



July 11, 2019

Peer Voice NC (PVNC), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), is establishing the North Carolina statewide peer and “consumer” organization dedicated to establishing a unified voice of people with lived mental health and/or co-occurring substance use disorders to impact peer and recovery-oriented policies, practices, and systems.

In support of NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) commitment to replicate its pilot of Peer-Operated Respite Services (PORS), Peer Voice NC has engaged its network to gauge interest, gather information and further understand readiness throughout the state to start and operate a successful peer-run respite. Following is a description of the activities PVNC has undertaken and results of its efforts.

PORS Outreach

On July 1, 2019, PVNC posted a PORS announcement and a request for interested peers/“consumers” to sign-up to receive a PORS survey. This announcement was posted on several sites including the PVNC facebook well as seven (8) additional NC web-based groups/sites that are organized for the purpose of sharing information and engaging NC Certified Peer Support Specialists (NCCPSS) and others with lived mental health and/or occurring disorders. The PVNC announcement reached 619 people and nearly 300 additional people through the other sites.

Twenty-eight (28) people from regions throughout NC responded to this request and expressed interest in completing the 10 question survey. The survey was available in English and Spanish. All respondents were sent the survey and five (5) completed surveys were returned by the due date of July 9, 2019. The responses to the survey questions are included in a separate PDF attachment.

“At A Glance” Responses

- A total of 5 people responded to the survey, all responded in English
- 2 of the respondents were aware of the original PORS RFA, 3 were not
- 4 of the respondents expressed feeling very knowledgeable about PORS and 1 reported having basic knowledge
- 5 of the respondents stated that they currently operate a consumer-run organization, 4 of which are new, having been established in 2018 or 2019
- Majority of respondents (3) stated that they are not currently prepared to manage a budget or employ people (payroll, HR), 4 have no current source of funding and 2 reported that they would be able to collect and report data and outcomes
- Regarding outcome measurements, trends included reduction in number of hospitalizations and crisis stabilization visits due to psychiatric reasons, increase in hope, quality of life, empowerment, and increased access to other peer support services and resources that support recovery
- Training identified as a required part of PORS included WRAP, Intentional Peer Support, training on co-occurring mh/sud, Emotional CPR, documentation, Trauma Informed Care, compassion fatigue, alternative pathways to recovery, and leadership/management training among others
- Supports that should be offered as a part of PORS were: WRAP, recreation, movement, nutritious meals, self-care, animal based supports, groups supports and daytime recovery/wellness peer run centers should be available to people in the respite
- Consistent trend regarding how the state can support PORS was start-up funding (4 of 5 identified this). 2 also said support with the political navigation in their community to get support of the POR and engage stakeholders while ensuring consistent communication. Other answers included a network of coordinated PORS with learning opportunities, a statewide organization to coordinate PORS, a liaison with the state, consistent training and less restrictions for start-up peer run organizations
- The need for on-going training, a statewide PSS registry, standardized education and certification for PSS
- When asked what they would need to start and operate a POR, 2 respondents said technical assistance on agency or POR start-up, 2 would need administrative support, and 2 would need financial support for on-going operations. Other responses included: streamlining of bureaucratic processes, connections to other respite and ongoing trainings and conferences, guaranteed funding for start-up and on-going operations
- Lastly, recommended additions to qualifications include: involvement in the consumer/survivor/ex-patient movement with no co-optation of clinical services/clinicians, experience with working in inpatient settings, community relationships and networks with broad stakeholders and resources, and 2 years of experience operating peer programs independently (not as a part of a behavioral health agency)

Summary and Next Step Ideas

In addition to reviewing all of the surveys, PVNC has directly communicated with numerous other peers and “consumers” throughout the state about readiness to start and operate a PORS. There are several trends that continue to emerge with all of the correspondence.

Trend 1:

Individual people are interested in working at a POR or operating one, but do not feel fully prepared administratively to start-up, operate (financial, HR, business structures), or secure community stakeholder support. Simply put, most existing entities are either very new start-ups and haven’t had funding or experience with operating an organization or are in need of additional supports to do so.

