Enhancing & Sustaining Peer Support Initiative Mississauga Halton Region

Real People. Real Lives. *Inspired Growth.* TOGETHER

Ontario Peer Development Initiative (OPDI) CONFERENCE

Mobilizing Peer Support Oct 2017

The initiative is led by Support & Housing-Halton through its peer support initiative TEACH (Teach Empower Advocate Community Health). The initiative is funded and supported by the Mississauga Halton LHIN (MH LHIN). The efforts are supported through the ongoing engagement and involvement of 11 MH LHIN Funded and Accredited Health Service Providers with Peer Support Programs or Services

Support & Housing Halton

TEACH
Teach, Empower, Advocate for Community Health
Our Beautiful Minds

PRESENTERS:

Betty-Lou Kristy is the Peer Support Substance Use Systems Lead for the Enhancing & Sustaining Peer Support Initiative. A bereaved mother who lost her son to opioid overdose, and has sustained her 18 year recovery from mental health, addiction and trauma; Betty-Lou has been engaged at provincial systems level as a lived experience/family advocate helping to frame policy, governance & programming.

Christina Jabalee is the Peer Support Systems Lead for the Sustaining Peer Support Initiative in the Mississauga Halton LHIN. She has been a TEACH staff member since 2013 & previously worked with the Schizophrenia Society of Ontario for several years in family work. Christina draws her passion to support positive change in health care from her lived experience and family experience & her degree in social work.

“We are at a pivotal moment in time—and have perhaps a once in a lifetime opportunity—to seize the experience, the wisdom, the success, the learning, the passion of all those years and make them truly count, to capture the essence of peer support and help transform the mental health system in ways we’re yet to discover.

More importantly, one day soon, every person who struggles with mental ill–health (and/or substance use) will have someone in their life who ‘gets it’… a peer support worker.”

Karen Liberman, Mental Health Advisor and former Executive Director, Mood Disorders of Ontario
Source: Mental Health Commission of Canada, Guidelines for the Practice and Training of Peer work

WE CONTINUE TO GROW……

OUR PRESENTATION WILL COVER:

- Who is TEACH and how we maintain our CSI's autonomy
- Brief review of history and scope of the Enhancing and Sustaining Peer Initiative
- How we have approached Quality Improvement-Evaluation-Research
- Development of a tool to address lack of clarity and role definition of peer support roles
- **Knowledge Exchange/Group Participation:**
  -Challenges to Implementation Peer Work in Mainstream Mental Health and Addictions service; How we can all work to negotiate them

WHAT & WHO IS TEACH?

www.t-e-a-c-h.org

SUPPORT & HOUSING - HALTON

TEACH

Teach, Empower, Advocate, for Community Health

Our Beautiful Minds

- TEACH is the LHIN recognized “Consumer Survivor Initiative” for Mississauga, Halton and South Etobicoke.
- Established in 1999, TEACH is the peer support initiative for Support & Housing – Halton
- TEACH maintains its autonomy and led by the TEACH director

MAINTAINING AUTONOMY

- When Support & Housing- Halton took on TEACH, the TEACH Director Position was maintained
- The ED of SHH and the Director of TEACH attend system planning tables as separate voices
- We have an office building dedicated just to TEACH
- TEACH has its own budget dedicated to their services
- TEACH staff's participate on all internal agency committees. Are often asked as consultants on various agency development work
- Several people with lived experience on the board of directors
- TEACH has its own Advisory Board separate from SHH

SO HOW DID PEER SUPPORT GROW IN THE MISSISSAUGA HALTON REGION WITH SHH/TEACH AS THE LEAD?

A long, long time ago…..

We had one of the keys…….

Lived Experience, Family/Caregivers, Peers and the Consumer Survivor Initiative (CSI)-TEACH have been at an essential planning table; the Mississauga Halton LHIN System Integration Group Mental Health & Addiction (SIGMHA) for many years and were able to champion the need and validity of peer support as an integral role in recovery and health care provision.

Then the community was consulted. The results of those consultations combined with current documents on implementing peer work (OPDI, AMHO and MHCC) made it apparent that two streams of funding were necessary and contributed to the business case criteria.

Enhancing Peer Support Initiative Stream

Provided funding for (mainly full-time) new positions and the parameters of how those positions would support person centered care in their agency.

Sustaining Peer Support Initiative Stream

Was to build the infrastructure and bridge the many stakeholders affected by this initiative with ensuring a CSI was the lead agency that hired and housed the Peer Support Systems Lead and a Substance Use/Provincial Systems Lead.

Both streams officially began July 2015

SCOPE of Initiative

Widespread throughout the MH LHIN area, the initiative has 40 paid peer positions embedded across 11 accredited LHIN-funded health care organizations including hospitals and community providers. Additional agency are also supported.

Peer Support Workers cover over 25 different programs within these agencies. There are 24 Peer Supervisors.

