Iowa Peer Support & Family Peer Support
Workforce Expansion Summit
May 2018
Final Report

Iowa Peer Support Pre-Summit Survey Data

Marketing material for the event was widely distributed through numerous listservs. Targeted invitations were sent to agency administrators, Peer and Family Peer Support Specialists, supervisors and Regional MHDS CEOs. A questionnaire was included with the registration form. The data from the questionnaire is outlined below.

1. Perhaps the single most important thing you can do to ensure the success of new peer staff is to be as clear as possible about the expectations you have for them with respect to their roles and job performance (DBHIDS Peer Support Toolkit). My agency has clear expectations for the role of peer/family peer support specialist.

a. ALL	Admin/CEO	PSS/FPSS
16% disagree	17% disagree	16% disagree
19% neutral	26% neutral	16% neutral
52% agree	51% agree	47% agree
13% NA, NR	6% NA, NR	21% NA, NR

2. Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches(SAMSHA). My agency supports and uses recovery-based services.
    a. 90% of all say yes

3. Being in recovery means an absence of symptoms
    a. 87% of all say recovery does NOT mean absence of symptoms

4. Mental health services in Iowa have shifted to being recovery based
    a. 42% of all say MH services in Iowa have shifted to recovery based
    b. 27% of all say MH services in Iowa have NOT shifted to recovery based
    c. 23 % are unsure

Iowa Peer Support & Family Peer Support Workforce Expansion Summit Summary

Date: Wed. May 16, 2018

Time: 12:30-5:00pm

Location: Radisson Conference Center, Ames, IA Radisson Hotel Ames Conference Center at ISU, 2609 University Blvd. Ames, 50010

Attendance: 64

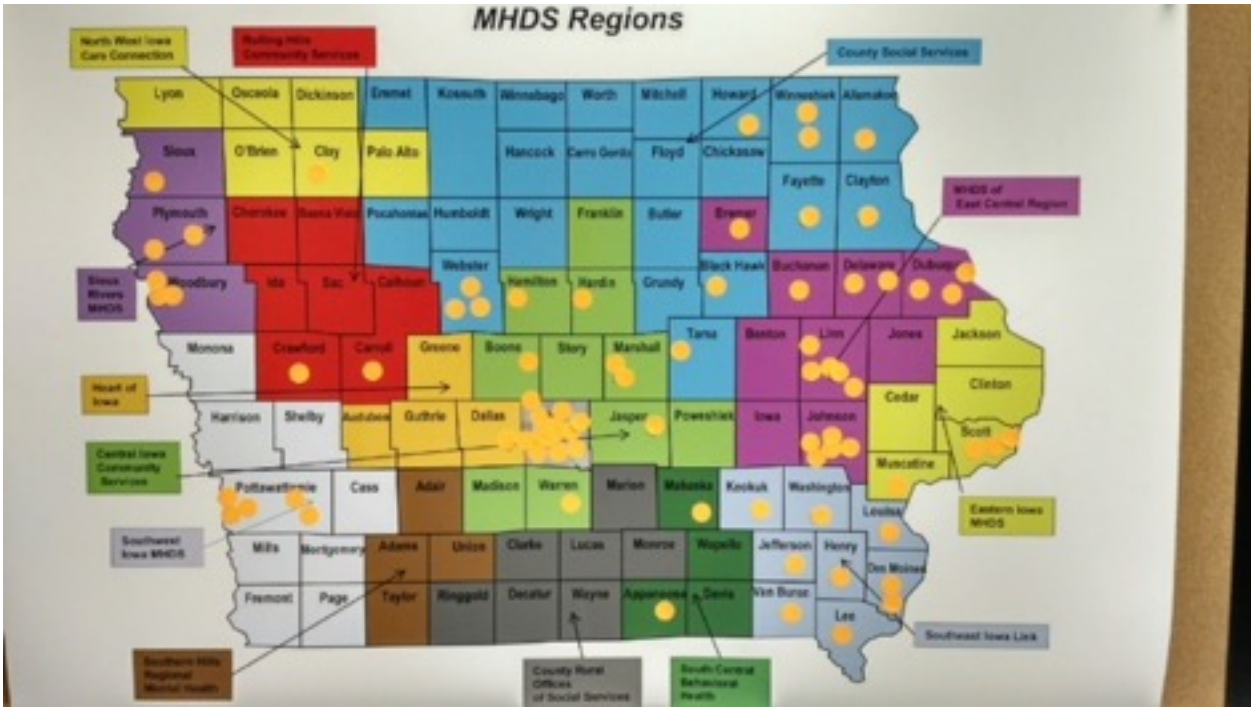


Photo: Each attendee received a sticker upon arrival to the Iowa Peer Support Summit. Attendees placed the sticker in the county in which they reside and/or work.

