

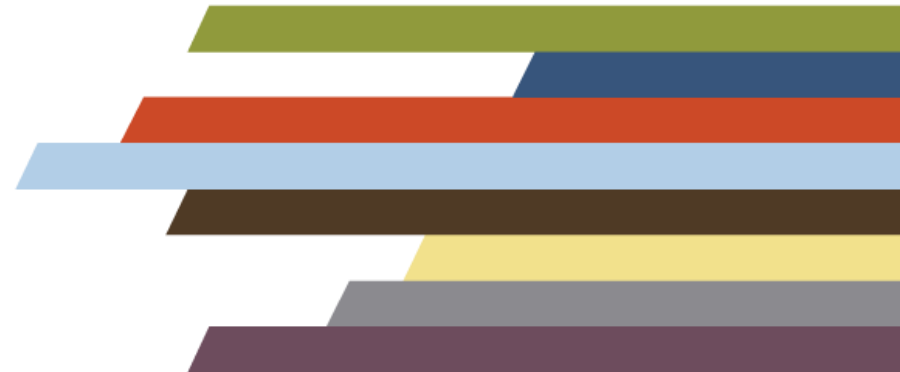


MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# The Peer Voice

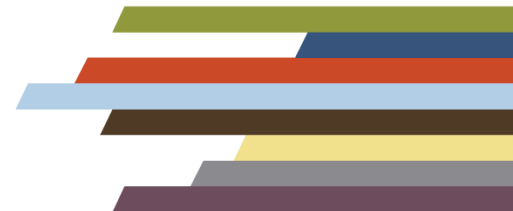
The Foundation of a Recovery-Oriented System of Change



# Learning Objectives

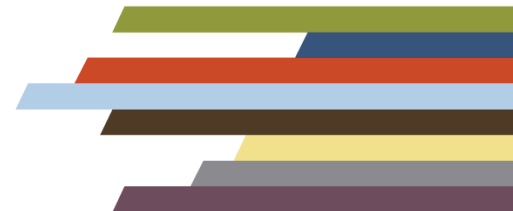
**By the end of this training, you should be able to:**

1. Discuss the importance of the voice of the behavioral health peer community in the development and delivery of services.
2. Describe the benefits of collaborating with allied organizations.
3. Discuss the role of the behavioral health peer community in providing diverse perspectives.
4. Identify strategies for including the voice of the behavioral health peer community in adapting data collection tools.
5. Create a plan to develop a system of information gathering for the peer populations you serve.



# The Peer Voice

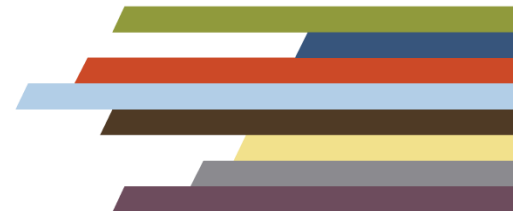
- Origination: The first gathering of Georgia's peers
- Validation: Listening to peer voices
- Evolution: The evolving language of mental health and the shape of stigma
- Certification: Providing the tools to use the voice
- Integration: Introducing peer support services into the continuum of behavioral healthcare
- Adaptation: Keeping the organization nimble
- Experimentation: Being willing to take risks
- Calibration: Listening to challenging voices
- Inspiration and Collaboration: Working with other peer groups



# The Peer Voice

## Origination: The First Gathering of Georgia's Peers

- The first gathering of Georgia's peers in 1991 was not to establish peer services, but simply to establish a way to communicate with one another.
- As difficult as it may be for Millennials to imagine (and some of us to remember), there was a time when long-distance charges were a determining factor in how much peers were able to communicate, and when the internet didn't yet exist for the general public.
- A mechanism for communicating was needed, and The Pipeline was born.

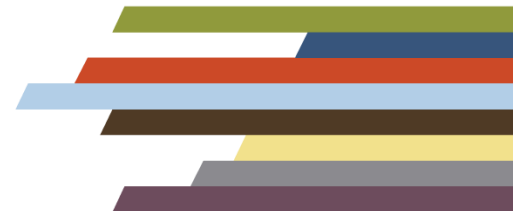


# The Peer Voice

## Validation: Listening to Peer Voices

Each year at the Annual Summer Conference, peers from across the state identify the top five priorities of the Georgia Mental Health Consumer Network:

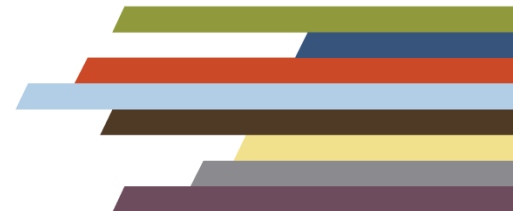
- The voting options are selected from an open invitation to Georgia's peers to submit their suggestions in advance of the conference.
- While many themes have remained consistent over the years (such as better housing option, more employment supports), others (such as mistreatment in facilities) have diminished.
- Peers have improved the continuum of professional mental health care by learning to advocate for other peers, and clinicians learning to hear the voice of the peer (from the peer and the CPS).



