Keris Jän Myrick, MBA, MS
Chief, Peer Services
Los Angeles County Dept. of Mental Health

🐦 @KerisWithaK @LACDMH

Leveraging Peers and Community Supports

🐦 #MHWorkforce #KPIHP
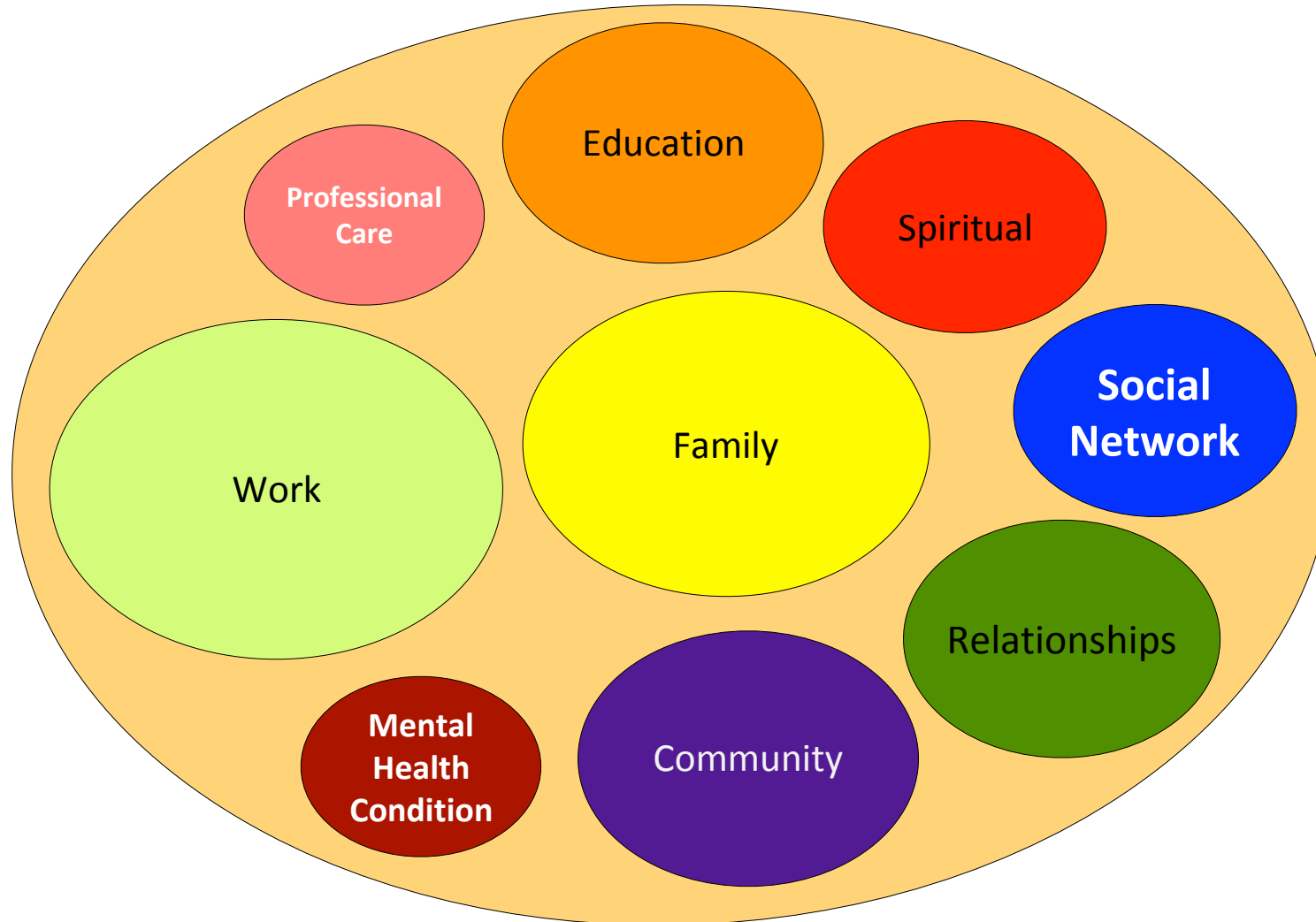
INSTITUTE for HEALTH POLICY FORUM

KAISER PERMANENTE®

Power of Peer Support
Peers Here, There, and Everywhere:
Recovery in Integrated Heath Care

- **Keris Jän Myrick, MBA, MS**
  - Chief, Peer Services
- Los Angeles Department of Mental Health

