

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Integrating Peer Support Into Your Organization

National Center for Trauma-Informed Care  
Virtual Learning Network (VLN)

Session Two – February 2017



# Agenda for the call

**Theme: Who is a peer and what do we mean by peer integration? Challenging common misperceptions?**

Welcome & Check-in

Melody

Updates from teams



Lessons from the field

Leah

Beth Filson

Melinda Hasbrouck

Q&A with the experts



Action steps & Wrap-up

Melody

PDSA worksheet for goal work

Readiness Assessment / Readings

Submitting work for discussion



# Interactive Virtual Learning Network

- **Use the Chat Box for introductions, questions and thoughts to share with your colleagues**
  - *Press \*6 on your phone to UNmute*
    - Thereafter, you can self mute
    - We do want to limit background noise and cross-talk
- **Consistent attendance is really helpful!**
  - When you join the call please type into the chat
    - *Who's on the call. This is really important for teams that are sitting together and sharing a computer and phone*



## Resources

### Download Pod on Adobe Screen

- *PowerPoint from today's call*
- *The Provider's Handbook On Developing & Implementing Peer Roles*
- *Readiness for Change Assessment Tool*

# Check-in & Homework Review

Organization/Program	Team Members
Aspire (Albany GA)	Dana Glass, Kathryn Newcomb, Hetal Petal, Michael Rigsby
BHD Arlington County (Arlington VA)	Lizabeth Schuch, TBD
Chesapeake Integrated BH (Chesapeake VA)	Michelle Bradstock, Steven Hills
King County (Seattle WA)	Kathleen Crane, Topher Jerome, Kathleen Murphy, LaTonya Rogers
KishHealth System (DeKalb IL)	Karyn Erkfritz-Gay, Reema Oliver, Katy Mathey, Janice Foca-Gron
Life Link (Santa Fe NM)	Carol Luna-Anderson, Dahlia Christen, Yvette Medina, Pamela Yus
Sertoma Centre (Alsip IL)	Sarah Wiemeyer, Rachel Hayslette, Lisa Guardioli,



# ARLINGTON COUNTY BEHAVIORAL HEALTHCARE DIVISION

Program Summary

February 24, 2017

## Educate staff, clients and community on who our certified peer recovery specialists are and what they do through a trauma informed framework

1. What are we trying to accomplish?
  - a. In multiple phases, educate all BHD and DHS staff, clients, community partners, and the community on the role and value of Certified Peer Recovery Specialists (CPRS) in order to create a culture of inclusivity and to be able to deliver the best possible services to our clients.
  - b. Include the understanding of training and qualifications which give credibility to the profession
2. How will we know that a change is an improvement?
  - a. We will survey the staff in March and again in July
3. What changes can we make that will result in an improvement?
  - a. An awareness campaign through a series of phases
    - a. Survey
    - b. Meet and Greet
    - c. PeerTalk (like Ted Talk) for Staff, Clients, Partners, Community

## **VLN – Trauma Informed Care: Homework – PDSA AIM Statement**

- What are we trying to accomplish:
  - We want to identify how to incorporate a peer role into trauma informed care and what that will look like in regards to treatment
  - We want to have all staff trained (including admin staff) on trauma informed care to better serve our clientele
- How will we know that a change is an improvement?
  - By our staff using language that is recovery focused and trauma informed with clients, in supervision, and in their documentation (e.g. assessments, ITPs, progress notes, etc.)
  - Seeing inclusion of trauma focused language in policies and procedures
- What changes can we make that will result in an improvement?
  - Provide free trauma informed trainings to all staff and provide coverage for our front line and crisis staff by individuals who have already been trained
  - Review policies and procedures. We are now part of a larger organization so it will be important for us to learn about their policies and procedures to determine how trauma informed care can be included in them.

# King County: Program Summary

King County's Behavioral Health and Recovery Division (BHRD) has responsibility for managing King County's publicly funded behavioral health plan for all low income residents of King County. King County is committed to the development of a comprehensive, recovery-oriented, and trauma-informed system of care, tailored to meet individual participant needs and goals.

In 2010 King County received a 5 year Mental Health Transformation Grant from SAMHSA and in 2014 was part of an 18 month NCTIC VLN both of which focused on transforming our system of care to one that is trauma-informed. Six peers were trained as trainers in SAMHSA's Trauma-Informed Care Peer Support curriculum and language specific to peer workforce training in trauma-informed care and practice was added to the 2015 Service Implementation Plan at the end of the grant. King County has elected to focus work on this VLN to develop a plan for TIC Peer Support training in King County.