# The Peer Voice

## Validation: Listening to Peer Voices

- GMHCN conducts the annual Consumer Satisfaction Survey each year on behalf of the Georgia Department of Behavioral Health and Developmental Disabilities.
- GMHCN solicits (and receives) feedback from peers on an ongoing basis, through multiple methods, for all of its endeavors. These include:
  - Evaluation Forms for every training and structured wellness activity throughout the year and all events at the Annual Summer Conference
  - Direct Engagement is an important part of how we remain connected. We do not want to miss the tone, the body language, the nonverbal communication.
    - CPS Forums and CPS Training Listening Sessions are examples of how we receive feedback from our Certified Peer Specialists about their experiences
    - *Peer Input* at the Annual Summer Conference is when peers are given the opportunity to provide input directly to GMHCN and DBHDD



# The Peer Voice

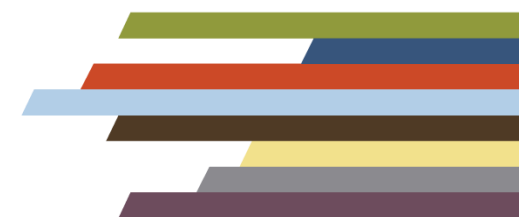
## Evolution: The Evolving Language of Mental Health:

### *Don't say this:*

- The mentally ill
- I'm bipolar
- He's anorexic
- Addicts
- She's OCD
- The schizonphrenics I save
- Frequent flyer
- Her clients
- Our patient population
- The individual served
- Committed suicide

### *Say this:*

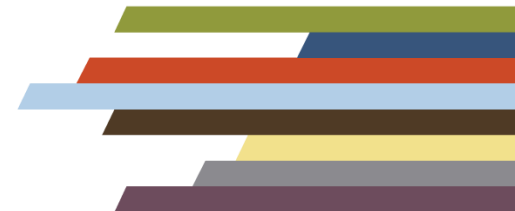
- People in recovery
- I manage my bipolar disorder
- He has anorexia
- People with substance use challenges
- She lives with OCD
- The people with schizophrenia I support
- Person with complex needs
- Her peers
- Our census
- The person served
- Completed suicide



# The Peer Voice

## **Certification: The Beginning of Peer Support Services**

- In 1999, Medicaid authorized peer support as a reimbursable service.
- GMHCN, as an established, independent, peer-run, peer-led mental health non-profit, with a history of training peers to provide peer support, was able to quickly apply for and receive a three-year Statewide Consumer Network Grant from SAMHSA to develop a peer certification program that could utilize the new Medicaid service funding.

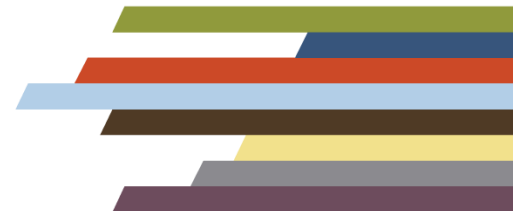




# The Peer Voice

## Integration: A Recovery-Oriented System of Care

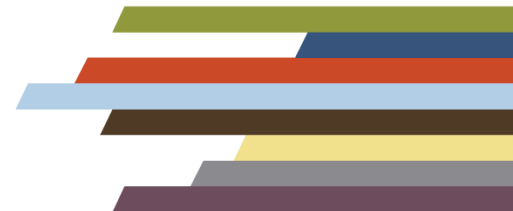
- The introduction of the peer voice into the clinical setting, not only as supports, but as advocates for those they're supporting, is a keystone of peer support services.
- Peers have improved the continuum of professional mental health care by learning to advocate for other peers, and helping clinicians to hear voice of the peer (from the peer and the CPS supporting the peer).
- SAMHSA actually has a publication titled "Peer Support Recovery is the Future of Behavioral Health," when really, it has always been the foundation of behavioral health.



