



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Supervision and Support of Peer Providers in the Integrated Health Workforce

Larry Fricks and Kathy Dettling  
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# Setting the Stage: Today's Moderator



Rose Felipe  
Associate

SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar will be available on the CIHS website:**

**[www.integration.samhsa.gov](http://www.integration.samhsa.gov)**

**Under  
PBHCI Learning Community / Webinars**

# Our format:



## Structure

Presentations from experts

## Polling You

At designated intervals

## Asking Questions

Responding to your written questions

## Follow-up and Evaluation

Ask what you want/expect  
and presentation evaluation

# Setting the Stage: Today's Facilitators



Larry Fricks  
Deputy Director



Kathy Dettling  
Region 4 Liaison

SAMHSA-HRSA

Center for Integrated Health Solutions

# **Supervision and Support of Peer Providers in the Integrated Health Workforce**

## **Learning Objectives:**

- Understand the skills of quality peer provider supervision
- Understand the unique role of peer providers
- Understand and promote a recovery culture that supports the success of peer providers

# The framework for this discussion:

- The 6<sup>th</sup> Annual Pillars of Peer Support Services Summit (2014)
- Included representatives from 21 states selected because of creative and cutting edge work in peer provider supervision.
- Created a set core principals for supervision of peer providers.

Weblink: <http://www.pillarsofpeersupport.org/POPS2014.pdf>

# We start with a definition of Peer Provider Supervision.....

“Peer Provider Supervision starts when a peer provider supervisor and peer provider supervisee(s) formally meet to discuss and review the work and experience of the peer provider, with the aim of supporting the peer in their professional role.”

***Supervising peer providers is just like supervising other behavioral health services providers, because peer providers are behavioral health services providers.***



# Unique Connection of Peer Providers

- “What you believe about mental illness may be more disabling than the illness itself”
- Peer Providers unique focus on impact of illness rather than symptoms
- Shared impacts include factors like poverty, social exclusion, stigma and discrimination
- Impact bonding key to promoting recovery hope and activation



# Five Pillars of Peer Provider Supervision

1. Peer Provider Supervisors are *trained in quality supervisory skills*.
2. Peer Provider Supervisors *understand and support the role of the peer provider*.
3. Peer Provider Supervisors *understand and promote recovery in their supervisory roles*.
4. Peer Provider Supervisors *advocate for the peer provider and peer support services* across the organization and community.
5. Peer Provider Supervisors *promote both the professional and personal growth of the peer provider* within established human resources standards.

## Peer Provider Supervisors

- *are trained in quality supervisory skills.*

- Supervision includes promoting the vision of the agency.
  - Priority chain is Consumer-Agency-Program-Staff
  - Having the ability to communicate the agency expectations for employees.
- Supervision includes knowledge of clinical expectations and strategies to promote success meeting those expectations.
  - Understanding the role of supervision to teach, model, support, understand, and engage
- Supervision includes knowledge administrative expectations and strategies to promote success meeting those expectations.
  - Billing / medical necessity / authorizations
  - Productivity standards
  - Documentation skills and timeliness
  - Workplace rules

## Peer Provider Supervisors

- *understand and support the role of the peer provider*
- Purposeful planning vs. requirement of having peer providers.
- A well developed vision of the wellness program.
- A well developed program description of the role of peer providers in wellness services
- A well developed job description that outlines the skill set and duties required for success.
- A structured tool for performance evaluation.
- Understanding the value of lived experience while working in a traditional system that focuses on clinical education and experience.



## Peer Provider Supervisors

*-understand and promote recovery in their supervisory roles*

- Modeling recovery
  - Knowledge of and belief in recovery
    - Person-centered approach
  - Person-first language and behaviors
    - Instilling hope
    - Modeling anti-stigma conversations
  - Encourage sharing of lived experience as a model for recovery
    - Team huddles, case conferences.
- Understanding state policies on recovery and peer provider services
  - Actively working towards fidelity
  - Understanding certification training and requirements

## Peer Provider Supervisors

***-advocate for the peer provider and peer support services across the organization and community***

- Understanding the role of peer providers outside of an behavioral health agency depends on the state where your clinic is.
- Creating opportunities for peer provider services across community partnerships.
- Create opportunities for shared learning across community resources.



## Peer Provider Supervisors

*-promote both the professional and personal growth of the peer provider within the established human resources standards.*

- Being available for scheduled and unscheduled supervision meetings
- Creating opportunities for promotions and / or opportunities for movement with an agency.
  - Having ongoing professional development plans and discussions
- Addressing situations where subtle stigma can negatively impact the supervisory relationship.
- Understanding how to make reasonable accommodations for qualifying disabilities.
- Active supervision for the supervisor.

# Challenges in Peer Provider Supervision:

- Hiring
  - Part time vs full time with benefits
  - Criminal background checks
  - State level policies about work experience as a required for participation in certification training
- Working at an agency where a peer provider also receives services
  - Representative / agent of the agency as a primary role.
  - Access to medical records
  - Setting boundaries
  - Understanding confidentiality
- Understanding the difference between supervision and therapy
  - Focusing on a peer provider's mental health issues if there is a negative impact on work.



# Opportunities for Peer Support Services in Integrated Care:

- Group and individual interventions.
  - Wellness programs
  - Peer run services programs and clubhouses
  - Evidenced based practices that activate self-management
    - Stanford Model of Chronic Disease Self Management
    - WHAM
  - Healthy eating classes
- Re-assessment data collection.
- Outreach to people in pre-contemplation / contemplation stage
- Community partnership development
  - Unique perspective on who provides good services



# Reflection Questions on Supporting Peer Providers and Promoting a Recovery Culture

Does the peer provider have regular and ongoing opportunities to...