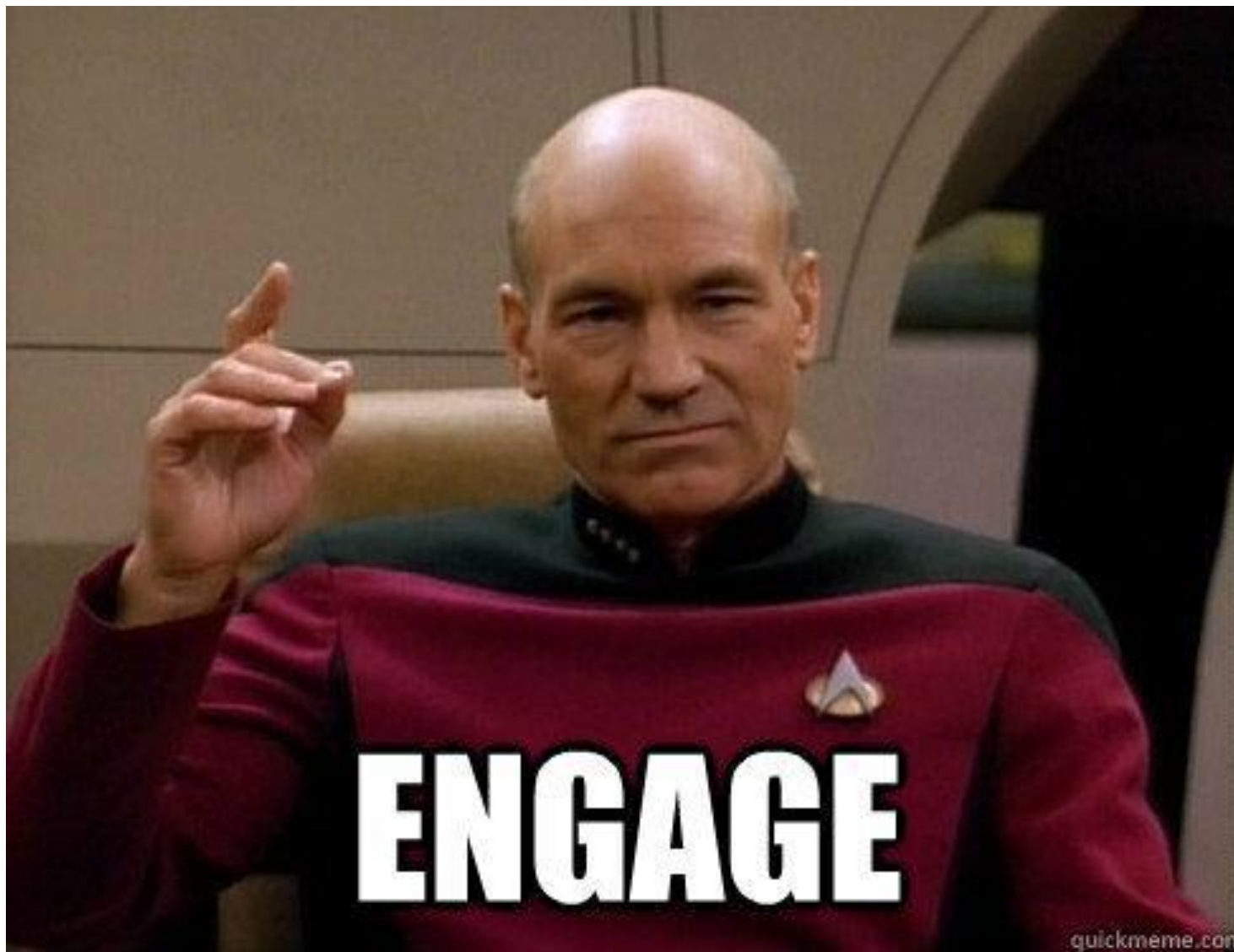INSTITUTE FOR HEALTH POLICY FORUM

KAISER PERMANENTE®

"I want a job, a house and a social life"

"I want a job, a house and a social life"

Peer Support Here

Peer Provider: Referenced by Many Titles

- A person who uses his or her lived experience of recovery from mental illness and/or substance use disorder, **plus** skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency

- **Some examples of titles**

Mental Health:
Certified Peer Specialist
Peer Support Specialist
Peer Specialist
And more

