

WORKSHOP 5.06

THE ROLE OF PEER SUPPORT WORKERS
IN PROGRAMS AND SYSTEMS

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Person With Lived Experience and an advocate for individuals experiencing homelessness.



Peer Support Specialist at Urban League of Greater SW Ohio for a Jobs and Family Services Program called Benefits Bridge.



Co-Chair for Strategies to End Homelessness People With Lived Experience Workgroup in Hamilton County, as a voting member of the Continuum Of Care Board



Owner of Our Community Resources, LLC and creator of the website

www.OurCommunityResources.org



NAEH Community Strategic Team Member for the National Alliance to End Homelessness

What is a Peer Support Specialist?

- Someone with the lived experience of recovery from a mental health condition, substance use disorder, or both.
- Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships.
- By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.
- Common titles include peer support specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.
- Ohio offers three types of peer supporter certification: Adult, Family, and Youth/Young Adult.

Ohio Peer Support Certification and Continuing Education Units (CEU)

Ohio Department of Mental Health
and Addiction Services

<https://mha.ohio.gov/community-partners/peer-supporters/apply-for-peer-supporter-certification-renewal>

Things Peer Support Specialist Do

- Provides Housing Options
- Refers to Job and Education Retention Programs
- Food and Pantry Coordination for Basic Needs
- Advocates for Individuals' Needs
- Rides to Medical and/or Legal Appts
- Rides to the Store
- Drop off Checks
- Update Resumes
- Facilitate Groups
- Referrals for Addiction Services and/or Mental Health Services
- Case Management through Financial Literacy Programming
- Rent and Utility Assistance through various programs
- Vital Document Collection
- Attend Outreach Events to Connect with Community Partners
- Create Strategic Partners to provide a holistic approach to removing barriers
- Provide Solutions

Professional Development

- Mental Health First Aid
- Motivational Interviewing
- Trauma-Informed Care
- Non-Violent Crisis Intervention
- Narcan Distribution
- CPR/First Aid
- Wellness Recovery Action Plan
- Mobility Mentoring(MM)
- Prevention First Certification
- Harm Reduction Training

Our Community Resources, LLC

A holistic approach to removing barriers, that prevent individuals from living a stable and sustainable life, would further eliminate the poverty within Our Community.

www.OurCommunityResources.org



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WHAT I WILL BE TALKING ABOUT

Introduction of Self

What it's like in your first year of peer work.
Being a peer support in a jail, on a clinical team.
Connecting peers to services upon their release
Expansion of Washington State Peer Support
Curriculum and Certification Process.

An abstract geometric design on the left side of the image. A diagonal line runs from the top-left towards the bottom-right. To the left of this line, there are several geometric elements: a small white circle at the top, a grey semi-circle, a series of concentric blue circles, a magenta square with a white diagonal line, a magenta square with a white border, a grey triangle, and a magenta triangle. The background is a solid blue color.

