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Increasing the Role of Peer Specialists in Primary Care Settings

Richard Goldberg, Ph.D. — Director, VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC)

In August 2014, the White House issued an Executive Action mandating that 25 VA Medical Centers pilot the deployment of Peer Specialists (PSs) in primary care patient aligned care teams. Over 1000 PSs have been hired in VA mental health in recent years and this White House Executive Action further signals their growing importance as service providers in VA. However, PSs have not been widely deployed in primary care before. In partnership with VA Central Office (VACO) leadership, a team of Quality Enhancement Research Initiative (QUERI) funded investigators from the Little Rock VA along with both the VISN 4 and VISN 5 MIRECCs is currently completing an evaluation of this pilot effort.

The evaluation will provide critical data to guide administrators and VA policy makers on future deployment of PS in primary care settings. In addition to characterizing the experiences of participating sites, The QUERI for Team Based Behavioral Health project is also testing the impact of providing external facilitation, consultation, and feedback to assist with implementation. Organized by an evaluation model that specifies domains needed for successful implementation (i.e., Reach, Effectiveness, Adoption, Implementation, Maintenance), data are being collected from staff and Veterans on organizational context and team functioning, peer support fidelity, patient activation, satisfaction, general functioning, and implementation barriers and facilitators (via qualitative interviews). We recently enrolled our 25th and final site. As of the end of 2016 PSs participating in this pilot have delivered a range of services including whole health coaching to over 2,500 Veterans. As the project moves into its latter stages, we look forward to ongoing partnership with VACO leadership to summarize and disseminate findings to support implementation and sustainability of PS services in VA primary care settings.

Recovery Update

is a collaboration by providers within the Veterans Health Administration, as well as mental health providers and recovery resources in the community. This periodic newsletter is intended to disseminate Psychosocial Recovery (PSR) information, news and developments. If you would like to contribute to Recovery Update or have questions regarding this publication, please contact:

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About the Author:

Dr. Richard Goldberg is Director of the VA Capitol Health Care Network (VISN 5) Mental Illness Research, Education and Clinical Center (MIRECC). The VISN 5 MIRECC is comprised of integrated programs of research, education and clinical training focused on supporting the recovery and community functioning of Veterans living with serious mental illnesses. His research portfolio includes both VA and NIH funded studies focusing on the development, evaluation and implementation of recovery oriented treatments and services for adults living with serious mental illness.

Dr. Goldberg is also actively involved in psychiatry and psychology training. Since 2007, he has also served as Director of the Hub Site overseeing the multi-site National VA Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services.

Utilizing Peer Support in Primary Care Settings: Perspectives of Peer Specialists

Mark Cowley, Peer Specialist— Chillicothe VAMC

Now in remission for more than two years, cancer survivor Gary M. had come to believe that he was incapable of mustering the energy to walk more than a few hundred yards. The former Army mechanic and construction superintendent, never one to avoid a challenge, met with Peer Support Specialist's Tony Burnette and Mark Cowley at the Chillicothe VA Medical Center, Ohio, in order to test his limits of endurance as part of the Peers in Primary Care pilot. Initially he sought to manage his diabetes more successfully and perhaps lose a few pounds along the way with the encouragement of his new peers. Setting a modest goal of walking one half mile, three times weekly, it wasn't long before the Army veteran was walking 30-40 minutes most days, as well as modifying his diet extensively. With renewed confidence, he soon after helped his son build a large pond and dock...the results have been undeniable: lower glucose readings, a thinning waistline, increased energy and a new lease on life.

Former health coaches, Burnette and Cowley came to Chillicothe in an earlier pilot that sought to incorporate veteran coaching into an emerging patient-centered culture within the VA. Now Peer Support Specialists, their transition to the new pilot was a natural extension of health coaching.

"Our patient base was already established and we drew from Veterans who had a strong desire to improve their health," said Cowley, an Air Force retiree. "We just provide encouragement and someone to walk alongside...what we found is that our Veterans were much more likely to attempt and achieve the goals they expressed to us each week, knowing they'd be reporting back. Clearly, the program empowers Veterans," he said.