Substance Use:
Peer Recovery Coach
Peer Recovery Support Specialist

Source: Chapman, Blash and Chan (2015);
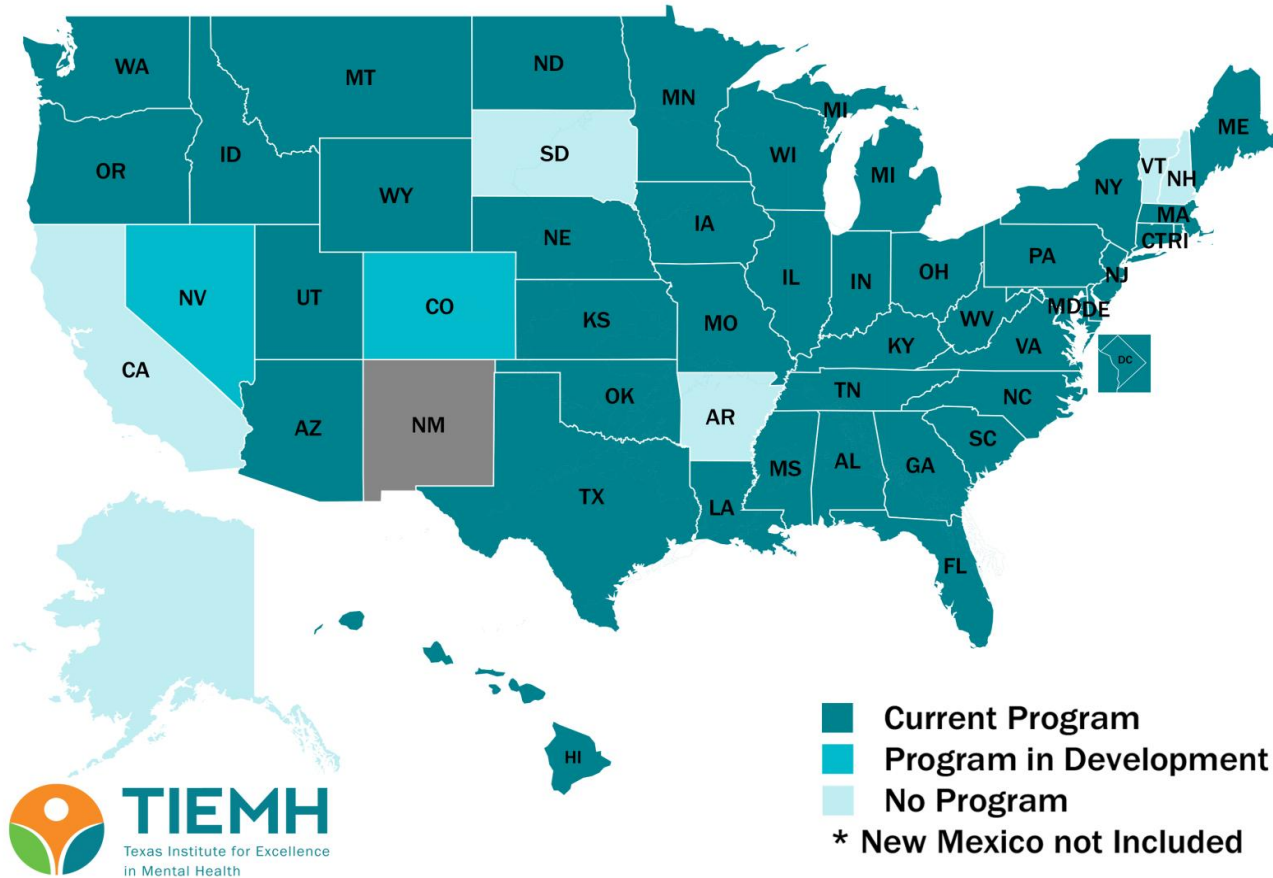Daniels and Ashenden (2014)

KAISER PERMANENTE®

Evolution of Certified Peer Specialists

- **1999:** First Medicaid billable Peer Support Service
- **2001:** Georgia first to develop Certified Peer Specialists (CPS) Program
- **2007:** CMS letter to State Medicaid Directors endorsing Peer Support
- **2012:** Georgia first to bill for peer support in whole health
- **2013:** CMS expanded peer support services for mental illness and substance use disorders
- **2014:** 36 states known to bill Medicaid for peer support services
- **2016:** 41 states and the District of Columbia have established programs to train and certify peer specialists
- **Today: GA has approximately 1700 CPSs**
- **Other agencies engaged in peer workforce efforts**

Source: Chapman, Blash and Chan (2015); Kaufman, Kuhn and Manser (2016)