**THE MAGIC OF PEER
SUPPORT SERVICES-
THE FUTURE IS NOW**



YEAR ONE

1. GETTING A ROUTINE DOWN.

2. BUILDING A REPUTATION.

**3. PRIORITIZING WORK WITH
TRAININGS AND NETWORKING
EVENTS.**

4. MY RECOVERY.

5. SELF CARE.

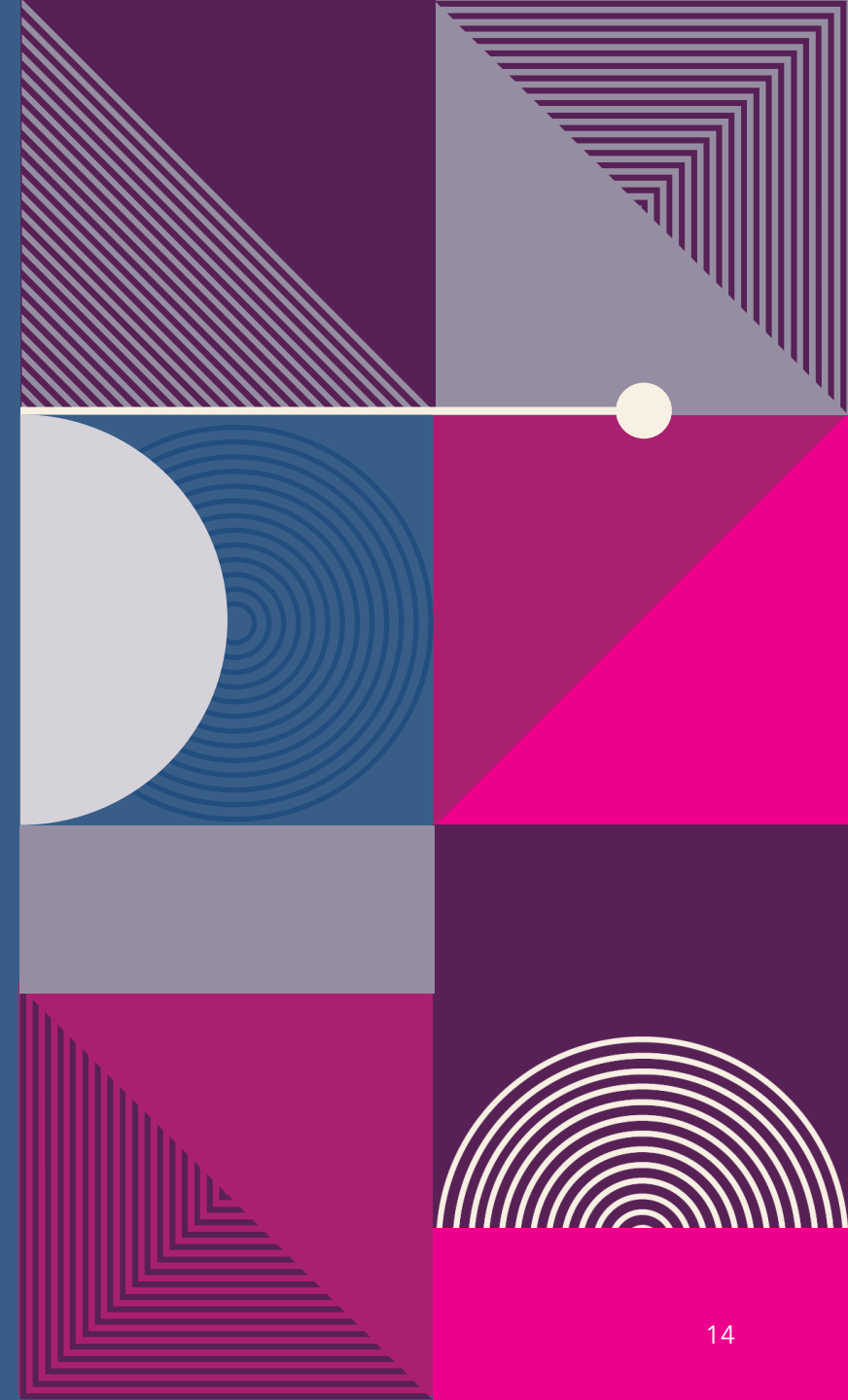


ROUTINE

- Building connection with your staff, seeing how they want things.
- “Know your manager’s objectives and achieve them without compromise.”
- Showing up everyday on time, being where your supposed to be when you are supposed to be there, respecting the initial probationary period.
- Essential to seek out peer support workers with more experience both internally and externally to share best practices and the “do’s and dont’s.”
- Referencing back to your training and curriculum to “keep it peer.”
- Ensuring you are compliant with case notes in a timely manner and learning your work systems.
- Utilizing weekly supervision with management to ensure your on the right track.