# Developing the Aim

- **What are we trying to accomplish?**

The peer specialist workforce, including youth and family peers, in King County will be offered SAMHSA's/NCTIC's Trauma Informed Peer Support curriculum with the intention of implementing trauma-informed/responsive peer practices and trained peers will have support opportunities specific to their trauma-informed practice

- **How will we know that a change is an improvement?**

- There will be a Trauma-Informed Peer Support Training Plan in place that will be inclusive of adult as well as youth and family peers
- Trained peers will be able to report having the knowledge to implement trauma-informed/responsive peer practices

- **What changes can we make that will result in an improvement?**

- Assess availability of trained peer trainers to conduct trauma-informed peer trainings and if viable proceed with coordinating an initial training event
- Explore possible funding resources for trainings
- Develop a Trauma Informed Peer Support Training Plan
- Explore the feasibility of holding regular ongoing support meetings for trained peers who have implemented trauma-informed/responsive peer practices
- Include trauma-informed/responsive peer practices training as a regular agenda item for the Trauma Informed Care Action Team to foster collaborative stakeholdering with partner agencies

# Items for Future Consideration

- Modify the existing trauma-informed supervision packet for use with peers and work with peer supervisors to adopt the use of the modified model
- Longer term – develop a train the trainer model to support/expand upon trainer resources and to include youth and family specific training



# PDSA: Trauma Informed Care in Peer Support Work

Carol Luna-Anderson, PhD

Dahlia Christian, CPSW

Jennifer Haley, LCSW

Yvette Medina, CPSW

# Summary of Current Challenge

- 80-90% of clients who are receiving peer support services at TLL are both living with Co-occurring PTSD and a Substance and/or Alcohol Use Disorder.
- Substance Use System of Care is not integrated
  - Co-occurring treatment from detox, to inpatient, to outpatient, to community services.
- Limited inpatient treatment options, waitlists, and insurance.
- In and out of detox programs (i.e. sobering center, UNM MATS, and ER), in for 3-5 days and then back in the community with huge service gaps to access outpatient treatment.
- Options are a 3 day a week IOP or treatment waitlists.

## Stage 1: Plan

Project Goal

Context and Process

Problem

Alternatives

# Aim Statement

## ***What are we trying to accomplish?***

- When a client is ready to enter substance use treatment an integrated system from detox to inpatient treatment and discharge to community-based services
- Transitioning out of community-based services

## ***How will we know that a change is an improvement?***

- Improved communication with community partners within the system of care.

## ***What change can we make that will result in an improvement?***

- Increase our understanding of the challenges and service gaps that the System of Care faces (i.e. Primary Care, Urgent Care, ER, Detox, Inpatient, Intensive Outpatient, and Outpatient) and to bring this information to community coalitions organizing and lobbying for increased substance use services.
- Standard ROI for this system of care to be established and put in place at intake for all clients. That would allow for the care coordination communication both ways. Also, to increase use of MCO care coordinators who do not need an ROI.
- For community partners to contact CPSW when not able to get ahold of client due to barriers including homelessness and not having a phone.
- Increase transition from TLL to an FQHC, increased communication with PCP and FQHC CHW.
- Increase CPSW and CHW collaboration to integrate system of care with community mental health and FQHC.



## Program Summary:

- The program would be designed to integrate more Peer Support Specialists into all programs across Sertoma Centre's CMHC to have more informed and integrated services. The staff would be across programs in CMHC (CST, PSR, Individual Therapy, Employment Services, Community Education and Case Management Services) and would be supervised by an experienced person in recovery. These staff members would be invited to host trainings and disclose personal stories of recovery to aid other staff in providing more informed support to consumers who are working towards various recovery goals.

# Clarifying Questions for Project

## 1. What are we trying to accomplish?

- a. A more integrated workplace emphasizing the importance of hiring and utilizing the specialized skills individuals with lived experience bring to the treatment team and recovery process of consumers served.

## 2. How will we know that a change is an improvement?

- a. There will be a higher retention rate of consumers who are involved in their recovery and achieving treatment goals.
- b. Consumers will feel more hopeful and understood regarding their own experiences with mental illness.
- c. There will be an increase in positive outcomes, such as transitioning to lower levels of services, out of hospital maintenance of symptoms, returning to school and employment (to name a few examples).
- d. Staff knowledge, expertise, and comfort will grow.

## 3. What changes can we make that will result in an improvement?

- a. Use policy, procedures, and workflow to support a culture shift
  - i. Modify job descriptions and requirements for positions
  - ii. Improve recruiting tactics to engage individuals with lived experience
  - iii. Implement shadowing of lived experience providers by other clinical provider staff
- b. Implement trainings, and make trainings required, for enhancement of cultural competence of all providers and staff
- c. Encourage staff with lived experience to share stories of personal recovery, as appropriate and comfortable, with providers within the agency.



aspire

Coming soon!

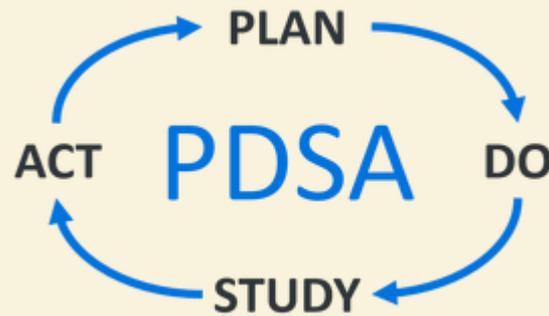
Coming soon!

