

Convene.
Strategize.
Activate.

TRANSFORMATION
TODAY & TOMORROW

The Evolution of Peer Voices in North Carolina

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CENTER for
INTEGRATIVE
HEALTH

insight to innovation

i2iCENTER.org

Session Objectives

- **Review the history of the peer movement, consumer/survivor/ex-patient movement**
- **Review the history of peer support in NC**
- **Discuss the foundational elements of peer support: what makes it unique**
- **NC Peer Support: where are we now, where are we headed**
- **Peer Voice NC: why, where are we now, where are we headed**

Early Pioneers

Early Groups

**Consumer/
Survivor/
Ex Patient
Movement**

12 Steps

**Fountain
House**

Self-Help

Evolution of Recovery and Peer Support





The Shoulders Upon Which We Stand

Fountain House (1948)

Consumer/Survivor/Ex-Patient Movement

Clifford Beers
(1900's)

Howie the Harp
(1960's)

We Are NOT Alone (WANA)

Judi Chamberlin
(1970's)

Pat Deegan
(1990's)

John Thomas Perceval (1830)

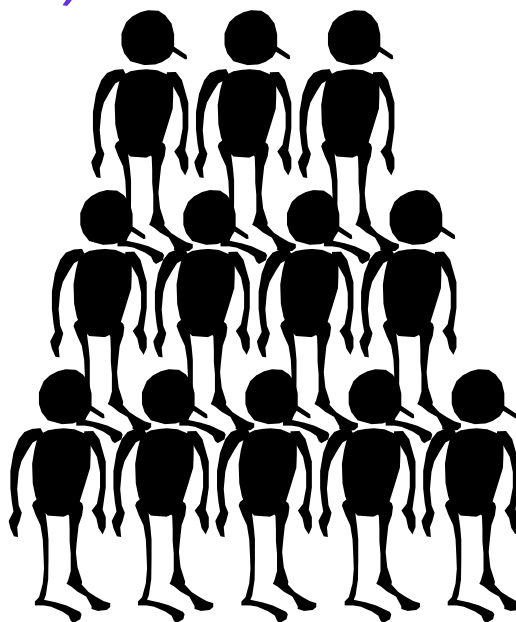
Dorothea Dix
(1860's)

Jean Baptiste Pussin
(1790's)

Elizabeth
Packard
(1860's)

Chaku Mathai
(2010's)

Wambui Bahati
(2000's)



Early Reformers – Philippe Pinel



French psychologist Philippe Pinel strikes the chains from mental patients held in the Bastille in France – 1793.

THE
PRISONERS' HIDDEN LIFE,
—OR—
Insane Asylums Unveiled:

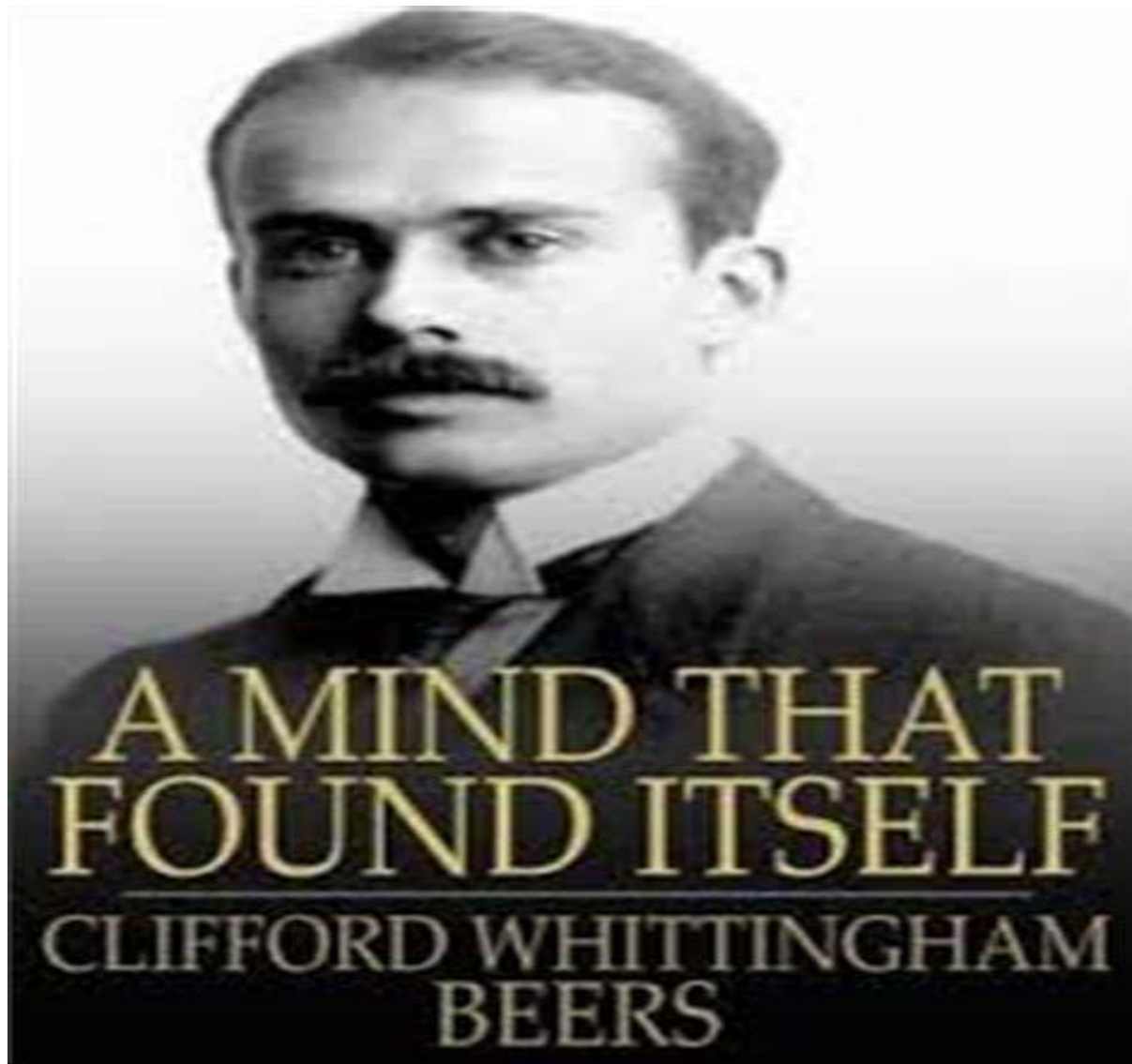
AS DEMONSTRATED BY THE
Report of the Investigating Committee of the
Legislature of Illinois,

