

PEER SUPPORT:

Dialogue to Change – An
Equitable Approach to Inclusive
Community Engagement

Everyday Democracy

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About Everyday Democracy

Founded in 1989

Worked with more than 600 communities nationally

Integrates a racial equity lens in all our work

Works with individual communities as well as Anchor Partners to provide training and coaching

Focus Areas for 2020:

Criminal Justice

Education

Leadership Development

Racial Equity



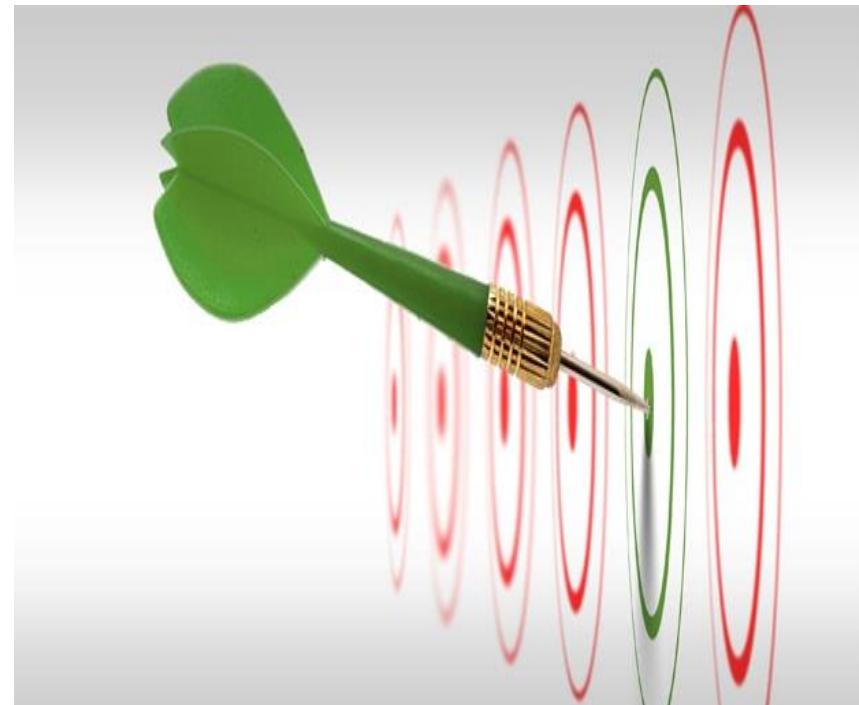
Our Role in the Safety and Justice Challenge

Our goals are to

- Share with SJC sites about community engagement and how our process can address challenges and opportunities in jailing
- Offer SJC sites information about public engagement and racial equity
- Offer some SJC sites coaching/technical assistance

Today's Objectives

- *To build an Inclusive Coalition*
- *To Frame the Issue... Goal Setting*
- *To set Recruitment Goals*
- *To explore how Equity, particularly Racial and Intergenerational Equity, is critical to effective Engagement.*