Chesapeake Inter  
Behavioral Health

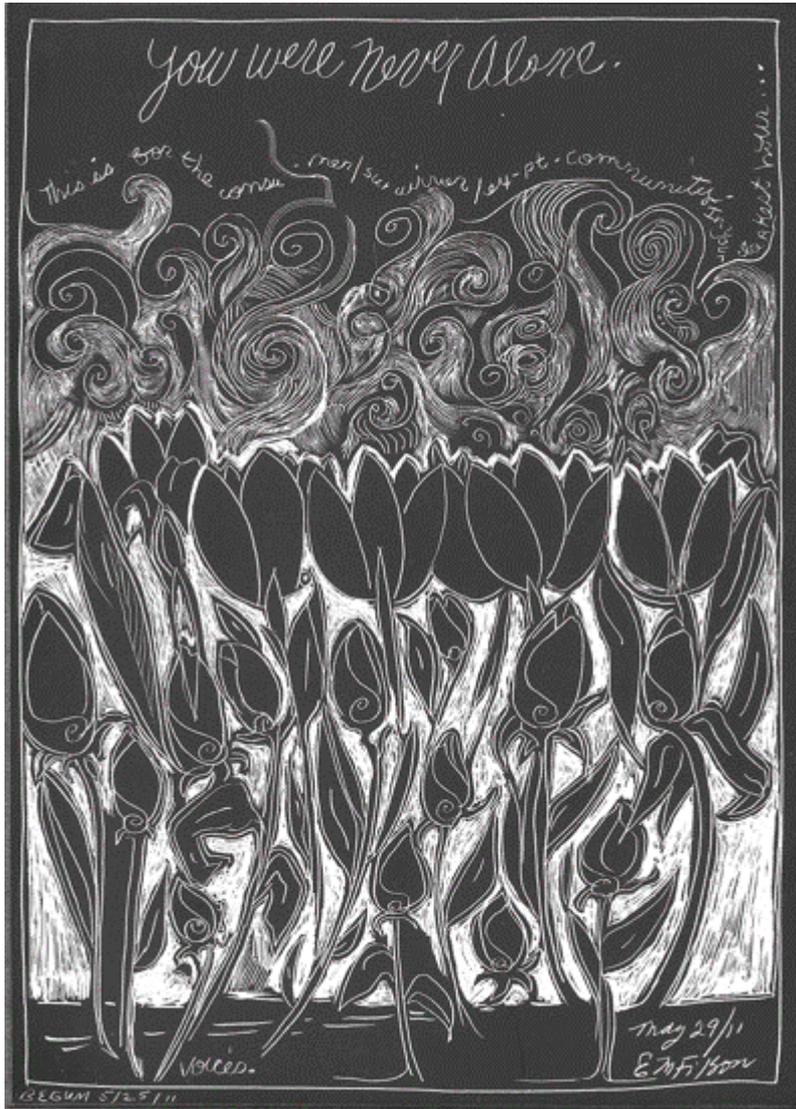
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# What is a PDSA

- PDSA, or Plan-Do-Study-Act, is an iterative, four-stage problem-solving model used for improving a process or carrying out change.



- In applying PDSA, ask yourself three questions:
  1. *What are we trying to accomplish?*
  2. *How will we know that a change is an improvement?*
  3. *What changes can we make that will result in an improvement?*



# Trauma-Informed Peer Support – What Makes This Relationship Different?

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Trauma-Informed Approaches  
Training & Consultation  
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February 28, 2017

*You were never alone. --em filson*

**Beth Filson** is a nationally recognized writer and educator in trauma-informed approaches and trauma-informed peer support.

She earned her certification as a peer specialist in 2001, and served as the original project manager for the Georgia Certified Peer Specialist Project, the first statewide training and certification program in the U.S. to gain Medicaid approval.

Beth co-authored the manual, *Engaging Women in Trauma-Informed Peer Support: A Guide* for NCTIC, and has contributed to the internationally renowned curriculum in Intentional Peer Support and peer support alternatives to the psychiatric system.

Beth is an award winning poet and self-taught artist. She makes her home in the woods of Western Mass.



*This is how to grieve -em filson*

# Trauma-Informed Peer Support:

- Common Misunderstandings/ Questions
- Principles in Action
- Integration, and Creating Partnerships



# Ack! (or, Questions/Challenges in Integrating Peer Staff)



*Don't Ask*

- “Mini counselors?”
- What about relapse?
- Boundaries?
- Expectations any different?
- Communication with the rest of the treatment team about the person served?
- Utilization? (as aids, administrative assistants, monitors, drivers?)
- Who is monitoring the peer supporter?
- ***What are your questions?***

