Program Implementation

Cutting-edge Approaches for Persons with Complex Needs



Expansion of peer support programs is a critical part of the solution to the nation's behavioral workforce shortage.

OK Video | Example

- MHA's Oklahoma affiliate provides a great example with their peer-run drop-in center for people experiencing homelessness
- Anyone 18 or older is welcome to participate (as long as they are respectful of others); participants can socialize, relax and take advantage of personal growth and development opportunities



Video: Mental Health Association of Oklahoma





Other Examples in Peer Support Programming



The **MHA affiliate in Westchester**, **NY**, staffs an Intensive and Sustained Engagement Team (INSET), which provides a set of supports and peer services to individuals who meet Assisted Outpatient Treatment (AOT) criteria or for those who have been court ordered to have AOT



In Massachusetts, the **Kiva Centers** is an indigenous-led, peer-run, and trauma-informed organization with drop-in spaces that connect people with resources and a community built around shared experiences ranging from trauma, mental health or substance use conditions



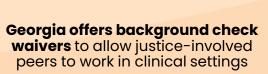
Indiana has a **Discovery Café** initiative that provides a place for young people ages 13-17 who may be facing mental health, substance use, or other challenges where they can join their peers for a wide range of activities that provide fun and inclusive support for overall wellbeing, as well as recovery support



Oregon's **YouthLine** crisis line is staffed by trained youth volunteers who are supervised by behavioral health professionals and serves more than 30,000 young people across the country



State Approaches to Peer Support Programming



In Rhode Island and Texas, peer supervisors can be more experienced peer specialists; this is extremely important since most states require clinical supervision but clinicians don't necessarily have training in peer supports New York is a leading state for peer support, in part due to leadership of the Alliance for Rights and Recovery, a grassroots organization based in Albany, and significant state funding



III. Implementation: N Street Village example

- 1. Peer design, peer leadership, peer employment
- 2. PSH, Trauma-informed Community, integrated care, holistic healing
- 3. Therapeutic community programs-community as the change agent
 - a. Non-traditional as well as peer-led programs
- 4. Positive and healthy relationships, individual and group support all in one location
 - a. Shelter, housing, re-entry, medical respite, wrap-around services (including vocational programs, art and theater, and full-service holistic integrated integrative care)
 - b. Community jobs and volunteering
- 5. Purpose, meaning, belonging, connection (atop Maslow's Hierarchy)
 - a. Staff and clients/residents
 - b. Creation of community norms and values, even within staff culture
 - c. Creation of a culture of "mutuality with safe boundaries" (staff as advocates and professional supports—who hug)



VI. Implementation Challenges

- 1. Continual need for resource replenishment
 - a. Owning property was a plus for financial health
 - Two-thirds reliant on charitable funding not a scalable or sustainable model for long-term solutions
- 2. Social health problems: housing, food, income insecurity, etc.
 - a. Neither private sector nor govt can solve alone
- 3. Radical collaboration by broad range of stakeholders is necessary
 - a. EX. Collective Impact Project on HSS in DC 2013—led to creation of Mayor's Cabinet with Lived Experience Leaders, Advocates, NGOs, and all City Agency Heads; led to 5-year citywide strategy and progress on housing/HSS programs – particularly for the most vulnerable (those with complex needs)
- 4. Minimal or no funding for experimentation, innovation, "R & D"
- 5. Minimal or no funding for third-party evaluation (EVP vs. Promising Practice)

Mental Health America

Peers in Action: N Street Village

https://www.youtube.com/watch?v =WcpwVI7joEY



