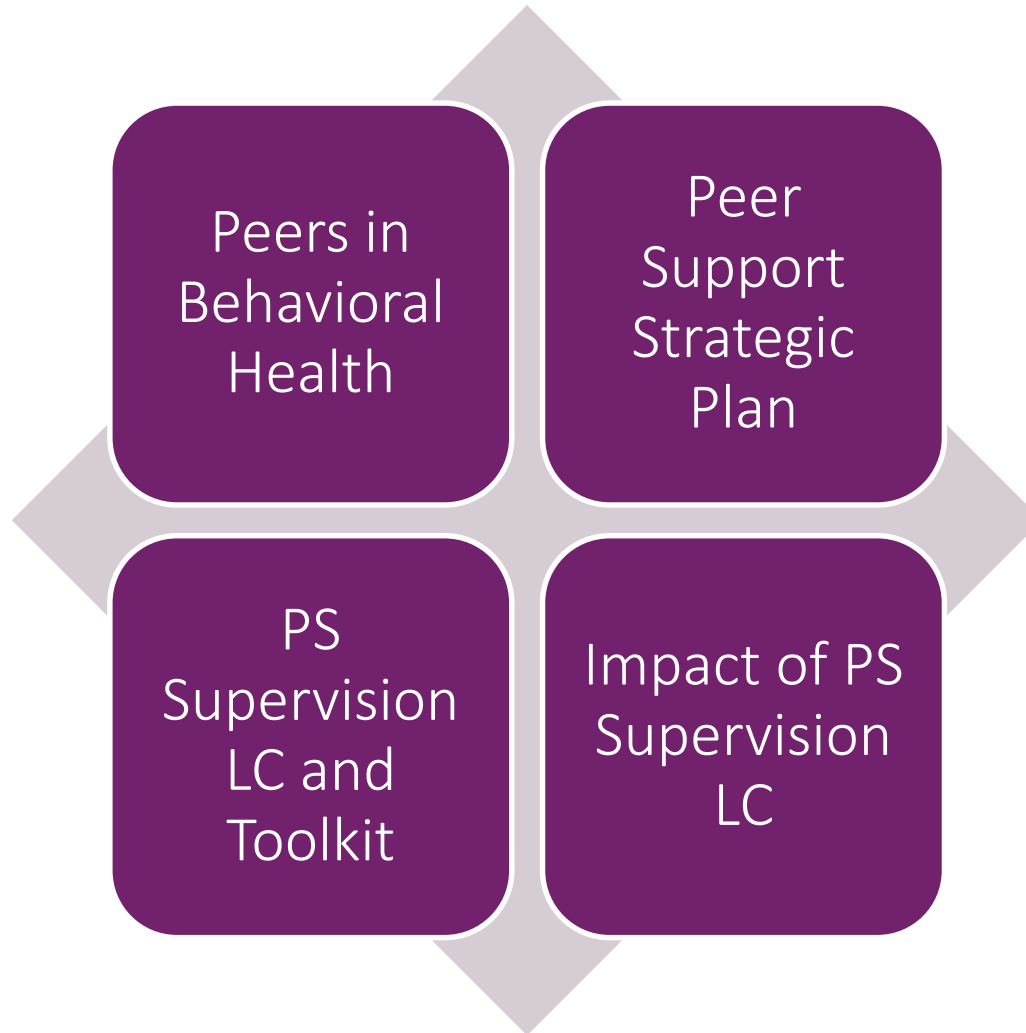

Strategies to Enhance the Peer Workforce

Implementation of the Peer Support Supervision Toolkit

September 26, 2019

Agenda



Overview

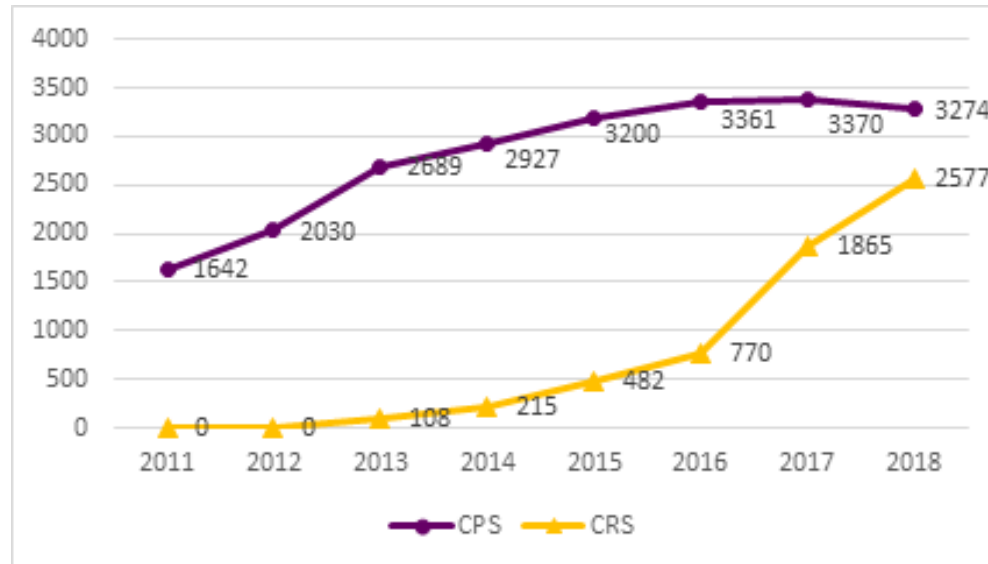


Why Peer Support Matters

- Calls to recruit and retain qualified PS in BH
- In Pennsylvania
 - Growth in trained CPS and CRS
 - Peer support services Medicaid in-plan in MH services, supplemental to plans in SUD services
 - Challenges in employment and retention rates
 - 40-50% certified peers get employed in peer positions
 - High turnover rates, typical of other direct service staff
- PS associated with high engagement rates and positive outcomes



Peer Supports Have Grown Over Time



70 Certified Peer Specialists (CPS) and 51 Certified Recovery Specialists (CRS) programs have been developed across Community Care counties.