To overcome this barrier, potential PORS would benefit from technical assistance and mentoring to develop administrative structures, internal systems and processes. A fiscal agent from an existing, established consumer-operated agency could be beneficial as well.

Trend 2:

Concern about the level of partnership, ongoing financial commitment and support from the state toward an organization that will risk starting up a POR has been consistently expressed.

Strategies relative to shared risks, securing on-going funding and establishing trust and a partnership between peer-operated entities and the state would be beneficial to creating a comfort that PORS will not be “abandoned” after 2 years.

Trend 3:

The need for finances to start-up a POR is a significant gap.

Due to the fact that most people responding are either new to operating a 501c3 or have not had experience with securing funding, any POR will need significant assistance with securing start-up funding (fundraising, MCO, county, etc). Technical assistance and mentoring from another consumer-operated organization with experience in fundraising could be beneficial to overcome this barrier.

Trend 4:

Interested individuals have the potential of becoming strong organizational leaders.

“Real-time” support and mentoring of new peer/”consumer” leaders that are interested in starting an organization and operating a POR is essential for their comfort, preparation and success.

We look forward to our phone conversation on July 12, 2019 to discuss this information in detail and explore potential solutions.

Sincerely,

A handwritten signature in black ink, appearing to read "Cherene Allen-Caraco".

Cherene Allen-Caraco

Project Director

Peer Voice NC

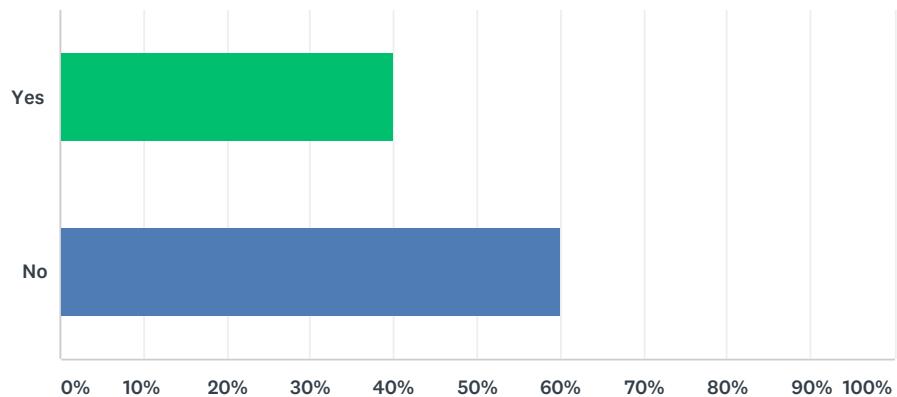


SURVEY RESULTS

Peer-Operated Respites (PORS) in NC

Q1 Were you aware of the Invitation to Apply that posted for Peer Operated Respite in 2018?

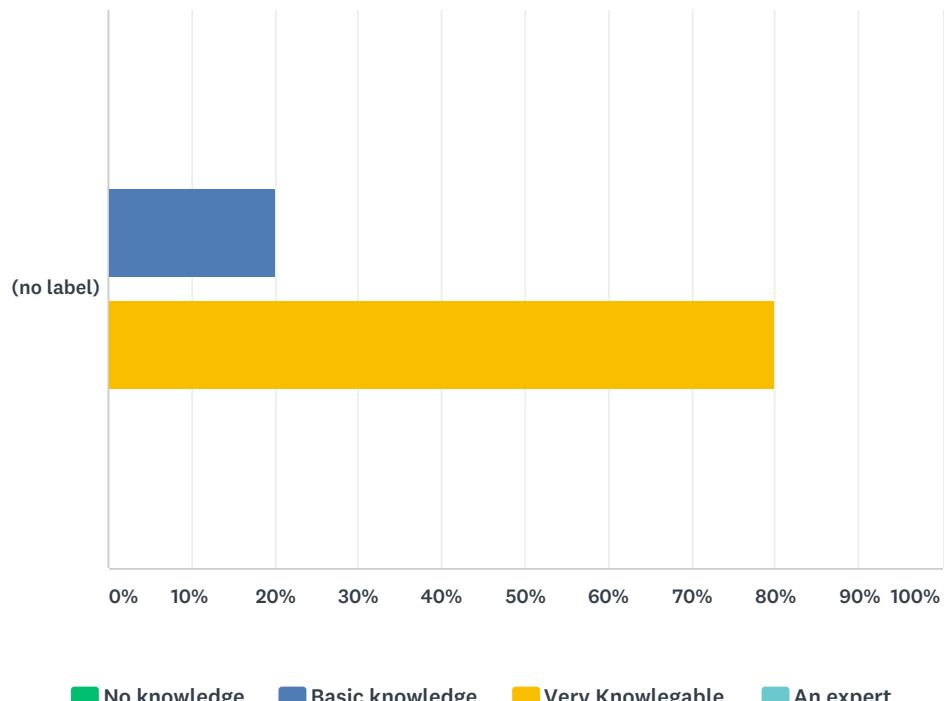
Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	40.00%	2
No	60.00%	3
Total Respondents: 5		