KAISER PERMANENTE®

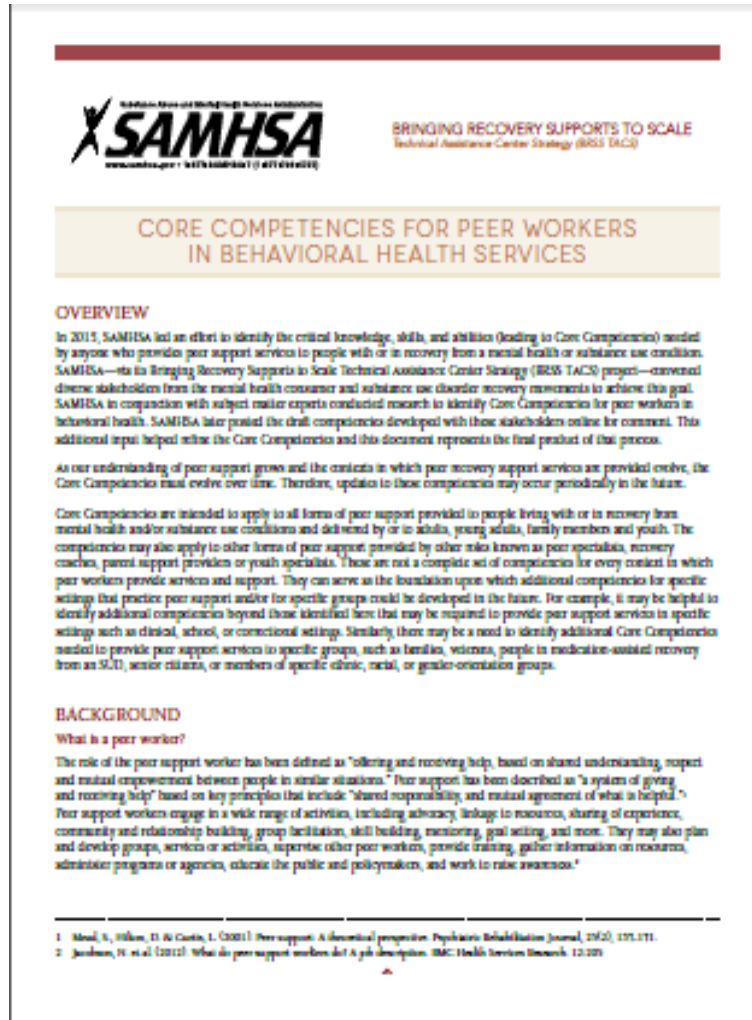# Current State of Peer Specialist Training & Certification

Source: Kaufman et al, 2016

And Peer Support Here: Family Peer Support

- A parent provides experiential knowledge with a parent receiving support (Robbins, et al., 2009)

- Offers hope, guidance, advocacy and camaraderie for parents and caregivers

KAISER PERMANENTE®

Peer Workforce and Peer Core Competencies

SAMHSA assigned BRSS TACS to:

- Identify and refining a set of core competencies

- Provide technical assistance to promote strategies aimed to increase the number of peers in the workforce

http://www.samhsa.gov/brss-tacs

Role of Peer Support

To access the Peer Support Briefs visit:
https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

INSTITUTE FOR HEALTH POLICY FORUM

KAISER PERMANENTE®

HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team. Consider someone who received a prosthetic arm after an accident. Clinical staff would explain how the new arm works, how to take it off and put it on, and how to care for it. A peer supporter who shares the experience of losing a limb, however, would be able to empathize with the person about what it is like to receive a prosthetic arm, the experience of introducing it to one's family, and how it feels to go out in public with it.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. **Benefits of peer support may include**

Increased self-esteem and confidence (Davidson, et al., 1999; Salzer, 2002);

Increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012);

Raised empowerment scores (Davidson, et al., 1999; Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008);

Increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 2012);

Increased sense of hope and inspiration (Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006);

Increased empathy and acceptance (camaraderie) (Coatsworth-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999);

Decreased psychotic symptoms (Davidson, et al., 2012); and

Increased engagement in self-care and wellness (Davidson, et al., 2012);