Research on Peer Support

- Longer community tenure
- Improved recovery, empowerment, self-efficacy, hope
- Increased independence
- Decreased substance use



The Plan



Peer Support Strategic Plan

Vision: To ensure quality peer support services are available for our members

Goal I: Evaluate impact of peer support services in Community Care's network

Goal II: Enhance competencies of peers and supervisors

Goal III: Promote peer support in our network



Goal 1: Evaluation



- What services do individuals with peer support use?
- How long do individuals stay in peer support?
- What services do individuals use when they leave peer support?
- How do service use patterns differ between those receiving peer support service versus a similar service

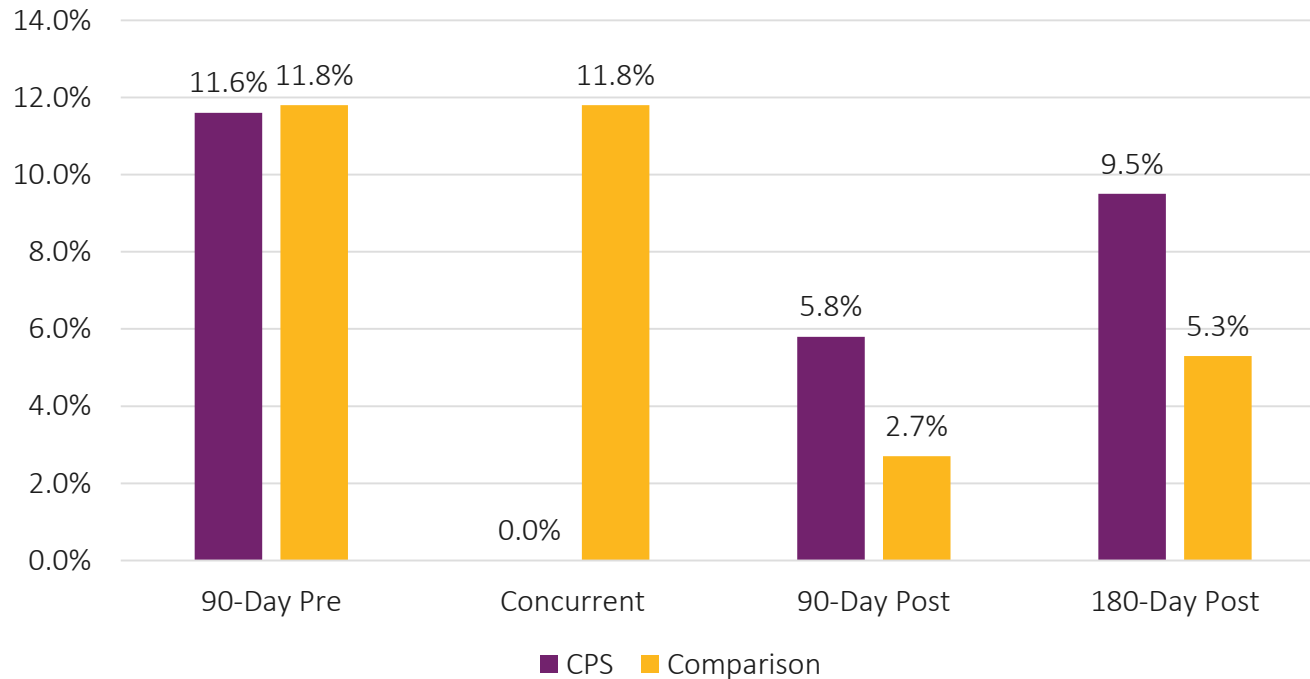
How Long is Peer/Recovery Support?

- Certified Peer Support and Certified Recovery Support vs. Outpatient
 - CPS = 166 days
 - OMH = 135 days

 - CRS = 87 days
 - OSUD = 111 days

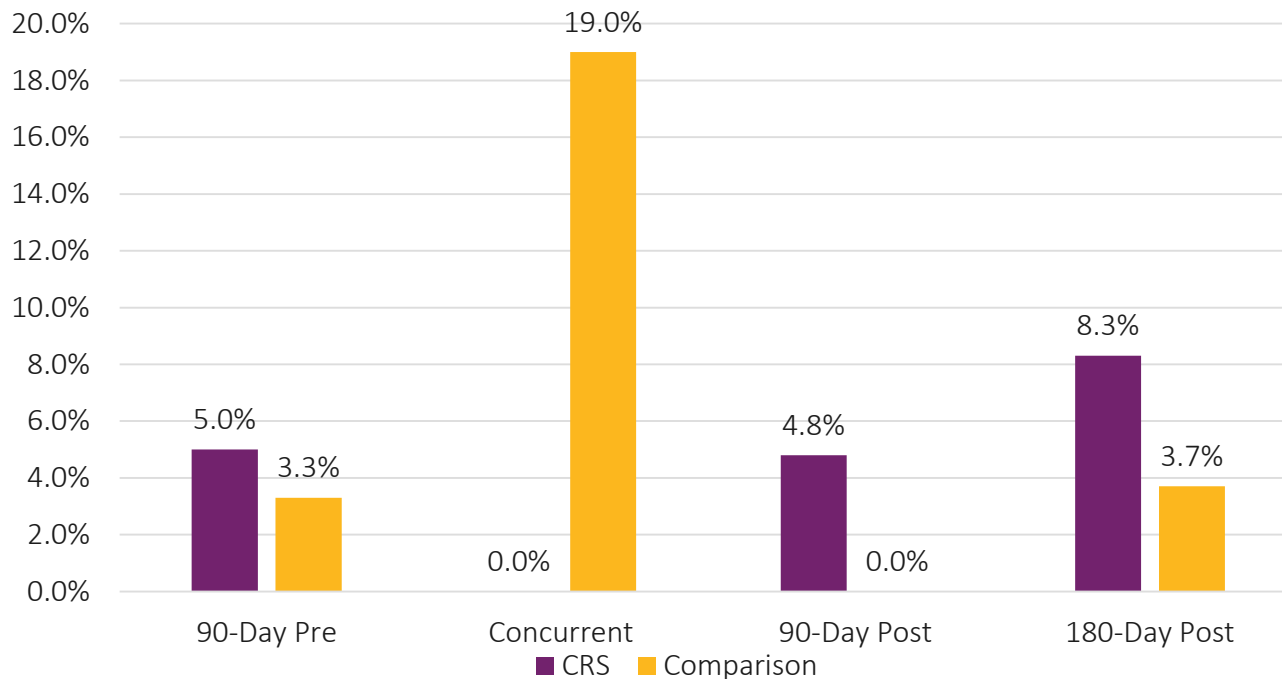


CPS: Important Findings



- Rates of inpatient mental health service before, during, and after an episode of CPS compared to individuals with only outpatient mental health service
- Utilization of IMH is lower during the episode of CPS compared to 90 days before while rates are similar before and during care for the comparison group