Q2 Where would you rank your knowledge and understanding of a Peer Operated Respite:

Answered: 5 Skipped: 18



	NO KNOWLEDGE	BASIC KNOWLEDGE	VERY KNOWLEGABLE	AN EXPERT	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	2.80

Q3 What should evaluation and outcome tracking look like for Peer Respite? For information on peer-run respite evaluations and outcomes, please see the toolkit at:

https://www.hsri.org/files/uploads/publications/Peer_Respite_Toolkit_1.pdf

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	I have concerns about LME and non-survivor involvement as far as the researchers or related non-profits handling the studies being secretly anti-peer movement, and not identifying as either consumer-survivors, PWLEs, survivor-therapists (i.e. not having substantial lived experience, where co-opting is an issue, etc). My area (Eastern NC) is sometimes prone to nepotism and co-opting in MH/SU services (potential grant seeking for profit and exploitation), pretending to be peer informed, but being primarily relying on the clinical/pathological/DSM model, so not having any real respect for PWLEs (non-egalitarian). I also witnessed this issue in the RDU area.	7/10/2019 12:34 PM
2	Decrease in hospital utilization over time Increase in healing and satisfaction Increase in advocacy and self-empowerment Increased engagement in community-based services (both peer and provider led) Outcomes will be tracked by PORS guests at check in and again at check out. Outcome data will be sent to the LME-MCO and to DMH/DD/SAS quarterly.	7/9/2019 7:38 PM
3	One evaluation of peer respite would be to track other services utilized by an individual over time. This might take the form of a quarterly "check in," asking consumers to report their use of mental health services and the effectiveness of service.	7/8/2019 10:47 PM
4	There should places and people to turn to with questions, and assistance.	7/8/2019 8:44 PM
5	Outcome tracking should consider how many times a person has had facility based crisis services (hospital ED, etc.) and how many actual hospitalizations prior to respite experience. Specific info should be sought about referral sources from where folks come as well as peer support resources available in the community (how are people informed and how do they access peer support that may not be offered through medicaid). Subsequent crises episodes of PORS clients should be noted, to include whether clinical settings were involved. Finally, the after-service linkage to peer support settings or other resources should be tracked.	7/4/2019 3:51 PM

Q4 What would improve the Invitation to Apply that was posted for Peer Operated Respite in 2018?

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	Cooperation, synergy, collaboration among the various entities and individuals... information sharing... I could tell you some stories about what hasn't worked!	7/10/2019 12:34 PM
2	It does not need to be modified.	7/9/2019 7:38 PM
3	I think one thing that would improve all Peer interactions is a voluntary self-inclusion in a state wide registry of all Peer Support Specialists as well as a professional association with licensing, education, collaboration, advocacy, a website, and communication between peers, employers, organizations, government agencies, etc.	7/8/2019 10:47 PM
4	It should be posted in different types of arenas.	7/8/2019 8:44 PM
5	1) Questions about applicant has experience with peer operated services in the local community that can support the PORS after-engagement, etc. 2) Commitment by DMH of support through an appointed recovery services staff at the leadership level (similar to Georgia) to ensure quality roll-out, regular meetings of PORS leaders as a group to cross-inform and trouble shoot issues, etc. 3) Commitment to funding that ensures capacity to find a house, have it rezoned as may be necessary, and pay for rental and maintenance costs ON TOP OF operating costs.	7/4/2019 3:51 PM

Q5 To ensure the success of a Peer Operated Respite, what qualifications should be required and beneficial for a provider to have?

