



# **Promising Partnerships Between CCBHCS and Peer Agencies**

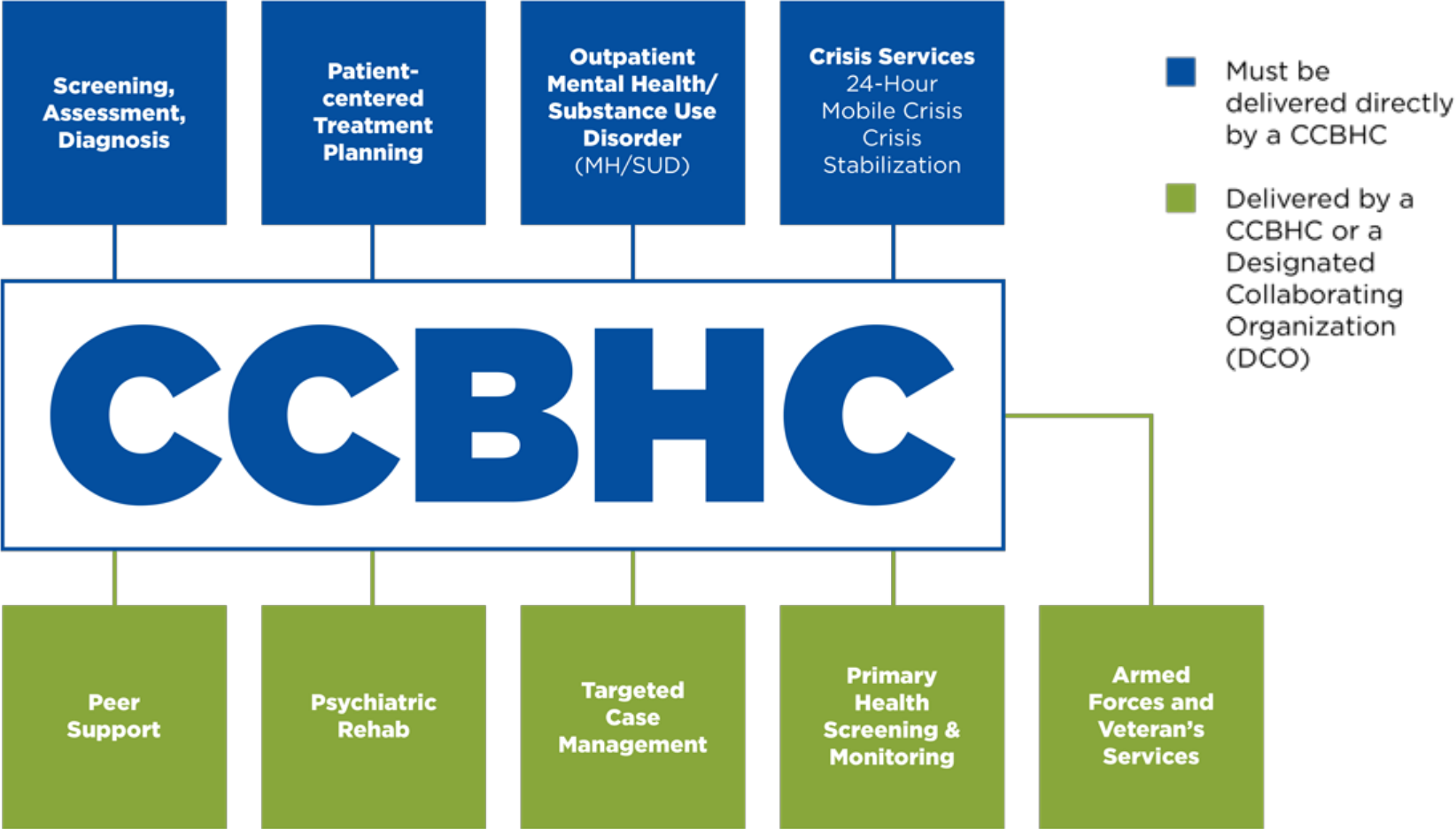
17th NYAPRS Annual Executive Seminar April 28, 2021

Brie Reiman, National Council for Behavioral Health; Michelle Scheib, BestSelf Behavioral Health; Kirsten Vincent, CEO, Recovery Options Made Easy; TBA, Chautauqua County Department of Mental Hygiene; Ronda "Ro" Speight and Raquelle Bender, Mental Health Association of Westchester; Harvey Rosenthal, NYAPRS