TOGETHER WITH
Mrs. Packard's Coadjutors' Testimony.

BY
MRS. E. P. W. PACKARD.

"Ye shall know the truth."

CHICAGO:
PUBLISHED BY THE AUTHOR.
A. B. CASE, Printer, 139 Monroe St.
1868.

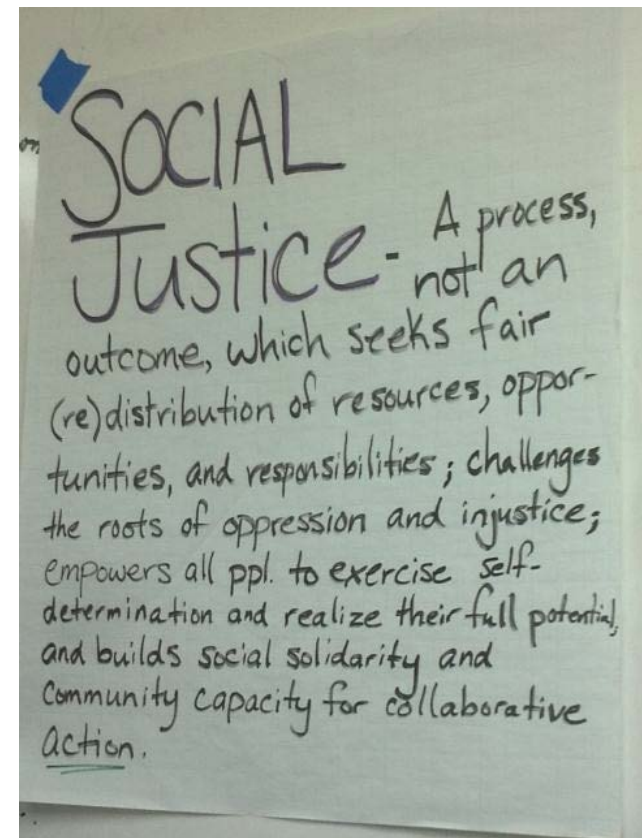


Self-Help and Consumer/Ex-Patient/Survivor Movement

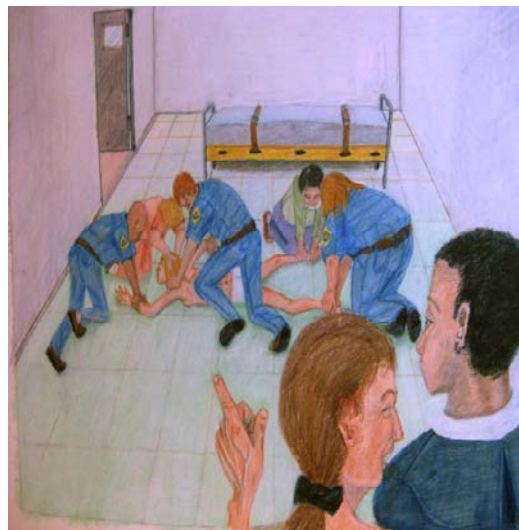
The self-help revolution was established out of the need for human interaction in a non-clinical, supportive manner from individuals who experience similar challenges. There are now hundreds of thousands of self-help groups devoted to a variety of issues, not just mental health.