Welcome/Introduction to Iowa Peer Support Summit

Jill Kluesner, Behavioral Health Consultant from Jill Kluesner Consulting, LLC, welcomed Iowa Peer Support Summit (IPSS) attendees, facilitated introductions and introduced the agenda for the day. Jill provided a brief review of the City of Philadelphia Department of Behavioral Health and Intellectual Disability Services (DBHID) Peer Support Toolkit. The Philadelphia DBHID Peer Support Toolkit includes industry-leading tools for agencies, communities and states to develop, support and enhance peer support efforts. To view the Toolkit visit https://dbhids.org/peer-support-toolkit/

Karen Hyatt, Department of Human Services, provided a summary of Iowa's commitment to peer support.

Laying the Foundation for Workforce Development

Diane Funk, Diane Zaerr Brenneman, and Lisa D'Aunno summarized current University of Iowa efforts and shared the Pillars of Peer Support which have been used as a guide for peer support curriculum development and workforce expansion efforts. Information on the Pillars of Peer Support can be found at pillarsofpeersupport.org/.

Preparing Organizational Culture – What is Peer Support?

The DBHID Toolkit emphasizes the importance of creating clear roles for peer support providers. A review of the role of peer support and family peer support was provided. A video of the role of family peer support was shown. See https://www.youtube.com/watch?time_continue=3&v=HjiAaHp8xE0

The Scopes of Practice for Peer Support and Family Peer Support were reviewed. **See Attachments – PSS Scope of Practice and FPSS Scope of Practice**

Preparing Organizational Culture – Recovery and Resiliency

A review of recovery and resiliency was provided and included the following two videos:
NAMI – Westside Los Angeles http://www.youtube.com/watch?v=_2SDbSuX3kQ
William Schwab, MD, Institute for Patient and Family-Centered Care https://www.youtube.com/watch?v=DPJjyutixQ0

Each attendee completed an agency readiness assessment. **See attachment Agency Readiness Assessment Data**.

Agency Spotlights

Shannon Brown, Family Support Specialist, Families First Counseling Services

KCRG Spotlight – R Place, NAMI Johnson County, Iowa City

Strengths, Weaknesses, Opportunities and Threats (SWOT) Activity

Attendees were given 10 minutes to brainstorm the strengths, weaknesses, opportunities and threats (SWOT) for the peer support workforce in Iowa. Next, attendees shared their individual work with their small groups/table partners. Each small group had 30 minutes to create a unified SWOT.

Each small group identified a spokesperson to share their group work with the large group.

A summary of the small group SWOTs is below. Duplicate items were combined.

Strengths

Open advisory meetings

Scholarships

Tuition reimbursement

Drug recovery

Good peer leader

Social media

Over 500 peers trained/ supervisors trained - variety of peers – IHH, Community, Volunteers, Internal MCO, Clubhouse/

Wellness Centers, ACT teams

MCOs – data, multistate

Collaboration – between agencies/departments

Peers valued by DHS, MCOs, Regional CEOs

Quality and variety of trainings available – UI and NAMI

Belief in recovery and value of peers and family peer

Peer support services in Iowa code

Some payment mechanisms

Experienced organizations – NAMI etc.

