Community Health Workers and Peer Support Workers in Homeless and Health Services

Friday, June 23, 2017: 3:00 PM-4:30 PM
Burnham Room
Washington D.C.
The Value of Peers in Service Delivery

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SAMHSA BRSS TACS
What is Peer Support?

• Encompasses range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders or both

• Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006)

• In sharing their lived experience, peers help people to develop own goals, promote self-empowerment and take concrete steps towards holistic Recovery
What do Peer Support Workers Do?

- Lived experience background from BH challenges
- Provide support to others experiencing similar challenges
- Non-clinical, strengths-based support and “experientially credentialed” by recovery journey (Davidson et al., 1999)
- Known by numerous names but common titles include peer specialists, peer recovery coaches, peer navigators, peer advocates and peer recovery support specialists
Peer Support Simplified

Peer support workers:
• Inspire hope that people can and do recover
• Walk alongside people on their recovery journeys
• Dispel myths and reduce stigma related to mental health and/or substance use disorders
• Provide self help education and link people to resources and tools
• Support people in identifying goals, hopes, dreams and creating a roadmap for getting there
How Does Peer Support Help?

• PSWs complement but *doesn’t duplicate or replace* roles of therapists, case managers, and other treatment team members
• PSWs bring their lived experience of BH challenges and their personal recovery knowledge of what it’s like to live and thrive with MH conditions and SU disorders
• Sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012)
How Peer Support Makes a Difference

• Increased self-esteem and confidence (Davidson, et al., 1999, Salzwrd, 2002)
• Increased sense of control and ability to bring about changes in their lives (Davidson et al., 2012)
• Raised empowerment scores (Resnick and Rosenheck, 2008)
• Increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 2012)
• Increased sense of hope and inspiration (Davidson et al., 2006)
• Increased empathy and acceptance (camaraderie) (Davidson et al., 1999)
## Comparison of PSW & CHW

<table>
<thead>
<tr>
<th>Peer Support</th>
<th>Community Health Worker</th>
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</thead>
<tbody>
<tr>
<td>Educate/link ppl to tools, resources, services</td>
<td>Help connect/stay connected to health services</td>
</tr>
<tr>
<td>Link to community resources, holistic approach includes 4 domains: health, home, community, purpose</td>
<td>Link to community resources; housing, support services</td>
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<tr>
<td>Lived experience facilitates engagement, relationship building, peer to peer networking</td>
<td>Personal experience facilitates engagement</td>
</tr>
<tr>
<td>Support identification of goals, hopes, dreams and create roadmap to get there</td>
<td>Support improvements to increase quality of life</td>
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<tr>
<td>Builds relationships and trust, serves as advocate</td>
<td>Builds relationships and trust</td>
</tr>
<tr>
<td>Knowledge of resources, services, and recovery pathways, navigation of complex systems including reentry and workforce</td>
<td>Knowledge of resources and support with navigation of complex systems</td>
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A few words about hiring and supervising peers...
Hiring

• Assess organization’s readiness for integrating peers into the workforce
• Review and establish policies that facilitate the employment of peer workers
• Establish policies regarding the hiring of current/former service recipients
• Develop clear job descriptions
• Recruit far and wide—may include language that states, “Position requires experience as a former or current user of mental health services/housing/addiction recovery services
Why Peer Support Certification?

- Ensures a level of quality as training is generally required
- Increases likelihood that peer worker has basic peer competencies
- Network building
- Facilitates peer support for the peer supporter
Certification Pre-requisites

Vary by state but often include:

• Minimum training requirements (40 hours is common but field appears to be shifting to longer period)
• Training is usually competency-based
• Work (sometimes volunteer) experience
• Letters of reference
• Application process (that may include interviews)
• Continuing education
Certification Strategies

- Contracting with university or non-profit organization for all or part of process
- State-run
- Training contracted
- Curriculum approval process—independent contractors provide training
- State-oriented training as an ‘add-on’
- Internships/mentoring
Supervision of Peer Workers

- Supervision must be regular, accessible and meaningful
- Ideally supervision is conducted by another experienced peer worker
- Supervision can also be delivered by a “champion” of peer support services
- Supervision should focus on strengths, professional goals and should be recovery-oriented
Julia Dobbins, National Health Care for the Homeless Council, Project Manager

Rodney Dawkins, Heartland Health Outreach, Community Health Worker AND NHCHC Consumer Advisory Board Chair

Erin Hantke, Heartland Health Outreach, Director Special Population Services
Community Health Workers and HCH: A Partnership to Promote Primary Care

- Funded through the Centers for Medicare and Medicaid Innovation Center
- July 2012 – Project Begins
- February 2013 – Client Enrollment begins
- August 2014 – Client Enrollment ends
- June 2015 – Final data submitted
- September 2015 – Project ends
- March 2016 – Final reports submitted
Lessons Learned

What didn’t work?
• Checks and balances
• CHWs in the ED
• Caseload of 25
• Paperwork overload
• Overworked supervisors
• Boundary concerns
What did work?