CRS: Important Findings



- Rates of inpatient substance use disorder or detox service before, during, and after an episode of CRS compared to individuals with only outpatient substance use disorder service
- Utilization of IMH is lower during the episode of CRS compared to 90 days before while rates are similar before and during care for the comparison group

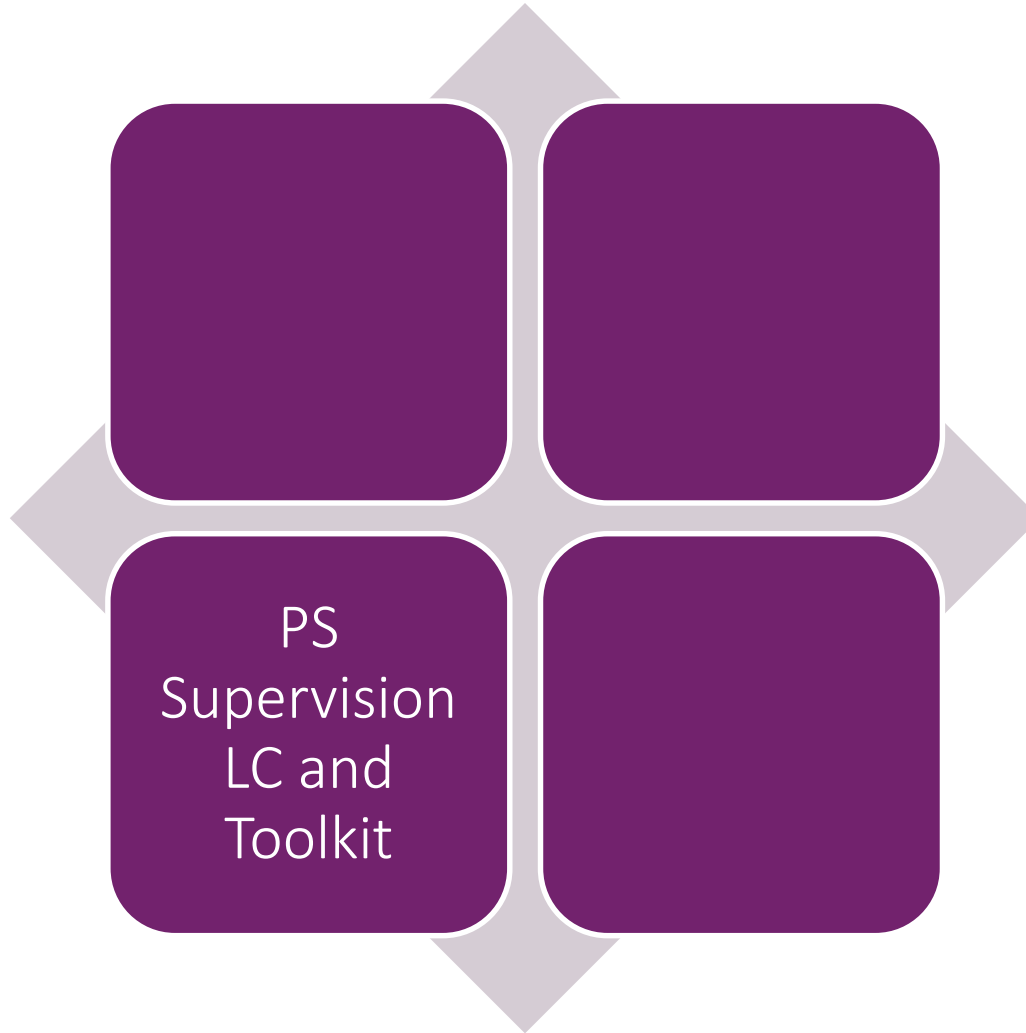


Next Steps: Outcomes

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
I have a desire to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have my own plan for how to stay or become well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have goals in my life that I want to reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe I can meet my current personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a purpose in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when I don't care about myself, other people do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with mental illness is no longer the main focus of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My symptoms interfere less and less with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My symptoms seem to be a problem for shorter periods of time each time they occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask for help when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have people I can count on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when I don't believe in myself, other people do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends I can socialize with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am connected to a community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know different treatment options to improve my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider listens to me to find out what matters most to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, I have taken action steps to make me feel well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can take steps to help my mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident speaking up or asking questions of my provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel understood and respected by my provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Learning Collaborative and Toolkit



What is a Learning Collaborative?

Structured approach
for change

Adopt best practices
in multiple settings

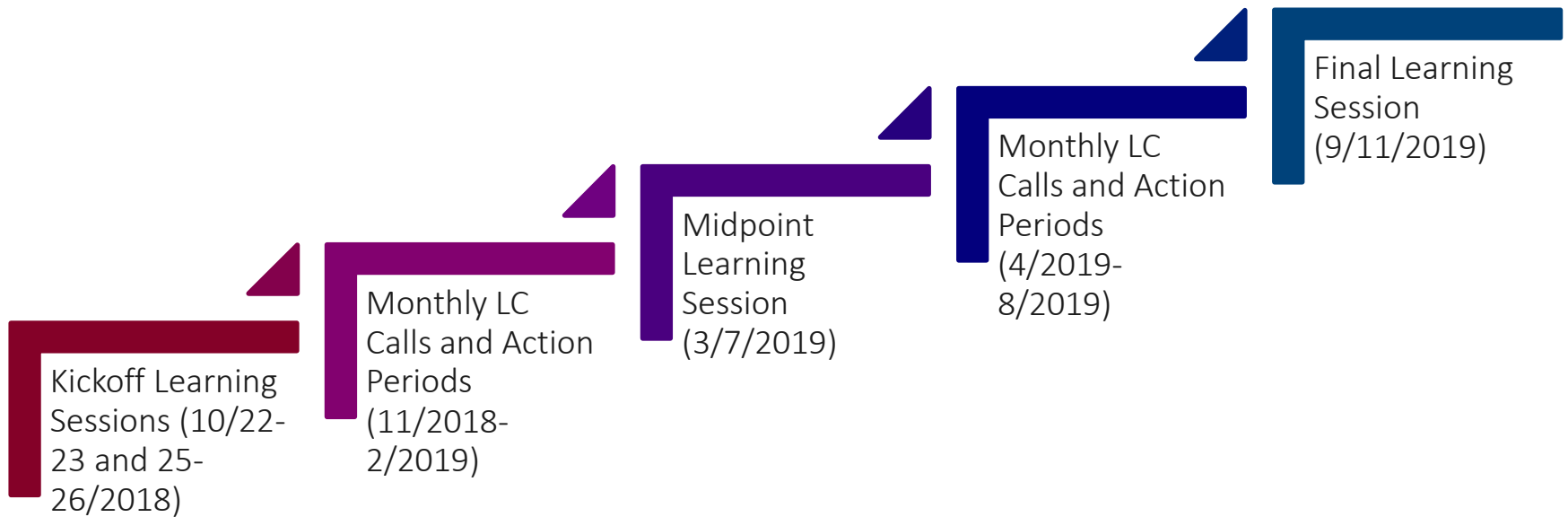
Uses adult learning
principles &
techniques

