

# North Dakota Peer Support

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Best Practices and Next Steps for North Dakota's Behavioral Health Peer Workforce

# Current Adult Peer Support Training



- 40 hours, 8 hours/day for one week.
  - General topics: what is behavioral health recovery, what is behavioral health peer support, what is the role of a peer support specialist, how to interact with a peer (with substantial role play in small and large groups), open book examination.

# What Current Training Is Not Able To Do

## Systems Interaction & Collaboration



## Learning Systems of Care, How to do Professional Development





# Current Peer Support Supervision Training

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The current training is not actually supervision training, explicitly presumes attendees have had prior supervision training.



# Additional Training Competencies

- Supporting Collaboration and Teamwork
  - Working with other people beyond the peer for the betterment of the peer's recovery plan or vision for their lives
  - What kind of skills does this *professional* workforce need to successfully work with others (e.g., a peer's support network) and other professionals who have different perspectives and/or operational imperatives?
  - Warning: "collaboration" and "professionalism" **does not mean** "agree with service delivery system."





# Additional Training Competencies

- Promotes leadership and advocacy
  - Knowledge of rights and laws (ADA, HIPAA, *Olmstead*, IDEA, etc.) to ensure that the peer's rights are respected
  - Advocating for the needs and desires of peers in treatment team meetings (any "team meeting" situation, really), community services, living situations, and with family.
  - Participate in larger efforts to eliminate prejudice and discrimination of people with behavioral health conditions and their families, including educating others about behavioral health, recovery, and services and supports for recovery.



# Additional Training Competencies

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- Links to Resources, Services, and Supports
  - Having up-to-date information about community resources and services
  - Be able to assist peers investigate, select, and use needed and desired resources and services.
  - Help peers find and use health services and supports.
  - Accompany peers to community activities and appointments when requested
  - Participate in community activities with peers when requested.



# Additional Training Competencies



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- Professional Development Strategies
  - Reflection and Growth:
    - Reflect on personal motivations, judgments, and feelings that may be activated by peer work. (Some of this is in current ND training)
    - Limits of our individual knowledge, when to seek assistance from others (Not very present in current ND training).
    - Seeks opportunities to increase knowledge and skills of peer support.
  - Supervision and developing skills of peer support workers
    - Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer).



## Done Training: Now What?



- Jobs, Jobs, Jobs
  - Where do peer support specialists go to find jobs?
  - Are these positions paid?

# The Job Environment for Peer Support Specialists

- Case load standards: 12 peers per 1 full-time peer support specialist.
- HR Policies for peer support staff
- Supervisor->Peer Support Specialist Relationship
  - Role of peer support specialist was better understood when the supervision was provided by a fellow peer support specialist.
    - Clinical supervision=peer support staff taking on inappropriate responsibilities (role confusion).
- Ongoing training for peer support staff
- Connections to other peer support staff

# “Lived Experience” and Matching Peers with Peer Support Specialists

Peer Support best practices are about matching people with similar lived experiences to each other.

Some “stretching” involved, but there are serious limits we must consider.

- E.g. 1. Peer Support Specialist with mental health background (but not addiction) matched with a peer with addiction seeking addiction recovery supports.
- E.g. 2. Peer support specialist with addiction background (but not mental health) matched with a peer in recovery for mental health.
- E.g. 3. Peer support specialist without brain injury matched with a peer who has a brain injury.

Who is the best fit/more appropriate peer support specialist for these individuals? Co-occurring diagnoses, complicated situations: maybe teams of peer support specialists could work?

## System Implementation of Peer Support Specialists

- Agencies in the behavioral health system of care can hire or contract with peer support specialists
- Connecticut: If any agency wanted a contract to provide mental health services for the state, peer support was a mandatory part of the contracts.
- Training for mental health staff and system partners
  - Understand the role and importance of peer support
  - Peer support specialists should be welcomed by service providers as important member of treatment team.



A black and white photograph showing three hands stacked together in a supportive gesture. The hands are positioned in a way that suggests care and assistance. The text "Family Peer Support" is overlaid in white on the central part of the hands.

Family Peer Support

# Role of Family Peer Support Specialist

- Family peer support specialist: can articulate lessons learned from their own lived experience parenting a child, youth, or young adult and have specialized training to assist and empower families raising children, youth, and young adults who experience emotional, behavioral, substance use, or mental health concerns.
- Partner with child and family serving systems to improve family outcomes and strive to eliminate prejudice and discrimination
- Assist families and youth to bring their voice to the service delivery, planning and evaluation process of public and private supports and services for children, youth, and young adults.

# “Lived Experience” as Family Peer Support Specialist

- Lived experience: raising a child, youth, or young adult with emotional, behavioral, substance use, or mental health concerns.
- Similar concerns as adults regarding matching family peer support specialists with families
  - Family peer support specialists must have similar experiences as families they are supporting. Mismatching must be avoided.
    - E.g.1: Family peer support specialist with lived experience raising a child with special healthcare issues (not mental health) is referred to a family with a child who has a serious emotional disorder (no other special healthcare issues).
    - E.g.2: Family peer support specialist with lived experience raising a child with mental health issues (not substance use disorder) is referred to a family with a child who has a substance use disorder (not mental health).
    - E.g.3: Family peer support specialist has lived experience raising a child with mental health issues (not brain injury) is referred to a family with a child who has a brain injury (not mental health).

# Family Peer Support-The System of Care



- Examples of knowledge areas that can be assigned to this new competency:
- Education
- Behavioral Health
- Justice System
- Health Care
- Child Welfare
- Use of Peer Services
- Social Services
- Legal Rights and Responsibilities in System Supports



# Training Needs

- 1. Basic core competency of being a family peer support specialist training
  - Core competency training for family peer support should also be separate from the adult peer support training
    - Two very different audiences
- 2. Additional training components
  - System of care navigation (see previous slide)
  - Knowledge of rights and laws (ADA, HIPAA, *Olmstead*, IDEA, etc.) to ensure that the peer's rights are respected
  - Advocating for the needs and desires of families, education, community services, living situations, etc.
  - Participate in larger efforts to eliminate prejudice and discrimination of people with behavioral health conditions and their families, including educating others about behavioral health, recovery, and services and supports for recovery.
  - Training should emphasize that “collaboration” and “professionalism” **does not mean** “agree with service delivery system.”



# Youth Peer Support

# Youth Peer Support

- Often at the intersection of family peer support and adult peer support.
  - Must have dual competencies about issues that impact “family peer support” and “adult peer support.”
- Lived Experience: Young adult (at least 18 years old) with **lived experience as a child** in various systems including mental health, addiction, juvenile justice, education, and child welfare.
  - Matching: same considerations of matching peers with peer support specialists as mentioned in adult peer support, family peer support.
    - But also: *when* the peer support specialist’s lived experience came in.
      - If peer support specialist was an *adult* when having lived experience=inappropriate peer support specialist for an adolescent below the age of 18.