Everyday Democracy's Principles of Engagement



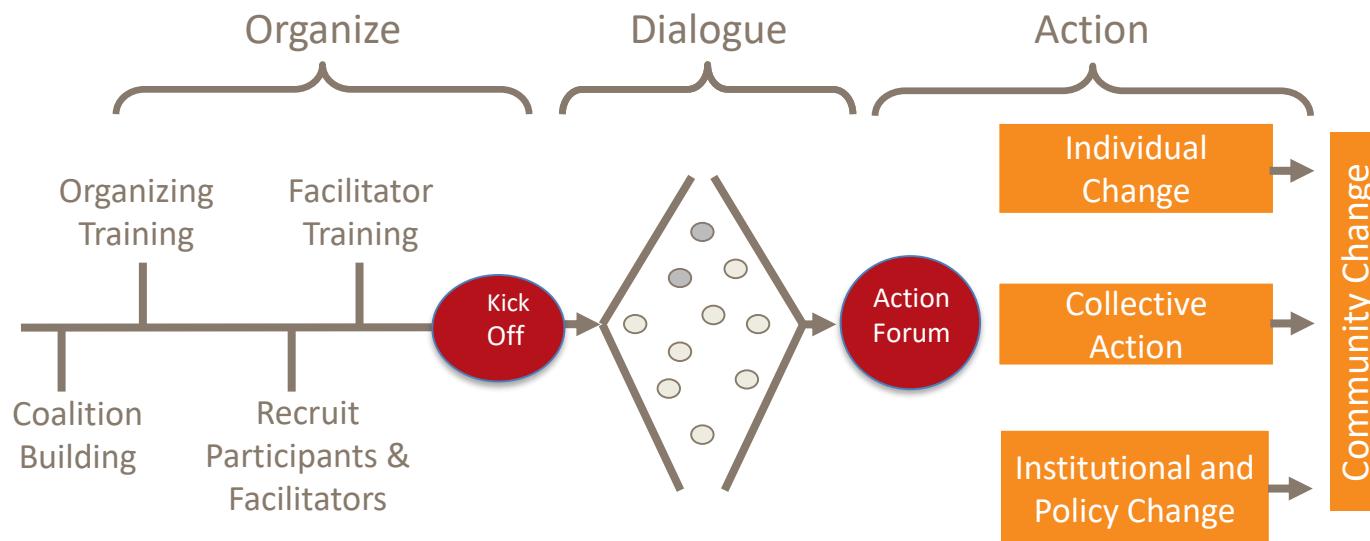
- Includes everyone - People, institutions and government
- Embraces diversity
- Recognizes structural racism
- Shares knowledge, resources, power and decision making
- Combines dialogue and deliberation
- Formulates decisions that reflect everyone's voice -particularly traditionally marginalized voices
- Strives for social, political and policy change
- Connects local change to national movements

Why Dialogue?

- Allows for connections across differences and perspectives
- Builds trust and dispels stereotypes
- Allows for collaborative action
- Creates social capital and opportunities for community collaboration



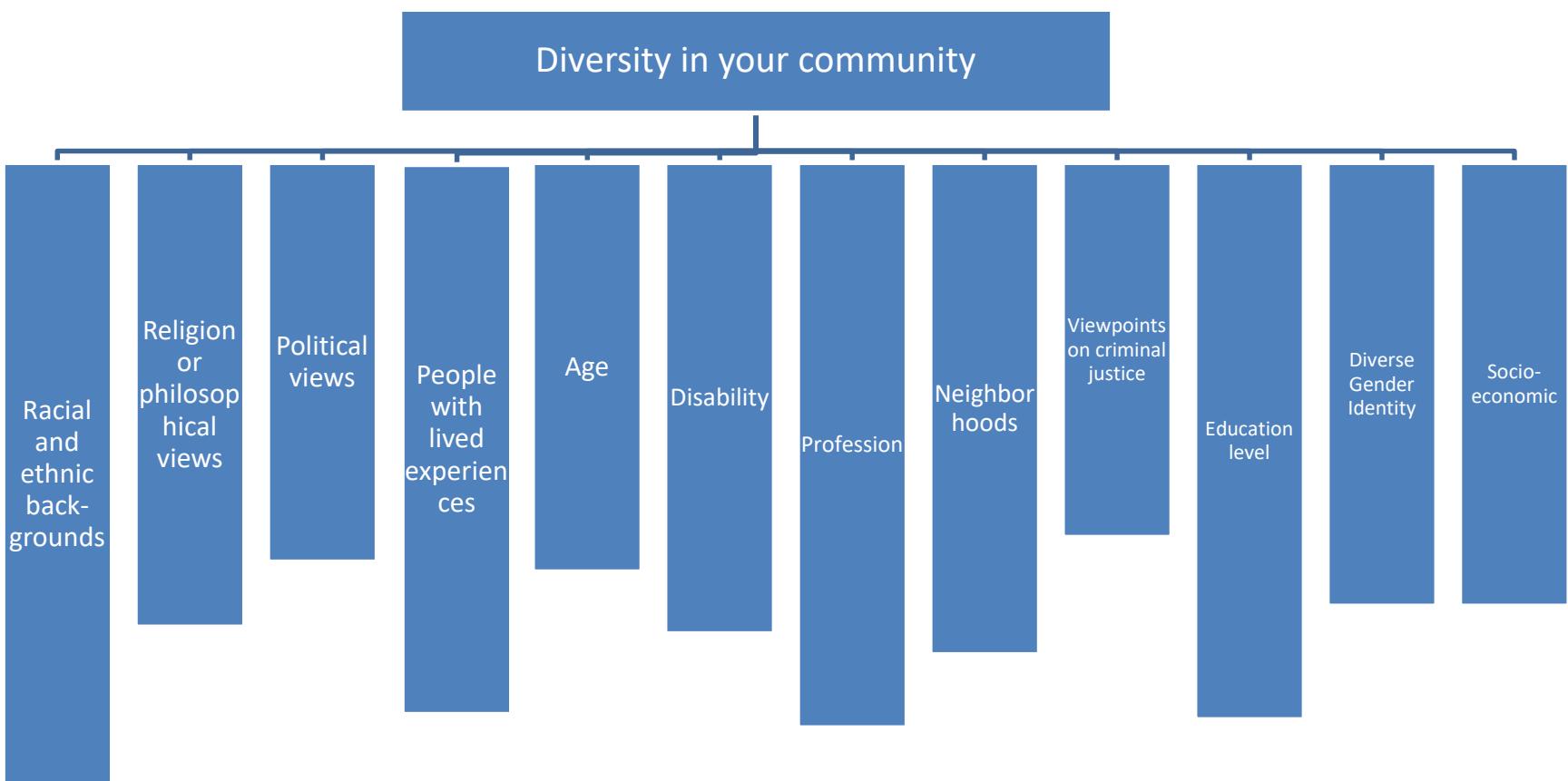
Here's how the
Dialogue to Change
approach works...