TEACH
Teach, Empower, Advocate for Community Health
Our Beautiful Minds

Support & Housing - Halton

Summit Housing & Outreach Programs

one-Link
Connecting you to addictions and mental health services

Trillium Health Partners

Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

ADAPT
HALTON ALCOHOL, DRUG and GAMBLING ASSESSMENT PREVENTION & TREATMENT SERVICES

HOPE PLACE CENTRES
FREEDOM FROM ADDICTIONS

PAARC
PEEL ADDICTION ASSESSMENT AND REFERRAL CENTRE

pchs
Serving Diverse Communities
Punjabi Community Health Services

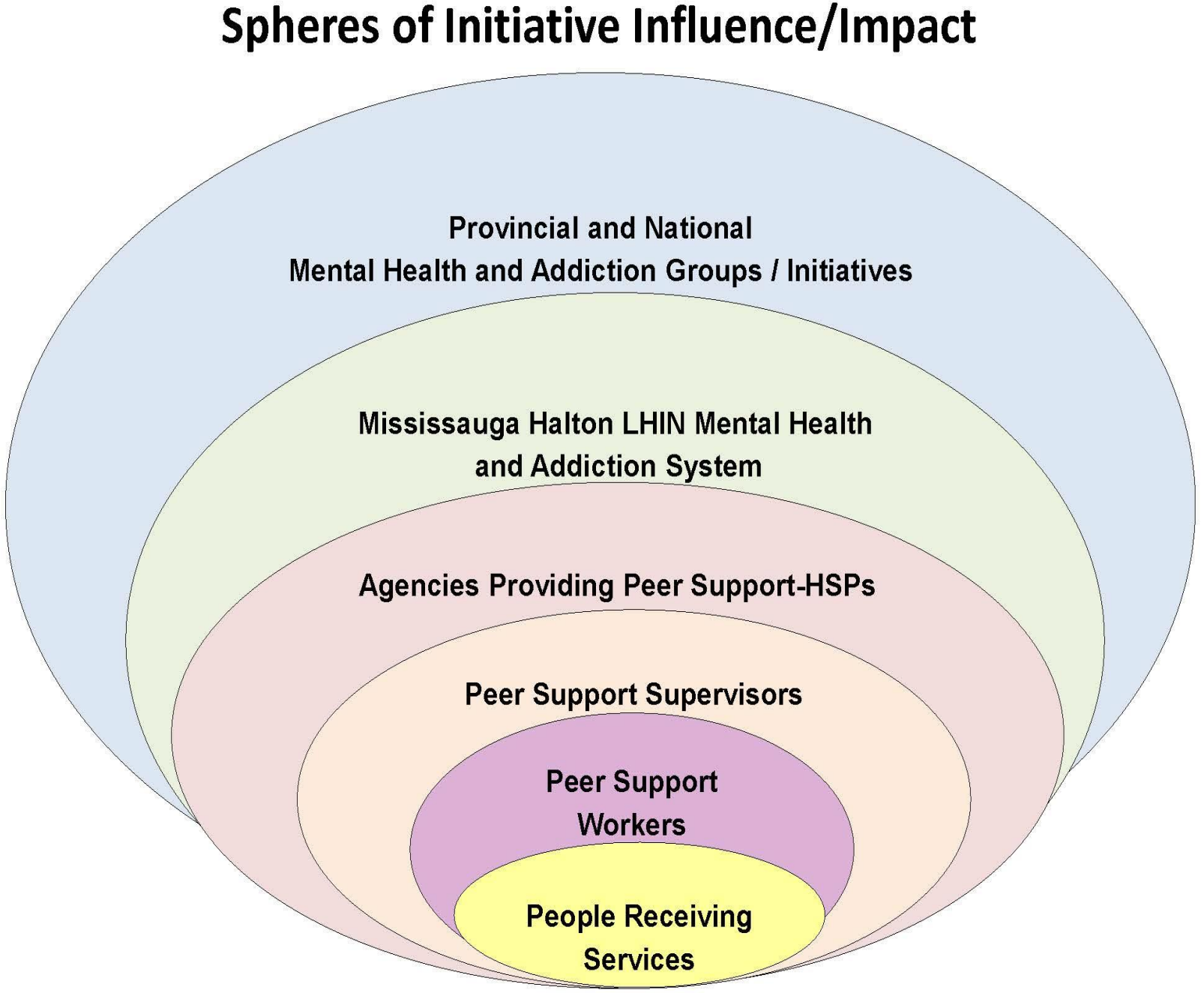
Canadian Mental Health Association
Halton Region Branch
Mental health for all