REPUTATION

- Follow through.
- Walking alongside your peers and not telling them what to do, “meet them where there at.”
- Active listening, shared recovery, strength’s based approach.
- Being willing to “sit in the silence,” allow your peer to be in control to be able to talk about whatever is on there mind.
- Being their safe space to allow them to process their feelings.
- Share your story to relate to your peers to let them know we are equals (mutuality).
- Being genuine, no judgment zone.





PRIORITIZE YOUR TIME

- Being fully present at your primary job.
- Looking at all training and networking opportunities out there and then only picking a few, don't get maxed out.
- Proper calendar and communication usage.
- Planning your days out to the hour if needed and keeping your organization in the loop.
- If your job covers expenses for trainings know how much it is and, also, be strategic with how you use it.
- Hold tight to your schedule be mindful and set boundaries to ensure no overlap.

MY RECOVERY

Recovery is self defined:

- 12 step meetings
- Spiritual/Faith based
- Celebrate Recovery
- SMART recovery
- Dharma recovery
- IOP
- Peer run services

Wellness Recovery Action Plan (WRAP):

- Daily maintenance plan
- Triggers
- Early warning signs
- Crisis plan
- Post crisis plan



SELF CARE

- Adequate sleep
- Water intakes
- Proper diet
- Spiritual enlightenment and meditation
- Having a group of colleagues you talk to
- Proper amount of exercise
- Positive self talk
- Setting boundaries personally and professionally
- Taking time when you need it never wait
- Be an example of peer work
- Doing activities with your colleagues and friends



FINAL TAKEAWAYS

- Peer support work is the future, the future is now.
- Peer support work is a unique position that fosters hope and resiliency.
- Peer support work is growing at a rapid rate, organizations are seeing the value and need for the lived experience factor in their arena.
- Peer support workers aren't therapists or errand runners.
- With rapid growth of peer support work comes needed ethical principles to set and hold a high standard

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PERSON-CENTERED PEER SUPERVISION



WHAT DO YOU WANT YOUR PEERS TO
PROVIDE?

- ~HOPEFUL
- ~VOLUNTARY
- ~RESPECTFUL AND DIRECT
- ~TRANSPARENT
- ~FACILITATE CHANGE

- ~STRENGTHS FOCUSED
- ~EMPATHIC
- ~MUTUAL AND RESPECTFUL
- ~HONEST
- ~OPEN MINDED

SOME REASONS PEERS NEED SUPERVISION?

- PROVIDES EARLY DETECTION OF VICARIOUS TRAUMA
- CAN HELP PREVENT BURNOUT
- LEGAL REQUIREMENTS IN SOME STATES/ WITH SOME CONTRACTS
- PROVIDES BEST ETHICAL PRACTICES
- PROVIDES SUPPORT AND GUIDANCE FOR THE PEER(S)
- ASSISTS SUCCESSFUL INTEGRATION OF PROGRAMS
- IDENTIFIES IF THERE ARE MISUNDERSTANDINGS IN THE ROLE