Tony Burnette, who served in both the Marine Corps and the Army, agrees. "Veterans respond to Veterans," said Burnette, "and this program gives our patients something they already want...someone who listens to their goals and concerns, as well as personal follow-up that keeps them accountable. It's something new...and it's something that works. Our vets really respond to the one-on-one attention," he said.

As the VA seeks to assess innovative ways to evaluate the effectiveness of the program, it appears that the Primary Care peers will stick around in Chillicothe. "The strength of this program is in our commonality as Veterans," said Cowley. "Our connection is already in place...and we know how to hold each other up."



About the Author:

Mark Cowley is a Peer Support Specialist in Primary Care at the Chillicothe VAMC, Ohio, assisting Veterans in their pursuit of various health goals. He has a Master's Degree in Counseling from Liberty University, VA, and is a former Licensed Professional Counselor. In addition to his current VA position, he has been an adjunct professor of psychology for the past 19 years.

Mark is also a retired Air Force officer, who served in Public Affairs.



Utilizing Peer Support in Primary Care Settings: Perspectives of Peer Specialists

Shari Altum, Ph.D., Scott Page, Peer Specialist & Angelo Hazley, Peer Specialist—Cincinnati VAMC

At the Cincinnati VA, Peer Health Coaching was started in March 2014, hiring Scott Page as a full-time PS Health Coach. Services were expanded in December 2015, adding Angelo Hazley as a second full-time PS Health Coach. VISN 10 leadership valued the implementation of Personalized Health Plans and was forward-thinking in recognizing the value of the peer connection and the need to support PACT teams in the transformation to patient-centered care.

The Whole Health model is the cornerstone of Peer Health Coaching. The VA's National Office of Patient-Centered Care and Cultural Transformation have provided outstanding training and resources. Scott, who serves in 2 CBOC's and Angelo, who serves at the hospital, have developed strategies for collaborating with PACT providers to identify Vets who want to develop a personalized health plan. Along with their supervisor, they educated the PACT staff about the peer role through presentations, skits, and success stories highlighting the PACT team members, the Veteran, and the Health Coach.

The PS Health Coaches use the Circle of Health and Well-being to help Veterans consider all aspects of their life. They share VA and community resources to assist the Veteran. Monthly follow-up calls help to keep Veterans on track with their goals and offer brainstorming when barriers arise. Scott and Angelo have realized that they are able to reach more Veterans through groups and they often see more health improvements with this level of investment and support from other Veterans. They have invested in evidence-based lay-leader programs like the Stanford Chronic Disease and Diabetes Self-Management Programs and Matter of Balance. They support MOVE and Tobacco Treatment Programs through co-leading and follow-up support calls. They have identified Veteran needs, like dental care and COPD self-management, and partnered with mid-level providers and trainees to offer education programs to meet the need. Most recently, they are building collaboration with home telehealth nurses to support Veteran awareness of this valuable effective program and to mentor Veterans as they develop the practice of daily self-monitoring. Angelo and Scott are also leading the Cincinnati VA's Red Carpet Welcome Program. It's a group visit that's offered in person and by clinical video telehealth to some CBOC's to orient new Veterans and get them started on the Whole Health pathway. During the program, Veterans are invited to participate in the Whole Health Group to mindfully consider all areas on the Circle of Health and set goals for health improvement.

There are early indications of success! Veterans report high satisfaction with the service and the facility has adopted a practice of highlighting Veteran success stories through all-staff emails. They served 345 Veterans in 2016 and made referrals to 205 health and wellness programs. In addition, the percentage of Veterans who stay invested in MOVE for 4-6 months has improved with the addition of the MOVE Health Coach monthly follow-up calls, from 6% to 25% across the first 6 months.



About the Author:

Shari Altum, Ph.D. is the Health Behavior Coordinator at the Cincinnati VAMC. She has served in this role for the past 6 years. She earned a Ph.D. in clinical health psychology from the University of Cincinnati in 2002. Her career has focused on Primary Care and health improvement.