# The Peer Voice

## Adaptation: Staying Nimble

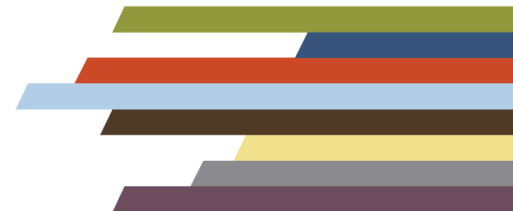
- Throughout the years, GMHCN has continued to adapt new technology that connects peers and CPSs. While *The Pipeline* remains in print, and subscriptions actually continue to grow, other communication methods, such as Yahoo groups and a list-serve, have been replaced by Facebook (including a private group for CPSs).



# The Peer Voice

## Adaptation: Staying Nimble

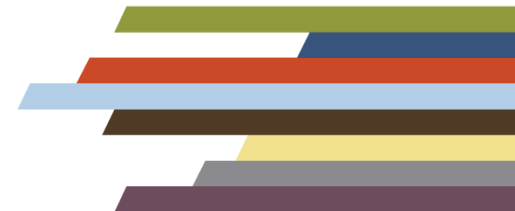
- Responding to emerging and emergency needs requires different types of organizational flexibility and readiness:
  - The rapid retraction of state mental health services through the closing of state mental hospitals precipitated the need for alternatives to hospitalization, and GMHCN was able to respond with the development of Peer Support, Wellness, and Respite Centers.
  - The publication of “Morbidity and Mortality in People with Serious Mental Illness” by NASMHPD in 2006 provided evidence to support GMCNH in its efforts to improve health and wellness outcomes for peers, and in 2012, Georgia became the first state approved to bill for peer support whole health and wellness services.



# The Peer Voice

## Experimentation: Being Willing to Take Risks

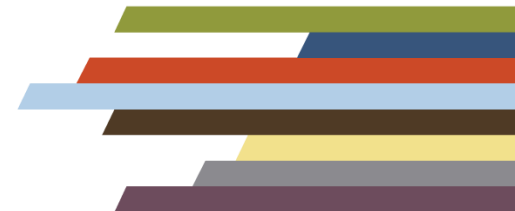
- Beginning in 2017, GMHCN participated in the Fulton County Justice and Mental Health Task Force, and through that have become involved in the Pre-Arrest Diversion Initiative, and we are in ongoing conversations about how we can best serve our justice-involved peers in Atlanta/Fulton County. Our initial proposal, in collaboration with Community Friendship, was not accepted, but we remain at the table, because we hear from our justice-involved peers.
- In 2018, GMHCN applied to receive funding from Georgia's State Targeted Response to the Opioid Crisis grant to open a peer-based short-term wellness and respite center in Savannah for people seeking support in their substance use recovery who do not meet criteria for state-funded detox, but we were denied. We know the need remains, because we hear from our peers seeking services.



# The Peer Voice

## Experimentation: Being Willing to Take Risks

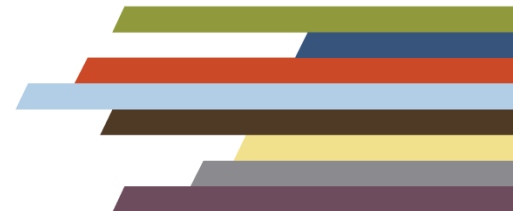
- Responding to emerging and emergency needs requires different types of organizational flexibility and readiness:
  - Being willing to introduce new models of care and support to supplement our CPS Training is an ongoing experimental effort. Trauma-Informed Care, Peer Zone, and Intentional Peer Support have proven valuable additions to Georgia's peer workforce.
  - In retrospect, successes can look like obvious good-fit-homerun-no-brainers, but each involved a risk of time, money, and effort, and might not have worked at all, for a host of unknown-unknowns that inevitably arise in the complex place where peers, service providers, funders, families, allies, and the general public meet.



# The Peer Voice

## Calibration: Listening to Challenging Voices

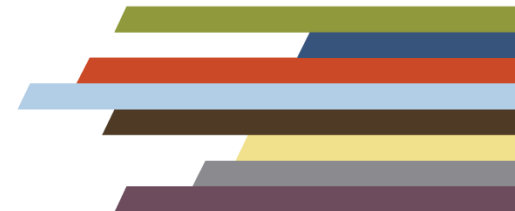
- Not everyone is going to love everything we do. Not everyone is going to believe we are doing enough, or doing enough for them, or people like them, or their child, or their parent. This is hard work, and listening to challenging voices is always a difficult part of it—but even more so *when they're right*.
- In the summer of 2018, GMHCN held a series of CPS Forums across the state. 328 of Georgia's Certified Peer Specialists these forums to learn about their experience in the workplace. We learned a lot more. We learned that peers are seeking immediate solutions to complex, systemic challenges such as low wages and workplace expectations.