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	Must absolutely identify as part of the c/s/x movement. Have substantial lived experience. Allied Health and Helping Professionals should all be "hybrids" (i.e. survivor-professionals) absolutely no co-opting, absolutely no non-c/s/x leadership or staff.	7/10/2019 12:34 PM
2	All staff should be trained in WRAP and should be NCPSS. Director and/or supervisory staff should have at least two years experience as NCPSS in inpatient setting.	7/9/2019 7:38 PM
3	As individuals, providers should have lived experience, but also a long term stability, and an extended support system in place. Relationships with mental health providers, law enforcement, legal community, other community organizations, nonprofits, health care, local philanthropist, and other systems would benefit the head of a POR. They should be organized, efficient, compassionate, and strong willed.	7/8/2019 10:47 PM
4	I feel like they should have several years of sobriety, and or consistent mental health wellness.	7/8/2019 8:44 PM
5	1) A provider must be an original peer operated program and not an adjunct of a commercial provider agency that just uses peer support. THis ensures values and practices have the right outcomes. 2) Operators shall have operated a peer support center (peer wellness center, mental health peer recovery center) using volunteers and paid staff for at least two years and must demonstrate competency to manage a small budget successfully. 3) The operator/provider should have at least a local network of partners who are supportive of functions of the existing peer operated center and who refer people regularly for social connection and self-help education.	7/4/2019 3:51 PM

Q6 What type of training do you think should be required and beneficial for a Peer Respite provider to have?

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	Intentional Peer Support, access to scholarships for peer trainings, bring peer trainers and c/s/x speakers to local NC regions (for example, see workshops and speakers from https://www.idha-nyc.org/). Most people can not afford travel or lodging in NY. Create connections nationally so travel and conference/training opportunities are more financially accessible.	7/10/2019 12:34 PM
2	Advanced level WRAP Facilitator training Co-Occurring Disorders Training Substance Use and WRAP Mental Health First Aid etc...	7/9/2019 7:38 PM
3	Peer Support Specialist training is probably the most important. Additional knowledge of Trauma Informed Care, caregiver burnout/compassion fatigue, alternative treatment modalities, including but not limited to; natural products, mind and body treatments, equine and other animal therapy, faith and spirituality methods.	7/8/2019 10:47 PM
4	I think they should be given the same training as far as documentation, different ways to motivated, and keep clients engaged with them.	7/8/2019 8:44 PM
5	If they are already experienced as peer operated support leaders, they would still benefit by training to help them with inreach to hospitals and other agencies to promote peer respite and help develop mechanisms for warm handoffs of people who need crisis support. They would need training about practices, though there are some good guides already published. They would benefit by training that clarifies and prepares leadership role, management functions, direct support roles (we burn people out when they have to do all!) Finally, Emotional CPR should be offered to all across all sites to reinforce a framework of engagement that has good results.	7/4/2019 3:51 PM

Q7 What types of supports and services should be available to individuals staying at Peer Respites?

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	recreation and movement, healthy and nutritious and tatsy food, seek support and partner of local sustainable farmers/growers, gardening, holistic and creative activities and self-care opportunities, body work, find volunteers or inexpensive animals sitting services for those needing to stay at respite.	7/10/2019 12:34 PM
2	Case Management Education/Job skills Re-entry services WRAP trainings Spirituality Parenting	7/9/2019 7:38 PM
3	Just knowing there is help, is in and of itself helpful. Connecting with others with shared experiences, group support, and being able to be honest with yourself and those helping you is key to any recovery. It is difficult to be honest with employers about your mental health. I would say that communication, connectivity, and acknowledging that we all need help are the primary ways in which individuals staying at Peer Respites might become better. Social activities, administering to needs and feelings is another way in which peers may need to "reset" their wellness.	7/8/2019 10:47 PM
4	There should be Mental health ER'S and detox centers and ER'S with connections to the respites.	7/8/2019 8:44 PM
5	The peer respite should be an extension of a peer staffed support center (recovery center, wellness center) that offers self-help and mutual support education/groups so that this is an option for respite guests during the day. Respite staff would offer one-to-one reflective support and problem-solving approaches that help to deflate crisis status to one where steps can be developed that empower the individual in crisis (E-CPR helps with this).	7/4/2019 3:51 PM