Reduced hospital admission rates and longer community tenure (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jenson, 2005; Min, Whitecraft, Rothbard, Salzer, 2007);
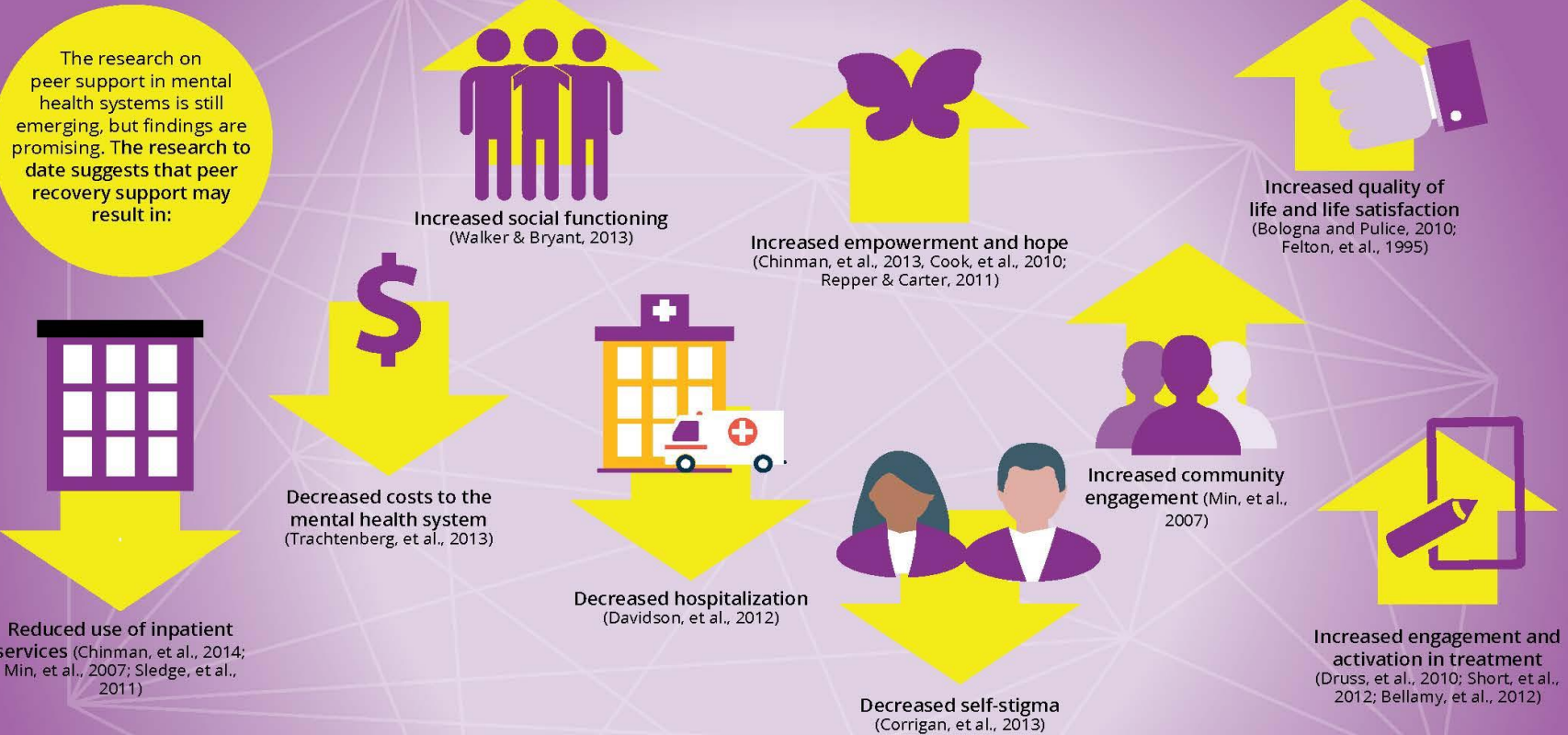
Increased social support and social functioning (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001);

Decreased substance use and depression (Davidson, et al., 2012).

INSTITUTE for HEALTH POLICY FORUM

KAISER PERMANENTE®

IS PEER RECOVERY SUPPORT EFFECTIVE FOR PEOPLE WITH MENTAL HEALTH CONDITIONS?

The research on peer support in mental health systems is still emerging, but findings are promising. The research to date suggests that peer recovery support may result in:

Increased social functioning
(Walker & Bryant, 2013)

Increased empowerment and hope
(Chinman, et al., 2013, Cook, et al., 2010; Repper & Carter, 2011)

Increased quality of life and life satisfaction
(Bologna and Pulice, 2010; Felton, et al., 1995)

Decreased costs to the mental health system
(Trachtenberg, et al., 2013)

Increased community engagement (Min, et al., 2007)

Reduced use of inpatient services (Chinman, et al., 2014; Min, et al., 2007; Sledge, et al., 2011)

Decreased hospitalization
(Davidson, et al., 2012)

Decreased self-stigma
(Corrigan, et al., 2013)

Increased engagement and activation in treatment
(Druss, et al., 2010; Short, et al., 2012; Bellamy, et al., 2012)

REFERENCES

Bellamy, C. D., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual- aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery, 7*, 223-236.