- ...use their recovery story to create and strengthen their relationships with peers?
- ...help peers see possibilities for improving their lives?

# Reflection Questions on Supporting Peer Providers and Promoting a Recovery Culture

Does the peer provider have regular and ongoing opportunities to...

- ...teach wellness self-management skills?
- ...bring peers' concerns to the attention of clinical staff?
- ...train peers in self-advocacy?

# Reflection Questions on Supporting Peer Providers and Promoting a Recovery Culture

- Does the peer provider have regular and ongoing opportunities to...
- ...support peers in accomplishing their goals?
- ...hold the peer perspective at team meetings?
- ...help peers develop wellness toolboxes?

# Reflection Questions on Supporting Peer Providers and Promoting a Recovery Culture

Does the peer provider have regular and ongoing opportunities to...

- ...help peers develop support groups and support networks?
- ...try creative approaches to developing recovery groups and activities?
- ...have conversations about possible goals not currently in the peer's treatment plan and support incorporating a new goal into the treatment plan in a timely manner?

# Expectation Questions

- Do you understand the difference in supervision and therapy? (If not, let's talk about it.)
- What has been helpful and not helpful in your recovery – especially from agencies and providers?
- How could what you have learned about recovery be helpful to a client here?



# Expectation Questions

- Could you teach someone what your experience has taught you? What could I, or the agency, do to help create opportunities for you to do this?
- What do you anticipate being your greatest challenge working here?
- What do you see as your strengths? Where can these strengths best be used in this agency? What do you see as possible challenges?

# Lived Experience On-going Conversations

- What has your lived experience taught you about \_\_\_\_\_? (Recovery, taking care of yourself, dealing with stigma, etc.)
- What skills have you had to develop or strengthen because of your lived experience with a mental illness?
- What has your lived experience pushed you to do in order to function effectively?





# Lived Experience On-going Conversations



- How has your lived experience made you a stronger person?
- What was helpful in getting you to decide to take responsibility for managing your own life?
- From my clinical training, this is what I see going on in this situation. What does your lived experience tell you?

# Actions for Possible ‘Slippery Slopes’

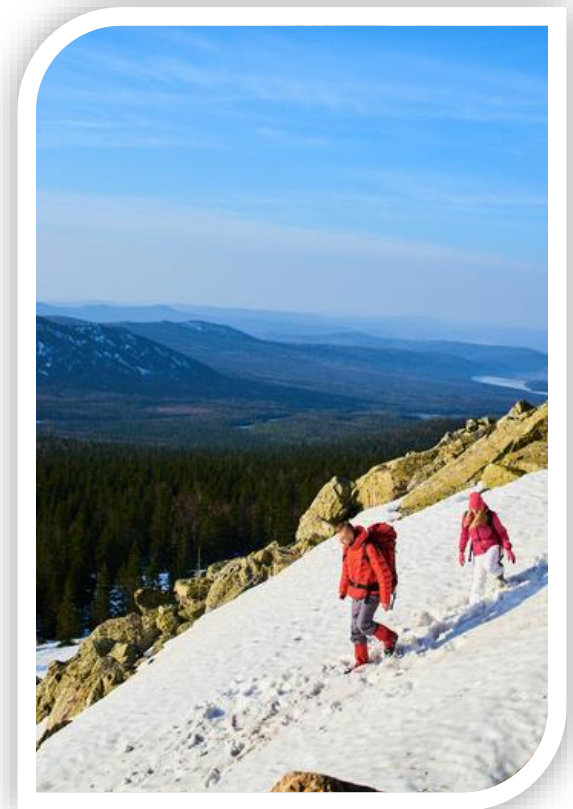
Supervisors, being aware that peer providers may have been out of workforce for a while, review and discuss general workplace expectations – written and unwritten policies and procedures, office codes of conduct, etc.

# Actions for Possible 'Slippery Slopes'

Supervisors know the difference in supervision and therapy and focus on mental health issues only as they negatively impact the peer provider's work and refer the peer provider to the appropriate clinician when necessary.

# Actions for Possible ‘Slippery Slopes’

Supervisors need to be aware of the often subtle, nature of stigma and how it can negatively impact the supervisory relationship and the work of the peer provider.



# **Actions for Possible ‘Slippery Slopes’**

The behavioral health system needs to create opportunities at both the state and local level to have dialogue around the question “In providing services, how do you balance what the system wants (billable hours) and what the peer (client) wants (a life of meaning and purpose)?”

- **SAMHSA' Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)** promotes the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions.

<http://www.samhsa.gov/brss-tacs>

- **CIHS' Peer Provider Webpage** features a wealth of information including sample job descriptions, billing resources, and peer provider implementation tools.

<http://www.integration.samhsa.gov/workforce/team-members/peer-providers>



# Time for Q & A



**Thank you for joining us today.**  
**Please take a moment to provide  
feedback by completing survey at the  
end of today's webinar.**

Larry Fricks ([larryf@thenationalcouncil.org](mailto:larryf@thenationalcouncil.org))

Kathy Dettling ([kathyd@thenationalcouncil.org](mailto:kathyd@thenationalcouncil.org))

Rose Felipe ([rosef@thenationalcouncil.org](mailto:rosef@thenationalcouncil.org))