THE ROLE OF PEER SUPPORT IN MISSION

WHAT IS MISSION?

MISSION is a time limited, yet flexible, wraparound service intervention for individuals who have experienced homelessness, hospitalization, and/or incarceration, and whose ability to return to independent community living is further complicated by mental health and substance use problems.

PEER NAVIGATOR ROLE

Peer Navigators have become a valuable and helpful role in various forms of recovery.

Cancer survivors help those who are newly diagnosed navigate what can be an overwhelming health system.

People living with AIDS help others do the same, and both offer support and resources that can ease some strain from an already stressful situation.

Peer Navigators within MISSION are Certified Peer Specialists/Recovery Coaches who have more experience in the peer support recovery field than PSS's

ROLE OF PEER NAVIGATOR IN MISSION

- Help PSS's and clients to navigate and discover peer and other recovery related resources.
- Support PSS's with more complex cases.
- Facilitate regular PSS meetings with PSS's to support each other and share ideas and resources.
- Support and encourage PSS's in their unique roles and struggles, one on one if needed.
- Create and update peer roles within MISSION.
- Keep current on new peer developments and trainings.
- Create and present trainings on peer support techniques and effectiveness to new PSS's and administrative staff.

BASIC MISSION STRUCTURE AND FUNCTIONS

- Treatment Teams Consisting of a PSS and a CM
- Caseloads of 25 Participants per Team
- 2, 6 or 12 Months of Service Delivery
- Service Initiated in Residential or Community Setting
- Clarification of Diagnosis
- Treatment Planning Throughout
- Outreach/Service Prevision/Service Linkage

MISSION MODEL

MISSION services are combined into a comprehensive system of care.

MISSION SERVICE COMPONENTS

Core Services

Critical Time Intervention (CTI)

Dual Recovery Therapy (DRT)

Peer Support

Support Services

Vocational and Educational Support

Trauma-Informed Care

Rapid Re-Housing Support

THE MISSION TEAM

The treatment team is responsible for delivering the MISSION components. Each team consists of a case manage (CM) and a peer support specialist (PSS).

MISSION PSSs are full staff members and share equal status with CMs.

THE UNIQUENESS THE PSS POSITION

MISSION PSSs have recovered from challenges similar to those faced by participants and have completed PSS training or certification. Due to their lived experience, PSSs are able to develop a type of rapport and trust with participants that other team members are not.

This mix of camaraderie and leadership provided by the PSS empowers clients to self-determine their own recovery goals.

MISSION TEAM ROLES AND RESPONSIBLITIES

MISSION team members have both shared and primary responsibilities.

If one team member has primary responsibility for a task, the other team member provides assistance.

If the team member in the primary role is temporarily unable to fulfill that duty, the other team member takes the lead.

SHARED RESPONSIBILITIES OF TEAM MEMBERS

Shared Responsibilities:

- Attending meetings at residential facilities
- Linking participants to community services/supports
- Assisting participants to secure/maintain housing and employment
- Monitoring symptoms and discussing relapse prevention, coping skills, and problem-solving strategies
- Transportation assistance
- Support during crises

OVERVIEW OF THE PRIMARY RESPONSIBILITIES OF THE CM AND PSS

Case Managers

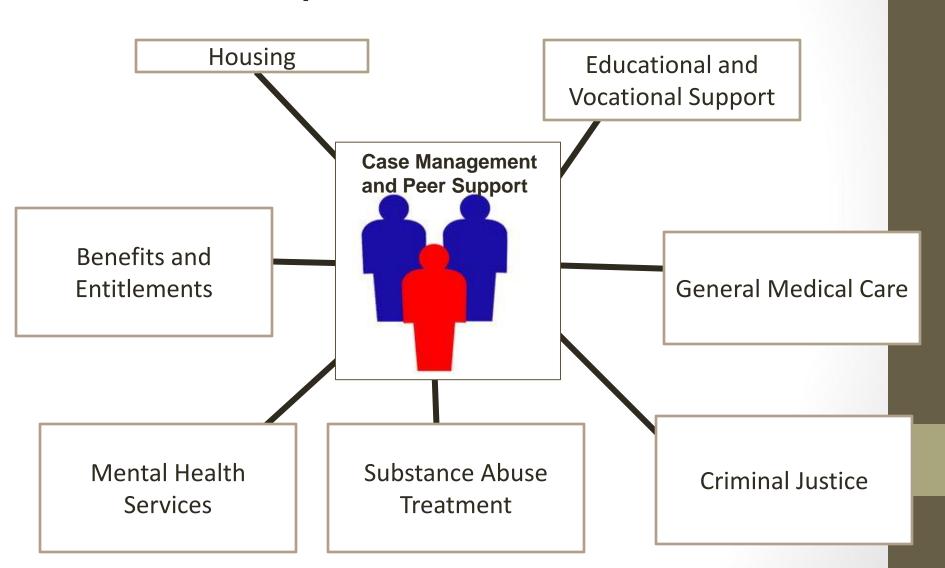
- Clinical, therapeutic, and diagnostic expertise
- Deliver 13 Dual Recovery Therapy (DRT) Sessions
- Intervene during clinical emergencies

Peer Support Specialists

- Deliver 11 Peer-Led Sessions
- Provide support based on personal experience and expertise
- Facilitate use of Participant Workbook
- Provide active community outreach

MISSION LINKAGE SUPPORT

Linking participants to services in own their communities is an essential component of MISSION.



