Welcome! The webinar will start shortly.

**Training and Integration of the Peer Workforce**

August 16, 2018
9:00 AM – 10:30 AM

Some housekeeping items:
- This session will be recorded
- If you need technical assistance, please type into the chat box or email leah.barth@iphionline.org
- For best sound quality, please mute audio from your end when not speaking

Join audio:
- Choose “Computer audio” to use VoIP
- Choose “Phone call” and dial using the information provided

Mute/Unmute: Manage your muting.

Chat Box: Submit questions and comments.

ALLIANCE FOR HEALTH EQUITY

Training and Integration of the Peer Workforce in Chicago and Suburban Cook County

August 16, 2018
Agenda

I. Introduction

II. Denise Hardy, Georgia Mental Health Consumer Network – Whole Health Action Management (WHAM) model

III. Kathryn Dittemore, Illinois Dept. of Human Services, Division of Mental Health – Certified Recovery Support Specialist Provider Workbook

IV. Amanda Benitez, Enlace Chicago – Supporting the mental health of Latina immigrants through a CHW-led peer support group program

V. Discussion

VI. Wrap-up and Closing
   • In-person meeting to be rescheduled for March or early April

Introduction

Jess Lynch, Illinois Public Health Institute (IPHI)
Alliance for Health Equity - Collective Purpose

Improve population and community health by:
- Advancing health equity
- Capacity building, shared learning, and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city/county wide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy

Current Hospital Members

30+ Hospitals
6 Local Health Departments
100+ Community Based Orgs
IPHI as Backbone Organization

Collective Impact!
Examples of Additional Partners

Alliance for Health Equity - Interconnected Priorities*

**Social and Structural Determinants Priorities**
- Community safety
- Food access and security
- Housing and health
- Workforce and economic development
- Transportation and access to care

**Cross-Cutting Priorities**
- Chronic disease prevention
- Access to care and community resources
- Structural racism and structural inequities
- Trauma-informed services
- Systems to screen, refer, and connect to care
- Capacity building
- Youth development

**Mental Health and Substance Use Disorders Priorities**
- Trauma-informed services
- Integrated care
- Stigma reduction
- Coordination of Mental Health First Aid (MHFA)
- Addressing opioids

*The Alliance for Health Equity priorities were developed through a community-engaged community health needs assessment (CHNA) process in 2015-2016. The CHNA identified four top priority community health needs: social and structural determinants of health, mental health and substance use, chronic disease prevention, and access to care and community resources. Per requirements for nonprofit hospitals, the Alliance for Health Equity hospitals are currently engaged in another round of CHNA (with a focus on deeper understanding of needs and building continued momentum for partnership strategies to address community health needs), in close partnership with local health departments and other partners.
### Alliance for Health Equity – Implementation Committees

- **Steering Committee**
- **Community Advisory Board**
  - In development and will include members from other committees
- **Data and CHNA Committees**
- **Policy Committee**
- **Trauma-informed Hospitals Collaborative**

#### Social and Structural Determinants of Health Committee
- Community Safety Workgroup
- Housing and Health Workgroup
- Transportation/Access Workgroup
- Food Access/Security Workgroup

#### Mental Health and Substance Use Disorders Committee
- Mental Health First Aid Workgroup
- Faith Communities Workgroup

