support services work
- Build collaboration with spiritual, religious, political and community organizations to leverage support
- Have peer leadership unify to promote the ITE campaign

- Promote peer support as a human process so other stakeholders can connect with the value and practice
- Use the media to get the word out about mental health peer support services and mental health in general

Final

## Appendix B

Each breakout group developed a set of criteria for choosing their 4-5 ideas to present to the larger group. Afterwards, as a large group, we discussed the 18 chosen ideas and came to an agreement on four priority ideas to develop action plans for.

Appendix 'B' states the criteria by which we chose our priority ideas. Several groups had similar criteria, so we blended the wording into one.

As we were making our choices, we kept the following criteria in mind:

1. Does the idea unify peer supporters across PA?
2. Does the idea promote employment for people in recovery?
3. Does the idea advance recovery for people choosing to use behavioral health services?
4. Is the idea able to be funded in some way? Is the idea financially 'doable'?
5. Does the idea outreach to all stakeholders?
6. Is the idea promoting recovery values and practices?
7. Does the idea promote people living, working and socializing in the community?
8. Does the idea have the potential to be self-sustaining?
9. Can the idea survive limited funding?
10. Is the idea interesting and attractive?
11. Is the idea attainable or attainable if we think 'outside the box'?
12. Does the idea have a political impact?
13. Is the idea new and needed in PA's BH system?
14. Does the idea take into account the diversity in PA?
15. Is the idea 'action-able' in the short term and attainable in the longer term?
16. Do we already have resources to start implementing the idea?
17. Is the idea clearly defined and within the purpose of peer support services?