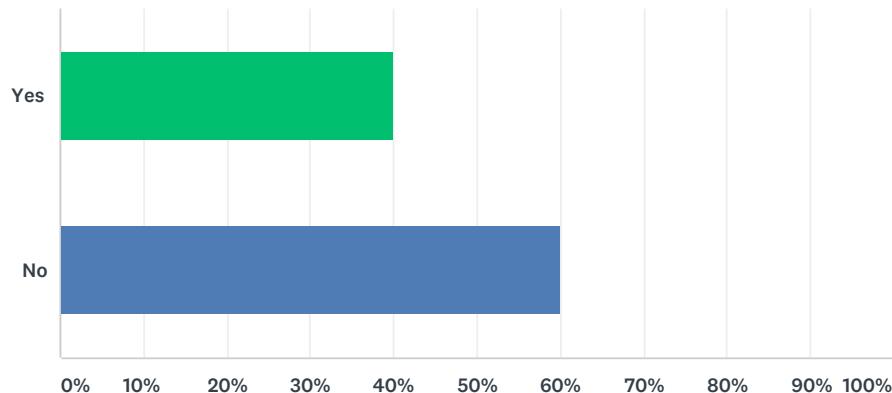
Q8 What efforts and/or steps could the State take in supporting the expansion and improved access to Peer Operated Respites in NC?

Answered: 5 Skipped: 18

#	RESPONSES	DATE
1	The state needs to reach out to local city and county organizations and politicians. In my experience, this ENC area can be difficult to navigate politically. Local media outlets may need involvement to help create a favorable environment and the support of the local communities.	7/10/2019 12:34 PM
2	Funding should be available to start-up Peer Operated Respites.	7/9/2019 7:38 PM
3	Create more funding for Peer Operated Respites, with fewer restrictions for start ups, allowing groups of peers to come together to create these, while giving them help such as the Leadership Fellows Academy. Also, assistance in creating a self voluntary registry that all peers would have access to, and/or possible professional association that would standardize education, licensing, ethics, etc.	7/8/2019 10:47 PM
4	They should offer low or free training's and education if people want to continue going to school to get further degrees.	7/8/2019 8:44 PM
5	1) State can fund the development and operation of peer wellness/recovery centers in rural and urban settings. This is cost-wise and does not require Medicaid. 2) Appoint a lead staff at DMH who works with consumer orgs to establish a development and training agenda. Development would extend to networking with relevant associations about the role of peer operated service hubs and peer operated respites and would help develop information and engagement flow across agencies that can help with hospital diversion and recovery support. State should consider the role of a state-wide peer organization in partnering with DMHDDSAS to help with development and training similar to how it has been done in Georgia.	7/4/2019 3:51 PM