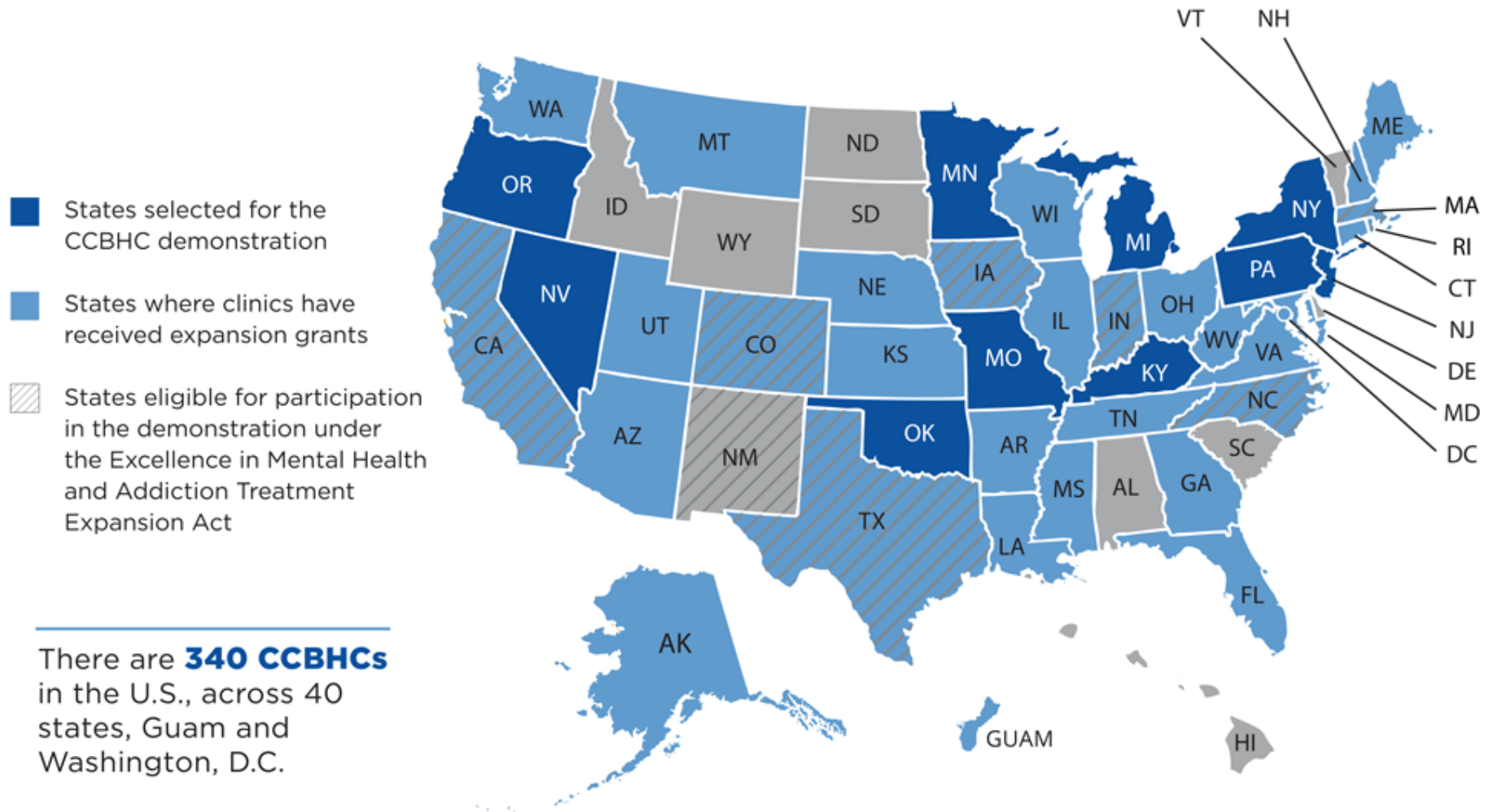
# National Council/NYAPRS Partnership

- In October 2019, The National Council and NYAPRS collaborated to bring upwards of 30 representatives from Certified Community Behavioral Health Clinics (CCBHCs) and Peer-run/ Recovery Community Organizations for a one-day convening in Albany to explore best practice collaborations in delivering peer services in arrangements with CCBHCs.
- Meeting presentations and dialogue sessions were designed to bridge clinical and grassroots peer cultures and perspectives and explore partnership opportunities and challenges.