Time-limited learning
process

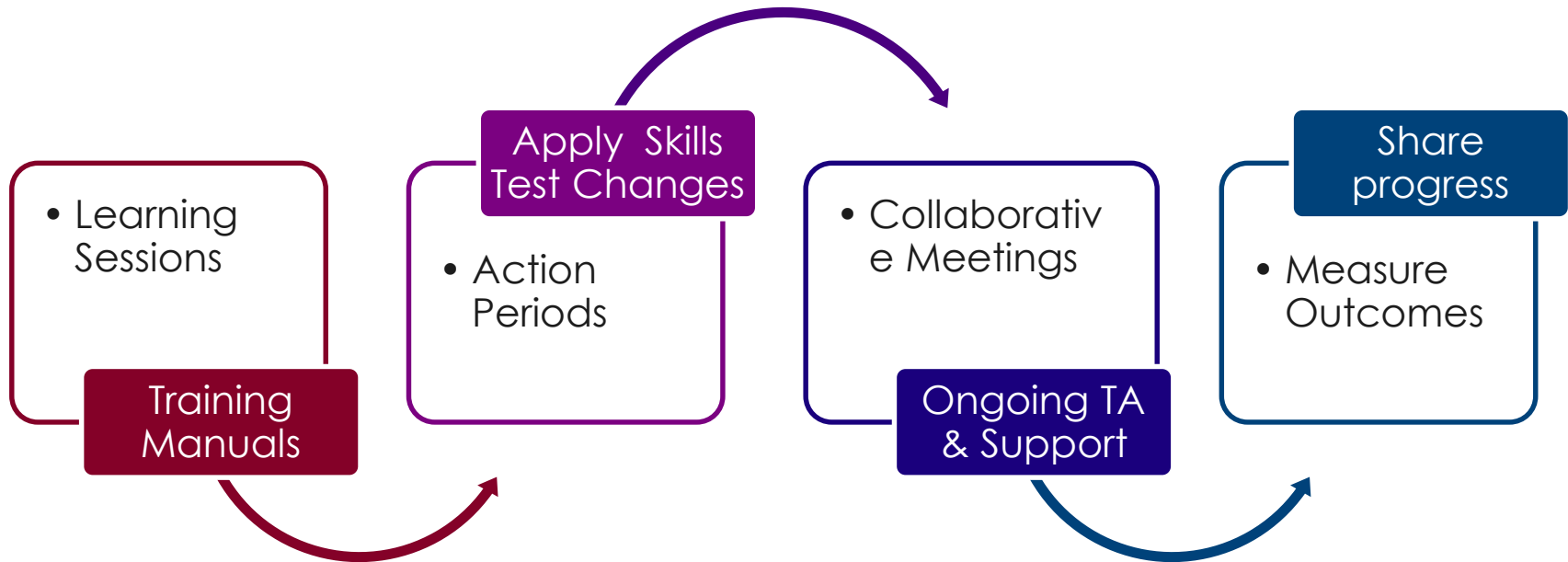
Shared learning &
collaboration



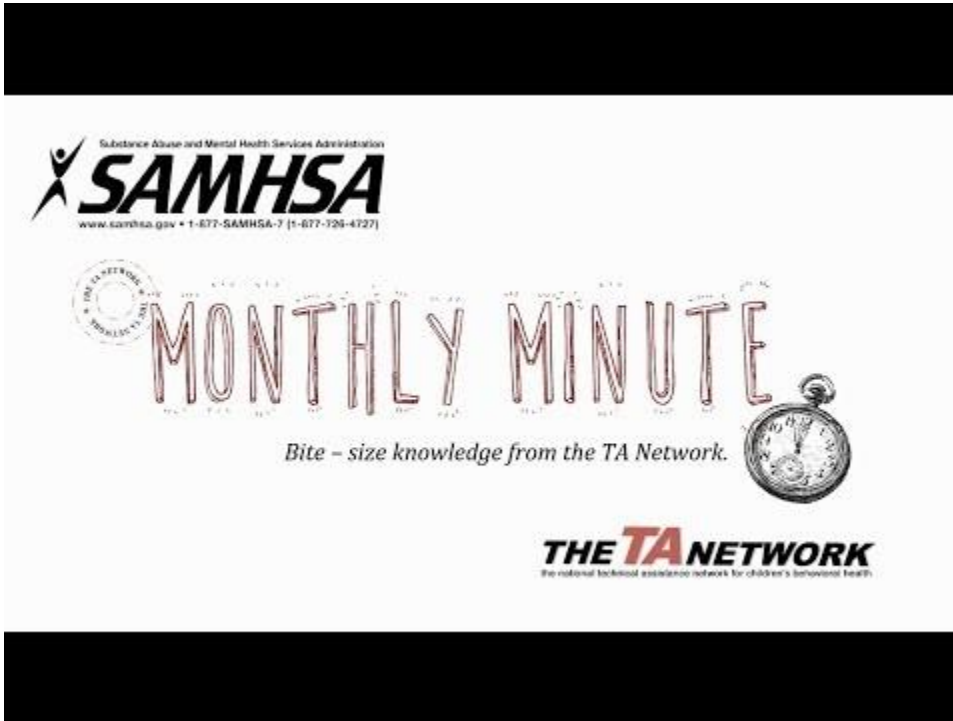
PS Supervision Collaborative



Components of Our LC



Peer Support Supervision Collaborative



PS Supervision Toolkit

Supervision Framework		
Administrative	Formative	Supportive
<ul style="list-style-type: none"> • Orienting and placing staff • Planning, assigning, and delegating work • Monitoring, reviewing, and evaluating work • Coordinating work • Sharing information • Explaining administrative functions • Liaising with community • Assisting with time management 	<ul style="list-style-type: none"> • Assessing strengths and growth opportunities • Identifying the knowledge and skills necessary to do the work • Providing teaching, training, and learning resources, including professional and leadership development • Using learning opportunities that arise when reviewing individuals who are receiving support • Educating other on the role of peer support 	<ul style="list-style-type: none"> • Advocating • Reassuring • Encouraging • Recognizing efforts • Providing opportunities to “vent” • Giving perspective • Encouraging self-care • Creating opportunities for connecting with other peer staff



What is Strengths-Based Supervision?

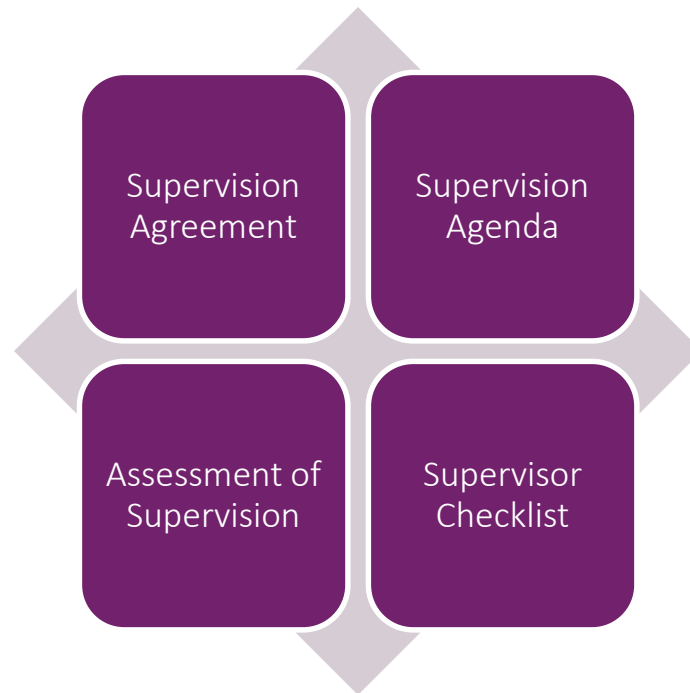
- A collaborative process between the person being supported by the service (the supervisee) and those supporting them (supervisor) allowing them to determine an outcome that draws on the person's strengths and assets