HOW TO PROVIDE SUPERVISION



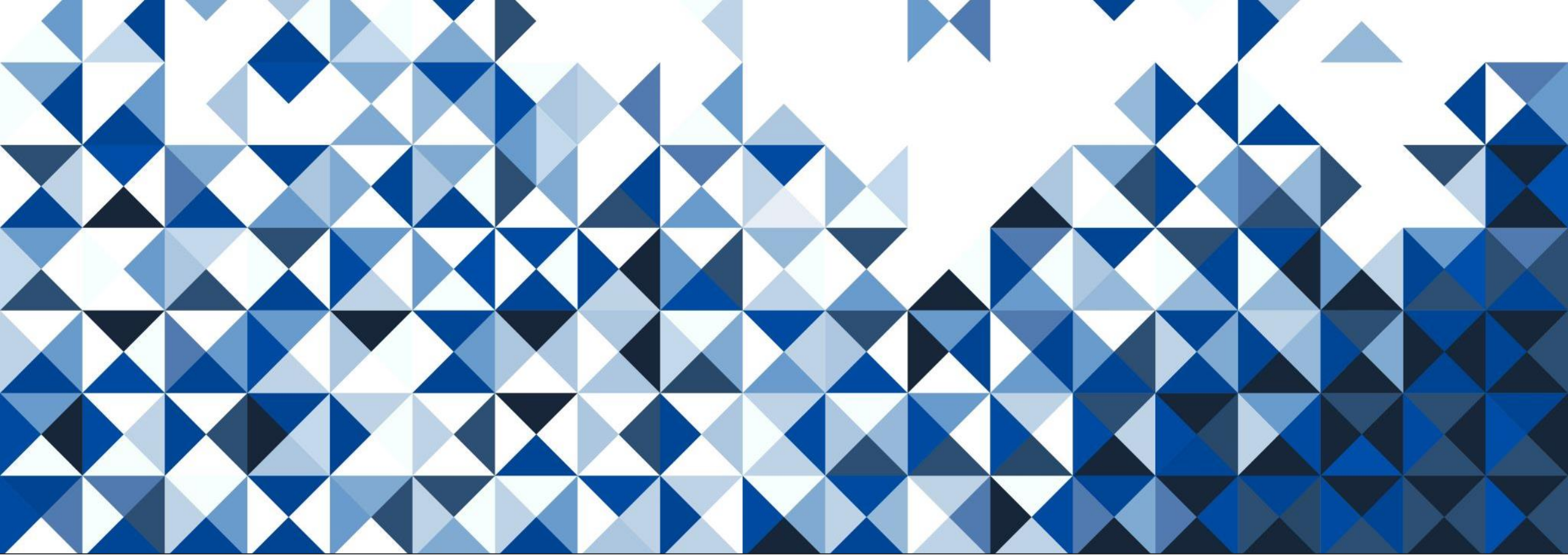
USE TRAUMA-INFORMED LANGUAGE



LISTEN AND ALLOW THE PEER
TO BE HEARD



BE CULTURALLY AWARE AND
RESPONSIVE TO EACH PEER



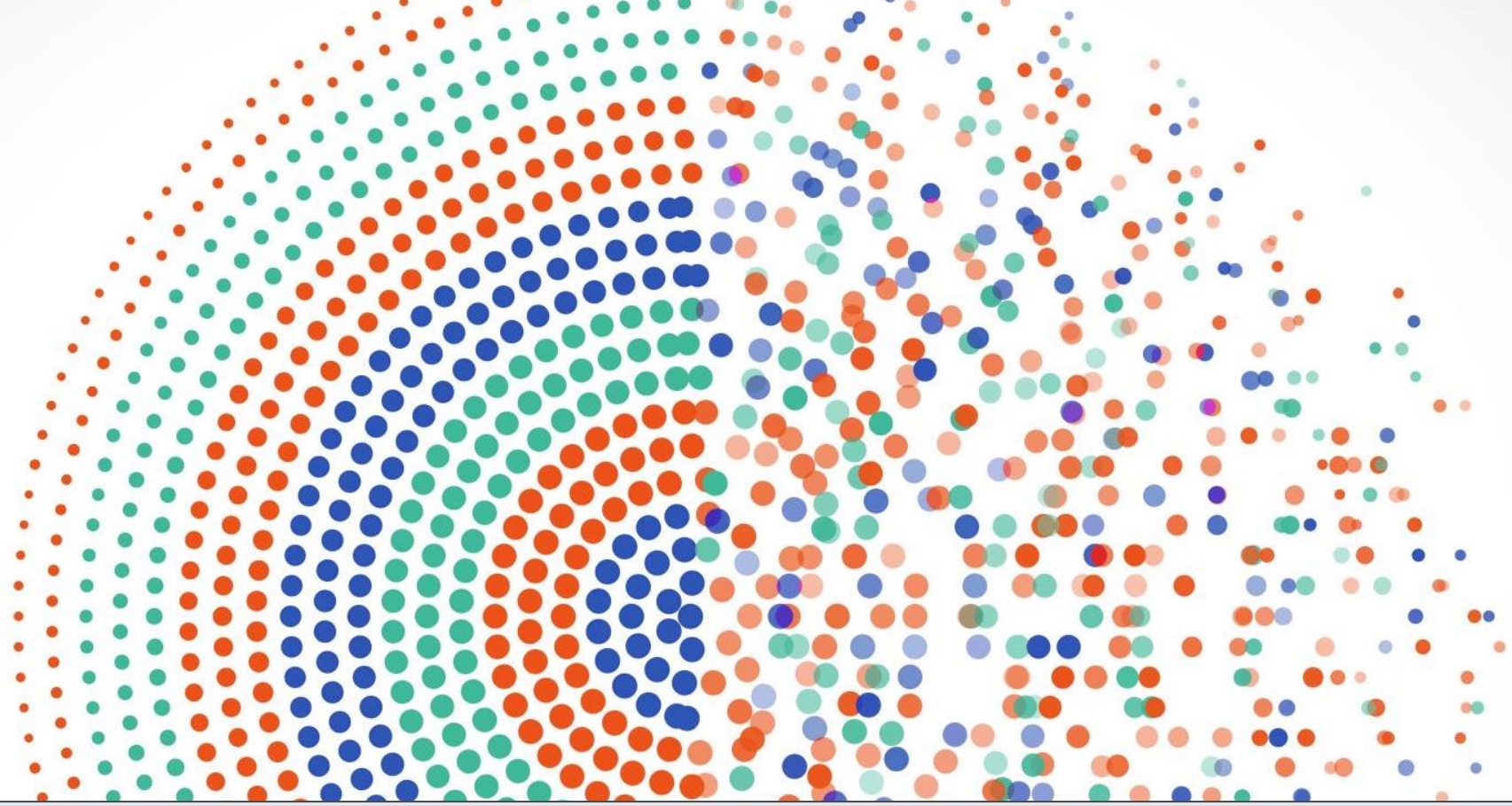
USE STRENGTHS AND STRENGTHS
BASED LANGUAGE



USE PERSON-CENTERED LANGUAGE



ADVOCATE WITH AND
FOR YOUR PEERS



MODEL AND SUPPORT SELF CARE



MODEL HOW TO BE A PEER

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WHY WE USE PEER SUPPORTERS

- **Improved Recovery Outcomes:**
Reduced substance use and better recovery results.
- **Increased Engagement:**
Higher retention in treatment programs.
- **Enhanced Social Support:**
Stronger social networks and community sense.
- **Reduced Hospitalizations:**
Fewer emergency services and hospital visits.
- **Improved Mental Health:**
Decreased symptoms of depression and anxiety.
- **Cost-Effectiveness:**
Contributes to healthcare cost savings.
- **Empowerment:**
Builds self-efficacy and empowerment in recovery.



Studies and Sources:

SAMHSA: Demonstrates effectiveness in improving recovery outcomes.

Journal of Substance Abuse Treatment: Significant reduction in substance use and improved recovery capital.

American Journal of Public Health: Effective in reducing substance use and improving health and well-being.

WHERE WE MUST EMBED PEER SUPPORTERS

- Healthcare Settings
- Substance Use Treatment Centers
- Outpatient Programs
- Correctional Facilities
- Community Corrections
- Community-Based Organizations
- Homeless Shelters
- Transitional Housing
- Employee Assistance Programs
- Schools and Universities





HOW DO WE DO IT?

Partnerships are key!

AFTER-HOURS INDIVIDUAL MOBILIZATION (AIM) TEAM

To respond to the growing need for immediate response to crisis calls, the Addiction Services Council launched the After-Hours Individual Mobilization (AIM) Team on February 7, 2022.