# CCBHC Scope of Services



# Status of Participation in the CCBHC Model



# Peer Support

- Peer support grew out of a **human rights movement** that provided a strong voice for personal experiences and raised consciousness about injustice and inequality.
- The power of peer support lies in the **quality of trusted relationships** among people with “shared experiences that emphasize voluntariness and promote the belief that **giving help is also self-healing**, empowerment, positive risk taking, self-awareness, and **building a sense of community**” (Penney, 2018).

# Peer Support Specialists and Peer Run Organizations

- Peer support specialists typically serve as **trusted and reliable strength-based allies** who support person-centered treatment planning and decisions.
- Peer support specialists are **not clinicians, case managers or coordinators** and **do not diagnose or provide treatment**.
- They ultimately **work for the person not the agency** or to primarily meet HEDIS and other standards.
- A peer-run/recovery community organization is defined as a program or organization in which **the majority of persons who oversee the organization's operation and governance have received mental health and/or substance use disorder services**.

# Peer Run/Recovery Community Organization Services

- Over the last three decades, peer-run/recovery community organizations have created a variety of groundbreaking new models including peer **crisis stabilization, respite, living room, bridging, and wellness coaching** that have helped to transform the lives of the people they support and the programmatic and policy environments in which they operate.
- RCOs provide **recovery coaching** that addresses housing, transportation, vocational training, employment services, telephone support, support groups, **system navigation, recovery resource dissemination, life skills training and sober social activities.**

# CCBHCs and Designated Collaborating Organizations (DCOs)

- CCBHCs must provide a range of services, either directly.....or by establishing a formal relationship with other providers.
- These other providers are known as **Designated Collaborating Organizations (DCOs)**.
- CCBHCs and contract with peer run/recovery community organizations to provide peer services.



# Creating and Sustaining Successful Partnerships

1. CCBHCs contract with peer-run/recovery community organizations via a Designated Collaborating Organization arrangement, whereby the peer agency hires, trains and directly supervises peer staff and collaborates with the CCBHC to provide high quality and successful engagement while ensuring fidelity to the core principles of peer support.
  - In this model, **the peer staff are employed by the peer organization.**

*Recovery Options and Chautauqua CCBHC*

# Creating and Sustaining Successful Partnerships

2. CCBHCs contract with a peer-run/recovery community organization via a DCO arrangement to help them to develop an optimal job description and to hire, train and supervise peer staff in a manner that achieves positive outcomes while ensuring fidelity to the core principles of peer support.
  - In this model, **the peer staff are directly supervised by the peer organization but are employed by the CCBHC.**

# Creating and Sustaining Successful Partnerships

3. CCBHCs contract with a local peer-run/recovery community organization to provide **ongoing technical assistance and consultation**, starting with an initial and ongoing assessment of the CCBHC's recovery culture and organizational readiness, leadership development and buy-in.

*Recovery Options and BestSelf*



**CERTIFIED COMMUNITY  
BEHAVIORAL HEALTH CLINICS,  
PEER-DELIVERED SERVICES AND  
PEER-OPERATED AGENCIES:  
OPPORTUNITIES FOR  
COLLABORATION AND EXPANSION**

**MEETING REPORT**  
OCTOBER 2019



**NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH**

[www.nyaprs.org/s/101220\\_CCBHCs\\_MeetingBrief.pdf](http://www.nyaprs.org/s/101220_CCBHCs_MeetingBrief.pdf)

# ORGANIZATIONAL SELF-ASSESSMENT (OSA)

## Integrating Peer-delivered Services in Certified Community Behavioral Health Clinics (CCBHCs)

**Tool Purpose:** The OSA is a performance improvement resource to help engage CCBHCs in a self-reflective process to enhance partnerships to integrate peer-delivered services in CCBHCs.

**Tool Structure:** The OSA consists of four change concepts that are characteristic of an integrated peer-delivered services approach and a set of goals for each change concept.

**Tool Completion:** CCBHC leadership, administrative, clinical members and providers and other stakeholders should complete the OSA. The organization should then aggregate the responses for the team to discuss and develop a workplan for integrating peer-delivered services into CCBHCs.

Using the five-point scale, please indicate the degree to which you agree that your organization meets the standards:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

D/K = I am not sure I understand the goal or I do not know if we meet this goal

N/A = This goal does not apply to our organization/department/work area



### Essential Ingredients : CCBHCs and Peer-run/Recovery Community Organization Partnerships

- Establish team approach for successful partnerships.
- Understand the organizational shifts necessary to support the integration of peer-delivered services and encourage a recovery-oriented organizational culture.
- Maintain fidelity to the principles of peer support.
- Address disparities in funding of peer services.