## Principles in Action:

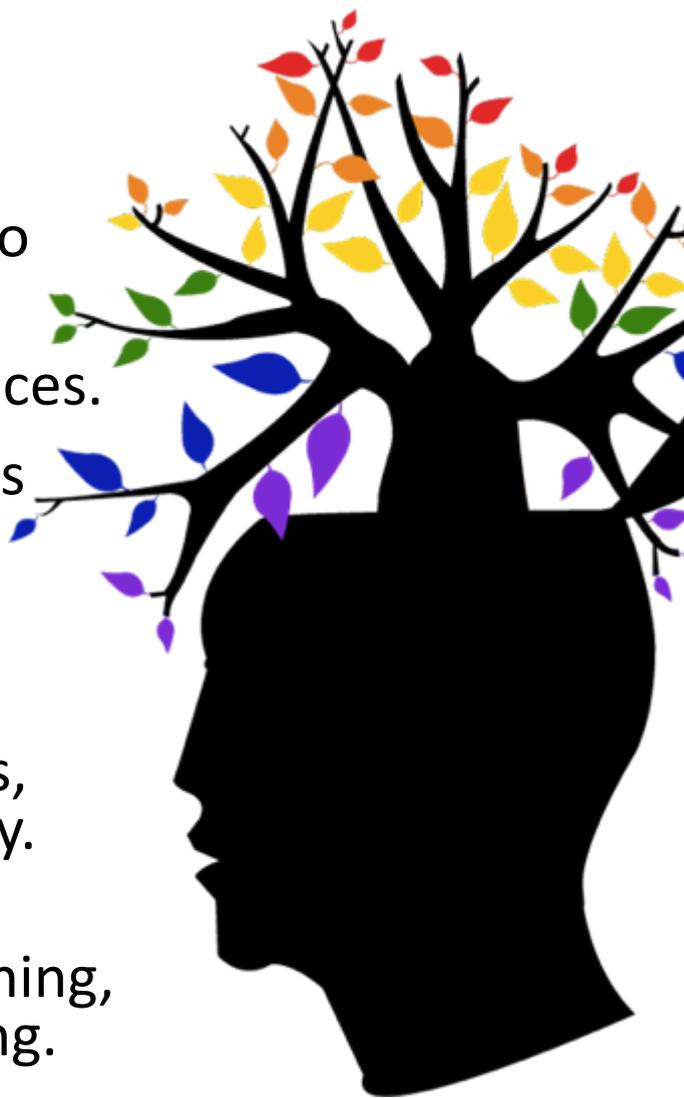


*Mutuality – "It has to work for both people, or it's not working!" -Shery Mead*

- **Voluntary** - Creating connection, establishing safety, earning trust
- **Reciprocal** - "Community-type" relationships
- **Common or shared experience** -  
Discovered, not assumed. *Making room for our differences; exploring worldview; the power of language.*
- **Mutuality** - Both people are responsible for the relationship.
- **Collaborative intention** – Discovering what we want to create as a result of coming together.

# Integrating Peer Supporters, Creating Partnerships:

- Training and education for all staff
- Job descriptions/expectations developed to support this unique relationship.
- Supervision tailored to peer support practices.
- Organizational policies are instituted across the board.
- Expectations of peer support staff are the same for non-peer staff.
- Understanding and valuing social networks, natural supports, and life in the community.
- Peer supporters are your industry professionals. Use them! (orientation, training, policy review, practices that support healing.