#### Policy Committee

- Trauma-informed Hospitals Collaborative

### Mental Health and Substance Use Committee

#### Strategy Areas

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<tr>
<th>Strategy Areas</th>
<th>Impact Areas</th>
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<tbody>
<tr>
<td>Anti-Stigma Initiatives with Providers and Faith Communities</td>
<td>![Checkmark] ![Checkmark] ![Checkmark] ![Checkmark] ![Checkmark]</td>
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<td>Partnerships for Peer Workforce and &quot;contact strategies&quot; to engage individuals with lived experience</td>
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<td>Mental Health First Aid (MHFA) Coordination</td>
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<td>Housing Workgroup - Flexible Housing Pool</td>
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<td>Trauma-Informed Hospitals Committee</td>
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<tr>
<td>Explore Policy Opportunities</td>
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<tr>
<td>Identify Partnership Strategies to Address Opioids (MAT, naloxone, &amp; prevention)</td>
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- ![Checkmark] ↓ Stigma
- ![Checkmark] ↑ Access
- ![Checkmark] ↑ Integration & Quality Care for Both MH + Opioids
- ![Checkmark] ↑ Coordination of Systems
- ![Checkmark] ↑ Trauma-Informed Communities
- ![Checkmark] ↑ Peer Employment Roles
Reducing Stigma

Multi-pronged approaches to reduce stigma

Previous research has shown the effectiveness of multi-pronged approaches to reducing stigma.

Examples of Different Strategies for Stigma Reduction

Contact-Based Strategies
- Peer Navigators, Peer Support Specialists, etc.
- Personal testimony and interaction with individuals who have lived experience
- Art exhibits

Education-Based Strategies
- Workshops for youth
- School-based programs for young children
- Workplace programs

Public Awareness Strategies
- Public events with speeches by officials, religious leaders, and teachers
- Special endorsement days by sports teams
- Engagement of trusted community leaders

Empowerment Focused Strategies
- Employment programs
- Consumer-focused grants, such as scholarships
- Community organizing
- Political advocacy

Clinical/Provider Focused Strategies
- Provider education programs
- Peer Navigators, Certified Recovery Support Specialists
- Free medical consultations
- Workplace programs

Addressing Stigma with Providers

Framework for Developing Interventions to Combat Stigma in Providers

Human Centered Design that Emphasizes Cross-Discipline Collaboration and Inclusion

- Contact Based Approaches
- Skill Based Training
- Consideration for Individual Learner Needs
- Endorsement by leaders or “experts”

Successful Anti-Stigma Intervention Targeting Providers


Focus Group Results (2017) - Individuals with Lived Experience

What would a mentally healthy community look like?

Mentally Healthy Community
- Safe
- Inclusive
- Activities for Children & Adults
- Integrated & Diverse
- Educated About MI & SUDs
- Comfortable Disclosing
- Plenty of Resources
- Supportive
- Free of Discrimination
- Productive
- Equal Access to Opportunities
- Non-Judgmental

Focus Group Participants Mentioned Several Building Blocks of a Mentally Healthy Community
Focus Group Results (2017) - Individuals with Lived Experience

Initiative Priorities

What would you want people to know most about recovery from MI/SUDs?

- They need to know that we can be productive members of society. We have things to offer that other people don’t.
- People do recover from anything especially mental illness; Don’t count us out
- Good comes out of it, MH is not a bad thing
- Recovery works, if you work it

Who else should be involved?

- Individuals with lived experience
- Emergency responders
- Politicians and public officials including local and state government
- School administration and students
- Transportation systems
- Jail staff
- Nursing home staff
- Researchers
- News Media
- Managed care companies

µNothing about us, without us¶

Stigma Reduction Strategies

Multi-pronged approach to stigma reduction that includes contact, education, public awareness, empowerment, and provider focused strategies.

Goals and Activities

- Decreased stigma among health professionals
- Decreased stigma & increased treatment seeking among public
- Improved coverage & reach of MHFA trainings
- Improved screenings & referrals for MH-SUDs
- Increased Peer Support Workforce

- Development of CEUs in Ethics and Cultural Competency
- Expand peer support services
- Align with trauma-informed work
- Create framework for multi-pronged stigma initiative
- Implement models for faith community and healthcare partnerships for mental health
- “Know Your Rights” Campaign
- Facilitate improved coordination between MHFA providers
- Develop processes to track impact of MHFA over time
- Align with efforts to catalog health resources
- Align with efforts to catalog health resources
- Align and connect with existing efforts in our state, both for CRSS and CHWs.
- Educate health systems and healthcare providers about peer services and peer workforce models

Align and connect with existing efforts in our state, both for CRSS and CHWs.
Educate health systems and healthcare providers about peer services and peer workforce models.
Whole Health Action Management (WHAM)

Denise Hardy
Georgia Mental Health Consumer Network

To ask a question, you can either:

- Type your questions and comments into the “Chat” box
- “Raise your hand” and moderator will unmute your line.