- *Organize a diverse coalition.*
- *Frame the issue*
- *Collectively define goals and purpose.*
- *Determine the expected outcomes and evaluation strategy*
- *Design a recruitment plan*

Organizing Phase: Building a Coalition



Creating a Shared Goal



Ask yourself:

- ❖ What are your community engagement work?
- ❖ Where are there opportunities for community input?
Where would you like community input?
- ❖ What are the values, beliefs, important ideas to reflect?

Sharing Decision-making from the beginning

- Examples of questions to ask in the organizing phase as a part of the coalition:
 - How are we involving people with lived experience and their family members in the planning process?
 - How are we involving people across age groups in the planning process?
 - How are you involving different sectors of your community?
 - How are any decisions going to be made and implemented?

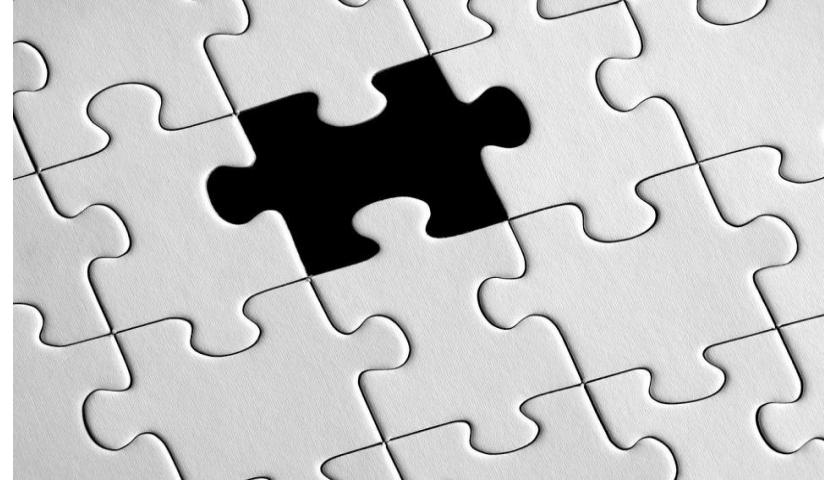
Inclusive Recruitment consideration...

- Young people
- People with mental health challenges
- People with lived experience
- Parents, caregivers, and guardians
- Teachers, school administrators, and other educators
- Health care and wellness professionals
- Law enforcement professionals
- Public officials
- Human and social service providers
- Health professionals
- People who work at state and federal agencies
- Senior citizens
- Adults who work with young people

Time to chat:

- What success have you had recruiting people with lived experience in your organizing work?
- What has been the impact of having people with lived experiences involved?

Who is missing?



