

**Oregon Health Authority
Health Systems Division**

**Oregon Consumer Advisory Council
Recommendation Request Form**

OCAC Full Council Receipt

Date submitted to OCAC Full Council: 02/14/2018

Date received by OCAC Full Council: 02/14/2018

Recommendation for State Support to Establish Peer-Run Programs

- OCAC (Sub)Committee: Wellness and Healing Practices

Executive Summary

The Wellness and Healing Practices committee recommends the State to actively support development of peer-run programs to expand Peer-delivered Services (PDS) in Oregon by dedicating funding sourced from (but not limited to) Coordinated Care Organizations, creating PDS Coordinator positions for each county and CCO, and facilitating technical assistance and collaboration with OCAC for advancing Peer-run Respite.

Recommendation #1

To ensure peer services are made available as an essential option within the array of services, we advocate for dedicated funds to support Peer-delivered Service programs. The State could provide dedicated funding to make peer support/peer services available through the CCOs, guided by input from local communities. (Services could include Peer Respite, Drop-in Centers, Rural Peer Farming, Support Groups, and innovative prevention services as defined by regional peer advisories.)

- Include provision of Technical Assistance to increase contact and empowerment among consumers statewide to effectively shape local services.

Recommendation #2

Prioritize Peer Culture and Values. Create a Peer Delivered Services Coordinator for each CCO and county. Counties to hire Peer Services Coordinators to develop and implement Peer Services in each county or CCO service area. Peer Services Coordinators ensure peer-values are maintained and support the growth and healthy development of new peer-run organizations. Clackamas County is a powerful example of the effective expansion of peer support services under the guidance and systemic support provided by a Peer Services Coordinator.

Recommendation #3

OHA to facilitate provision of technical assistance and work collaboratively with OCAC towards the goal of establishing and advancing Peer-run Respite in Oregon that is not based on the certification standards for residential clinical facilities which differ significantly from the successful models of Peer Respite. To explore feasibility within current state and federal law, regulation and funding is an initial goal, followed by identifying the strategy(s) to overcome barriers and create appropriate standards.

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Expanded Overview:

Issue:

Peer-run programs lack statewide planning and regional infrastructure to support the growth and development of Peer-Designed and Delivered Services (PDS). Existing regulations limit options to developing clinical model programs. Current state administrative rules pose barriers to licensing peer-run residential programs. [OAR 309-035-0100, 309-035-0250] Plans must be developed to assist Oregon's peer community to increase access to peer support programs that are peer-run and designed by peers.

To reduce the impact on emergency rooms, jails, and in-patient hospital institutional settings, Oregon's PDS (Peer Delivered Service) community has looked at other successful peer-run programs around the nation to establish a complete array of support that starts at prevention and early identification and includes support through crisis and following up with recovery supports/community integration. Although stigma is a reason why individuals may not seek support early on for prevention of a crisis state, lack of awareness of the availability and benefit of peer delivered services, current state regulations, and availability of funding for peer-run programs have also been identified as barriers in the State of Oregon. These we can do something about.

Rationale and Strategies:

a) Long term planning for Peer Workforce Development and support of Peer-Run Organizations.

Technical assistance will increase contact and empowerment among consumers statewide to shape localized services. Make stimulus funding available by counties to support start-up and longevity of programs that are peer-run and designed.

A diversity of options is preferred and could include: warmline program expansions, day-use drop in peer support centers (a model of success is Recovery Outreach Community Center, in Salem), short term peer-run respite houses, vocational support centers, long term residential rural area farming, community outreach teams (nutritious meals and hospitality service with optional peer support), mentorship and peer wellness support teams for visits in home (a peer-run program similar version of Assertive Community Treatment), such examples as these could be peer-run and designed.

b) Integrate Peer-delivered Programs. Even through a clinical agency, when peer-run and designed, PDS have been shown to be successful. Psychiatric hospitals, CCBHC's, emergency rooms, and similar locations could act as hubs to refer to integrated services in lieu of entirely peer-run programs or until these can be developed for a county area. David Romprey Oregon Warmline, for instance, is under the umbrella of GOBHI.

Strategy

- i. Maintaining Peer Standards is especially important in integrated settings where peer specialists face challenges in clinical settings which are not similarly present in peer-run programs.
- ii. More diverse wrap-around services can be offered to grow the accessibility of peer services.
- iii. Peers providing leadership in the supervision and support of peer supporters in integrated settings is needed; our state could benefit from more technical assistance in this area.
- iv. Different funding sources are obtainable for peer services through integrated programs.

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c) **Focus on Peer Respite, Prevention, and Innovations.**

Actively seek to engage peers in jail and prisons, in-patient psychiatric treatment facilities, prevention in street and forestland houseless communities outreach, local family support groups, and early identification of needs in schools.

Strategy

- i. Provides a complete array of support options including multi-generational needs.
- ii. Peers have a valuable unique and valid perspective to offer from their lived experience combined with learned skills from training programs
- iii. Cross-learning / sharing opportunities and increased visibility of Peer-delivered Services

OCAC Full Council Response

OCAC Full Council Decision Date:

OCAC Full Council Decision:

Denied Approved As-Is Approved with the following changes:

HSD Use Only

Staff Completing Form:

Date submitted to Director:

Date submitted to (Sub)Committee Co-Chairs:

NOTE: HSD Staff: Retain one copy in the subcommittee binder; forward a copy of the completed form to subcommittee co-chairs.