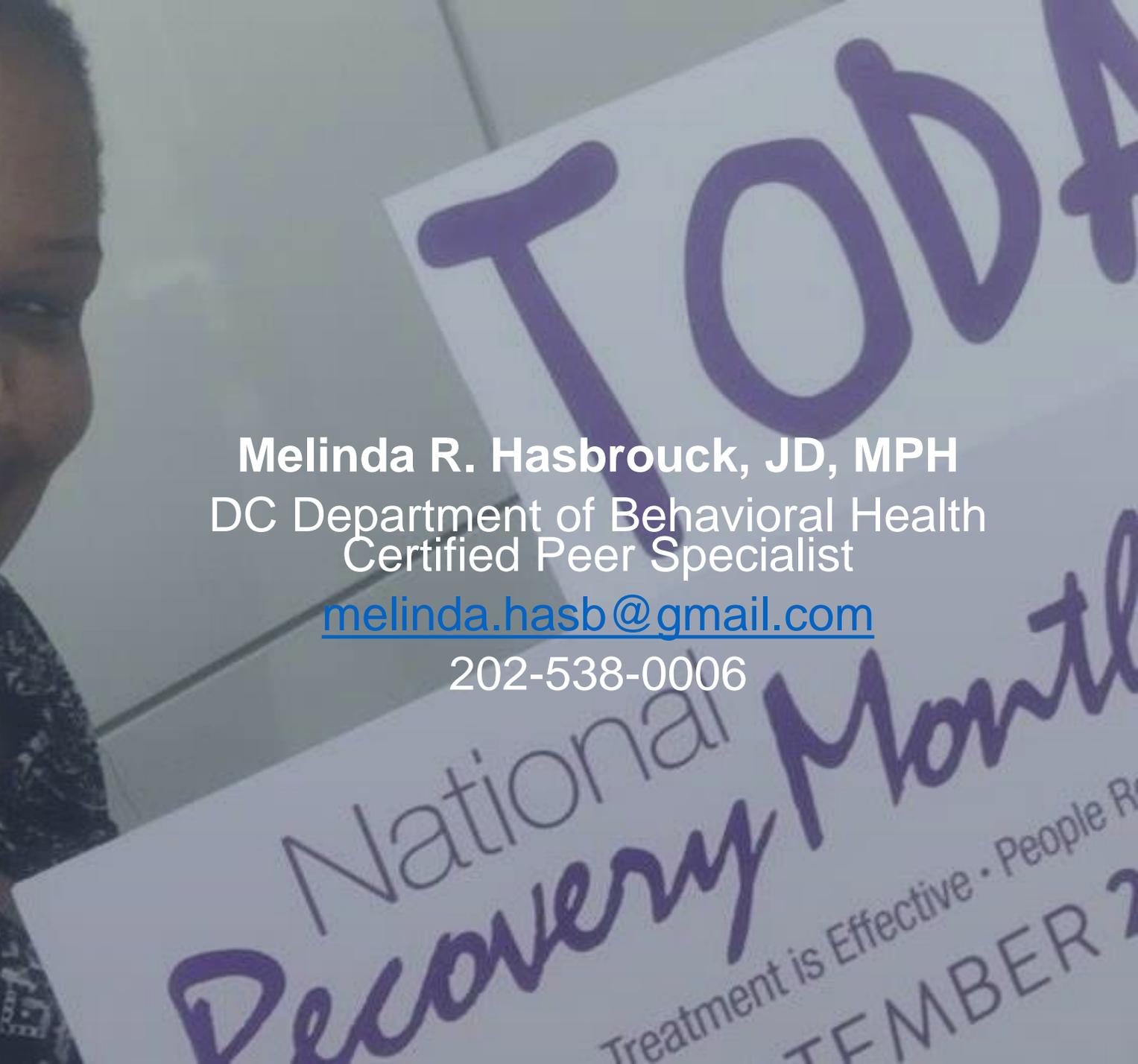




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# Integrating Peer Support - Opportunities

- Model of Recovery and Resiliency
  - Similar backgrounds, cultures and challenges
- Importance of nonclinical interventions
  - Allows for more flexibility, creativeness and authenticity
- Investment into the Community
  - Expansion of stakeholder roles



# Integrating Peer Support - Challenges



- Uniformity –  
local and nationally
- Staff acceptance –  
consumer vs. colleague
- Expectations
  - Education
  - Experience
  - “Professionalism”
  - Scope of Practice
  - Performance/  
Reimbursement
- Funding Streams

# Integrating Peer Support - Ethics

- Adherence
- Reality of  
Circumstances
- Organization  
Comprehension
- Relapse

A chalkboard with the words "Code of Ethics" written in white chalk. The text is arranged in two lines: "Code of" on the top line and "Ethics" on the bottom line. The handwriting is casual and slightly slanted. The chalkboard has a dark background and a horizontal line near the top and bottom.

# DC Certified Peer Specialists' Code of Ethics

## 7306 CODE OF ETHICS

7306.1 The Department has adopted a code of ethics for Certified Peer Specialists. Each Certified Peer Specialist is required to comply with the code of ethics and shall sign a copy of the code of ethics.

7306.2 The code of ethics includes the following principles, which are intended to guide Certified Peer Specialists in their various professional roles, relationships, and levels of responsibility. Certified Peer Specialists shall:

SOURCE: Final Rulemaking published at 58 DCR 11096 (December 23, 2011); as amended by Final Rulemaking published at 61 DCR 7002 (July 11, 2014). District of Columbia Municipal Regulations, Mental Health, 22-A DCMR § 7306

# DC Certified Peer Specialists' Code of Ethics

## 7306 CODE OF ETHICS

- (a) Be responsible for helping fellow mental health consumers or fellow guardians or parents meet their own needs, wants, and goals in personal recovery or recovery of their children;
- (b) Maintain high standards of personal conduct in a manner that fosters their own personal recovery, or recovery of their family member;
- (c) Openly share with consumers and colleagues their personal recovery stories from mental illness or from involvement with a family member with mental illness and be able to identify and describe the supports that promote their personal recovery or the recovery of their family member;

# DC Certified Peer Specialists' Code of Ethics

## 7306 CODE OF ETHICS

- (d) At all times, respect the rights and dignity of those they serve;
- (e) Never intimidate, threaten, harass, or use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve;
- (f) Not practice, condone, facilitate or collaborate in any form of discrimination in violation of federal or District law;
- (g) Respect the privacy and confidentiality of those they serve;

SOURCE: Final Rulemaking published at 58 DCR 11096 (December 23, 2011); as amended by Final Rulemaking published at 61 DCR 7002 (July 11, 2014). District of Columbia Municipal Regulations, Mental Health, 22-A DCMR § 7306

# DC Certified Peer Specialists' Code of Ethics

## 7306 CODE OF ETHICS

- (h) Advocate for the full integration of consumers into the communities of their choice and promote their inherent value to those communities;
- (i) Not enter into dual relationships or commitments that conflict with the interests of those they serve;
- (j) Comply with the Department's policies regarding the protection of consumers from abuse or neglect;

SOURCE: Final Rulemaking published at 58 DCR 11096 (December 23, 2011); as amended by Final Rulemaking published at 61 DCR 7002 (July 11, 2014). District of Columbia Municipal Regulations, Mental Health, 22-A DCMR § 7306

# DC Certified Peer Specialists' Code of Ethics

## 7306 CODE OF ETHICS

(k) Not abuse substances;

(l) Not work at a mental health agency where they or their child, ward or other relative is receiving mental health services; and

(m) Not accept gifts of any value from consumers or family members of consumers they serve.