- An after-hours crisis response service for individuals experiencing issues related to substance use disorder (8:00 PM and 8:00 AM 365 days per year)
- Teams of two certified peer recovery supporters that include one male and one female per team trained to respond to crisis calls
- The team makes in-person visits to hospitals and residences and assists with accessing necessary treatment services and/or provides information related to available community resources
- The team transports individuals to area treatment centers IMMEDIATELY when appropriate



WHO SHOULD BE REFERRED TO THE AIM TEAM?

- Adults over the age of eighteen (18)
- Suffering from substance use disorders (including alcohol, opioids, amphetamines/methamphetamine, benzodiazepines, etc.)
- Open to speaking with a peer supporter
- May or may not be willing to enter treatment
- May be currently intoxicated and may have recently overdosed
- May have a co-occurring mental health diagnosis
- May be homeless or living at a residence
- May be in emergency department, jail, or probation office
- May need case management services or ongoing support services, particularly for those that have not been connected to appropriate community support services
- May or may not need medication assisted treatment (MAT)

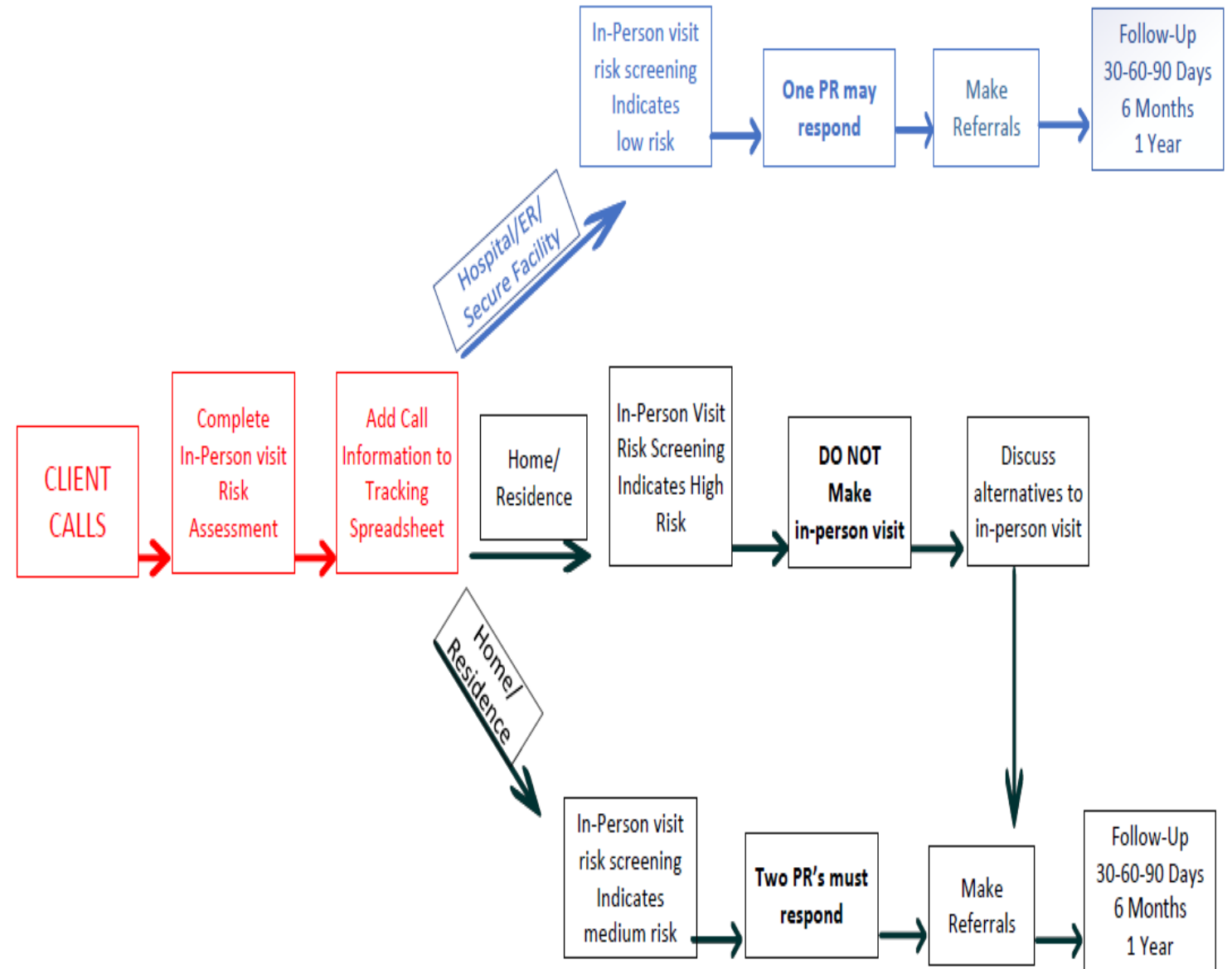


WHO CANNOT BE TRANSPORTED BY THE AIM TEAM?

- Juveniles under the age of eighteen (18)
- Clients with open intravenous lines (PICC or peripheral)- the AIM Team can visit these clients, but is unable to provide transportation
- Currently exhibiting violent or sexual behavior (past violent or sexual behavior is acceptable if it is currently controlled)
- Clients that are unwilling to speak with a peer supporter
- Clients with current infectious diseases (covid-19, influenza, etc.) NOT including HIV and hepatitis



AIM Team Flow Chart



AIM TEAM STATISTICS

- The AIM Team has received 997 calls since February 7, 2022. 862 of these were unduplicated callers.
- The AIM Team has transported 594 individuals to treatment since February 7, 2022.