The Recovery and Peer Movements



In the NAME of Treatment



Seclusion and Segregation

Restraint

Involuntary commitment

Forced medications

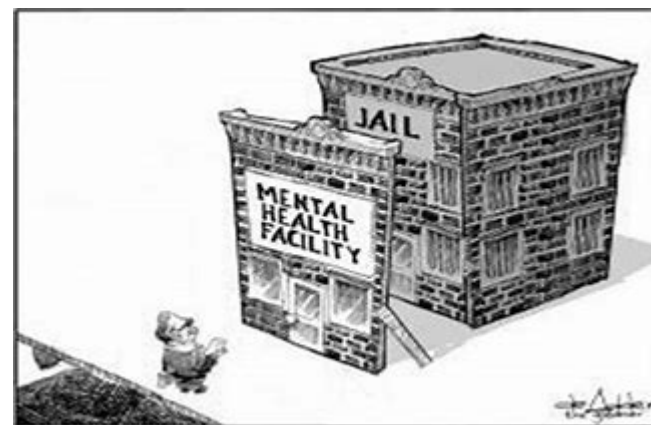
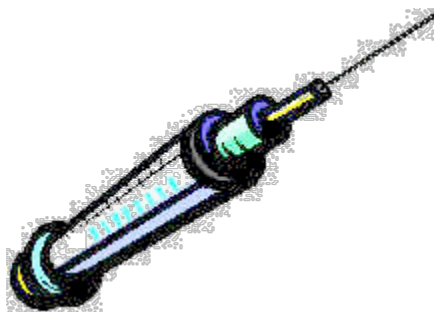
Coercion/Threats