Bologna, M. J., & Pulice, R. T. (2011). Evaluation of a peer-run hospital diversion program: A descriptive study. *American Journal of Psychiatric Rehabilitation, 14*, 272-286.

Chinman, M., Oberman, R. S., Hanusa, B. H., Cohen, A. N., Salyers, M. P., Twamley, E. W., & Young, A. S. (2015). A cluster randomized trial of adding peer specialists to intensive case management teams in the Veterans Health Administration. *Journal of Behavioral Health Services Research, 42*, 109-121.

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services, 65*, 429-441.

Coatsworth-Puspoky, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: An unexplored interpersonal process in mental health. *Journal of Psychiatric & Mental Health Nursing, 13*(5), 490-497.

Cook, J. A., Copeland, M. E., Corey, L., Buffington, E., Jonikas, J. A., Curtis, L. C., ... & Nichols, W. H. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. *Psychiatric Rehabilitation Journal, 34*, 113-120.

Corrigan, P. W., & Sokol, K. A. (2013). The impact of self- stigma and mutual help programs on the quality of life of people with serious mental illnesses. *Community Mental Health Journal, 49*, 1-6.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry, 11*, 123-128.

Druss, B. G., Zhao, L., von Esenwein, S. A., Bona, J. R., Fricks, L., Jenkins-Tucker, S, Sterling, E., Diclemente, R., & Lorig, K. (2010). The Health and Recovery Peer (HARP) Program: A peer-led intervention to improve medical self-management for persons with serious mental illness. *Schizophrenia Research, 118*, 264-270.

Felton, C., Stastny, P., Shern, D., Blanch, A., Donahue, S., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. *Psychiatric Services, 46*, 1037-1044.

Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique? International *Journal of Psychosocial Rehabilitation, 10*, 29-37.

Min, S-Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal, 30*, 207-213.

Short, R., Woods-Nyc, K., Cross. S. L., Hurst, M., Gordish, L., & Raia, J. (2012). The impact of forensic peer support specialists on risk reduction and discharge readiness in a psychiatric facility a five-year perspective. *International Journal of Psychosocial Rehabilitation, 16*, 3-10.

Sledge, W. H., Lawless, M., Sells, D., Wieland, M., O'Connell, M. J., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services, 62*, 541-544.

Trachtenberg T, Parsonage M, Shepherd G, Boardman J. (2013) Peer Support in mental health: Is it good value for money? London: Centre for Mental Health

Walker, G., & Bryant, W. (2013). Peer support in adult mental health services: A metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal, 36*, 28-34.
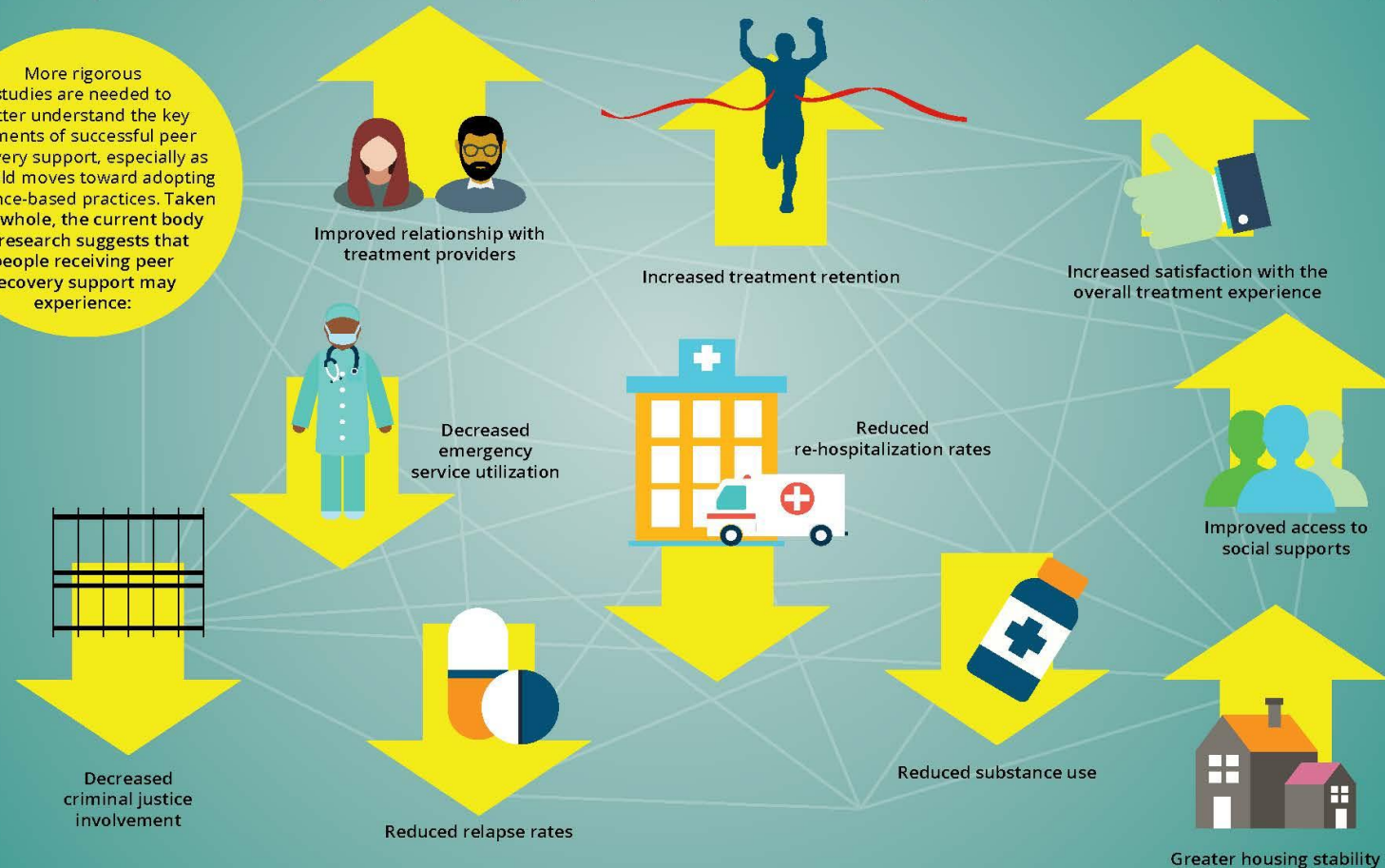
KAISER PERMANENTE®