- 63% of callers have successfully entered treatment.
- 87% of callers were connected to a Peer Recovery Supporter.
- 92% of callers were connected to treatment services that support recovery.



JAIL BASED SERVICES



MOUD Treatment Program

Jail-Based Peer Support and
Linkage to Care

Transportation to Treatment and
Recovery Support Services

CARE Pods Treatment Program

UNIVERSITY OF CINCINNATI HOSPITAL EMERGENCY ROOM SUD PROGRAM

- Began with volunteer Peer Support Services in 2018, hiring the first full-time peer in 2019
- In 2019, a dedicated team of SUD intake workers began
- The SUD Team's focus is to provide patients with resources and linkage to treatment options such as inpatient, outpatient, sober living, etc. all through established relationships with community treatment programs
- Collaboration with Addiction Services Council **AIM** (After Hours Individualized Mobile Engagement) allows for after-hours linkage to treatment 8p-8a.
- Referrals to Hamilton County Quick Response Team
- Through a partnership with HCPH and funding from the Overdose 2 Action grant we can distribute **Fentanyl Test Strips** in the ED as an additional harm reduction resource to reduce unintentional overdoses in the community
- Data from Hamilton County reports more than 50% of FTS in community were obtained through UC ED
- UCHealth is also a Project Dawn partner, and can provide Narcan free to registered patients in the ED

CHALLENGES IDENTIFIED BY PEER SUPPORTERS

- **Stigma:** Persistent stigma associated with being a peer worker.
- **Negative Attitudes:** Nonpeer workers may have negative perceptions towards peers.
- **Role Boundaries:** Confusion regarding the boundaries and responsibilities of peer roles.
- **Resource Scarcity:** Insufficient resources and compensation for peer workers.
- **Role Clarity:** Lack of clear definitions and expectations for peer roles.
- **Policy Deficiencies:** Inadequate policies supporting peer integration.
- **Organizational Impediments:** Structural and procedural obstacles within organizations.