Low expectations

Overuse of medications

Harmful language

Incarceration



NC Unemployment Rate= 85.2%

Poverty, homelessness, high dependency on government assistance

INSTITUTIONAL **TRAUMA**

**OVERUSE of Involuntary Commitment (15,000/year in Meck
County)**

Avoidance of treatment, treatment providers, hospitals

Punitive Discharges for Non-Compliance

HIGH RATES OF INCARCERATION

CHRONIC DEBILITATING ILLNESS

Impact

“Consumer/Survivor/Ex-Patient” Movement

Activism & Advocacy – Humane Treatment

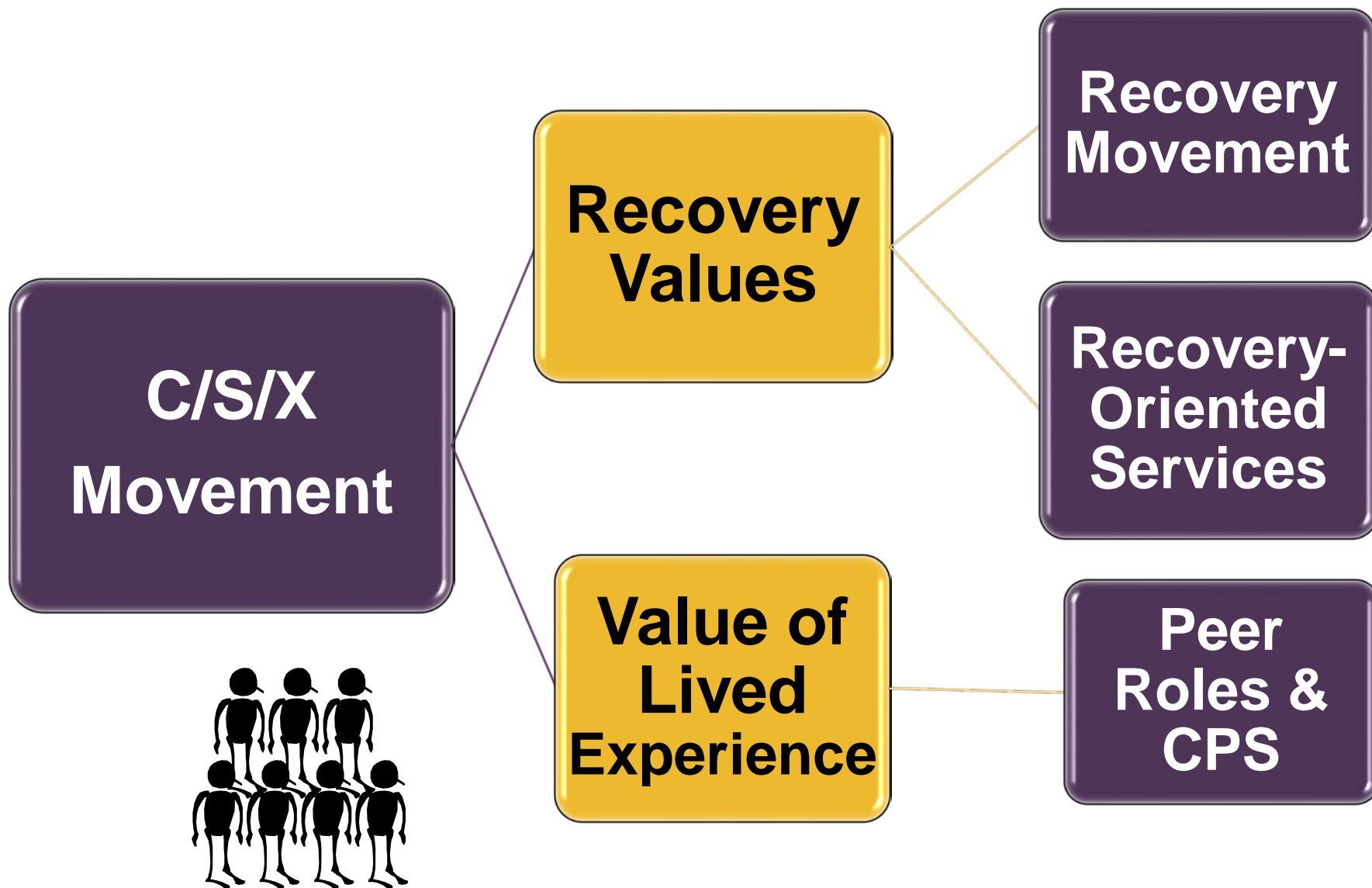
Activism & Advocacy – Human Rights

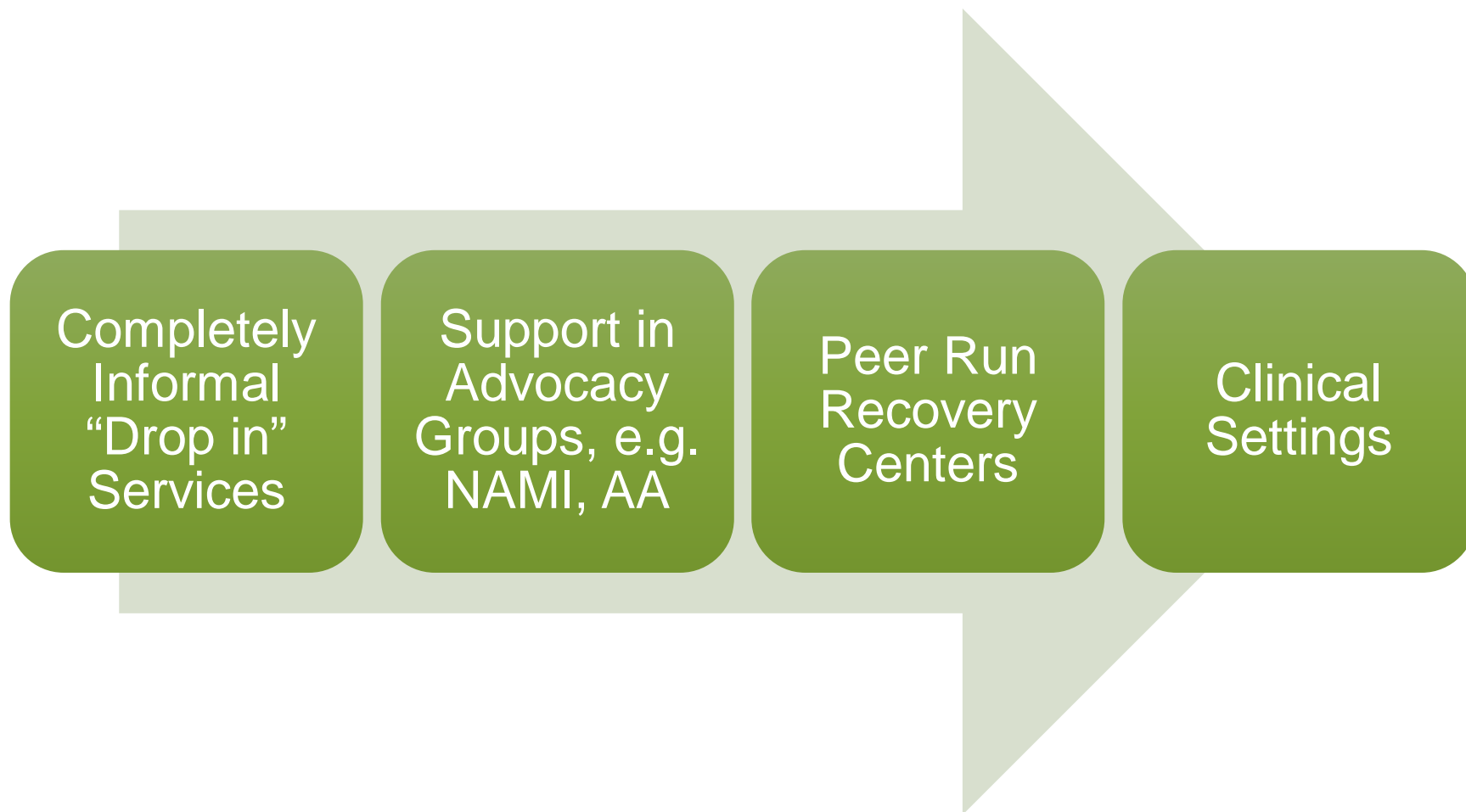
Education – People DO Recover

Advocacy – 1:1 advocacy for services, rights, needs in the community, etc.

Advocacy – Inclusion at the table

Advocacy – Policy and System change







Our Humble Beginning...

“If we were to bring Recovery into Mecklenburg County, what would it look like?”