STRIDE
Supported Training & Rehabilitation In Diverse Environments

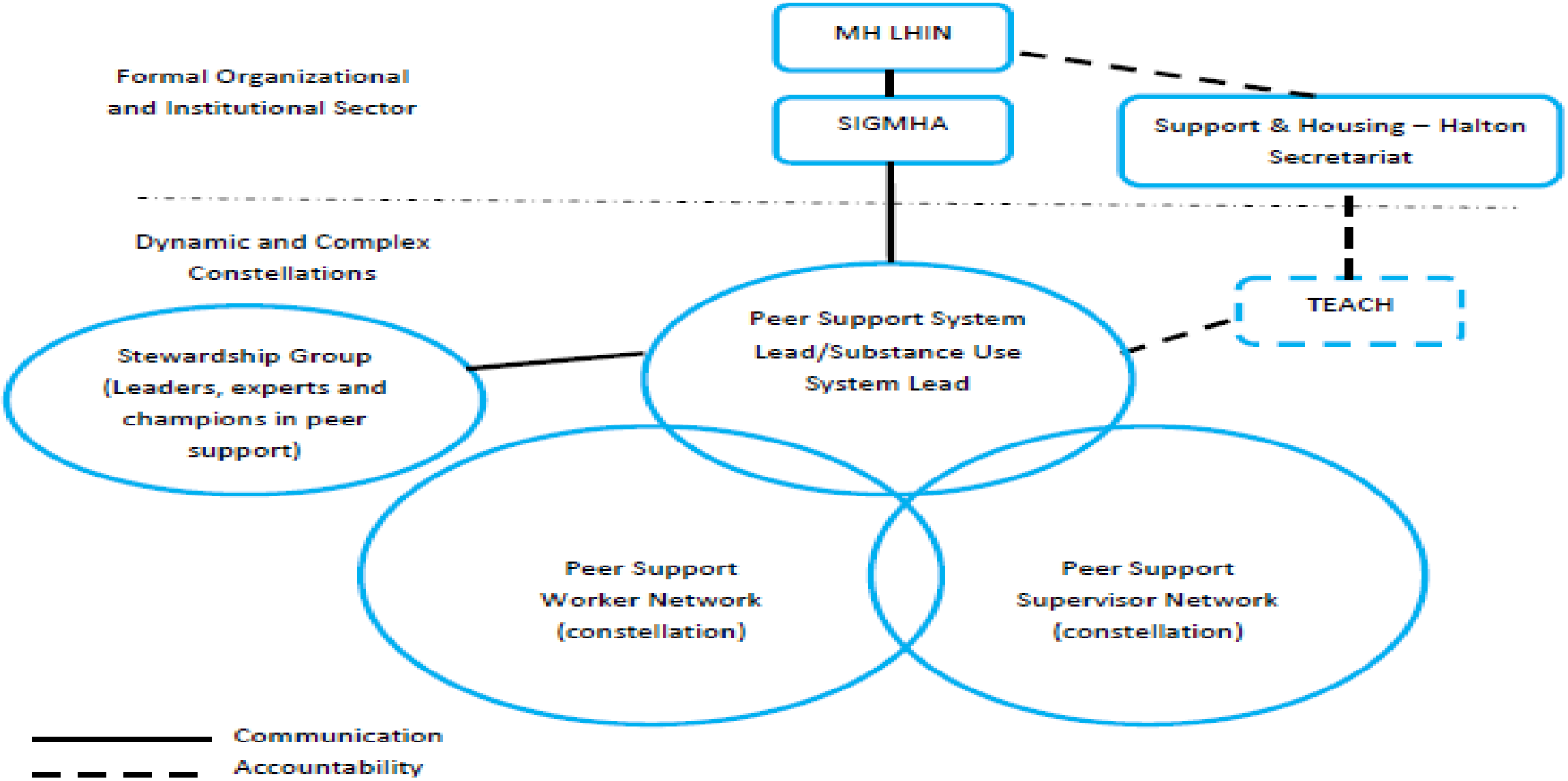
SCOPE of Initiative continues:

There are six identified spheres of impact and they all influence each other.

That equals complexity in a very dynamic health care system



GOVERNANCE SUITED TO EMERGENCE, INNOVATION AND COMPLEXITY: THE CONSTELLATION MODEL



WHAT THE RESEARCH HAS SHOWN REGARDING THE OUTCOMES OF PEER SUPPORT

- Reduce need for acute care
- Increase connection to appropriate services
- Increase hope
- Increase empowerment
- Increase self-care

(Larry Davidson, PhD; Professor of Psychiatry; Director, Yale Program for Recovery and Community Health, multiple sources)

- Reduction in hospitalization;
- Reduction in symptom distress;
- Improvements in social support; and
- Improvements in quality of life.

(Canadian Mental Health Association, Ontario Division et al., 2005)

HELPFUL RESOURCE!

https://www.mentalhealthcommission.ca/English/document/445/making-case-peer-support

SO WHAT ELSE DID WE WANT TO KNOW?

HOW WE SET A SPECIFIC PRIORITY

What has emerged from the peer support worker survey suggests great complexity in what peer support workers are doing and in how they are doing it

Each service provider had unique expectations about roles and responsibilities for "their" peer support positions.

Role clarity and role definition were identified as top priority for the peer support workers, the peer support supervisors, and the agencies employing the peer workers.

"Such lack of clarity of purpose can act as the seed for all other implementation issues identified…"

Harrison & Read, Challenges Associated with the Implementation of Peer Staff Roles in Mainstream Mental Health and Addiction Agencies, May 2016.