- *How can we include them?*
- *What roles will they play?*

Explore the assets, gifts, talents and expertise each brings

Review Recruitment Goals



- Decide who you will recruit
- Who we need to get involved – groups, people
- Consider what might keep people of various groups from participating
- Who from the coalition can reach out to these groups
- What are the extra steps necessary to recruit groups who often don't participate or get invited

Community Engagement Evaluation and Learning

As a way of assessing your readiness to move forward in the process, here are some recommendations:

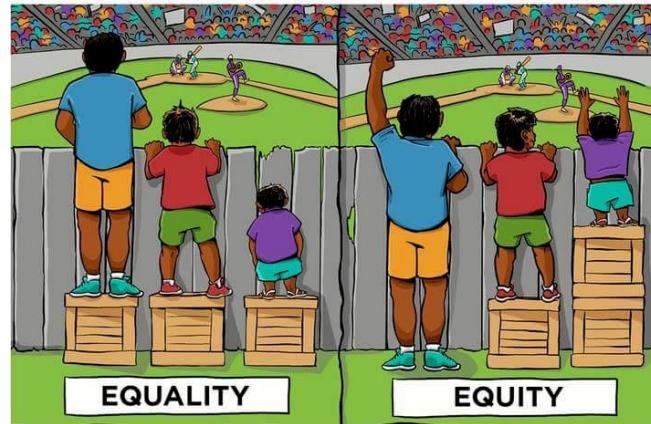
- Does our team represent different stakeholders groups with deep community connections?
- As a coalition, do we have a clear understanding of what constitutes authentic community engagement?
- Does leadership have an effective feedback structure that informs the broader community about its community engagement work?

Equity

Equity ≠ Diversity
(Diversity = Variety)

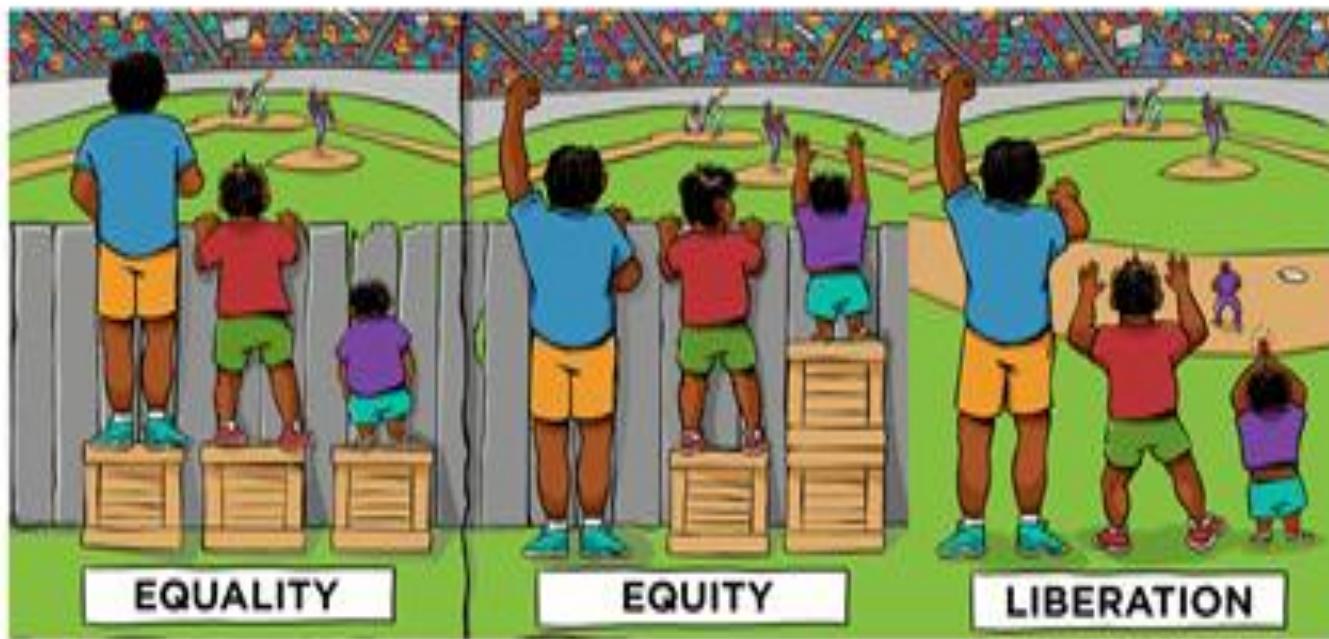
Equity ≠ Equality
(Equality = Sameness)

Equity = Fairness and Justice





Don't just tell a different version of the same story.
Change The Story!