List of skills already identified

Able to engage person to person not professional to client

Use each other as PSS for support services

MDS are required to have support and it builds partnership

Value of service is gaining knowledge

Training and Certification and Professional Development

Training – research based and evaluated opportunities and funding for training

Recovery centers/groups

Cost effective

Increased publicity

Staff who are engaged in the process

Peer empowerment conference

Connections made in communities

Bi-weekly/monthly coaching for peer staff

Crisis/immediate needs met well

Keeping up on new trends

Peers in their roles for the right reasons

Core service

More peer run programs

Peer support committees

Many peers trained

Really good peer support specialist

The round table meetings available across the state

Marketing is good

Willingness to support each other

IA board of certification

Law enforcement/court support

Complex needs support group – Bd MH community support

IA Advocates for MH Recovery

Weaknesses

More resource centers

Data base for employers

State networking community

Rural community

Funding/reimbursement

Acknowledgement

Wages – paid jobs for peers

More training – ER/Police/ Hospitals

Peer run organizations

Where does fit in clinical/ recovery

What “peer” means

Peer respite

Other options besides hospitals

SILO-ing – still lack of collaboration and competition between agencies

Broken continuum of care

Need to improve networking between peers throughout state

Low reimbursement- public and private

Low worker pay (not living wage) and varies

Workforce availability including so many hoops to become qualified (particularly west of I35)

Medicaid funding only thru MCOs

Lack of understanding on organizational level of how to provide PSS and FPSS

Territorial with service areas and clients

Too much/not appropriate/ not hands on training

What is recovery – not universal

STIGMA – admitting you have had issues or that you cannot get hired due to your history

Still unknown by too many

Access due to insurance or location of family vs. services

Fear to ask for help by families

Wages – living wages but on disability

Funding

Training focused for IHH rather than community/ direct

Lack of peer support job opportunities- peers forced to work elsewhere

Lack of integration between MH and SA

Peers not utilizing skill set for which they were trained

Not available to all – typically only Medicaid

Lack of funding/not consistent across state

Shortage of mental health providers

Needs to be more research

Peer forced to work elsewhere

Need to fill the gap better. Often just dealing with crisis instead of overall wellness

Finding family support specialist that can take the week-long training.

Burn out!

Lack of education about peers

Rural state vs. metro areas require different needs/ services

Low numbers

Understanding of recovery

No career ladders

Mostly Medicaid funded/ reimbursement rate low

Opportunities

Complex needs

Children's mental health board

Other agencies – idea exchange

College opportunities

Give cards to doctors' offices

Opportunities for cross training

Governor appointed peer support board

Peer respite

Funding

Media/social

Project I Am Not Ashamed

Legislative awareness

Peer run organization

Be more creative/ innovative

Expanding type of PSS – family recovery PSS

Use data where we want to expand services

Awareness and education opportunities

Using media to improve awareness of MI

Untapped workforce (people with disabilities and returning to community citizens)

Continued improvement in training opportunities

See growth in number of jobs and increase in pay.

Comprehensive MH legislation – increased crisis

Research shows peer create better outcomes ad lower overall cost

Chance to figure out payment/organizational structuring to support delivery of PSS and FPSS

Valued roles – F/PSS is being valued by consumer to help us recover

Community integration/ stronger collaboration

Provide supports to help minimize long term RT/ PMIC for children

Trainings and PIT/UI

Life connections – workshops with board of Cert.

SAMHSA webinars

Incorporation information supports to be more engaged in recovery

Centralized job postings – location/website

Success stories – media outlets

Political advocacy

Expanding peer and family support in hospitals and ERs and community

Need to help set up logistics during training – childcare, etc

Increased work between stakeholders

New mandated services in Iowa must include peer support

Get meaningful input for policy making from peers in the field

Give peer support the respect and recognition that is has earned and deserves

Show the data of the cost savings

HAB providers hiring F/ PSS

Family PSS certification

Buy in from MCO – using national data

Private insurance companies

Regional PSS meetings or collaborations to advocate for PSS/Model recovery

Threats

Rules and reop

Time frames for outcome

Ethical standards/ boundaries

Support from team/ supervisor

Media/social

Misusing funds and fund raisers

Legislative awareness

Misunderstanding of PSS by people to be served and community where service is

Data – use it or lose it!

Resistance to change

Uncertain future of IHH and MCOs; different procedures, etc

Lack of encounter data to regions who have overall planning responsibility.

What is recovery vs. outcomes for funding

Focus on medical model vs. person centered model of recovery

Liability

Lack of understanding – not getting in doors

Funding – guidelines and payment

STIGMA (listed by 7 out of 9 groups!)