LUCKILY WE WERE SELECTED TO BE COACHED BY EXCELLENCE THROUGH QUALITY IMPROVEMENT PROJECTS (E-QIP) FOR THE NEXT STEP!

Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

Ontario Health Quality Ontario

Canadian Mental Health Association *Mental health for all*

The Quality improvement tools helped us to determine a very defined root cause so we could begin to investigate how to develop baseline date in order to implement the rest for the Quality improvement measures.

WE PARTICIPATED IN ALL THE TRAININGS OFFERED BY E-QIP

Executive Leadership QI training

IDEAS training

QI Change Ideas Training

QI Diagnostic Tools training

Experience Based Design training

PDSA Cycles Training

Learned ways to use QI mechanisms such as Root Cause Analysis, Fish Bone Diagram, The 5 Why's and Pareto Charting to identify the Problem Statement, Change Ideas, Triangulate Scope, Boundaries, create an Aim Statement, identify Key Milestones, Timelines and develop Barriers and Mitigation Strategies.

What we could **NOT** find in the research…

What we needed to know….

HOW TO FIGURE OUT IF AUTHENTIC PEER WORK WAS BEING OFFERED?

Aka. Peer Work Integrity/Fidelity

We implemented so many new positions, quickly, in mainstream mental health and addiction settings, known for challenges in implementation.

OUR E-QIP QUALITY IMPROVEMENT PROBLEM STATEMENT

PROBLEM STATEMENT:

Peer support is based on values: hope & recovery; self-determination; empathetic & equal relationships; dignity, respect & social inclusion; integrity, authenticity & trust; health and wellness, and; lifelong learning and personal growth. **It is unknown whether these values are current in present practice.** We need to determine the degree to which these values are present as perceived by people receiving peer services.

(We are using the values identified by Mental Health Commission Canada)

- We need to translate values in terms of concrete simple actions and behaviours!
- We are defining actions that can be measured and interpreted by people receiving services that are directly tied to the values.

WHAT BECAME CLEAR….

- We could not measure the outcomes of peer work if we did not know if authentic peer work (based on the values) was being provided to people.
- We needed to find a way to measure the perceived values based behaviours people receiving services were/or were not experiencing to create baseline data.
- There was little research on directly what values based action looked like
- We needed to have everything informed by people receiving services
- We needed to ensure a credible research process so our work could be seen as evidence in our region to continue moving peer work forward.

WE WERE NOT STARTING FROM SCRATCH!

- Research based trainings have existed for years
- Documents on competencies exist in Canada and internationally. However the direct tie to values was not found in the research. (EENET)
- But we needed to translate our processes and methodology to prove rigor in order to continue to have our systems support
- Also, working with all our partners helps to have everyone be part of the initiative! Learning with us!

Process Flow:
Design Process for Survey of People Receiving Service, Informed by Quality Improvement Processes / EQIP

Initial thinking is that evaluation will require an assessment of the outcomes experienced by people receiving peer support:
SERVICE OUTCOMES

However,
PPSN and PPN both identify role clarity of peer support workers as a key challenge they are facing in the workplace

Suggests a quality improvement problem that is initially defined as "Lack of role clarity"

Initial learning about diagnostic tools from EQIP leads to informal application of "Fishbone" and "5 Whys" processes and subsequent identification of root cause

Redefinition of problem: Peer support is based on values: hope and recovery; self-determination; empathetic and equal relationships; dignity, respect and social inclusion; integrity, authenticity and trust; health and wellness, and; lifelong learning and personal growth. ***It is unknown whether these values are current in present practice***. We need to determine both:
SERVICE QUALITY and SERVICE INTEGRITY

SERVICE QUALITY to be measured using Quality Improvement experience based co-design tools

SERVICE INTEGRITY measurement method determined – assessing the degree to which behaviours in alignment with values is exhibited by peer support workers as experienced by people receiving peer support

Identification of key behaviours in alignment with peer support values (3 facilitated discussion groups with people with lived experience, content analysis, and of key 21 questions that can be posed to people receiving peer support about behaviours), validity testing with panel of experts (see pages 5-6)

Interviews with people receiving peer support which include values-based behaviour statements, experience questionnaire and questions focused on perceived impact of service.

Results from interviews and focus groups inform design of survey which undergoes reliability testing

Final refinement of survey if required

First wide administration of survey will provide baseline for assessing the degree to which values-based behaviour is perceived by people receiving peer support and their perception of the impact of service on quality of life

DRAFT

HOW THE VALIDATED TOOL WILL SUPPORT SUSTAINABLE CHANGE

Once we have baseline data we will be able to apply Quality Improvement strategies to improve or sustain the implementation of authentic peer work into our current system, so we can build the capacity of the peer work force, peer supervisors, the individual agencies and our system to authentically support it!

Example: Peer Work is not driving an agenda

- The peer support worker helps me explore a range of options open to me.
- The peer support worker reminds me that I have the right to express my needs.