Know your WHY?



Thank you!

EVERYDAY DEMOCRACY

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SafetyAndJusticeChallenge.org



Power of Peer Support

Integrating Peer Support to Expand the Workforce for individuals with
Behavioral Health Challenges

Jewell H Gooding MBA, MA, NCC is the Executive Director of Mental Health America of Georgia. She is a National Certified Counselor with 20 years' experience in mental health services and supports. Mrs. Gooding obtained her Bachelor of Science in Psychology from Tennessee State University while working with adults with substance use disorders and chronic homelessness. She obtained her Master of Arts in Mental Health Counseling from Roosevelt University while working with adults dually diagnosed with Mental Health and Substance Use Disorders. Mrs. Gooding continued her career working as a professional counselor for youth in foster care and working with parents seeking reunification with their children. She obtained her Master's in Business Administration from University of Georgia while working as the Program Development Manager for the Department of Behavioral Health and Developmental Disabilities. Mrs. Gooding was instrumental in working with providers to support adolescents as they transition into adulthood to improve long term outcomes for youth with serious emotional disturbances and serious mental illness. As Executive Director, Mrs. Gooding strives for health equity and fights to eliminate the stigma of mental illness by increasing mental health literacy throughout the State. Mrs. Gooding also serves as Board Chair for Silence the Shame, Inc who invests in silencing the shame of mental illness. When she is not advocating in Georgia communities, she is invested along with her husband of 17 years, in her three boys to build leaders for the next generation.





Mental Health America of Georgia

- Mission: Enhance mental health and wellness of Georgians through education, outreach and advocacy.
- Vision: Georgians will have access to mental wellness resources and thrive in compassionate communities.

Objectives



Describe peer support services and the impact on recovery



Recognize the challenges of behavioral health in the Correctional System



Explain benefits of integration of peer support in correctional systems

PEER SUPPORT

Mental Illness by the Numbers

What is Peer Support?



Peer: Relational term that indicates a connection amongst two or more people based on similar attributes, characteristics or experiences.



Peer support: People share comparable experiences and offer encouragement, empathy, hope, consideration, respect and empowerment

Peer Support Services



Emerged from peer models such as 12-step programs, supports groups, etc



Georgia became the first state to obtain Medicaid reimbursement for peer support services



Centers for Medicare & Medicaid Services (CMS) issued guidelines to the states for Medicaid billable peer support services



One-on-one support, Group facilitation, Recovery education, Community resource connections, Change agents –influencing policies and practices

Research Shows...



Reduced inpatient service use



Improved relationships with practitioners



Better engagement with care



Higher levels of empowerment



Higher levels of patient activation



Higher levels of hopefulness for recovery

<https://www.samhsa.gov/programs/>

Recovery to practice study

THE PROBLEM

Mental Illness and the Correctional System

Mental Illness by the Numbers (U.S)



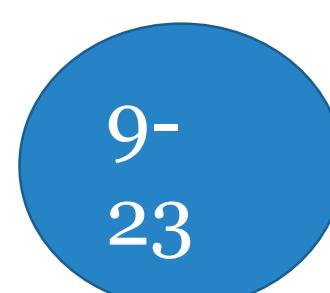
Adults **do not** receive behavioral health care



Youth **do not** receive behavioral health care



Treatment delay for Mood Disorders



Treatment delay for Anxiety Disorders



Mental Crisis and Law Enforcement

- People in a mental health crisis are more likely to encounter police
- ~ 10% of all police contacts involve persons with serious mental illness.
- 14.5% Males/ 31% Females with serious mental illness in pre-trial detention
- Limited skills for law enforcement to meet the unique need of the population

Watson, A.C. & Fulambarker, A.J., "The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners," *Best Practices Mental Health* 8(2):71 (2012).