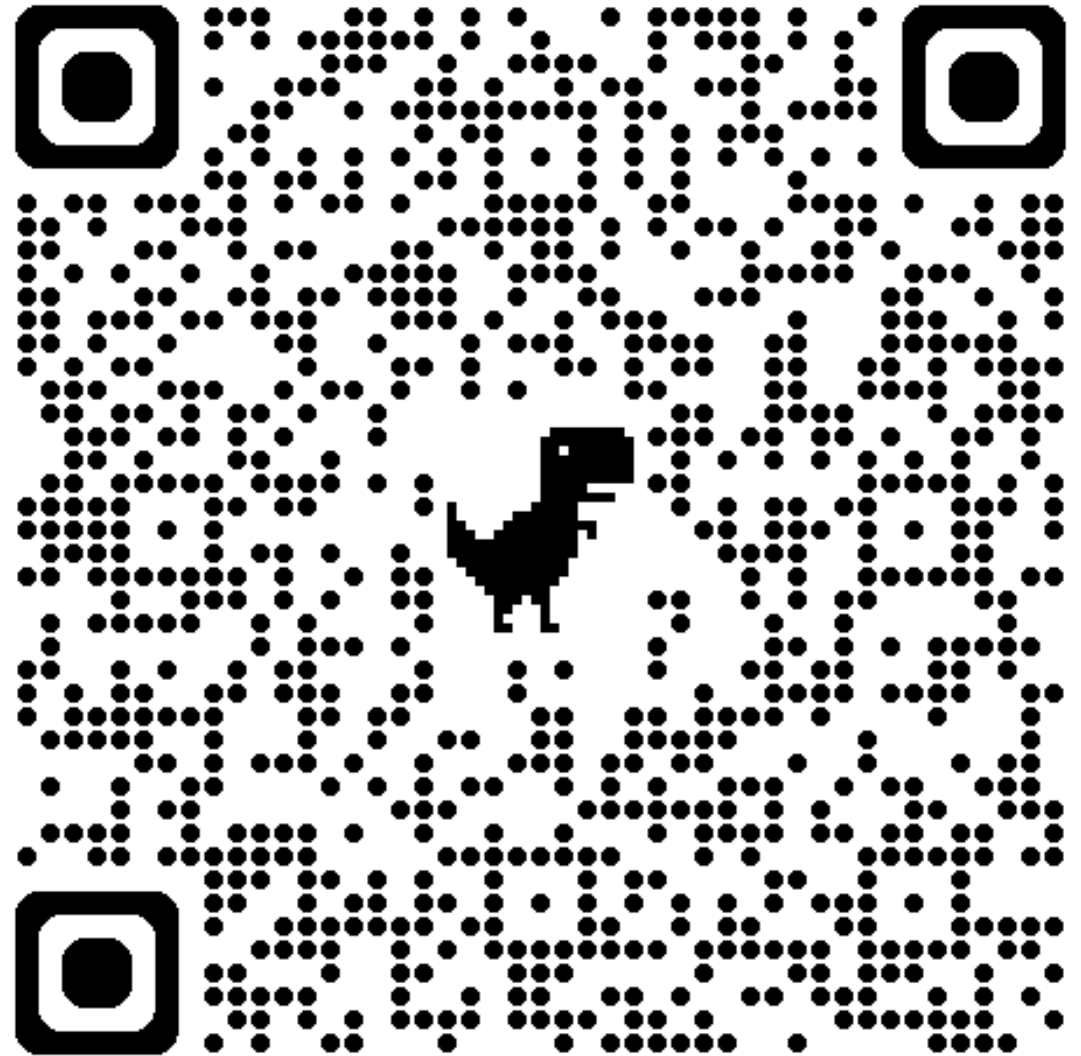
ADDRESSING THE CHALLENGES

- **Organizational Culture:** Supportive culture is crucial for successful peer integration.
- **Training:** Comprehensive training programs are essential.
- **Role Definition:** Clear and distinct role definitions are necessary.
- **Staff Willingness:** The ability and willingness of staff to work collaboratively with peer workers.
- **Resource Availability:** Adequate resources must be allocated for peer support services.



Where can YOU find more
information?

Scan the QR code!!!





QUESTIONS