KNOWLEDGE EXCHANGE

GROUP PARTICIPATION

- How have you or could you work to overcome the challenges of implementing Peer Work in Mainstream Mental Health and Addictions services?
- Lets Choose your top Priorities. Dotmocracy!!
- Table discussion on the Priorities

"LITERATURE REVIEW: CHALLENGES ASSOCIATED WITH IMPLEMENTATION OF PEER STAFF ROLES IN MAINSTREAM MENTAL HEALTH AND ADDICTION AGENCIES"

Prepared for Self help by Jay Harrison & Julia Read. May 2016.

- Accommodations
- Application Process
- Clarity of Purpose
- Lack of role clarity
- Co-optation
- Career Pathways
- Employment Status and Implication for Compensation
- Identity Conflict
- Isolation
- Mental Health and Wellbeing
- Overworked and overextended
- Relationship with Non-Peer Colleagues
- Relationships with Service Users
- Resources to Meet Job Requirements
- Supervision
- Training
- Intention Use of Lived Experience

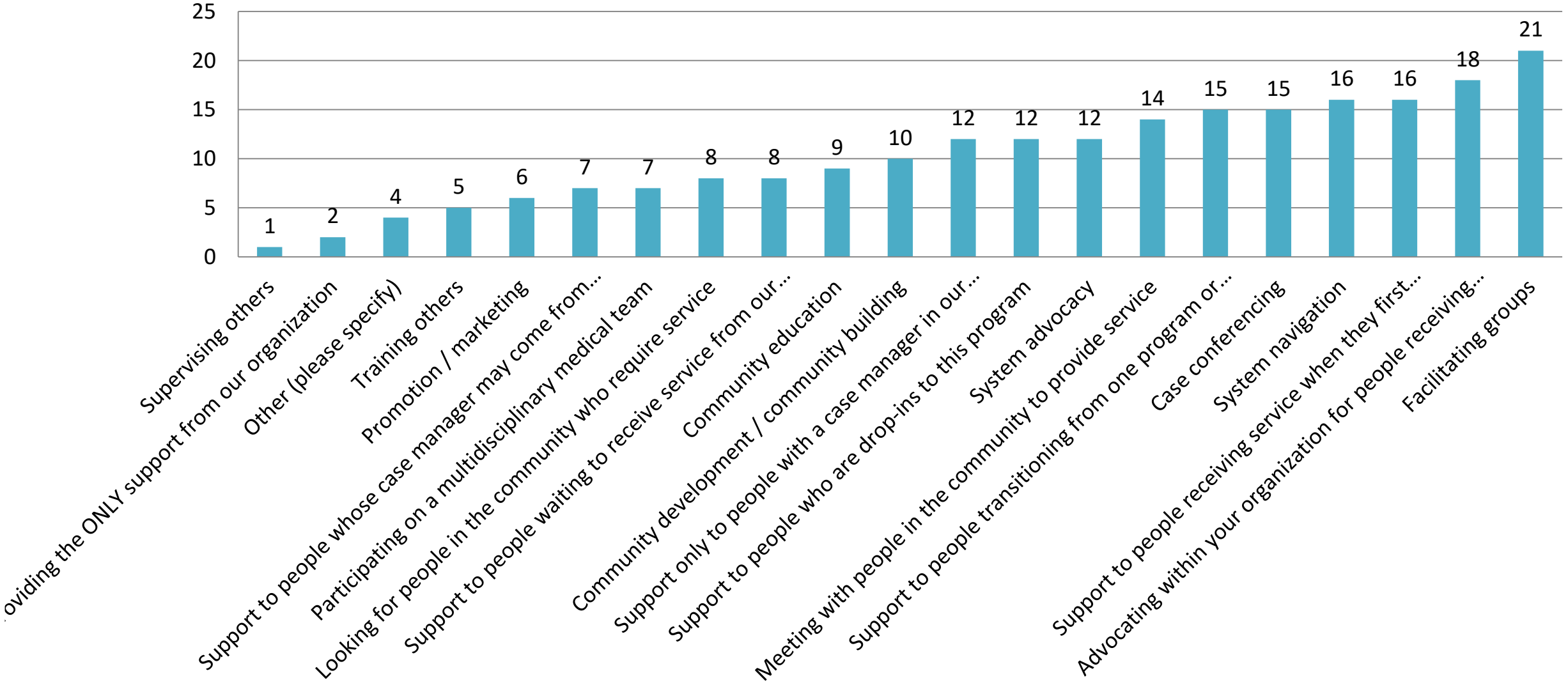
CLARITY OF PURPOSE and/or LACK OF ROLE CLARITY

- EQIP work- Service Integrity (fidelity)
- Values based behaviours/ actions- lit review from EENET
- Peer Work Profile- common roles
- Ongoing conversations with Peer Position Network and Peer Position Supervisor Network to negotiate lack of clarity
- Creating common promotional material
- Individual meetings with agencies to look at what's working and what's not working.