Scott Page, CPS is a Certified Peer Specialist and Whole Health Coach working in Primary Care at the Cincinnati VA Medical center. His work at the VA includes five years' experience working in the Mental Health Day Treatment Center and residential Substance Dependence Program as a Peer Specialist and three years in Primary care as a Whole Health Coach. He retired after 21 years of service in the US Army and has a Bachelor's Degree in Business Management. He was certified as a Peer Specialist in 2010 and is a certified facilitator for Wellness Recovery Action Plan (WRAP), Stanford Chronic Disease Self-Management Program, Stanford Diabetes Self-Management Program, Matter of Balance, Mayo Clinic Tobacco Treatment, and Whole Health Coaching Group.

Peer Specialist Angelo Hazley works as a Peer Health Coach at the Cincinnati VAMC. Angelo is a 7 year Vietnam Era Army Veteran. Prior to his Peer Health Coach position, Angelo worked 3 years at the CVAMC in the PBS Department as an Administrative Support Assistant. Angelo also has a background in Substance Abuse Counseling, has training in Motivational Interviewing, Therapeutic Relations, he is certified as a facilitator of Matter of Balance Self-Management Group (Boston University), and completed the VHA Whole Health Coaching Program. Angelo received his BS Degree from the University of Cincinnati in Substance Abuse Counseling, and will complete his MS Degree in Psychology (emphasis in Life Coaching) on July 20, 2017 from the Grand Canyon University.

Utilizing Peer Support in Primary Care Settings: Perspectives of Peer Specialists

Nicole Richardson, Ph.D & Clayton McGee, Peer Specialist — West Palm Beach VAMC

VA has identified five overarching values that drive our actions and decisions: Integrity, Commitment, Advocacy, Respect, and Excellence. I-CARE for short. Being a part of the PACT Peer program has allowed West Palm Beach VA to implement a program that embodies these values, ultimately setting the stage for an improved Veteran Experience. It has been a pleasure to be a part of a program that recognizes the unique strengths of our Veterans in a way where they are allowed to advocate for one another. By incorporating Peer Specialists within the Patient Aligned Care Teams, Veterans are able to connect with a fellow Veteran who can share with them their own recovery story, while exploring what is most important to each individual. Peer Specialists are also able to connect Veterans with resources both within the VA as well as in the community to help them better achieve their healthcare goals.

In West Palm Beach we chose to focus on three primary areas, tobacco cessation, weight management, and engagement in diabetes self-management. Although we had three primary focus areas, each Veteran who has been introduced to the program was allowed the respect to set their personal health goals. January 2017 marked one year of our participation in this pilot program and in this time we have been able to provide this unique opportunity to many Veterans. Veterans in this program have reached their specific healthcare goals and have been more willing to engage in healthy living behaviors.

Initiating this pilot was not free from challenges. One of the greatest challenges faced was ensuring that Veterans being seen in PACT were aware of the PACT Peer program. To overcome this obstacle we have found some proactive approaches to informing our Veterans. One way we did this was to empower our peer specialist to make the initial contact with Veterans without the need for a formal referral. The peer specialist introduces himself as a new team member and offers to assist them in discovering ways they can better care for themselves. Since peers are Veterans most relationships form instantaneous. We also created immediate access by not requiring scheduled appointments, thus Veterans could engage at a time convenient for them.

After introductions the peer offers coaching services (smoking, diabetes, weight loss) focusing on goal setting and problem solving. While coaching, the peer may become aware of other related concerns and can relate this back to the other team members (e.g. PCPs, nurses, social workers, mental health providers, benefits counselors). Peers help the Veteran navigate the complex system. Best of all, the Veteran gets answers to the pressing questions they may have and they do not feel alone.

Over the year we have been able to walk side by side with Veterans to ensure their healthcare goals were met and their immediate needs were taken care of. We have seen a shift in the attitude of Veterans from one of Veterans being somewhat distrustful to more of an open attitude where they feel they can better partner with their healthcare team within VA.

Having been among the facilities who participated in this pilot, it is our hope that other VA medical centers will begin to implement similar programs. Spreading similar programs can only lead to an improvement in our Veteran's overall experience. It is consistent with our organizations values, I-CARE.