IS PEER RECOVERY COACHING EFFECTIVE?

People who have worked with peer recovery coaches provide strong testimonies of the positive impacts of peer recovery support on their own recovery journeys. The research supports these experiences. While the body of research is still growing, there is mounting evidence that people receiving peer recovery coaching show reductions in substance use, improvements on a range or recovery outcomes, or both. Two rigorous systematic reviews examined the body of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).

More rigorous studies are needed to better understand the key elements of successful peer recovery support, especially as the field moves toward adopting evidence-based practices. Taken as a whole, the current body of research suggests that people receiving peer recovery support may experience:

Improved relationship with treatment providers

Increased treatment retention

Increased satisfaction with the overall treatment experience

Decreased emergency service utilization

Reduced re-hospitalization rates

Improved access to social supports

Decreased criminal justice involvement

Reduced relapse rates

Reduced substance use

Greater housing stability

REFERENCES

Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9. doi: 10.1016/j.jsat.2016.01.003

Best, D., & Laudet, A. (2010). *The potential of recovery capital*. London: RSA Projects. Retrieved from https://www.thersa.org/discover/publications-and-articles/reports/the-potential-of-recovery-capital

Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse, 43*(12–13), 1971–1986. doi: 10.1080/10826080802289762

Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., … Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services, 65*(7), 853–861. doi: 10.1176/appi.ps.201400047

White, W. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation.* Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

INSTITUTE FOR HEALTH POLICY FORUM

KAISER PERMANENTE®

WHAT ARE THE BENEFITS OF PARENT SUPPORT SERVICES?

Parent support services include the following benefits:

Increased sense of collaboration: Receiving skills training and support from parent support providers helps family members collaborate effectively with treatment professionals.

Increased sense of self-efficacy: Family support services increase family members' confidence in their abilities to care for their child.

Increased empowerment to take action: Receiving education about service systems, navigation skills, advocacy skills, and rights helps empower families to become active participants in their child's services.

Decreased family isolation: Parent support providers assist family members with identifying and accessing community supports that help them feel less alone.

Recognition of the importance of self-care: Parent support providers help families increase their awareness of the need for self-care.

Decreased internalized blame: By providing education and connections with others, parent support services help family members reframe their experiences and debunk damaging myths about behavioral health conditions and emotional distress.

"I don't know what I would have done without our parent support provider. She understood what I was going through, and she didn't judge me. She was available whenever I needed her, not just during business hours. She helped my family get back on our feet."

—Stacey

(Source: Obrochta et al., 2011)

REFERENCES

Eversen, C., & Tierney M. (2012). *Results of evaluation of JJA data. Memo to keys for networking for the No Place Like Home project.* Washington, DC: American Institutes for Research.