Figure B

ROLES/FUNCTIONS OF PAID PEER SUPPORT WORKERS

N=24



APPLICATION PROCESS

- Hiring Peer Guidelines created with input from people applying for the jobs
- Info session on hiring guidelines-All agency HR and hiring staff attended. Ongoing discussion in PPSN
- Job searcher workshops, job fairs, central posting website
- Peer required to be on hiring panel
- Common job description and requirements, using input from current peers
- Discussions around criminal history flexibility and access car etc.

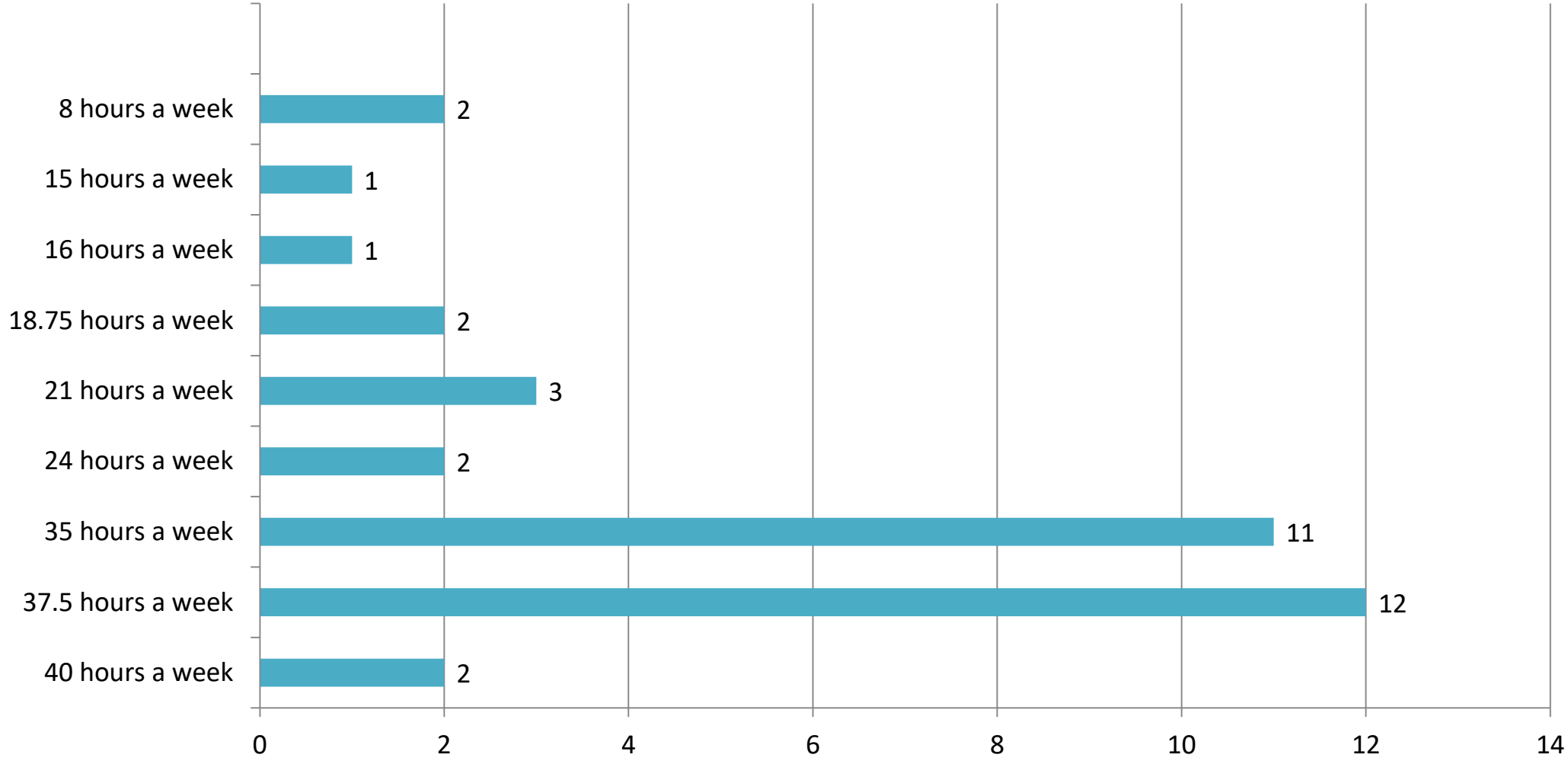
EMPLOYMENT STATUS

- Business case criteria consultation with key peer stakeholders revealed need for more full time opportunities
- 70 % of positions are full-time

Figure D

HOURS WORKED PER WEEK BY PEER SUPPORTS

N=36 of 40



IDENTITY CONFLICT

- PPN meeting discussions, discussion on dual relationships with PPN and PPSN
- Every new peer staff required to take the Core Skills Peer Training through the Initiative
- Every peer is slowly taking a refresh course on Core Skills to get re-grounded.
- All Supervisors required to take supervisor training by Robyn Priest.
- Visited all agency this summer recommitting them to the networks, and requiring all supervisors active participation- create separate partner meetings where required.