Mental Illness & Correctional System



INTEGRATING PEER SUPPORT

Expanding the workforce during a workforce shortage

30.0 psychologists
per 100,000 people
15.6 psychiatrists
per 100,000 people

The United States has an average of 30.0 psychologists per 100,000 people and 15.6 psychiatrists per 100,000 people



Over 115 million people in the United States live in designated Health Professional Shortage Areas. These are areas in which the ratio of mental health professionals to residents is **smaller than 1 per 30,000 people**.



Metropolitan counties
33.2 psychologists
per 100,000 people
17.5 psychiatrists
per 100,000 people

Non-metropolitan counties
13.7 psychologists
per 100,000 people
5.8 psychiatrists
per 100,000 people

Rural counties
9.1 psychologists
per 100,000 people
3.4 psychiatrists
per 100,000 people
(areas without any cities larger than 10,000 people)

Shortages are more likely to occur in rural areas due to lack of funding and infrastructure. Many counties have no mental health professionals at all.

Meanwhile, cities are likely to have more professionals than average and may even see a saturation of workers.

Evidenced Based Models



Pre-Arrest Diversion



Forensic Peer Support



Mobile Crisis Response Teams



Peer-Run Crisis Respite



Alternative Response Models

Peer Support Benefits



Emotional Connection: Provide feedback in language that is most meaningful to the individual.



Information Navigation: Share knowledge and information on a lateral level that circumvents problems with resistance to authority.



Instrumental support: Offer practical help learning new skills that can be shared with other people



Comradery: Interactions with peers on a regular basis creates a feeling of belonging to a group that can be relied upon to help with problems

Citations

- <https://www.prisonerhealth.org/educational-resources/factsheets-2/incarceration-and-mental-health/>
- <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>
- <https://www.goodtherapy.org/blog/psychology-facts/is-there-shortage-of-mental-health-professionals-in-America-0308197>
- <https://nashp.org/nashp-explores-the-behavioral-health-workforce-shortage-at-nashpconf-and-in-a-50-state-scan/>
- https://www.prisonpolicy.org/research/mental_health/



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MHAGADVOCACY

The Power of Peer Support

Rosie Anderson-Harper, MA

Missouri Department of Mental Health

March 30, 2020

Rosie Anderson-Harper serves as Director of Recovery Services for the Missouri Department of Mental Health, Division of Behavioral Health. The position of Director of Recovery Services was created in 2012 to raise the level of importance of the recovery philosophy in all aspects of DBH operations, enhance recovery services and supports and integrate them into traditional behavioral health services. As Director of Recovery Services, she supervises housing, employment services, Recovery Support Services, Consumer Operated Service Programs, peer specialist services and the Division of Behavioral Health State Advisory Council. Ms. Anderson-Harper has a Master's degree in Educational and Counseling Psychology and 30 years of experience in the field of behavioral health.



Social Connection

Belonging



© Barbara H.

Missouri Certified Peer Specialists

- ▶ Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support;
- ▶ Sharing lived experiences of recovery, sharing and supporting the use of recovery tools, and modeling successful recovery goals;
- ▶ Helping individuals to make independent choices and to take a proactive role in their recovery;
- ▶ Assisting individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;

Missouri Certified Peer Specialists (cont.)

- ▶ Assisting individuals in setting and following through on goals;
- ▶ Supporting efforts to find and maintain paid competitive integrated employment; and
- ▶ Assisting with health and wellness activities.

Activities

- ▶ Outreach
- ▶ Inspiring Hope
- ▶ Sharing Personal Story
- ▶ Connecting Individuals to Treatment Staff
- ▶ Connecting Individuals to Community Resources

Activities

- ▶ Connecting in Mutuality as Equals
- ▶ Translating Treatment Language
- ▶ Taking Individuals with SUD to Groups
- ▶ Facilitating Recovery Support Groups

Where Peer Specialists Work

- ▶ Mental Health and Substance Use Disorder Treatment Centers
- ▶ Drop-In Centers and Peer Phone Support
- ▶ Recovery Community Centers
- ▶ Recovery Support Providers
- ▶ Recovery Housing
- ▶ Emergency Rooms (State Opioid Response)
- ▶ Justice Reinvestment Initiative



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