WORKING EFFECTIVELY AS A TEAM

To work effectively as a team the PSS and CM:

- Share information about participants regularly
- Discuss concerns about participants expediently
- Provide consistent messages to participants
- Seek assistance from the Peer Navigator (or for the CM the Clinical Supervisor) on serious problems requiring guidance or assistance

CRITICAL TIME INTERVENTION (CTI) CASE MANAGEMENT

CTI is a staged intervention used to link clients to community supports. As the CTI phases progress, the MISSION team members' sessions with participants decrease.

Months:	1-4	5-9	10-12
Session Frequency:	Weekly	Bi-Weekly	Monthly
Task Description:	Transition into the community	Try out	Transfer of care

THE ROLE OF THE PSS IN CTI

The PSS offers different types of support in different phases of the participant's transition to community life.

For example:

In transition to community the PSS may schedule an appointment with a provider on behalf of the participant and offer to accompany him/ her there.

While, in *try out*, the PSS may encourage the participant to schedule the appointment and offer to help the participant research the best transportation route which the she/she will take independently.

DUAL RECOVERY THERAPY (DRT)

DRT is an intervention addressing co-occurring mental health and substance abuse problems. There are 13 structured DRT sessions delivered by the CM.

The topic of these sessions are:

- Onset of Problems
- Life Problem Areas
- Motivation, Confidence, and Readiness to Change
- Developing a Personal Recovery Plan
- Decisional Balance
- Developing Strong Communication Skills
- Orientation to 12-Step Programs

- Anger Management
- Relapse Prevention
- Relationship-Related Triggers
- Changing Unhealthy Thinking Patterns
- Changing Irrational Beliefs
- Scheduling Activities in Early Recovery

THE ROLE OF THE PSS IN DRT

In their one-to-one meetings with participants, PSSs can suggest reviewing the participant's written responses to DRT exercises in the MISSION workbook, reinforcing the concepts introduced in the DRT CM-led sessions.

PEER SUPPORT: A CLOSER LOOK AT THE RESPONSIBILITIES OF THE MISSION PSS

PSS Responsibilities:

- Facilitate 11 Peer-Led Sessions, helping the participant to discover their needs for recovery.
- Assist with the Participant Workbook
- Help participants advocate for themselves and ensure two way communication with providers
- Assist with recreational planning and model healthy living
- Provide linkage to community mental health and substance use recovery programs
- Accompany participants to clinical appointments, job and housing interviews, recreational activities, and self-help group meeting
- Promote and inspire hope and resiliency.

PEER-LED SESSIONS

SUGGESTED TOPICS FOR THE 11 PEER FACILITATED SESSIONS

- Willingness
- Self-Acceptance and Respect
- Gratitude
- Humility
- Dealing with Frustration
- Handling Painful Situations
- Significance of Honesty
- Courage
- Patience
- Medicine Maintenance
- Making a Good Thing Last

These sessions can be delivered in either individual or group settings.

FACILITATING A PSS GROUP

- Peer Support groups are different from the usual therapeutic group in the sense that the PSS is simply the facilitator, not the instructor.
- A PSS will arrange the logistics for the group (time, place...), suggest topics, start and end the group and help keep the group on topic.
- After starting the group, the PSS becomes an equal part of the group, not a leader.
- This removes any power differential and empowers the members to guide the flow of the group.
- All members of the group must be peers.

FACILITATING A PSS GROUP: COMFORT AGREEMENT

- A comfort agreement is a set of suggested guidelines agreed upon and created by the group at the start of the group, to help the group run smoothly.
- Another great idea to start the group is an "icebreaker". An
 "icebreaker" is used to help the group open up, relax and try
 to help people who are not comfortable speaking warm up to
 it. They are usually something like "Share your name and
 favorite movie"

SUGGESTIONS FOR HOW THE PSS CAN FACILITATE WORKBOOK USE

Some participants may feel apprehensive about the workbook. This may be due to the volume of materials, difficulty expressing ideas in writing, or other concerns.