Collaborative Supervisory Relationship

Develop a collaborative supervisory relationship

- a. Collaborate on a supervision agreement
- b. Collaborate on a supervision agenda/structure
- c. Get feedback from supervisee



Use Strengths-Based Supervision

- Use positive supervision practices
 - Identify strengths and opportunities for growth
 - Collaborate with supervisee to set personal job goals
 - Give strengths-based affirmations
 - Facilitate solution-focused change talk
 - Invite supervisees to identify preferred outcomes
 - Give feedback



Examples of Specific Positive Supervision Practices

- **Identify strengths and opportunities for growth:** specifying current assets, competencies as well as skills to develop in the future
 - Tell me something that you did well when you met with Anita...What would you like to do differently next time?
- **Give strengths-based affirmations:** expressing a genuine and positive acknowledgement of a specific work task or worker attribute
 - I like the way you welcome people and help them feel comfortable here.
- **Give feedback:** communicating your objective appraisal of the worker's performance of a specific work task or worker attribute
 - You did well in telling Jeff about this planning meeting. What would help in the future is to then invite him to talk about how he'd like to participate and what he'd like you to do.



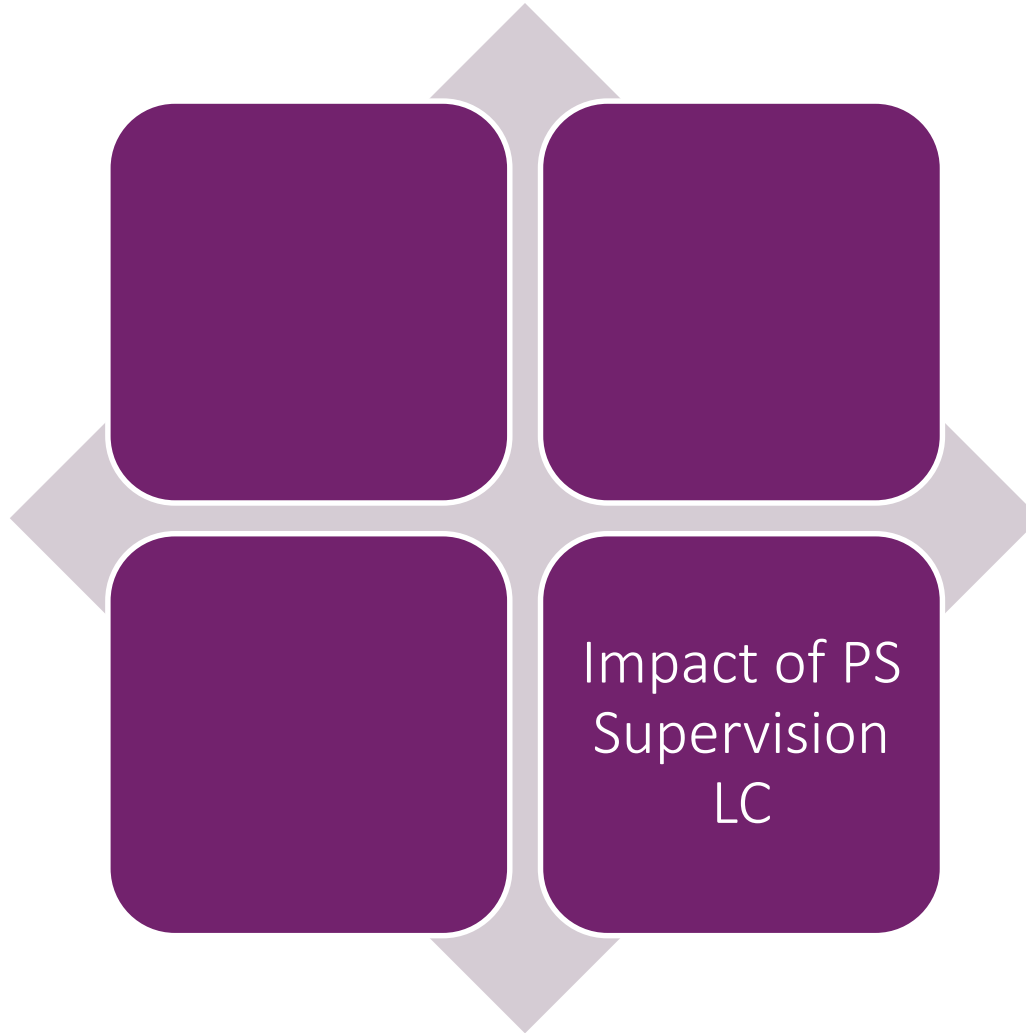
Practice: Identify Positive Supervision Practices