About the Author:

Nicole Richardson, PsyD, is a Clinical Psychologist at the West Palm Beach VAMC, where she works as the Health Behavior Coordinator. She earned her doctoral degree in Clinical Psychology from Nova Southeastern University. She completed her post-doctoral fellowship at the John D. Dingell VAMC in Detroit, Michigan. Her professional interests include program development and process improvement. In particular, Nicole enjoys creating innovative ways to make certain our Veterans needs are met.

Clayton McGee is a Peer Support Specialist at the West Palm Beach VAMC. In his own words:

"I came to the WPBVAMC in 2004. I was addicted, lost, pretty much broken and tired. I was encouraged by my wife Patricia McGee to seek out help from the VA. I received MH care as well as physical care. I went to work on CWT. I was hired to housekeeping after 4 months of CWT. After 8 months I was hired to Central Service's Processing and Decontamination. A year later I obtained a position with supply. I was hired to office supply after 1 year. I completed the VA Stepping with Pride leadership program and then enrolled in college. A few years later I was hired to logistics clean equipment and was also a contracting officer rep. For the past two years I have worked in with Mental Health and Primary Care as a peer. I recently graduated Whole Health Coaching and am enrolled in Indian River State College seeking Bachelor of Human Services and then on to Master of Social Work. I have actually had more than one Veteran tell me, "Thank you for saving my life." The VAMC is my life and I love it with all my heart, it has been my everything and I say thank you VA for saving my life!!!!!"



Ask a Veteran

We asked Veterans serving as Peer Support Specialists in the
VA San Francisco Health Care System (HCS):

“How would you describe a person living with mental illness?”

Here’s what they said:

- It’s going to look different from person to person.
- By looking in the mirror, I’d describe myself: strong, resilient, a survivor, hard worker, friend.
- Me, myself, and I.
- Resilient, resourceful, and resolute.
- I’d want to know more about their own personal experiences before speaking to it.
- Living with mental illness, you can either be unwell and living with it, or you can be coping with the illness through the help of your support system.
- Coping day to day with hope and resilience. You have the diagnosis side and the coping side, what matters is how you manage it. Sometimes you have to ride it out to get what you desire.
- To be well and living with mental illness – you can be in a bad place but still have tools yourself for coping, and others can remind you.
- A spiritual being seeking a human experience.
- A diagnosis is not a person, and you should be looking at who the person is.
- Someone who experiences mental illness, mental health challenges.
- Someone with a mental health diagnosis (accepting a diagnosis is an important step in recovery).
- Just talk to someone...they’re just like any other person .

“How would you describe yourself as a peer when talking to Veterans?”

- I have challenges also, you’re not alone. Leave it open and only go into a little bit of your story. Disclosure should be limited and specific to the topic.
- I’ve experienced symptoms similar to you.
- I’ve experienced mental health challenges, but I’ve been able to get to a good place where I can use my toolbox and support network.
- A Peer has been there, and knows what you’re going through.
- A Peer is a Veteran, someone who has experienced mental illness, has sought help and services, and is now giving back.
- I’ve experienced some of the same things that you have; I know what you’re going through.
- I’ve asked for help, used VA services, and accessed the resources at the VA.
- I’m someone who has asked for help and is willing to take coaching.
- I have mental injuries that can be aggravated from time to time.
- I am a Veteran who has been walking my path of recovery, and I am here to support you on your journey. You can consider me a friend, a confidant, or a companion; I am someone who will walk with you along your (the) way.



Ask a Veteran is a recurring section in Recovery Update, in which Veterans are asked questions about their path to recovery. This issue of **Ask a Veteran** features responses Veterans serving as Peer Support Specialists in the VA San Francisco Health Care System (HCS)



Recovery Reminders

Joyce Bell LISW-CP, CPRP — Charleston VAMC

- Are we a bridge or a destination program?
- Remain curious – learn as much as possible about the Veteran. What interest, skills, talents, abilities the Veteran may have. We can often overlook aspects of a Veteran – ask about tattoos, hats, favorite memories, where they find comfort/joy (now or in the past). *Get to know the person not the diagnosis!*
- What are we trying to teach?
- What are the benefits?
- Who is benefitting? (Students? Staff? Or both?)
- Is this something the Veteran can do his or her own?
- Can they recreate this independently?
- Is supportive risk taking encouraged?
- Is interdependence recognized as a means to achieve independence?
- Are we fostering community engagement of the individuals?
- Do we seek, support, and encourage Veterans to explore community resources?
- Are failures reframed as opportunity to learn?
- Are we making an effort to engage Veterans who seem disinterested?
- Is learning promoted for all, Veterans and Staff?