Federal and state priorities /republican

Not enough jobs and low pay

Not being taken seriously

Lack of respect

Lack of housing

Lack or resources

Constant changes with MCOs

Reimbursement rate

Transportation reliability

Insurance billability – Medicaid and non-Medicaid

Federal level Medicaid changes

State level budget

Peer specialist relapse

Working outside scope of practice

Overlaying medical model on to peer support services

Utilization reviews

Inconsistencies

Lack of understanding of true model by others

Action Steps

After each small group shared their SWOT, small groups identified actions that would support current peer support efforts and/or help expand peer support efforts in Iowa. The completed list of recommended action steps are listed below. At the end of the day, we decided to compile the actions step and distribute to participants via Qualtrics survey. The intent was to engage participants in identifying the action steps with the highest priority. Results of the survey are attached.

Group 1:

Media attention – You Tube, local news, encourage families to share their stories and train (advocacy)

Consistent events

Create a directory/website – Iowa Peers

Group 2:

Organize regional peer support communities

Day on the hill – peer support

- Encourage involvement with local legislators
- Consistent messaging

Career counseling – resource center like other colleges, job opening boards online

Utilize the data regarding effectiveness, cost saving

Celebrate/promote Peer Support Specialist Day– INAPS

Share contact information of other participants here today

Group 3

Networking PSS awareness strategies – focus on what's working, share across the state.

Advisory committees need to be held as a professional group with follow through and not just an 'on-paper to meet the requirement' group.

Focused outreach to educate specifically about peer support (robust and systemic)

Many avenues of the same message – radio, flyer, tv, presentations, social media; presentations to hospital associations, professional groups, law enforcement

Newsletter – Jen Day will contact PSS training team to see if that can start.

Medicaid billing structure change to be the same across the board.

Group 4:

Developing Job Centralized Posting Place

- utilize existing sites while trying to develop
- research opportunities for centralized posting place
- identifying funding for it.

Expanding knowledge and understanding

- identify various audiences
- common message/terminology
- focused campaign
    - develop work group
    - identify funding

Group 5:

Statewide PSA to run in May

- What is peer support?
- Family peer?
- Recovery?
- Connect with social media and tech in Iowa.

What are regulations? (identify) What can we do? Be brave to ask why? Because it's always been done?

Focus on being active – helping clients meet their needs and anticipate crisis.

Families have awareness of their recovery and needs to assist the PSS meet their needs. Have actually done the work – use PSS as a recovery support services not a support process during journey.

Continue to search for alt. insurance to be self-sufficient as an agency to provide quality services.

Resiliency with in the agency to weather the storm of funding

Group 6:

Review funding structure for peer support

Analysis status of peer support services in Iowa – Medicaid, regional, private insurance

Iowa guide book for Peer support – similar to employment guidebook – roadmap consistent terminology and procedures

FAQs

Group 7:

Integration

My commitment to action themes

Organize voices heard at state level/ regional/hometown

Early education on mental health /co-occurring

Success stories about peer support – media/ social

Group 8:

Use data to make informed decisions – helps with funding

Promote direct services - options

Database & networking opportunities

- Where are the 500 trained peers?
- Updated and accessible information
- Enhances collaboration

Media Campaign – statewide, urban, rural, regional (at all levels)

- Social media and HIPPA resp
- Inform/Education
- Activate

Inter-agency collaboration

Group 9:

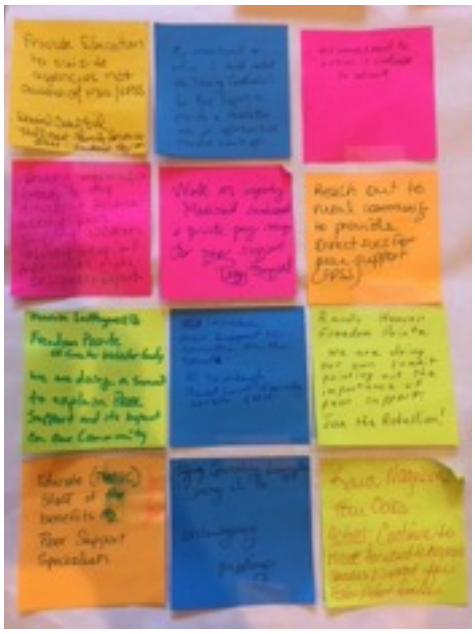
Education on every level

Newsletters – churches, ecumenical, county interagency, advertisement overall

website construction

- employee to employer,

The closing activities included an opportunity for each attendee to write down one thing they plan to do to support or enhance peer support efforts in Iowa.