ISOLATION

- Require attendance at monthly PPN meetings, contact sheet for all peer given
- Many supervisors and peers are organizing regular meetings with all peer positions from across different programs.
- Only a handful of peers out of 40 work alone within and agency or isolated in a program with little to know connection with other peers

CO-OPTATION

- PPSN, PPN ongoing work to untangle this
- Trainings around language
- Values in Action work- ensure integrity of peer work.
- On going commitment from the Leaders table about supporting the work of Peers. Sharing examples of how this could happen.

RELATIONSHIPS WITH NON-PEER COLLEAGUES

- Created an FAQ for staff teams
- Slowly rolling out standard team trainings and encouraging team members to attend the Peer Knowledge Exchange
- Discussion with peers on our role in slowly developing relationships with our co-workers.
- Team meeting presentations on peer work and all staff meeting- ex. showing video, peers present their roles
- Dual relationships is an ongoing discussion in PPN and PPSN. Each situation is unique.

MAINTAINING GOOD MENTAL HEALTH AND WELL-BEING

- Discussion with supervisors around National Standards Psychological Health and Safety
- Ongoing PPN, PPSN chats about self-care and workload balance
- Compassion fatigue workshops for networks

OVERWORKED AND OVEREXTENDE*D*

- With PPSN discussed that there are no standards for “case load”. Discussion on what may be appropriate for each individual peer. Who created numbers? Targets?
- Discussion in PPN about boundaries.
- Ongoing discussions and focus with the LHIN around Quality vs Quantity

RELATIONSHIPS WITH SERVICE USERS

- Discussions in PPN about creating boundaries, empowering people with other community resources outside of yourself.
- Part of the training in Core Skills, and refresher workshops.

USING LIVED EXPERIENCE

- Core Skills training curriculum, refresher on sharing stories, and self-disclosure.
- Discussions in the PPN, additional trainings promoted.
- Discussions in the PPSN on how to best support a peer to appropriately share pieces of their story.
- Becoming part of the Values in Action survey evaluation to see feedback from PRS
- Sharing information with networks on other “Sharing Stories trainings”

Supervision

- Peer Positions Supervisors Network is mandatory and every person that either supervises or is team lead with a peer position must take the Peer Supervision Training with Robyn Priest
- Moving toward extra group for certain domains of service (ex. Hospitals)
- Job clarity has become clearer overtime with discussions.
- The Values in Action should support discussions around peer work in action and how it can be supported.
- Connected with Self-help around new training material

TRAINING

- Core skills, refresher course on topics (with a peer lens) identified and prioritized by peers (ex. Compassion fatigue, Brief Action Planning, Mindfulness, Critical Reflective Practice- managing our own biases), Understanding Resources with guest speakers at networks. Topics are chosen by the peer networks

- Shared training opportunities. Some agencies are funding peers to be trained in WRAP and Peer Zone.

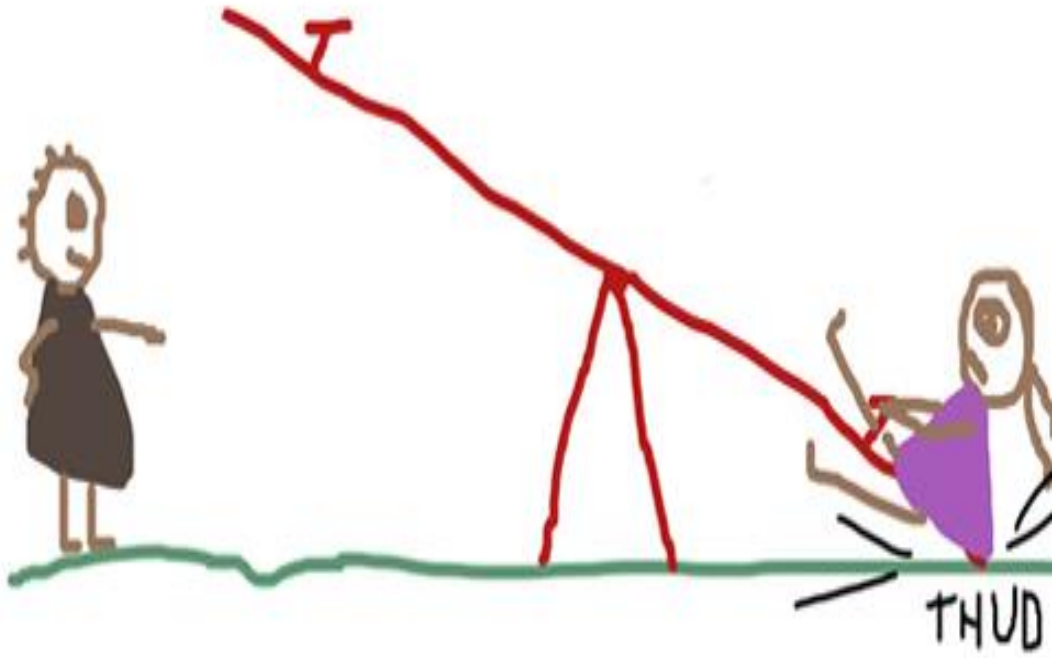
- Family peer program now looking into training family peers in WRAP for families