There are several strategies PSSs can use to provide support, which included:

- Offer to complete your own workbook along side the participant as they complete their own
- Make copies of individual exercises so the number of pages feel less daunting
- Offer to scribe for the participant as he or she provides verbal responses to worksheet items

THE ROLE OF THE MSSION TEAM IN VOCATIONAL AND EDUCATIONAL SUPPORT

The CM and PSS work together to assist participants with their vocational and educational needs. This includes:

- setting job and career goals
- identifying potential employers
- assisting with documentation (e.g. resume, references, applications)
- preparing for and following upon interviews
- providing strategies for managing workload, symptom exacerbations, and conflicts with co-workers

PSS PRIMARY RESPONSIBLILITIES IN VOCATIONAL AND EDUCATIONAL SUPPORT

It is the PSS's primary responsibility to provide:

- on-the-job support,
- transportation training
- assistance with professional appearance, punctuality and reliability

TRAUMA INFORMED CARE

Individuals with trauma histories often struggle with trust, hopelessness, low self-esteem and impaired decision making. They may also experience symptoms such as intrusive thoughts, flashbacks, and the sudden onset of intense emotions.

Traditional service delivery approaches may exacerbate vulnerabilities and trigger trauma symptoms.

Trauma informed programs are designed to be more supportive and to avoid re-traumatization.

TRAUMA INFORMED CARE COMPONENTS IN MISSION

COMPONENTS OF TRAUMA INFORMED CARE IN MISSION ARE:

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice
- Peer support and mutual self-help
- Resilience and strengths based
- Inclusiveness and shared purpose
- Cultural, historical, and gender issues
- Change process

THE ROLE OF THE MISSION TEAM IN PROVIDING TRAUMA INFORMED CARE

THE MISSION PSS AND CM:

- Screen for and identify trauma related symptoms
- Refer clients who need specialized treatment to qualified providers
- Serve clients not requiring specialized treatment
- Provide ongoing support to those receiving specialized treatment
- Coordinate care with specialized providers

HOUSING FIRST APPROACH IN MISSION

MISSION uses the housing first approach, in which housing viewed as a basic right rather than a privilege earned through compliance with mental hearth treatment or sobriety.

SIX ESSENTIAL INGREDIENTS OF HOUSING FIRST:

- Consumer Choice
- Separation of Housing and Services
- Recovery-oriented Services Available
- Services are Voluntary and Flexible
- Community Integration
- Harm Reduction



(Tsemberis, 2010)

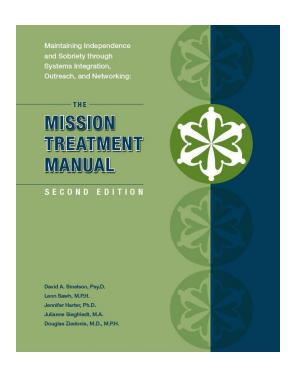
THE ROLE OF THE PSS IN MISSION HOUSING

Responsibilities of the PSS in MISSION Housing:

- Help participants identify housing needs and preferences
- Use network to identify available housing units
- Help participants prepare for, and accompany them to, meetings with potential landlords
- Assist physically and emotionally with the move
- Visit the home
- Help resolve conflicts with landlords
- Help participants maintain housing budget

MISSION Materials

The Treatment Manual



The Participant Workbook



THE MISSION MANUAL: WHAT'S INSIDE?

Overview of MISSION

Guide for Program Mgrs & Admins

Background on Homeless-ness

Clinical Supervision

Supplemental Materials

MISSION Model of Care

Case

Management

- Peer Support
- Vocational and Educational Support
- •Trauma-Informed Care
- •Rapid Re-Housing Support

THE PARTICIPANT WORKBOOK: WHAT'S INSIDE?

Self-Guided Exercises

Checklists

DRT Tools and Readings Sustaining Recovery Info

Resources for Living in the Community

For Example:

- •Relapse Prevention Plan
- •Problem Solving (PICBA)
- Employment/Education Plan
- •Coping with Trauma

For Example:

- Sources of Stress
- Handling Stress
- •Medication Side Effects

For Example:

- •Timelines Worksheet
- •Personal Recovery Plan
- •Orientation to 12-Step Programs
- •Identifying Triggers

For Example:

- •Common Diagnoses
- Coping Skills
- •Medication Management
- •Internet and Reading Resources

For Example:

- •Case Management
- Peer Support
- Vocational and Educational Supports
- •Trauma-Informed Care

THE MISSION MANUAL: SUPPLEMENTAL MATERIALS

Some tools offered by the manual:

- MISSION Sample position description
- Sample Service Delivery Schedules
- Leading exercises in Dual Recovery Therapy
- Therapeutic Techniques
- Materials for Case Managers
- Peer Facilitated Sessions
- Vocational and Educational Support Materials
- Fidelity Index