# Organizational Self-Assessment Tool

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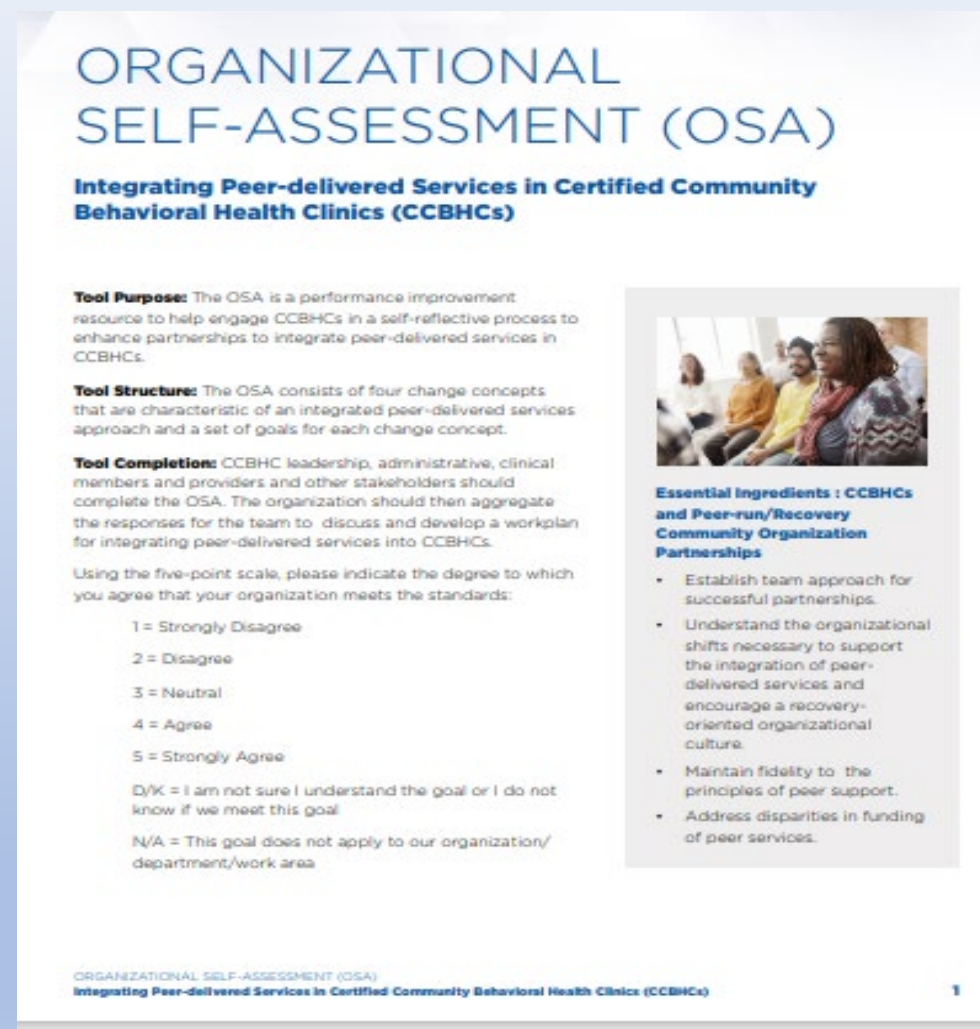
# Fidelity to Peer Support Principles and Practices

- National Association of Peer Supporters September 2012  
National Ethical Guidelines and Practice Standards National  
Practice Guidelines for Peer Supporters  
<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>



# Future Opportunities

- Explore partnership between CCBHCs and peer providers
- Increase synergy between CCBHCs and peer providers
- Establish a clear understanding of both peer and clinical staff team member roles and expectations at every level.
- Measure outcomes of both CCBHC and peer provided services
- Provide organization wide training
- Establish a shared mission, vision and values for peer-delivered services.
- Address stigma and structural racism and discrimination in every facet of the organization.



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# Conclusion

- In this brief, NYAPRS and the National Council recognize that there are many variables and conditions in setting up a peer workforce in collaboration with CCBHCs.
- **We highly recommend that CCBHCs establish a committed relationship with a peer-run/recovery community organization during all phases of implementation, including the DCO model as a best practice.**