Dennis Knasel, 2005



Making the “Pitch”:

A Standalone “Consumer/Peer”-Run Organization

Does it Matter?

What is the difference between:

- ✓ Peer-operated agencies
- ✓ Peer-run programs
- ✓ Peers integrated into behavioral health or healthcare services?

Why a standalone peer-run agency?

1. It doesn't exist in NC
2. It is effective
3. To embrace recovery, we have to be surrounded by it
4. It allows for AUTHENTIC peer support
5. It demonstrates the recovery is real
6. It demonstrates hope
7. It creates employment opportunities
8. It fills much needed gaps and engages people that are traditionally not engaged
9. It is brings together innovation, risk, recovery and human rights into an alternative to traditional services
10. It is guided by mutuality, not billing



The first peer programs... Year one \$225,000

Drop-In Center

Peer Connections (1:1 Peer Support)

Warm-Line

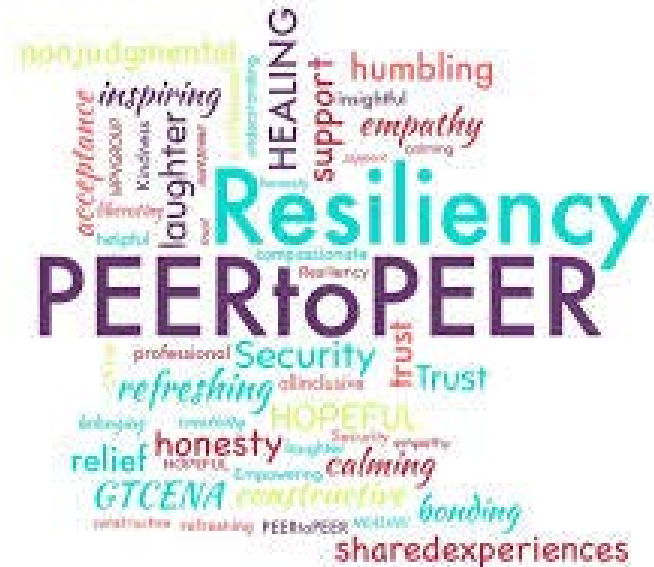


We now operate 8 initiatives serving 1,500 people/month with an annual budget of \$2M:

**Recovery Hub
IPS Supported Employment
Shelter Plus Care Peer Support (SPC)
Wellness and Recovery Court Peer Support (6 courts)
Men's Shelter/Women's Shelter
Citizen Re-Entry Program
Transition Aged Youth (TAY) Peer Support
Peer Voice NC**

The Progression of Peer Support in NC

- In NC, peer support became established as a profession in 2006
- In 2007, it was added to the Medicaid (b)(3) waiver
- Codes for individual (H0038) and group (H0038HQ)



Medicaid (b)(3) Peer Support

- **Peer Support Service is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process**
- **PSS should enhance the development of natural supports, as well as coping and self management skills**
- **Focus on expanding rehabilitative skills needed to move forward in recovery**
- **Supervised by a QP**

Medicaid (b)(3) Peer Support



Examples of specific interventions:

- Self help
- System advocacy
- Individual advocacy
- Pre-crisis and post-crisis support
- Housing
- Education/employment
- Meals and social activities

Medicaid (b)(3) Peer Support

- **Expected outcomes:**
 - **Reduction in use of formal treatment based services: IOP, PSR**
 - **Reduced crisis and psychiatric hospital utilization because the individual has reliable contacts and has a customized Crisis Plan**
 - **Shortened hospital stays**

State-funded Peer Support

- **Piedmont Behavioral Healthcare:**
 - Submitted on 6/13/2008
 - Requested effective dates for State-funds were 7/1/07-6/30/08, and 7/1/08-6/30/09
 - Language closely mirrors language in the Medicaid (b)(3) waiver
 - Allows for a NC CPSS –OR- a Peer Support Paraprofessional

State-funded Peer Support

- **East Carolina Behavioral Health**
 - Submitted 9/28/08, with effective dates of 10/1/08-6/30/09
 - Wellness Education Group- focus is on peer supported education
 - Structured, scheduled activities that promote recovery through education and personal responsibility, self advocacy, and socialization including peer support.
 - One focus group was to be individuals in long term beds at state institutions to assist with discharge planning, and people recently discharged back into their community

State-funded Peer Support

- **ECBH (continued)**
 - **Staff needed to be trained to facilitate WRAP, and have training in Intentional Peer Support, must also be NC CPSS**
 - **Expected outcomes were:**
 - **Better consumer outcomes**
 - **Decreased hospital bed days**
 - **Decreased recidivism**

State-funded Peer Support

- **CenterPoint Human Services**
- **Peer Support Hospital Discharge & Diversion- individual and group**
- **Submitted 11/17/08, effective dates 7/1/08-6/30/09**
- **Could be used with individuals being discharged from a hospital or released from incarceration to bridge the gap when timely aftercare appointments are not available**