Hoagwood, K.E., Cavaleri, M.A., Olin, S.S., Burns, B.J., Slaton, E., Gruttadaro, D., Hughes, R. Family Support in Children's Mental Health: A Review and Synthesis. *Clinical Child and Family Psychology Review* (2010) 13:1-45.

Koroloff, N. M., Friesen, B. J., Reilly, L., & Rinkin, J. (1996). The role of family members in systems of care. In B. A. Stroul (Ed.), *Children's mental health: Creating systems of care in a changing society.* Baltimore, MD: Paul H. Brookes Publishing Co.

Kutash, K., Duchnowski, A.J., Green, A.L., & Ferron, John M. Supporting Parents Who Have Youth with Emotional Disturbances Through a Parent-to-Parent Support Program: A Proof of Concept Study Using Random Assignment. *Administrative Policy in Mental Health and Mental Health Services Research* (2011) 38:412-427.

Leggatt, M., & Woodhead, G. (2015). Family peer support work in early intervention youth mental health service. *Early Intervention in Psychiatry.* doi: 10.1111/eip.12257

Obrochta, C., Anthony, B., Armstrong, M., Kalil, J., Hust, J., & Kernan, J. (2011). *Issue brief: Family-to-family peer support: Models and evaluation.* Atlanta, GA: ICF Macro, Outcomes Roundtable for Children and Families. Retrieved from https://www.ffcmh.org/sites/default/files/Issue Brief - Family to Family Peer Support Outcomes Roundtable 2011.pdf

Purdy, F. (2010). *The core competencies of parent support providers.* Rockville, MD: National Federation of Families for Children's Mental Health. Retrieved from https://www.ffcmh.org/sites/default/files/%234%20-%20Competencies%20of%20PSP.pdf

Robbins, V., Johnson, J., Barnett, H., Hobstetter, W., Kutash, K., Duchnowski, A. J., & Annis, S. (2008). *Parent to parent: A synthesis of the emerging literature.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. Retrieved from http://cfs.cbcs.usf.edu/_docs/publications/parent_to_parent.pdf

KAISER PERMANENTE®

Outlook of the Peer Workforce

How many certified peer specialist are in the US?

- Peers work in a number of roles in a variety of settings

- Efforts continue to integrate peer providers in the workforce – Not as a standalone

- Gathering information on the overall increase in the peer workforce across most of the states is needed

KAISER PERMANENTE®

Peer Here and Peers There

Daniels, Allen, Bergeson, Sue and Myrick, Keris Jän. "Defining Peer Roles and Status AmongCommunity Health Workers and Peer Support Specialists in Integrated Systems of Care". Psychiatric Services in Advance (2017): http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600378

KAISER PERMANENTE®

Peer Here and Peers There

Appendix 1. Primary Roles and Peer Status of CHW and PSS

Primary Roles of CHW and PSS	Education and Connection to Treatment Services	Prevention to Avoid Illness	Addressing Hopelessness and Trauma of Illness Conditions	Activation to Support wellness and Health Improvement	Promoting Self-care, Shared Decision-making, and Care Plan Adherence
Community Health Worker (CHW)	CHW - Primary Roles and Peer-status High > Low			PSS - Primary Roles and Peer-status Low > High	
Peer Support Specialist (PSS)					
Peer Status CHW and PSS	Racial and Ethnic Similarities	Cultural Similarities	Living in the Same Community	Common Life Situations	Common Health Conditions

Daniels, Allen, Bergeson, Sue and Myrick, Keris Jän. "Defining Peer Roles and Status AmongCommunity Health Workers and Peer Support Specialists in Integrated Systems of Care". Psychiatric Services in Advance (2017): http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600378

INSTITUTE FOR HEALTH POLICY FORUM

KAISER PERMANENTE.

Pillars of Peer Support Specialist Supervision (2014)

1. Peer Specialist Supervisors are Trained in Quality Supervisory Skills.
2. Peer Specialist Supervisors Understand and Support the Role of the Peer Specialist.
3. Peer Specialist Supervisors Understand and Promote Recovery in their Supervisory Roles.
4. Peer Specialist Supervisors Advocate for the Peer Specialist and Peer Specialist Services Across the Organiza5on and in the Community.
5. Peer Specialist Supervisors Promote both the Professional and Personal Growth of the Peer Specialist within Established Human Resource Standards.

www.pillarsofpeersupport.org

SB906 and Beyond....

Thank you!

Keris Jän Myrick, MBA, MS

Chief, Peer Services

Los Angeles County Department of Mental Health

Email:

kmyrick@dmh.lacounty.gov