1. Identify strengths and opportunities for growth
 - **Nancy:** Well, start with one thing that you did well.
 - **Nancy:** So initiating contact has become a strength for you. What do you think you need to improve?
 - **Nancy:** What would you have liked to have done instead of having the reaction you had?
2. Give strengths-based affirmations
 - **Nancy:** You feel discouraged because it can be so hard to use these skills when you need to. But I've seen you work hard to get better at other skills and I believe that you'll develop these skills too.
3. Give feedback
 - **Nancy:** I observed that you rushed in and offered a treatment bed without first asking him what he thinks he needs. Getting the person to start thinking about possible solutions can be empowering and the person feels less pressured. [3]

The most important component of Peer Support Supervision is that it happens!



Impact and Next Steps



Supervision Learning Collaborative

- To support peer supervisors with education, training, and resources and to improve the quality of peer supervision sessions
- Learning collaborative to:
 - Support implementation of the Peer Support Supervision Toolkit
 - Monitor the number of supervision sessions
 - Monitor staff with supervision planning and discussion of self-care

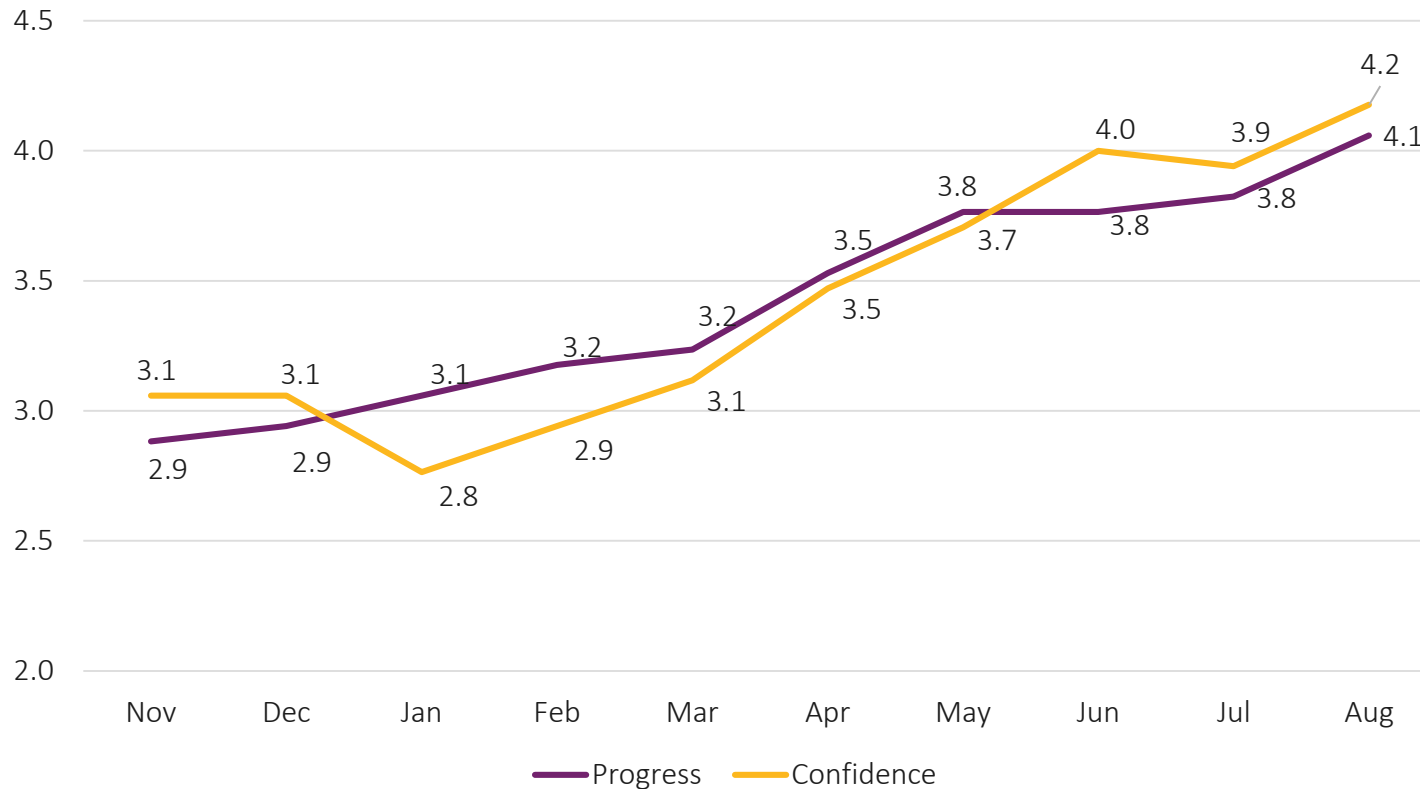


Progress and Confidence Ratings

- Overall progress in developing supervisory skills and implementing components of peer support supervision into supervision sessions with peer staff
- Overall, how confident do you feel in delivering quality supervision to peer staff?