CHALLENGES AND OPPORTUNITIES

- This project is innovative and emergent.
- It is occurring in a complex system.
- It is also social change and system change.
- Medical model needing to bridge recovery model

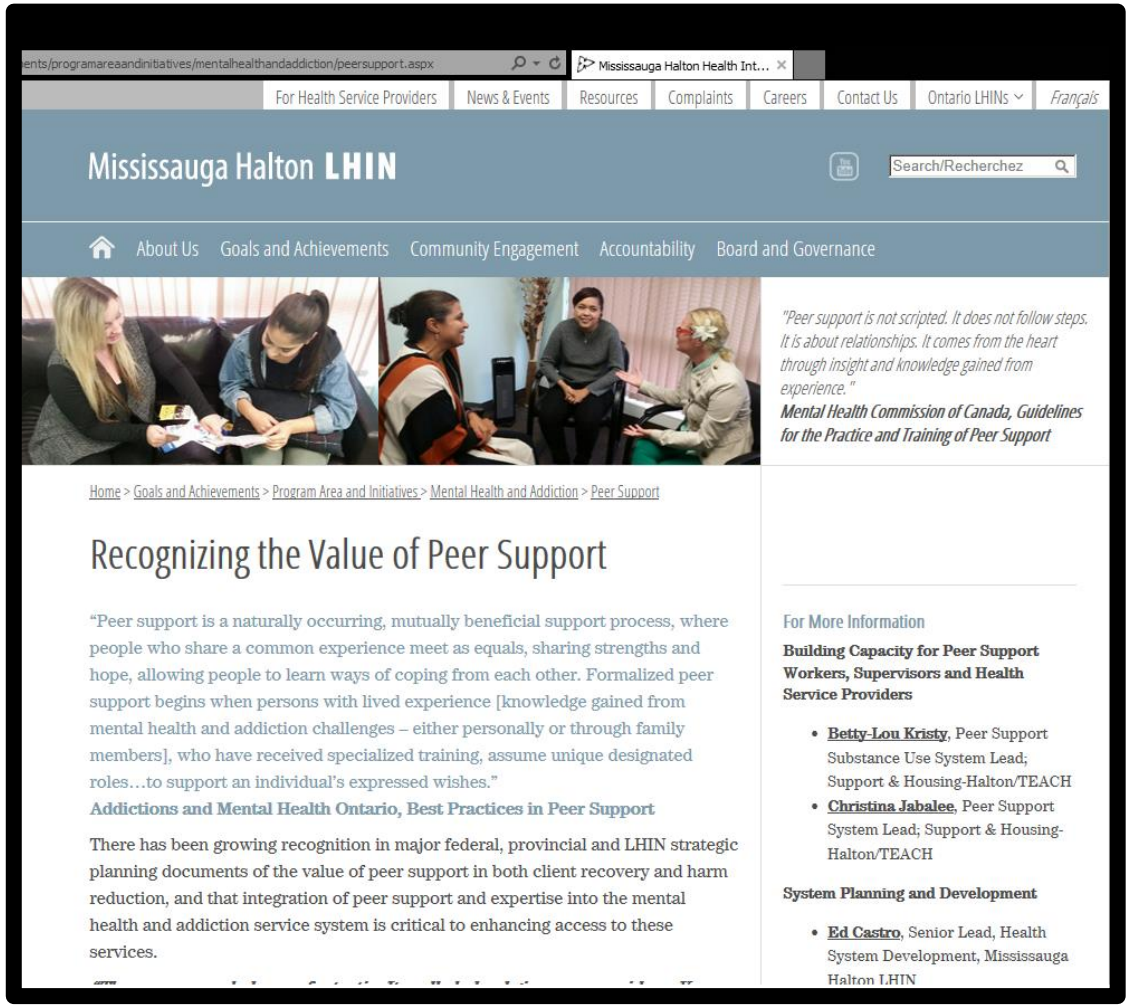
We recognized the clinical/medical models for governance, data collection, outcome measurements, work plans and project charters are not necessarily an ideal fit with the true organic value and intention of peer work.

“OUR GOAL IS TO ACHIEVE BALANCE”



WANT TO KNOW MORE?

http://www.mhlhin.on.ca/goalsandachievements/programareaandinitiatives/mentalhealthandaddiction/peersupport.aspx



The initiative is led by Support & Housing-Halton through its peer support initiative TEACH (Teach Empower Advocate Community Health). The initiative is funded and supported by the Mississauga Halton LHIN (MH LHIN). The efforts are supported through the ongoing engagement and involvement of 11 MH LHIN Funded and Accredited Health Service Providers with Peer Support Programs or Services

Support & Housing Halton

TEACH
Teach, Empower, Advocate for Community Health
Our Beautiful Minds