HCH  +  CHWs=
• Health Care for the Homeless FQHC
• 90+% of our current participants are experiencing homelessness
• 8,615 individuals served in FY16

• CHWs
  o 2 HCH
  o 2 on research project with SMI
  o 1 MAT
• PASSION!!
• Has life experience similar to that of members of the population with which he or she is assigned to work
• Utilizes and discusses personal experiences
Lessons Learned

• Transition from research project to integration in the clinic

• Clarity in role and structure

• Buy-in from HCH clinical team

• Partnerships

• Ongoing funding
Supervision

- Patience
- Strengths-based
- Trauma informed
- Teach hard skills
- Foster interpersonal skills
- Support growth and expect setbacks
- Manage burnout
Training & Resources

Module 1: Introduction to the Community Health Worker Model
Module 2: Health Care for the Homeless 101: An Introduction for CHWs in the CMMI Project
Module 3: Health and Public Health
Module 4: Case Management 101 for Community Health Workers
Module 5: Improving CHW-Client Relationships
Module 6: Community Health Worker Regional Outreach and Engagement Model
Module 7: Helping People to Change: A Speed Date with Motivational Interviewing
Module 8: Process and Expectations of Initiative
Module 9: Chronic Disease: Hypertension, Diabetes, and Cancer
Module 10: Chronic Disease: Heart Disease, Asthma, and HIV/AIDS
Module 11: Trauma and the Brain
Module 12: Introduction to Behavioral Health
Module 13: Facilitating Behavior Change
Module 14: Documenting Enabling Services
Module 15: Advocacy
Module 16: Vicarious Trauma
Resource Guide

Development
• Lessons learned
• Interviews
• Literature
• CHWs in other fields

Priorities
• CHW & HCH
• CHW Roles & Responsibilities
• Hiring a CHW
• Training CHWs
• Supervision of CHWs
• CHW Integration & Support
Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs

1. CHWs and HCH
2. CHW Roles and Responsibilities
3. Hiring CHWs
4. Training CHWs
5. Supervision of CHWs
6. CHW Integration and Support

“Being a CHW has made me a better person in a very real sense. I’m more patient, understanding, and friendly in general – maybe it’s just doing a job I love.” ~ Community Health Worker

Introduction

In June 2015, the National Health Care for the Homeless (HCH) Council completed a 3-year pilot project funded by the Center for Medicare & Medicaid Innovation (CMMI) through a Health Care Innovation Award (HCIA). The project aimed to connect individuals experiencing homelessness who were also high users of hospital services with Community Health Workers (CHWs) in order to increase utilization of primary care and reduce unnecessary utilization of emergency services.

CHWs were employed by and stationed at Health Care for the Homeless projects. Partnering hospitals referred high utilizers to CHWs on an individual basis or the HCH project notified CHWs when a high utilizer was in the clinic (based on a high utilizer list shared by a partnering hospital). Over the course of 3 years, CHWs enrolled 355 high
My Story

Rodney Dawkins, Community Health Worker at Heartland Health Outreach

• Received services from HHO while experiencing homelessness
• Joined HHO Consumer Advisory Board in response to state budget issues
• Volunteered and worked for other community service providers
• Support HHO Clinic participants with getting necessary documents, connecting with ongoing care, and supporting patients experiencing crisis or with other high-needs
CHW Roles & Responsibilities

• Help people connect and stay connected to health care services

• Link to community resources like housing and other supportive services

• Use personal experience to facilitate engagement

• Support improvements to increase quality of life
Strengths of a CHW

• Building relationships
• Building trust
• Approachable
• Understanding based on personal experience
• Knowledge of resources
• Patience, taking your time
• Helping people navigate complex systems
Training

- My experience with the trainings was...

...but I survived!
Self Care

Important!
• Boundaries – with participants and staff
• Quality time
• Quiet time
• Balancing your workload
• Healthy relationships
• Sleep
• Healthy eating/drinking and physical activity
• Activities – fun stuff!
• Dancing, singing, laughing 😊
Thank you!

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