REMINDER



Recovery Reminders is a recurring section in Recovery Update, in which providers suggest considerations or questions that clinicians may wish to ask themselves when working with consumers to ensure recovery-oriented care. This edition of Recovery Reminders features contributions from **Joyce Bell, LISW-CP, CPRP** at Charleston VAMC.

Joyce Bell, a licensed clinical social worker and certified psychiatric rehabilitation practitioner, has dedicated her career to individuals living with serious mental health challenges by promoting recovery oriented mental health and community inclusion practices. She has been the Program Coordinator of two Psychosocial Rehabilitation and Recovery Centers (PRRC), currently the Veterans Enrichment Center at Ralph H. Johnson VAMC in Charleston, South Carolina and previously the Community Transitions Center, Palo Alto VAMC in Menlo Park, California.

In her 23 plus years of VA service, she has worked on inpatient mental health units and a MHICM team but her primary focus has been the development of progressive recovery oriented practices which shifted day treatment programs to PRRCs. She has consulted with VA national colleagues about development and improvement in recovery oriented practices.

Ms. Bell presents on recovery oriented mental health practices, community inclusion, and peer specialist skills at local and national trainings. Her greatest teachers have been and continue to be individuals with mental health challenges who are living successful and meaningful lives in their community.



Art, Advocacy, and Recovery

Lisa Giovanetti, ATR-BC, LPCC

Many mental health, advocacy, and activist organizations have utilized the arts to promote healing and change, and for good reason. Historically, the creative arts have been a venue for stigmatized and marginalized populations to be seen, claim space, and educate, as art can hold intense and challenging thoughts and feelings and be a mirror to current political and cultural climates. Many of our Veterans in MH and trauma recovery will turn to social justice and advocacy work; for them specifically, participating in public art exhibition and collaborative artworks can support both their **engagement** with others over a shared **purpose** and their **empowerment** as experts of their personal experience with mental illness.

In this vein, Art Therapists here at VA Palo Alto provide the opportunity for Veterans to exhibit their work from AT PTSD treatment. By providing a traditional art opening and professional postcard invitations, we seek to reinforce a strength-based artist identity and facilitate opportunities for PTSD awareness efforts. We promote the development of skills in the art studio and through exhibition to help artists build connections outside of a hospital setting and the context of therapy. This has led to one group of Veterans independently deciding to pursue PTSD advocacy work in the greater community through curating their own show at a local coffee shop.

Another opportunity to engage in awareness efforts happens annually during April for sexual violence awareness month. Our MST coordinator, Katie Webb, facilitates the Clothesline Project as an outlet for Veteran Survivors of Military Sexual Trauma to safely express feelings of anger and pain and to share messages of resilience and hope. The visually striking clothesline is displayed in common areas providing visibility to the impact of MST and a voice to a trauma that is often silenced by denial, invalidation, and shame.

If you are a provider looking to support recovery with the arts there are a variety of grassroots survivor and Veteran organizations that have an art component. A list of regional and national Veteran healing art programs is provided here: <http://www.operationwearehere.com/ArtTherapy.html> You might also have Veterans contact your local NAMI or city hall to see if they host exhibits that relate to your Veteran's stated advocacy mission and purpose. I encourage you to see how Veterans might use the arts to open doors into the community and create a sense of purpose!



Lisa Giovanetti, ATR-BC, LPCC is an Art Therapist and member of the PTSD Outpatient Clinical Team at the VA Palo Alto Health Care System (Menlo Park Division). She has a Master's Degree in Expressive Therapies with focus on Art Therapy and Mental Health Counseling and specializes in the use of creativity to support healing and growth in mental health and trauma recovery.