State-funded Peer Support

- **Must meet the NC certification requirements and be certified as a PSS**
- **Allows the 80 hour PSS training through Meta Services/Recovery Innovation NC in lieu of the NC 40 hr training requirement**
- **Supervised by a QP**
- **Allowed for billing of travel time if the purpose is to access an activity related to the service, also allows telephone calls with individuals and collaterals**

State-funded Peer Support

- **CenterPoint (cont.)**

- **Expected outcomes:**

- **Number of cts who receive a first visit within 5 days of discharge**
 - **Number of cts who receive two visits within 14 days of discharge**
 - **Number of cts who receive two additional visits within 45 days of discharge**
 - **Decrease in recidivism rate**
 - **Other benchmarks may be added**

- **Max of 4 service hours/day**

- **Max of 4 visits within 45 days of discharge/release**

- **Max of 4 hours of crisis diversion**

State-funded Peer Support

- **Johnson County Mental Health Center**
- **Peer Support Center**
- **Submitted on 3/19/09, effective dates of 7/1/08-6/30/09**
- **A central location for adults with SMI to access self-help skills, advocacy, education and socialization**
- **Identify Illness Management and Recovery as the EBP to follow, also endorses the use of WRAP**

State-funded Peer Support

- **Must be CPSS, also allowed qualified volunteers to provide supports**
- **Expected Outcomes**
 - **MH/SA Consumer Satisfaction surveys**
 - **Evaluation of functional outcomes in PCP (if applicable)**
 - **Decreased hospitalizations (frequency and length)**
 - **Increased compliance with treatment**
 - **Employment**

Peer Certification Process



North Carolina's Certified Peer Support Specialist Program

*An initiative of the NC Division of Mental
Health, Developmental Disabilities and
Substance Abuse Services*

- In 2005, DMH began to contract with the UNC Behavioral Health Resource Program (BHRP)
- Focus was on providing the supports and staffing needed to oversee the day to day management of the NC CPSS program

Peer Supports- where are we now?

- **State-funded service definition went live 8/1/19**
- **Medicaid service definition went live 11/1/19**
- **Pause on any new certification training curriculum effective September 2019**

Peer Supports- the future



Peer Operated Respite

Peer Support- the future

Peer Run Wellness Centers



Peer Supports- the future



Peers in hospitals working with individuals with substance use



Peers in integrated care settings



Peers working on Transitions to Community Living (TCLI)

Peer Supports- the future

Career and certification pathways
for Certified Peers





Valuing Our Individual and Collective Experience and Expertise





PRNs role in Peer VOICE NC

- **This is not a PRN operated agency or product.**
- **Our role is to provide the TA for structure, knowledge, sustainability, etc. of a statewide agency**
- **Our role is to put together the needed framework for online continuing education**

SAMHSA FOA SM-19-002

Statewide Consumer Network Grant

Statewide consumer networks are *best* poised to bring peer voice, guidance, and foresight into systems change.

-SAMHSA

Announcement – 10/24/18 with *Due Date* of 12/24/18
Notification – 3/28/19
Project Dates – 3/31/19 – 3/31/22





The (grant) program is designed to ensure that people with lived experience are the catalysts for transforming mental health and related systems in their state by:

- (1)** strengthening coalitions among consumer organizations
- (2)** strengthening coalitions between consumers, policymakers, and service providers, and
- (3)** recognizing that people with lived experience are effective change agents.

Grant Activities 1-2

Promote improved practices and policies for increased “consumer” and peer involvement.



Support the development and implementation of statewide processes addressing peer support for “consumers”

Grant Activities 3-4



*Promote "consumer"
engagement across the
state*



*Develop and implement
a plan for
sustainability for the
network when grant
funding ends.*



*SAMHSA's Other **ALLOWABLE** Activities Include....*

- ❖ Promote recovery-oriented services based on emerging or existing needs in the state, such as:
 - Justice-involved consumers;
 - Co-occurring disorders, including opioid disorders;
 - Integrated care;
 - Trauma-informed approaches; and
 - Employment and education.
- ❖ Support the availability of training and technical assistance to enhance capacity and sustainability for consumer-operated organizations, including but not limited to, the following:
 - Organizational development;
 - Non-profit management;
 - Community development;
 - Business practices;
 - Services financing;
 - Respite care;
 - Sustainability; and
 - Leadership development.
- ❖ Collaborate with state networks representing children and youth with mental health challenges and their families.

i have
~~mental~~
~~health~~
problems
with
oppression
& stigma

PVNC Proposed Organizing Approach

- Grassroots organizing;
- Using collective impact;
- To create a unified movement;
- Lead by emerging and self-selected leadership;
- To advance recovery and peer:
 - Services Social justice issues
 - Standards Funding
 - Training Outcomes
 - Policy Systems
- Through the wisdom of people directly impacted

Goal 1: Through a regional based grassroots approach, PRN will incubate and launch an **independent NC mental health peer-run organization** by March 2022

Goal 2A: By March 2022, PRN will develop and operate a NC **Peer and Recovery Technical Assistance Center**