# The Peer Voice

## Calibration: Listening to Challenging Voices

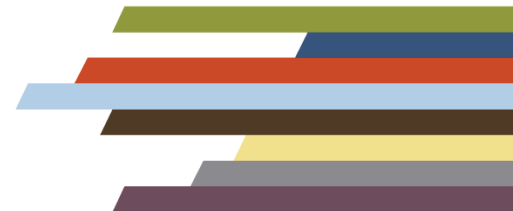
- Social Media Presents Its Own Unique Challenges.
- Our Facebook CPS Group is meant to be a place primarily for the exchange of information and resources, as well as to vent, but not to vent about particular people or organizations. GMCHN and its employees sometimes become targets. With over 1,700 CPSs, there are going to be people going through challenging times, and some who don't value the work we do, and some who just don't like us. And we have to be ok with that. As long as we are treating each other with dignity and respect, we can move forward as a peer workforce, and remember:
- We can't accomplish everything for everyone, but we need to *listen* to them, and we need to *hear* them.



# The Peer Voice

## Inspiration and Collaboration: Working with other peer groups

- Adult mental health, substance use, and youth mental health frequently compete for resources, but in Georgia we work collaboratively.
- Our independent but united voices provide us the opportunity to advocate for our constituencies and work together to develop a recovery-oriented system of care.
- We truly believe a rising tide lifts all boats.

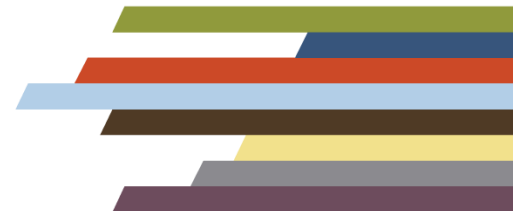




# The Peer Voice

## Collection: Methods for Listening

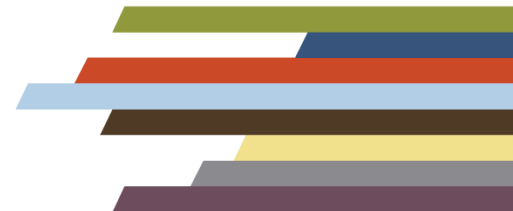
- DYADs: one-on-one transfer of ideas, thoughts, feelings, and information
- Café Conversations: Small-group data collection on focused topics that also provide the opportunity to build relationships
- Listening Session: Large-group data collection on focused topics that also provide the opportunity to build inform and build consensus on a large scale



# The Peer Voice

## Collection: Methods for Listening

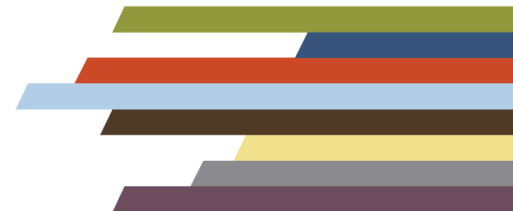
- DYADs: one-on-one transfer of ideas, thoughts, feelings, and information
  - Step One: Partner up with a person you do not know (or know well)
  - Step Two: Identify Person A, who is the person who travelled farthest to get here today.
  - Step Three: After you receive these instructions, a bell will ring, and Person A will answer a question that we are about to provide. Person A will have two minutes to respond to that question.
  - During that two minutes, Person B will not speak, but will listen attentively to Person A. Person B may smile, or nod, or provide visual cues that they are attentive, but should remain silent.
  - Step Four: The bell will ring again after two minutes, and Person B will answer the same question, while Person A listens attentively.



# The Peer Voice

## Collection: Methods for Listening

- Café Conversations: Small group data collection
  - We are going to debrief the DYADS through Café Conversations. Around the room there are four pieces of paper hung on the wall, and a person will be standing next to each with a marker, who will serve as scribe.
  - Step One: When the bell rings, identify the question that is most compelling for you, and go to it.
  - Step Two: After four minutes, the bell will ring again, and you will move to the next question you find compelling.
  - Step Three: Repeat Step Two



# The Peer Voice

## Collection: Methods for Listening

- Listening Sessions: group data collection
  - With two scribes to record responses, one or two facilitators debrief the Café Conversations and build from them by asking questions including:
    - Where do you feel your voice is being heard?
    - Where do you think the peer voice could be more impactful?
    - How do you know you are being heard as a peer?
    - How have you seen the peer voice have the greatest impact?
    - Where would you like to see peer support services in five years/What is your five-year vision for peer support services?