Attachments

PSS Scope of Practice and FPSS Scope of Practice
Agency Readiness Self-Assessment Survey Results
SWOT Peer Support Workforce Action Steps Survey Results

Exhibit A: Invitation

We invite your presence and expertise at the:

Iowa Peer Support & Family Peer Support Workforce Expansion Summit

May 16, 2018
12:30-5:00pm
Sign-in 12:20-12:30

Radisson Hotel Ames Conference Center at ISU (formerly Holiday Inn)
2609 University Blvd. Ames, 50010

The U.S. health care system is facing significant challenges from increasing health care costs, an aging demographic, health disparities, and consumer dissatisfaction. Peer support in behavioral health is part of the solution in providing culturally sensitive, cost effective, and consumer-oriented care.

-peersforprogress.org

Have you seen the promising results of peer support and want to see it expand?
Are you struggling to employ peer support specialists or unsure of this role?
Perhaps you are interested in adding peer support to your services?

Please bring your thoughts, ideas, and experiences to this summit, where we will work together to identify the opportunities and challenges in increasing the use of peer and family peer support specialists.

GOALS for the day:

- Generate ideas that will serve as a foundation for workforce expansion opportunities
- Identify gaps in resources, education and training needed to expand the workforce
- Examine tools to recruit, train and integrate peer support services

Please RSVP by May 4 by clicking this link: RSVP

This event will be facilitated by Jill Kluesner, MA, CRC. Jill serves as a Behavioral Health Consultant for a variety of state and federal behavioral health projects.

Sponsored by:
Iowa Peer & Family Peer Support Specialist Training Program (University of Iowa)
Iowa Department of Human Services-Division of Mental Health & Disabilities Services

Exhibit B: Agenda

Iowa Peer and Family Peer Support Workforce Development Summit

Date: Wednesday, May 16, 2018

Ames, Iowa

12:20-12:30 Sign-in

12:30pm-5:00pm

12:20-12:30 Sign-In

12:30 Welcome- Jill

1:00 Role of F/PSS in Mental Health Services in Iowa-Karen Hyatt

1:15 Laying the Foundation for Workforce Development-UI Team

1:50 Preparing Organizational Culture – What is Peer Support? -UI Team

2:20 Preparing Organizational Culture – Recovery and Resiliency-UI Team, Jill

2:45 Break

3:00 Hold the Hope Video-Diane

3:10: Agency success stories: R Place video, Shannon Brown

3:25 SWOT: Strengths, Weaknesses, Opportunities and Threats-Jill

4:25 Pulling it all together/Next Steps- Jill

4:45 Commitment to action/Conclusion/Thank You-Jill

5:00 End

Exhibit C: Pillars of Peer Support

Building a Strong Peer & Family Peer Support Workforce*

1. Clear Job and Service Descriptions
2. Job-Related Competencies
3. Skills-Based Recovery and Whole Health Training Program
4. Competencies-Based Testing Process
5. Employment-Related Certification
6. Ongoing Continuing Education
7. Program Support Team
8. Research and Evaluation Component
9. Train-the-Trainer Program
10. Peer Specialist Code of Ethics/Code of Conduct
11. Competency-Based Training for Supervisors
12. Peer Support Whole Health Services
13. Strong Consumer Movement
14. Unifying Symbols and Celebrations
15. Networking and Information Exchange
16. Media and Technology Access
17. Multiple Training Sessions
18. Professional Advancement Opportunities
19. Expanded Employment Opportunities
20. Peer Workforce Development
21. Comprehensive Stakeholders Training
22. Consumer-Run Organizations
23. Sustainable Funding
24. Culturally Diverse Peer Workforce
25. Multi-Level Support

***Blue Pillars:** **have been addressed by the Iowa & Family Peer Support Training Program in the first 3 years of the contract.** **Orange Pillars:** **Stakeholders are addressing some; all will be topic of discussion at the Summit.**

http://www.pillarsofpeersupport.org
Created by State Representatives at the Carter Center: Pillars of Peer Support Services Summit November, 2009.The Pillars of Peer Support Services initiative is designed to develop and foster the use of Medicaid funding to support Peer Support Services in state mental health systems of care. Since 2009, Summits on Pillars of Peer Support Services have brought together nationally recognized experts and stakeholders from across the U.S. to identify and create consensus around factors that greatly facilitate the

use of Peer Support Services as a valuable tool to support recovery from mental illnesses among individuals served in state systems.