# Behavioral Health Peer Services Survey & Input Session Results

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**Andrea L. Crook, MS | MHSA Program Manager**

# Behavioral Health System and Stakeholder Participation Reminder

- Behavioral Health has implemented a regular procurement schedule for contracted programs*

- Stakeholder input, which includes client and family input, is a critical component to ensure programming is effective, respectful, and responsive

- Stakeholder participation and input occurs in many forms across the system

*presented at the January and April Steering Committee Meetings in 2021

# How Stakeholder Input is Used

- Input informs program planning, development and implementation
- Adapting programming to current/shifting community needs
- Input is balanced with Local and State oversight, guidance, feedback, and requirements

# Peer Support in Behavioral Health

## The Evidence Is In!

Studies demonstrate that the use of peer support specialists in comprehensive mental health and/or substance use disorder treatment programs helps to reduce client hospitalization, improve clients ability to identify and reach individual recovery goals, increases client satisfaction, alleviates depression and other symptoms, and diversifies the mental health workforce.

# Center for Medicare and Medicaid Services

August 15, 2007

"Peer Support Services are an evidence-based mental health model of care which consists of qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders."

# What is a Peer?

An individual who has lived experience with the process of recovery from a mental illness and/or substance use disorder, either as a consumer of these services or as a parent, caregiver or family member of a consumer.

Peer Support Providers must be sufficiently trained to provide services and supports.

# Peer Support

**Optum Health** Managed Care saw a:
- 80.5% reduction in inpatient days
- 32% reduction in involuntary hospitalization

**Recovery International** saw a:
- 36% reduction in the use of seclusion
- 48% reduction in the use of restraints
- 56% reduction in hospital readmission rate

# Peer Behavioral Health Services (BHS)in Sacramento

▸ Peers are currently working throughout our Behavioral Health System of Care, providing services and supports to consumers and family members across the lifespan.

▸ Recently we surveyed our community stakeholders to learn how we are doing and to learn how our community would like to see us build upon and strengthen what currently exists.

# Peer Survey/Input Session Results

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# Where Peer Support is Needed

- Peers are needed where clients are receiving services
  - Inpatient units/hospitals
  - Homeless camps
  - Respite
  - Juvenile justice
  - Criminal justice
  - Probation
  - Crisis situation
  - School-based programs
  - SUPT programs
  - Drop-in centers
  - MH and SUPT committees
  - Intake process
  - When clients want to change their treatment plan or discontinue services

# Results by Focus Group

| Types of Services Peer Support Can Provide in Sacramento County | Adults | Youth–TAY | Family–Caregivers |
|---|:---:|:---:|:---:|
| Provide linkages to resources and services | X | X | X |
| Provide outreach and engage the community | X | X | X |
| Provide peer homeless navigation | X | | X |
| Help consumers prepare documents<br>• Housing application<br>• College application<br>• Benefits assistance | X | X | X |
| Help TAY consumers plan for the future<br>• Planning for life after graduation<br>• Financial planning and personal budgeting | | X | |
| Peer led support groups<br>• Provide service on school campus for TAY<br>• Restorative justice: rather than suspend/expel students, have youth attend programs<br>• Address women's empowerment<br>• Address building and maintaining relationships<br>• Groups for family members | X | X | X |
| Provide a phone/chat/text line that consumers can use to contact a peer anonymously, separate from the Mental Health Access Team | X | X | |
| Provide training to family members, especially parents | | | X |

# Peer Staff Recruitment and Retention

Provide flexibility in hiring and moving between part-time and full-time work.

Equity in pay scale for peers and advocates across the County.

Address how peer/advocate work can be turned into a career. Some peers age out of their service population.

Peers need to feel supported and valued as part of the service team.

Recruit peers who can speak the County's threshold languages.

Peers needed with lived experience in the following:
- Juvenile justice
- Criminal justice
- Probation
- Homelessness
- CPS
- Early onset psychosis
- Residential treatment

- Increase cultural diversity by hiring peers that look like their client or share similar cultural backgrounds.
- LGBTQ, BIPOC, and other groups have unique challenges that may be better supported by peers with similar backgrounds.
- Interested community members need more information about how they can become a peer.

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# Support for Peer Staff

## Identified Challenges

- Service culture and the "us vs them" dynamics need to change to better service clients. Peers often feel excluded from the service team and undervalued by the clinical staff. The peer's opinions are also sometimes overruled or dismissed by the clinician.

- Sometimes self-care for peers is not honored. Many peers and advocates can be triggered while providing service and experience second-hand trauma due to the nature of their work.

- Clinical staff shortages, high service staff turnover, and lack of peers create a stressful environment for peers and advocates, and can impact client care coordination.

## Identified Needs

Trainings needed for peers:
- Cultural competence
- Providing strength-based support
- Providing non-judgmental care
- Managing behavioral health crisis
- Training on available resources and services in the community. Peers could also benefit from having a simple tool, like a cheat sheet, to help find resources and services for clients.

- The clinical staff needs to see the value in incorporating peer support in client service.

- Peers should be recognized as experts in the system.

- Ensure that peer core values and purpose are not compromised by bureaucracy, billing requirements or program staff.

- Support peers in service by pairing them with a supervisor, and providing a space to talk to teams and clients.

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# Public Awareness About Peer Support Services and Community Resources

## Challenges & Solutions Identified by Focus Groups

| | | | | |
|---|---|---|---|---|
| • Lack of public knowledge about available resources and services | • Lack of public knowledge about peer support and where it is available | • Lack of knowledge among providers about available peer support service | • Stigma around mental health and seeking help | • Difficult to navigate system of care |

- Partner with schools, churches, stakeholders
- Incorporate peers/advocates at intake, treatment planning and exit
- Peers at health fairs and other community events
- Tailor the "Stop the Stigma" campaign for younger consumers
- Invite peers to join MH and SUPT committees
- Develop a directory of available program services and resources by city that can be used by clinicians and peers
- Train clinicians on how to utilize peer support in service

- Advertise about peer support
  - Social media
  - Visual media
  - Billboards
  - Wellness Centers
  - Community events
  - Website promoting Wellness Centers and peer support
  - More youth-friendly resources, especially about substance use treatment

# Opportunities for Improvements in Providing Culturally Competent Peer Support Services

More representation of the unique populations served in Sacramento County
- LGBTQ
- BIPOC
- More male peers
- Individuals who speak our threshold languages
- Individuals with lived experience in:
  - Juvenile justice
  - Criminal justice
  - Probation
  - Homelessness
  - CPS
  - Early onset psychosis
  - Residential treatment

▸ Provide more training around cultural competency

▸ Increase diversity in all levels of care, including inpatient facilities, MHUCC, crisis centers, and the legal system

▸ Change is needed in service culture
  - Need to strengthen acceptance of peers among clinicians to improve client engagement in service

▸ Build trust with the community by providing more transparency

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