Goal 2B: By March 2022, NCCPSS skills, knowledge and competencies will be increased by providing **peer and recovery related continuing education and advanced education** to disseminate emerging, best and evidence-based recovery and peer practices (i.e. psychiatric advanced directives, trauma informed care, integrated care, etc)

Meeting Recording:

https://zoom.us/recording/share/NseqBC73u-b0qDVa_yWIWxCa3wfYr4jXYXAcY0NRtGwlumekTziMw

NC
Recovery
and Peer
TAC

Mobilize on
social justice
issues

Elevate
standards
and niches
for peer
support

Training
and TA



Introduce
alternatives to
traditional
treatments

Advocacy
and
Leadership

Incubate
peer-run
programs/org



According to SAMHSA, "Statewide consumer networks are best poised to bring peer voice, guidance, and foresight into systems change" and this is the FIRST time in NC history, that people with lived experience have directly received this opportunity.

We hope that, as a member of the peer support, recovery and "consumer" community, you will join your voice with ours.

North Carolina is now joining other states that have received federal funding and recognition through the **Substance Abuse Mental Health Services Administration (SAMHSA)** to build a unified, vocal, and influential statewide peer and "consumer" movement that is completely independent... operated by us, for us.

We are in the launching phase of this exciting effort, and will be connecting with people in NC who have been impacted by trauma, emotional distress, labels of mental illness and co-occurring substance use disorders to come together, identify shared strategies and mobilize to improve systems, services, practices and policies that result in greater recovery, resilience and quality of life.

Peer Voice NC will also focus on issues that directly impact the peer workforce and profession, as well as social justice and equity. In addition, it will establish funding opportunities for peer ("consumer") operated organizations to foster recovery and alternatives to traditional treatment within their community.

This statewide organization, will be developed with your leadership, talents, ideas and hard work, with technical assistance from Promise Resource Network (PRN), NC's longest peer ("consumer") run organization.



How to get Involved...

- Like us at www.facebook.com/Peer-VOICE-NC
- Sign-up for the Listserv* at www.surveymonkey.com/r/PeerVoiceNC to receive email updates.
- Attend Introductory Webinar on Thursday, May 9th from 12pm to 1:30pm at <https://zoom.us/j/618168069>
- Distribute this letter to anyone in NC that is trained and/or Certified as a NC PSS, or those who identify as having lived mental health and/or co-occurring substance use disorders.

*Please note that the Listserv is independent of UNC BHS NCCPSS certifying body, government, MCO's, and provider agencies. Your information will NOT be published or distributed without your permission.

Stay Connected!

www.facebook.com/Peer-VOICE-NC

www.surveymonkey.com/r/PeerVoiceNC

PVNC Monthly Newsletter



**PVNC is Seeking
Individuals for a
6-month Strategic
Planning Committee
Appointment.**

August 2019 to March 2020
with a December break
for the holidays

**To apply
Visit: [www.
surveymonkey.
com/r/
PVNCAP](http://www.surveymonkey.com/r/PVNCAP)**



To learn more, follow PVNC on Facebook.

Peer Voice NC (PVNC), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), is seeking candidates for a 6 month appointment to the PVNC Strategic Planning Committee. This committee will work closely together, to establish strategies and partnerships as well as provide guidance for the successful implementation of the SAMHSA grant funded priorities.

Grant Priorities...

- Develop engagement strategies to existing coalitions or in support of coalition start-up activities
- Build strategic partnerships with other groups, coalitions, entities, organizations and movements to identify shared goals and platforms
- Provide guidance for the successful start-up of SAMHSA funded priority areas
- Establishing the initial steps for the NC SAMHSA grant, as outlined in the kickoff video.
- Design a social media presence to create awareness and strategies around social justice issues that resonate with PVNC strategic plans.

Consider Applying by July 12, 2019 if...

- You have experienced labels of mental health and/or co-occurring substance use disorder; and
- You can contribute leadership, skills and knowledge by participating in projects to grow this NC statewide recovery and peer movement; and
- You have watched the Peer Voice NC kickoff presentation; and
- You can commit to actively participate in at least one monthly zoom meeting with other committee members (note: computer, internet, video and audio are **required** to participate)

Peer Voice NC is funded through a federal grant to establish a sustainable statewide peer/"consumer" movement to ensure that people directly impacted by mental health and co-occurring substance use challenges are catalysts for transforming mental health and related systems, policies and practices.