Certified Recovery Support Specialist Provider Workbook

Kathryn Dittemore
Illinois Dept. of Human Services, Division of Mental Health
Certified Recovery Support Specialist (CRSS) Provider Workbook

A Systematic Guide for Incorporating Recovery Support Specialist’s in Behavioral Health Services

Brief History

- Statewide collaborative
- Culturally diverse community representation
- Strategic planning
Overview

• Culture change
• Training and supervision
• Risk Management and Program Sustainability
• Roles and Responsibilities
• Self-disclosure
• Posting and filling positions
• Thriving in the workforce
• Developing a career path

Culture

• Leadership buy-in
• Recovery-focused process
• Data, research, and feedback
• “Nothing about us without us”
• Welcoming environment
• “This is what recovery looks like”
• principles of recovery
• Spread the word
Training and Supervision

“Tell me and I forget. Teach me and I remember. Involve me and I learn”

Benjamin Franklin

Risk Management and Program Sustainability

• Critical issues to address early
• Communication plan
• Risk reduction
• Sustainability
• Staff orientation
• Continuous improvement
Roles and Responsibilities

• Unique role
• Complementary array of services
• Ethical and professional conduct
• Self-disclosure expectation
• Best Practices
• Recovery education for all

Self-Disclosure

Unique to the Recovery Support Role

Staff education
RSS training
Support and role development

Benefits of self-disclosure:
Conveys hope “if I can do it so can you”
Builds relationships
Supports a self-directed journey
Posting & Filling Recovery Support Service Positions

- Staff education and input
- Organizational chart to include RSS
- Analyze job function
- Create job description
  - Essential job functions
  - CRSS competencies

Returning to & Thriving in the Workplace

- Orientation
- Responsibilities and expectations
- Performance incentives
- Salary schedule
- Ongoing support and education
- Specialized certifications
- Advancement opportunities
Developing a Career Path for Recovery Support Specialists

- Communicate career development philosophy to ALL employees.
- Provide the needed tools, guidelines, and incentives to the RSS and supervisor
- Support community collaboration among employees
- Identify talents and expectation within the RSS role
- Incorporate forward thinking training and development

Resources

- ORACL: Online Recovery Academy and CRSS Library
  http://www.recoveryacademyillinois.org
- Recovery to Practice Weekly highlights
  https://rtp4ps.org/rtp-peer-specialist-resources/weekly-highlights/
- Certified Recovery Support Specialist (CRSS) Provider Workbook
Questions for Kathryn

To ask a question, you can either:

• Type your questions and comments into the “Chat” box

OR

• “Raise your hand” and moderator will unmute your line.

Supporting the mental health of Latina immigrants through a CHW-led peer support group program

Amanda Benitez
Enlace Chicago
Supporting the mental health of Latina immigrants through a CHW-led peer support group program

AMANDA BENITEZ, MPH
ENLACE CHICAGO
Little Village Context

- Population: 73,983
- 84% Hispanic/Latinx
- 39% foreign born; 29% are not U.S. citizens
- 29% < 18 years old; 8% < 5 years old
- 35% of households below poverty line
- High rate of overcrowded housing
- 2nd highest hardship index in the city at 74
- 26th Street – “Second Magnificent Mile”

Sources: American Community Survey, 2012-2016 5-year estimates, UIC Great Cities Institute

Little Village Health

- 29% of Little Village residents are uninsured, compared to 15% of all Chicago residents.¹
- **Obesity rate:** 33% (adult)² and ~50% (children)³ of the Little Village population
- **Diabetes rate:** 15% (adult); 24% of women reported having been diagnosed with diabetes²
- In 2013, only 1 in 3 residents in need of behavioral health services was receiving services.⁴

Enlace’s Community Health Programs

**Overarching Goal:** To promote wellness, improve access to and quality of care, and prevent chronic disease in Little Village through health promotion, patient navigation, advocacy, and capacity-building.