SOURCE: Final Rulemaking published at 58 DCR 11096 (December 23, 2011); as amended by Final Rulemaking published at 61 DCR 7002 (July 11, 2014). District of Columbia Municipal Regulations, Mental Health, 22-A DCMR § 7306

# Integrating Peer Support – Job Descriptions



- Complexity/Barrier Reduction
- Technical Abilities
- Commensurate Experience
- Productivity Requirements

# Integrating Peer Support – Job Descriptions

## Position

A Peer Specialist's main function is to assist, support and guide others in their mental health recovery. A Peer Specialist is willing to self-identify as a peer and use his/her experiences in recovery to promote recovery and resiliency for the Center's participants. A Peer Specialist has specialized experience through life experience navigating the behavioral healthcare system and has an active peer advocacy role(s) in the community. Peer Specialists must be current or former consumers/clients of behavioral health treatment.

## Duties

- Promotes a nonjudgmental, safe, healing environment within the Center.
- Leads mutual support groups.
- Engages in one-on-one peer support.
- Assists in groups and activities offsite that promote the Center's purpose.
- Participates on the Center Advisory Board and help develop the structure of the Center's activities and groups.
- Assists peers in articulating their goals for recovery and wellness.
- Learns, practices and promotes new skills to peers.
- Helps peers monitor their progress.
- Assists peers in finding resources for recovery.
- Models effective coping techniques and self-help strategies based on the Peer Specialist's own recovery experience.
- Supports peers in advocating for themselves to obtain effective services unique to the individual.
- Mentors peers in becoming peer advocates.
- Supports consumers in creating a Wellness Recovery Action Plan (WRAP). Peer Specialists will have the opportunity to become certified facilitators.
- Supports consumers in creating Whole Health Action Management (WHAM) plans. Peer Specialists will have the opportunity to become certified facilitators.
- Any other duties as required to support the purpose of the Center.

## Position

The Activity Center Receptionist has the vital role of greeting visitors at the center and creating a safe, inviting environment. The Receptionist is willing to self-identify as a peer and use her or his experiences in recovery to promote recovery and resiliency for the Center's participants. Like the Peer Specialists, the receptionist has specialized lived experience navigating the behavioral healthcare system and has an active peer advocacy role in the community. Receptionists must be current or former consumers/clients of behavioral health treatment.

## Duties

- Promotes a nonjudgmental, safe, healing environment within the Center.
- Welcomes visitors by greeting them, in person or on the telephone; answering or referring inquiries.
- Maintains guestbook and registration files by following procedures.
- Maintains safe and clean reception area by complying with procedures, rules, and regulations.
- Assists in creation and distribution of Center's documents.
- Engages in one-on-one peer support.
- Assists in groups and activities offsite that promote the Center's purpose.
- Participates on the Center Advisory Board and help develop the structure of the Center's activities and groups.
- Helps peers monitor their progress.
- Assists peers in finding resources for recovery.
- Mentors peers in becoming peer advocates.
- Any other duties as required to support the purpose of the Center.

# Integrating Peer Support – Job Descriptions

## **Position Description:**

A Community Outreach & Event Coordinator's main function is building strategic relationships with community stakeholders. The C&O Coordinator is also responsible for conducting and/or coordinating a variety of outreach and event activities for Our Door. This position also recruits and retains facilitators, presenters, volunteers and interns for all Our Door programs.

## **Primary Job Duties:**

- Coordinate trainings, workshops and other internal/external outreach activities.
- Create and implement community outreach plan.
- Work with other staff to develop marketing plans for community engagement and fundraising.
- Recruit, place, retain and support volunteers for Our Door.
- Attend relevant community meetings; participate in relevant councils, roundtables and committees.
- Schedule presentations to community stakeholders to provide education on Our Door.
- Conduct and compile participant satisfaction surveys and forums.
- Maintain relationships with collaborative partners and cultivate new ones.
- Coordinate special events and outreach activities.
- Any other duties as required to support the purpose of Our Door.

## **Minimal Qualifications:**

- Ability to work independently.
- Advanced computer skills, including Microsoft Office Suite, internet, and social media platforms.
- If a peer, must be willing to self-identify as a peer and use personal experiences in recovery to promote recovery and resiliency in others.
- Experience working or volunteering in a mental/behavioral health setting preferred but not required.
- Excellent verbal and written communication skills.
- Ability to work in a diverse environment.
- Ability to report timely to work.
- Must have High School Diploma or GED.