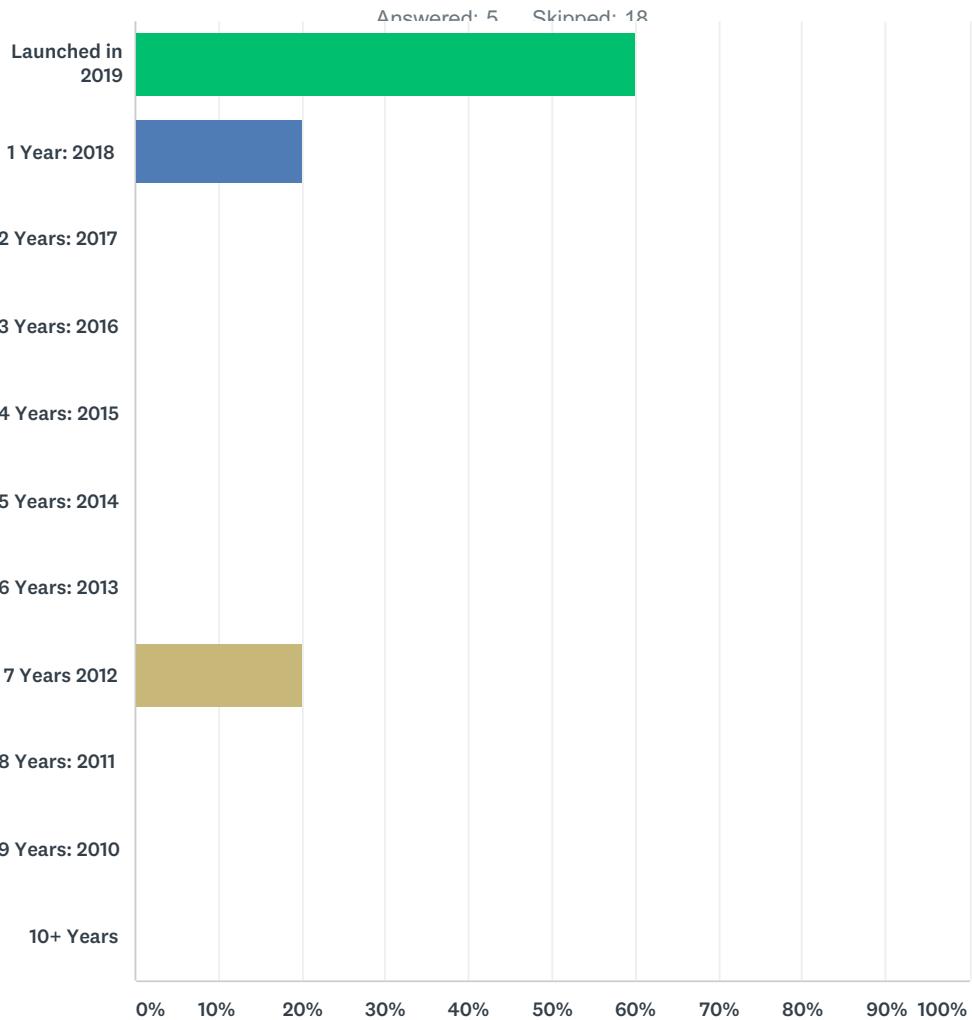
Q9 Do you currently operate a mental health consumer-run non-profit (consumer-operated is defined as at least 51% of the board of directors have lived mental health recovery experience?)

Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	40.00%	2
No	60.00%	3
Total Respondents: 5		

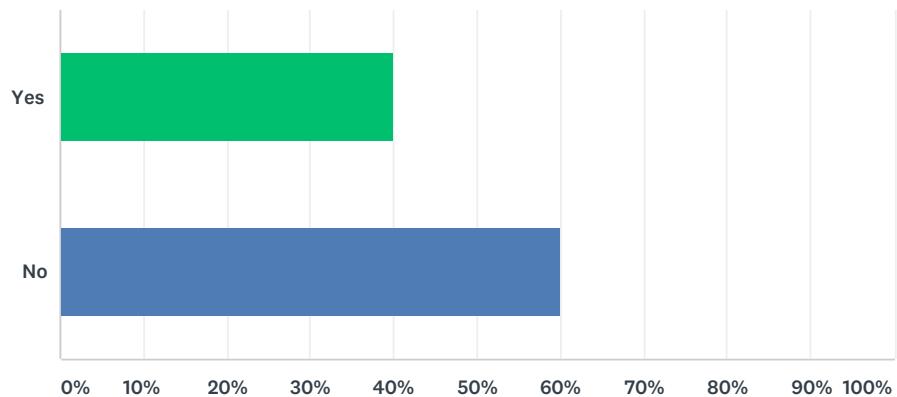
Q10 How long has the consumer-run agency been in operation?