**Areas of Focus:**
- Access to care
- Mental Health Promotion
- Chronic Disease Prevention
- Healthy Food Access
- Community Health Worker Capacity-building

PAES Network *(Promoviendo, Abogando y Educando por la Salud)*

**Mission:** PAES provides support to community health workers through continuous training and development in order to build their skills in health promotion and education, create more opportunities for them to gain employment, and mobilize them to be advocates on behalf of the community.
PAES Network (Promoting, Advocating and Educating for Health)

- Creates a space for peer support, networking, and resource-sharing
- Offers capacity-building/training that responds to strengths and needs of Little Village
- Assists local providers with issues of cultural competency
- Partners in community-based participatory research projects
- Engages in public health advocacy efforts

Mental Health in Little Village

A recent report found depression, anxiety, and stress were the mental health concerns most often reported among Chicago’s southwest side residents

Over three quarters of 2,878 residents surveyed said they would consider seeking mental health services, but respondents reported major barriers including:

- Cost (57%)
- Not knowing where to go (38%)
- Lack of health insurance (38%)
- Lack of nearby services (34%)

Source: https://bit.ly/2ngP1V5
Mental Health in Little Village

Residents discussed preliminary findings from the surveys at community events held across the area.

Themes from the discussions included:

- Cost as a barrier
- Gender-related barriers
- Family members or partners blocking access to services
- Stigma-related barriers
- Heightened fear, stress and anxiety in the Latinx immigrant community as a result of the 2016 presidential election

Mental Health in Little Village

We need to create more spaces like this...Group activities because we can talk amongst each other in a social setting.

Handicrafts or cooking classes, in groups.

When you don’t have a social life, you are sure to become depressed.

Groups in the community so the people can communicate with one another, find a way to let people express themselves.

More discussions, more groups like this one, to vent and get things off my chest.
The GEMAS Program: Curriculum

- 13-session peer support group curriculum delivered over six months
- Tailored to local Mexican women, designed to be led by CHWs from the community
- Themes include resiliency, love for self, family, community, self-determination, and empowerment
- Staff from Erikson Institute Center for Children and Families met monthly with the CHW facilitators

The GEMAS Program: Pilot Results

- Five groups were piloted between January and June 2018
- 40 participants completed a baseline and six-month survey
- Survey included validated measures on seven mental health indicators:
  - Perceived Stress
  - Symptoms of Anxiety
  - Depressive Symptomatology
  - Self-efficacy
  - Perceived Social Support
  - Emotional Support
  - Resilience
- Preliminary findings show significant improvements in participants’ levels of stress, anxiety, depression, and emotional support
Lessons Learned

• Significant mental and behavioral health needs among southwest side Latinxs
• Major barriers related to income and being uninsured, compounded by fears related to immigration status
• CHWs are trusted members of the community who share similar experiences
• We trained CHWs to be frontline mental health workers who provide a safe space for immigrant women to give and receive emotional support
• The pilot demonstrated the effectiveness of CHWs in promoting mental health among Latina immigrant women

Acknowledgements

GEMAS Program Facilitators (CHWs)
Sahida Martinez (lead CHW for pilot)
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Diana Martinez
Silvia Montoya
Laura O. Ocon
Elizabeth Oviedo

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Paola Quezada, MHA(c), UIC

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Erika Avila, MSW
Lynette de Dios, MSW
Questions

Questions for Amanda and Discussion

During the discussion, you can either:

- Type your questions and comments into the “Chat” box
- “Raise your hand” and moderator will unmute your line.
Wrap-up and Next Steps

In-person meeting - Mental Health and Substance Use Committee: October 11, 2018

Contact Leah at Leah.Barth@iphionline.org if you would like to be added to the Committee.

Contacts for Mental Health and Substance Use Committee:

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