## **Position**

A Peer Custodian's main function is cleaning the Activity Center in such a way to promote health and safety while reducing the spread of infection. It is the role of the Peer Custodian to follow daily, weekly and monthly cleaning schedules at the Our Door Wellness Center including, but not limited to, rooms, kitchen areas, office areas, bathrooms, storage areas and entrances. Peer Custodians must be current or former consumers/clients of behavioral health treatment. Our Door is a partnership of DC Department of Behavioral Health and Green Door Behavioral Health. Our Door is located in a different location than Green Door. The Peer Custodian will be an employee of Green Door.

## **Qualifications**

- Must be in recovery from a mental health condition and/or substance use disorder and in recovery a minimum of one year.
- Enrollment in Supported Employment Program at a DBH Community Provider Preferred
- Experience working or volunteering as a custodian or janitor preferred.
- Ability to work in a diverse environment.
- Ability to work independently (unless supported by a job coach).
- Ability to report timely to work.

# Integrating Peer Support – Job Descriptions

## Position

The Executive Director is responsible to oversee and direct the day-to-day operations of the Peer Activity Center. In addition to developing and guiding the Activity Center's strategy to fulfill its mission and long-range goals, the Executive Director also plans and implements the center's services, programs and activities. The Executive Director self-identifies as a peer and uses her or his own story of recovery to promote recovery and resiliency for the center's participants. As the center's primary spokesman, the Executive Director builds relationships with community partners, acts as the primary liaison with the DC Department of Behavioral Health, and promotes the mission of the center within the community at large.

## Duties

### Activity Center Development

- Assure that the Activity Center has a long-range strategy which achieves its purpose, and toward which it makes consistent and timely progress.
- Provides leadership in developing program, organizational and financial plans with Green Door and Center staff.
- Researches and meets with potential funding sources (including sponsorships).
- Cultivates potential and existing funding sources (including sponsorships).
- Maintains a working knowledge of significant developments and trends in the field.
- Ensures the collection of data (registrations, surveys, guest sheets, evaluations, etc.)

### Marketing and Public Relations

- Assists in developing a high public profile for the Activity Center, including marketing strategies and implementation.
- Undertakes any public relations efforts.
- Serves as the primary spokesperson for the Activity Center.
- Networks on behalf of the Activity Center with corporations, agencies, organizations, and other relevant institutions and individuals.
- Publicizes the activities and goals of the Activity Center.

### Advisory Board Liaison

- Assists the Board in all its functions, including orientation, recruiting, communications, development and committee work.
- Coordinates communications to the Board and serve as staff liaison

- Advises the Board on conditions of the Activity Center and all important factors influencing it.
- Serves as staff support for standing committees and ad hoc committees as necessary.
- Assists the Board's Chair and Subcommittee Chairs in setting agendas and other areas as necessary.

### Administrative and Personnel

- Oversees the day-to-day operations of the Activity Center.
- Supervises all staff, volunteer and contract personnel in accordance with Green Door and the Activity Center's Personnel Policies.
- Implements management systems to ensure effective and efficient operations and accountability.
- Recruits, employs and evaluates staff.
- Encourages staff and volunteer development and education, and assist staff in relating their specialized work to the total program of the Activity Center.

### Finance and Accounting

- Assists in all bookkeeping functions and financial reporting.
- Assists in financial and accounting operations.
- Monitors organizational financial status.
- Assists in the development of budgets and works with Green Door to develop financial and policy recommendations for the Activity Center and the Advisory Board.

### Center Operations

- Promotes a nonjudgmental, safe, healing environment within the Center.
- Leads mutual support groups.
- Engages in one-on-one peer support.
- Assists in groups and activities offsite that promote the Center's purpose.
- Advises the Center Advisory Board and help develop the structure of the Center's activities and groups.
- Assists peers in articulating their goals for recovery and wellness.
- Learns, practices and promotes new skills to peers.
- Helps peers monitor their progress.
- Assists peers in finding resources for recovery.
- Models effective coping techniques and self-help strategies based on the Peer Specialist's own recovery experience.
- Supports peers in advocating for themselves to obtain effective services unique to the individual.
- Mentors peers in becoming peer advocates.
- Supports consumers in creating a Wellness Recovery Action Plan (WRAP).
- Supports consumers in creating Whole Health Action Management (WHAM) plans.
- Any other duties as required to support the purpose of the Center.

# Integrating Peer Support – Job Descriptions

## Qualifications

- Must have High School Diploma or GED.
- Must be in recovery from a mental health condition and/or substance use disorder and in recovery a minimum of one year.
- Must be willing to self-identify as a peer and use personal experiences in recovery to promote recovery and resiliency in others
- Excellent verbal and written communication skills.
- Ability to work in a diverse environment.
- Intermediate computer skills, including Microsoft Office Suite, internet, and social media platforms.