Current Projects



Survey and Report: *Peer-Operated Respite Pilot*

- ✓ Surveys sent out to gauge interest, needs
- ✓ Report completed and submitted to Division
- ✓ Key findings:
 - ✓ Gap in capacity building of peer-run organizations (administratively, operationally, financially, etc)
 - ✓ No existing org, other than PRN, could operate a PORS
 - ✓ PORS is NOT the place to start with independently operated peer services
 - ✓ Fiscal sponsorship, administrative support, mentoring, TA and leadership development all needed for a POR to operate in NC

Current Projects



Policy Workgroup: *Peer Wellness Center Pilot*

- ✓ Definition and proposal created by workgroup
- ✓ 2 pilots (1 rural, 1 urban)
- ✓ 1 administrative contractor for capacity building, fiduciary, business, training/ta
- ✓ Stand-alone peer-run organizations
- ✓ Open access regardless of funding source, insurance, diagnosis, services
- ✓ Using COSP (consumer operated services program) and FACIT (fidelity assessment common ingredients tool)
- ✓ Supporting 8 Dimensions of Wellness (social determinants)
- ✓ By offering education, support, peer support, recovery alternatives, access to resources, modeled after PRN's Recovery Hub in Charlotte
(<https://www.promiseresourcenetwork.com/wp-content/uploads/2019/09/SEPT-2019-8.5x11-HUB-Calendar-2.pdf>)
- ✓ Goal is for these two organizations to expand into Peer Operated Respite in 3-4 years

Current Projects



Coalition:

Forensic Peer Support

- ✓ NC has a critical mass of CPSS with lived criminal justice experience throughout the state
- ✓ Pockets of diversion, re-entry, and jail/prison models exist, some with PSS
- ✓ A specialized training and certification of forensic peer support is needed to validate the role, create career ladders, and push for alternatives to incarceration and FPS re-entry programs
- ✓ Forensic Peer Support is a recognized national certification from SAMHSA
- ✓ Only a few trainings exist nationally
- ✓ NC DHHS has agreed to move forward with PVNC re: specialized forensic ps credentialing
- ✓ 2 trainings to occur in NC this year from PA (December in Meck, March in Durham)
- ✓ A ToT to occur this year, development of gap training, and building a credential specific to NC
- ✓ Peer Justice Initiative formed to also work on recommendations and policy

Current Projects



Coalition:

Recovery Alternatives to Forced Treatment

- ✓ Use of involuntary hospitalizations in NC is higher than the national average (meck county has 15,000/year alone)
- ✓ Cost runs \$2,098/day in NC for length of stays between 4-10 days (Henry K. Kaiser Family Foundation, 2017)
- ✓ Statewide data on use of IVC is not readily available, although 2017 hospital data shows approx. 85% of hospitalizations were involuntary
- ✓ Many reasons why IVC is overused... policy, financial, attitudes/beliefs, lack of alternatives, lack of due process, legal barriers, etc.
- ✓ Involuntary treatment is trauma inducing
- ✓ Statewide data from each community is not readily available
- ✓ Recovery Alternatives to Forced Treatment (RAFT) Coalition has been convened to study the issue and strategize responses

Current Projects



Leadership:

NC Peer Leadership Policy Forum

- ✓ There is no organized, influential group of people with lived mental health recovery experience
- ✓ Consciousness raising has not occurred in NC
- ✓ PS expanded without foundation of social justice, grassroots organizing, or change agents
- ✓ Most PSS are unfamiliar with the history of the recovery and peer movements and their connection to civil rights, disability rights, or other movements
- ✓ People with lived mh experience are NOT valued in decision making, policy making or system change roles in NC
- ✓ PVNC will be hosting a 2 day Peer Leadership Policy Forum to:
 - ✓ Provide training from DRNC, GA and others on policy and legislative change
 - ✓ Building organizing efforts and leadership among the recovery community
 - ✓ Established a shared peer support policy agenda across mh/sa

Current Projects



Coalition:

NC Peer Support Standards

- ✓ The integrity of peer support on the ground, through behavioral health agencies is suffering
- ✓ The quality and oversight of peer training is a significant factor
- ✓ Peer support is co-opted, providers don't understand the service and supervisors are using clinical supervision
- ✓ Continuing education does not exist in the scope of practice of peer support
- ✓ Supervisors are untrained in peer support
- ✓ The new service definition, clinical coverage policy and provider/peer partnership
- ✓ A PS Standards Coalition is being established to address the current status and future of peer support including:
 - ✓ Training
 - ✓ Certification/re-certification
 - ✓ Continuing education
 - ✓ Supervisory issues
 - ✓ PS in practice

Peer Standards Coalition



Why North Carolina?

A myriad of challenges and barriers have been expressed by the PSS community including:

- co-optation, marginalization, exploitation
- supervisors and agencies not know what they do
- lack of supervision based on their scope of practices
- need for non-clinical continuing education
- inconsistent quality of peer training
- need for PSS certification/licensure
- need to coordinate and advocate outside of system
- convened advisory groups and committees
- need independent Peer-Run organizations that provide peer support
- need innovative, peer run alternatives to traditional treatment

PVNC is established to influence standards for peer support in NC:

- ✓ **involvement in service definition development**
- ✓ **quality standards for training, supervision, oversight of agencies employing peers, and**
- ✓ **creating funding streams for independent consumer-operated agencies to provide peer support and peer run alternatives to traditional treatments (warm-lines, peer operated respites, peer recovery centers, forensic peer support, recovery high schools, etc etc).**

PVNC is tasked with establishing the NC Peer and Recovery Technical Assistance Center:

- ✓ **develop peer practice related continuing education and training for non-peer supervisors, supporting the development of 7 regional peer coalitions, etc.**



Thank You !!





QUESTIONS????

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