Progress and Confidence



- Ratings of progress and confidence improve over time
- Ratings of progress and confidence are similar



Supervision Outcomes

- Goal: 100% of staff will have at least one discussion of self care each month
- Goal: 100% of staff will have their supervision plans reviewed at least once each month
- 17 Peer Support Supervisors reporting information after the mid-point
- Number of Peer Support staff per supervisor each month did not vary = 4



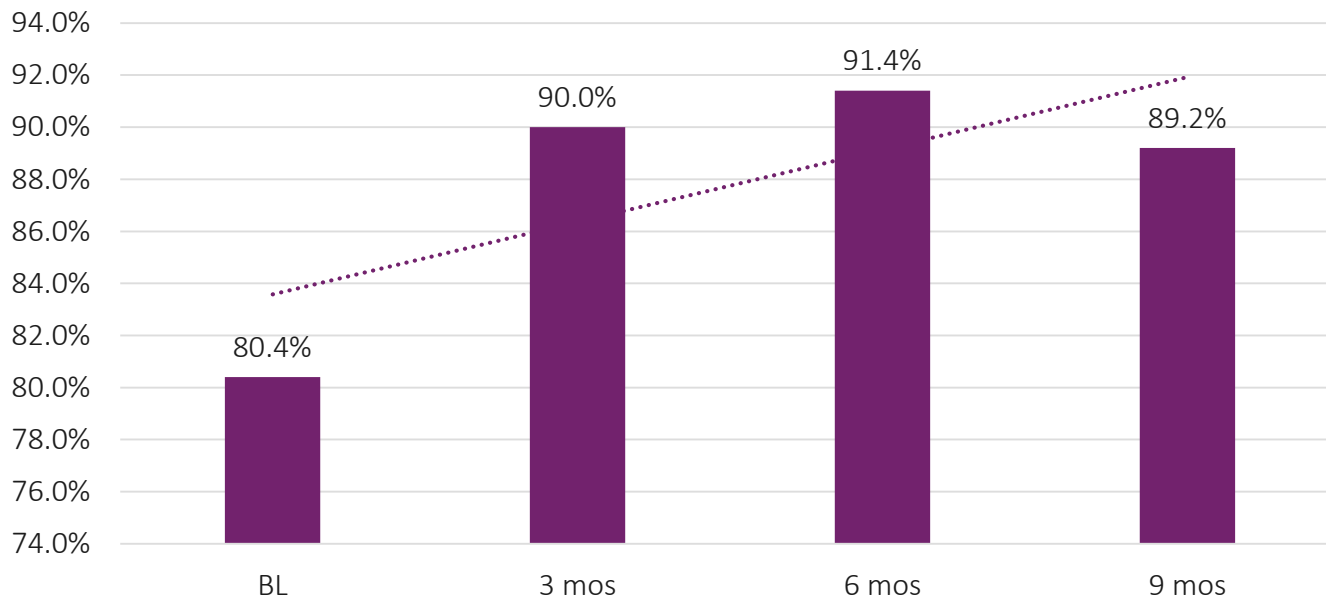
Supervision Sessions

	Baseline (Nov)	3 mos	6 mos	9 mos
No. of Supervision sessions (Individual):	9.5	9.5	9.1	8.5
No. of Supervision sessions (Group):	1.5	1.5	1.7	1.7
Total supervision sessions:	10.9	10.9	10.8	10.2
Total supervision sessions (group sessions * # staff +individual sessions):	15.3	15.9	16.3	15.3

- There was a modest increase in the number of staff with supervision sessions (group and/or individual) after the mid-point: 7% increase

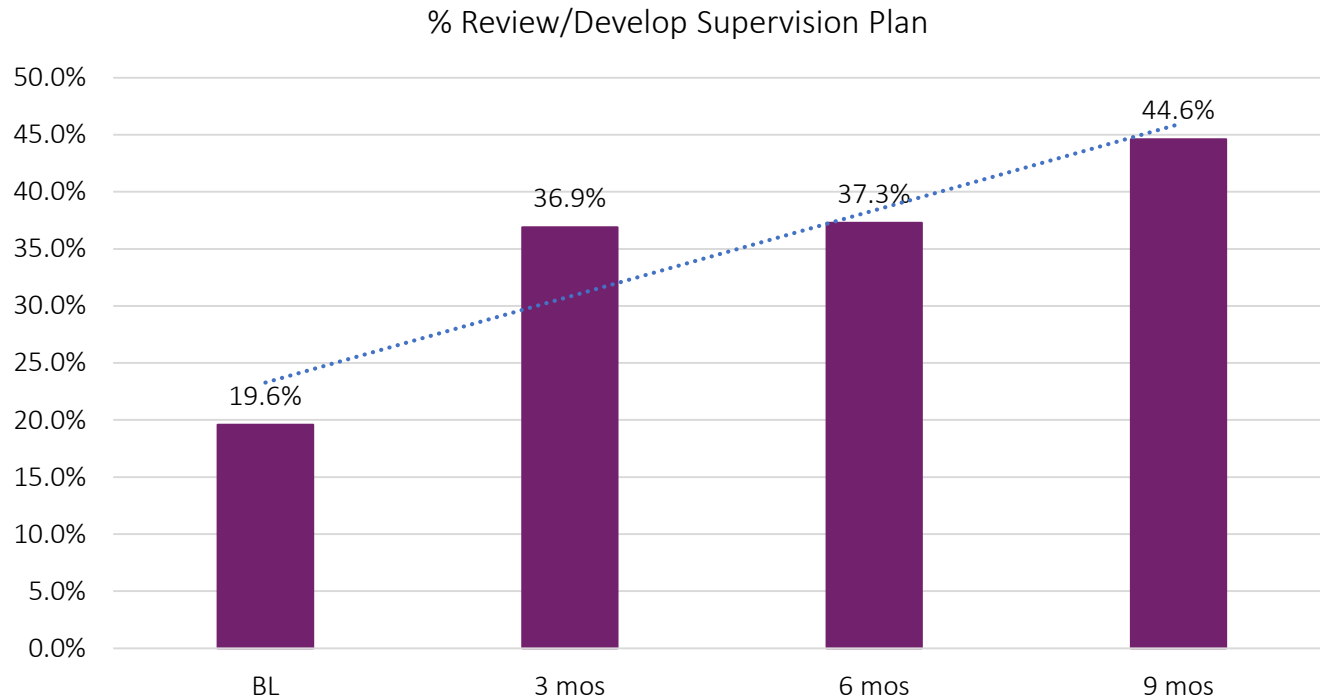
Supervision Outcomes: Self-Care

% Discussion of Self-Care



	Baseline (Nov)	3 mos	6 mos	9 mos
Staff w/ discussion of self-care:	80.4%	90.0%	91.4%	89.2%
Staff w/ a supervision plan:	19.6%	36.9%	37.3%	44.6%