## Integrating Peer Support – Supervision Standards

- Culturally Competent
- Flexibility/Accommodations
- Equal Standards



# Q&A with the experts



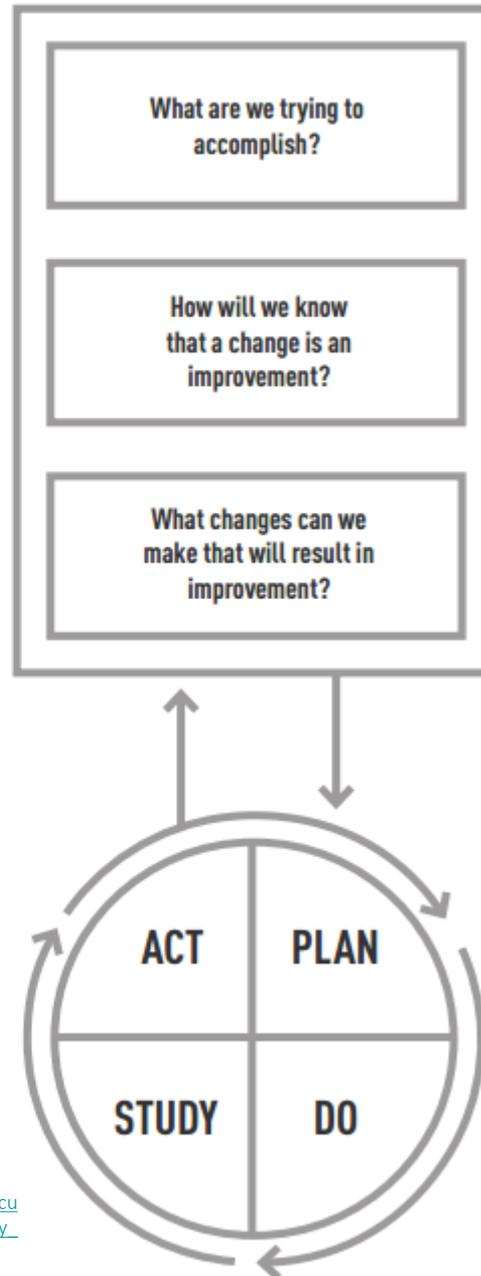
# Action Plan & Wrap-up

- Teams will complete the readiness assessment handout in preparation for the Policy and Culture discussion for the **March 28<sup>th</sup>** call
- **Read pages 4-13 & 74-76** from *The Provider's Handbook On Developing & Implementing Peer Roles* (Legere, Davidow, Western Mass Learning Community)
- Complete progress on **PDSA Worksheet** based on goal and moving in small steps and scope
- Completed assessment & Updated PDSA Worksheet need to be **submitted** for report out in the March Call no later than **Noon on Wednesday, March 22<sup>nd</sup>**.

## Test the Changes

Once the changes are selected, it's time to test the change—by planning it, trying it, observing the results, and acting on what is learned. Each test provides valuable information and becomes the basis for further improvement

1. **Plan:** State the objective of the test. Make predictions about what will happen and why. Develop a plan to test the change.
2. **Do:** Carry out the test. Document problems and unexpected observations. Begin analysis of the data.
3. **Study:** Complete the analysis of the data. Compare the data to your predictions. Summarize and reflect on what was learned.
4. **Act:** Determine what modifications should be made.



# PDSA

- **Begin by doing, not by doing right.**
- **Learning**
- **Course correction**
- **Learning some more**

*The benefit of a learning community (that's we are) is we can benefit from each other's attempts, lessons, and successes.*

# PDSA Cycles – Do stuff!



## PDSA Worksheet for Testing Change

Institute for Healthcare Improvement • ihi.org

Program Name: **Made up program, ST**

Submitted by: **Sample Melody, Team Lead**

Date: **2/20/2017**

**Your Aim:** (overall goal you wish to achieve) *A more integrated workplace where all employee contributions and roles are valued and everyone has an opportunity for continued growth and advancement.*

Describe your first (or next) test of change:	Person responsible	Date	Location
For the upcoming training, we will implement the new policy that all staff will attend in services, regardless of job title or job description.	Division HR development dept	2/15/2017	Outpatient clinic-large group room

### P + Plan

List the tasks needed to set up this test of change	Person responsible	Date	Location
Coordinate with training department. Send out a notice.	Training dept	2/6/2017	same
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds		
Attendance will increase. Greater representation across the division.	Amend sign-in sheet to ask for job title, job location, and supervisor.		

**D = Do** (Describe what actually happened when you ran the test): *Click or tap here to enter text.*

**S = Study** (Describe the measured results and how they compared to the predictions): *Click or tap here to enter text.*

**A = Act** (Describe what modifications to the plan will be made for the next cycle from what you learned): *Click or tap here to enter text.*

The **AIM** is your goal, the problem you wish to solve.

What are you going to do to solve the problem?

Think small measures of change.

# Our goal for this project...

**We will increase meaningful involvement of peer workers within service delivery and leadership/management of programs by strengthening the definition and understanding of the role of peer services.**

**This is a priority because individuals with first person experience of recovery have a wealth of knowledge and compassion that is critical for continued improvement of the behavioral health system.**



*Tap into your experts!*

# Our next call...

- Exploring Implementation Processes
- Peer Support Competencies

**Tuesday,  
March 28<sup>th</sup>  
2:00 PM Eastern Time**  
(please adjust for your time zone)