ANSWER CHOICES	RESPONSES	
Launched in 2019	60.00%	3
1 Year: 2018	20.00%	1
2 Years: 2017	0.00%	0
3 Years: 2016	0.00%	0
4 Years: 2015	0.00%	0
5 Years: 2014	0.00%	0
6 Years: 2013	0.00%	0
7 Years 2012	20.00%	1
8 Years: 2011	0.00%	0
9 Years: 2010	0.00%	0
10+ Years	0.00%	0

Q11 At this time, does the agency have the capacity to employ people (payroll, HR?)

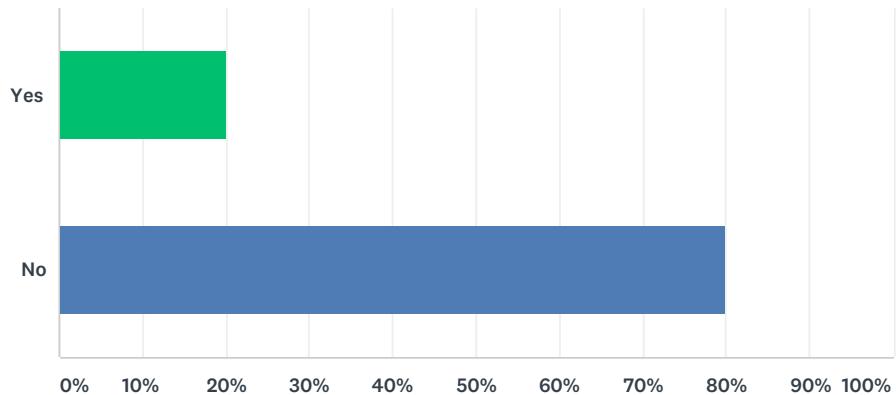
Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	40.00%	2
No	60.00%	3
Total Respondents: 5		

Q12 At this time, does the agency have a source of funding?

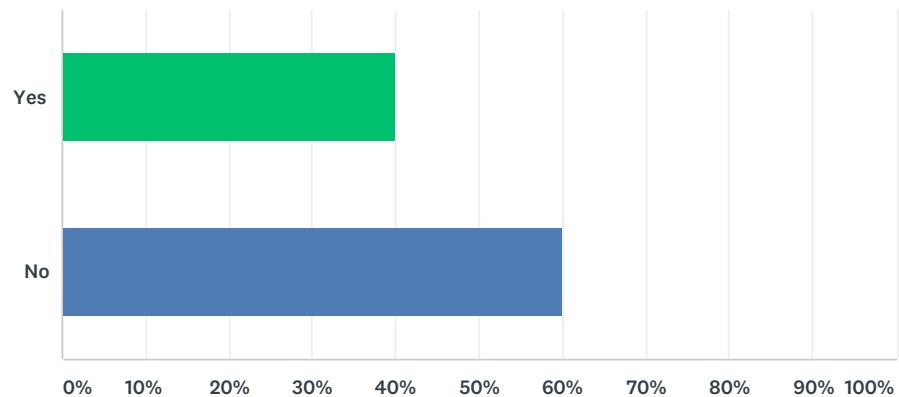
Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	20.00%	1
No	80.00%	4
Total Respondents: 5		

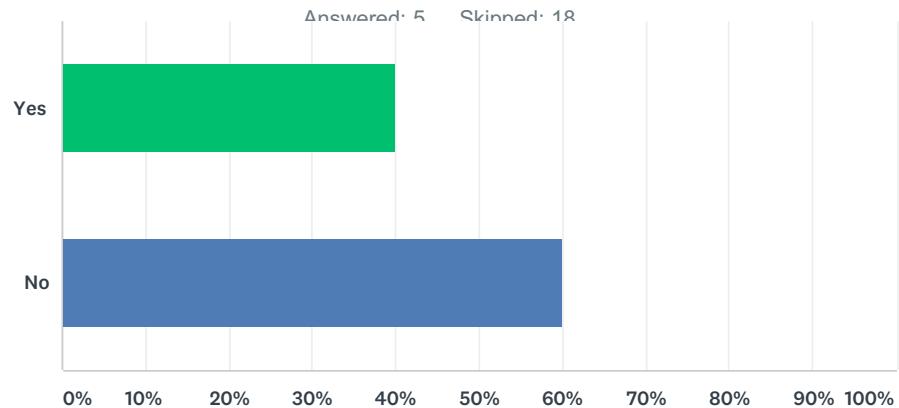
Q13 At this time, does the agency have the financial structures in place to manage a budget and have financial audits?

Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	40.00%	2
No	60.00%	3
Total Respondents: 5		

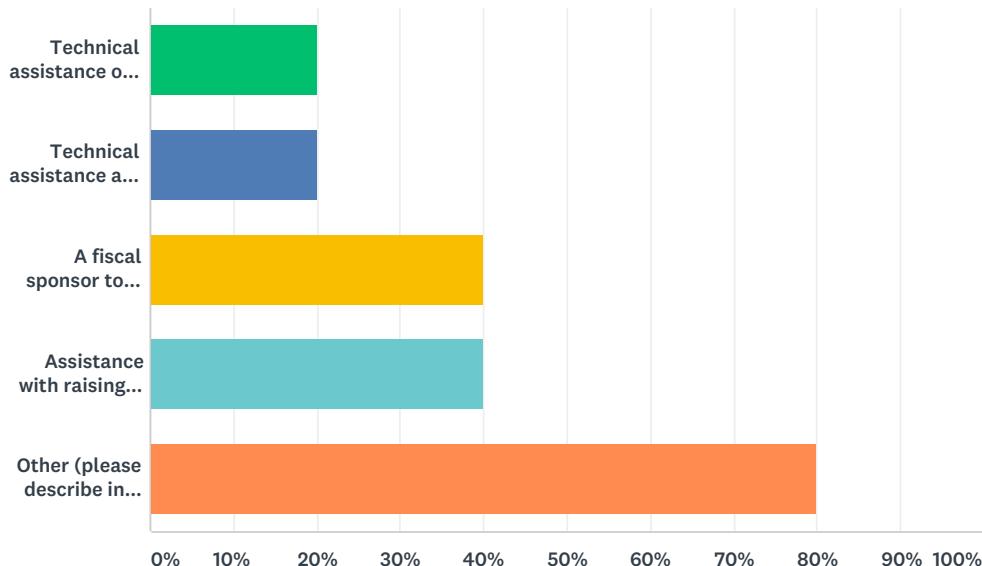
Q14 At this time, does the agency collect and report data and outcomes?



ANSWER CHOICES	RESPONSES	
Yes	40.00%	2
No	60.00%	3
Total Respondents: 5		

Q15 What does the organization need in order to start and operate a peer-run respite? Check all that apply:

Answered: 5 Skipped: 18



ANSWER CHOICES	RESPONSES	
Technical assistance on how to operate a non-profit organization	20.00%	1
Technical assistance and training on how to start up and operate a peer-run respite	20.00%	1
A fiscal sponsor to manage the finance, payroll, administrative costs, etc.	40.00%	2
Assistance with raising funds to continue to operate the peer/run respite after the funding period is completed	40.00%	2
Other (please describe in detail):	80.00%	4
Total Respondents: 5		

#	OTHER (PLEASE DESCRIBE IN DETAIL):	DATE
1	There are some bureaucratic process that could stand some streamlining and synergy.	7/10/2019 12:34 PM
2	I have my articles of incorporation, and am in the process of completing a business plan to present to possible partners and other funding sources. I hope to have a consumer run nonprofit started in the next year.	7/8/2019 10:47 PM
3	Connections to every respite offices, conferences yearly, face to face or webinars.	7/8/2019 8:44 PM
4	We need funding. We need the guarantee of enough funds to establish and operate for the first two years then we need to know that DMH will continue to provide the majority of funding thereafter. We have learned that while some foundations will fund succinct projects, they do not want to be sustaining funders. They will not fund infrastructure or pay for salaries. I operate a peer center that can only be opened half time (afternoons M through F) because we get only enough from Forsyth County govt. to pay two half-time peer facilitators. We have not been able to raise funds otherwise so we can hire a director. I am a volunteer and am already in my 60s so we have a real concern about the future of this effort. Meanwhile other neighboring states fully fund their peer operated activities because the outcomes save the state money.	7/4/2019 3:51 PM