Supervision Outcomes: Supervision Plan



	Baseline (Nov)	3 mos	6 mos	9 mos
Staff w/ discussion of self-care:	80.4%	90.0%	91.4%	89.2%
Staff w/ a supervision plan:	19.6%	36.9%	37.3%	44.6%

Self-Assessment

- Competency in 11 areas
- Results used to identify areas to develop
- N=35 first completion (October 2018)
- N=21 repeat completion (March 2019)
- N=19 repeat completion (August 2019)

BRSS TACS
Bringing Recovery Supports to Scale
TECHNICAL ASSISTANCE CENTER STRATEGY

Supervisor of Peer Workers Self-Assessment

This Supervisor of Peer Workers Self-Assessment is designed to help you reflect on your own supervision practice and identify areas you would like to develop to become a more effective supervisor of peer workers. For areas that are learning needs, speak to your supervisor about strategies for learning the needed competencies.

Rating Scale

1. Professional Learning Need—I don't know how to do this
2. Personal Learning Need—I know how to do this but unable to make it happen
3. Sporadically Competent—I occasionally do this fine
4. Consistently Competent—This has become a part of my natural way of doing things
5. Mastery—I can role model this and can teach it to others

Supervisory knowledge and skills	Learning need				
	1	2	3	4	Competent
1. I understand and can clarify organizational systems, structures and processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I understand the values and practice of peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can maintain a balance between the roles and responsibilities of peer support workers and supportive functions of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can establish a relationship characterized by trust and mutuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can provide an environment that promotes reflection on peer support practice and ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can help a person set and plan for the achievement of professional goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can teach and model skills needed for effective peer practice	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can deliver strengths-based supervision and can use affirmations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I can give feedback that assists the person in recognizing a professional development need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can advocate for recovery-oriented services within the agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I can advocate for recovery-oriented services within the agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAMHSA
Substance Abuse and Mental Health Services Administration

Self-Assessment

- Most ratings = 5 (“**Mastery** – I can role model this and can teach it to others”) at the final assessment
- Very few ratings of “don’t know how to do this” at baseline; none subsequent
- Several ratings of “unable to make this happen” at the earlier assessments
 - Item that varied most over time: I can maintain balance between administrative, educational, and supportive functions of supervision



Self-Assessment: Post Assessments

Percent with high ratings (4 or 5)	% Oct	% Mar	% Aug
1. I understand and can clarify organizational systems, structures and processes	52	52	84
2. I understand the values and practice of peer support	95	95	100
3. I understand the roles and responsibilities of peer support workers	95	95	100
4. I can maintain balance between administrative, educational, and supportive functions of supervision	52	52	89
5. I can establish a relationship characterized by trust and mutuality	95	95	100

- 1. Professional Learning Need** – I don't know how to do this
- 2. Personal Learning Need** – I know how to do this but I'm unable to make it happen
- 3. Sporadically Competent** – I occasionally do this fine
- 4. Consistently Competent** – This has become a part of my natural way of doing things
- 5. Mastery** – I can role model this and can teach it to others



Self-Assessment: Post Assessment

Percent with high ratings (4 or 5)	% Oct	% Mar	% Aug
6. I can provide an environment that promotes reflection on peer support practice and ethics	90	90	100
7. I can help a person set and plan for the achievement of professional goals	67	67	95
8. I can teach and model skills needed for effective peer practice	81	81	100
9. I can deliver strengths-based supervision and can use affirmations	95	95	100
10. I can give feedback that assists the person in recognizing a professional development need	57	57	100
11. I can advocate for recovery-oriented services within the agency	86	86	95



Initial PDSA Focus

- Meet weekly for supervision
- Develop a new supervision log
- Improve communication
- Increase efficiencies around administrative tasks
- Promote better teamwork
- Set boundaries at work



Evolution of PDSA Focus

Learning Collaborative Goals

- Use of toolkit resources
- Improve self-care, supervision planning
- Increase supervision sessions

Position Related Trainings

- Develop a supervision log
- Trainings for the Electronic Health Record
- Collaborative/concurrent documentation

Position Skill Building

- Effective communication
- Bank of resources
- Active listening skills
- Strength-based assessments



Plan, Do, Study, Act

Independence

- Have staff become more independent
- Attend/contribute to team leadership meetings

Supporting the Workforce

- Promote staff parity
- Build staff teams
- Create fun staff activities

Advanced Trainings

- Motivational Interviewing
- Shared Decision Making
- Stages of Change
- Engagement Strategies
- Trauma Informed Care



Summary

- Supervisors report making progress and high confidence in providing quality supervision over time
- Supervisors report high ratings for the occurrence, knowledge, and use of activities important to quality supervision
- A modest increase in the number of peer support supervision sessions was observed during the learning collaborative



Summary

- 90% of staff discuss self-care during supervision
- 45% of staff develop or review their supervision plan each month, but this rate has improved (more than doubled) over time
- PDSAs and focus of Peer Support Supervision has evolved from use of toolkit resources to trainings in best practices to improve care for individuals served



Supervision Collaborative Experience

- Experiences of Supervisors, Faculty
- Lessons Learned



Wrap Up

- Summary
- Next Steps
- Questions



Contact Information

Community Care Behavioral Health Organization

Kim MacDonald-Wilson, ScD, CRC, CPRP
Senior Director, Recovery and Wellness
macdonaldwilsonkl@ccbh.com

Tracy Carney, CPS, CPSS
Senior Recovery and Resiliency Specialist
carneyta@ccbh.com

Shari Hutchison, MS,
Project Director, Outcomes
hutchisons@ccbh.com

