

Summary Report, Statewide Teleconference May 15, 2006

Recommendations — The table below represents current resources, challenges, and unmet needs.

Issues/Concerns	Current Resources /System Capacity	Challenges/ Needed Resources	Recommendations
1. Certified Peer Specialists	Certification Board will conduct delineation study	Certification Board needs to work with FPN and other consumers Yearlong process: 6 mo/delineation study, 6 mo/develop curriculum Standard must be consistent throughout the state	Appoint FPN members, other consumers to work with Cert. Board Internships and hands-on training during the interim Develop standard using consumer definitions and self-help language
	5 Peer Specialists trained in Pensacola	Not billable under Medicaid	Grandfather in current Peer Specialists
	Some consumers already working as Peer Specialists	Need interim training program for existing Peer Specialists	Fund existing peer-run programs and Peer Specialists to train others statewide.
	Staying true to the philosophy and values of self-help	Medicaid programs tend to be centered on the medical model and not recovery model Some peer-run programs reject Medicaid billing Existing Peer Specialists do not get enough peer support	Peer support, recovery, and values for Peer Specialists requires further study Include peer support and supervision in description of Peer Specialist FPN hold online peer support group
	Curriculum developed will be billable under Medicaid	Individuals dependent on Medicaid are not covered for some services under Medicaid waiver	Change language in Medicaid handbook and licensing so that Peer Specialists will be billable
	Different models – current programs vs. Georgia model	Florida model for Peer Specialists needs to be created	FPN website links to other trainings FPN host teleconfs with experts

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<p>2. Hiring Consumers in Provider Agencies</p>	<p>Some providers hire Peer Specialists and later move them into other roles within the agency.</p> <p>Some agencies have career development internship programs.</p> <p>Some providers include opportunities for employees to become permanent fulltime or part time.</p>	<p>With some providers, consumers work in limited environments rather than in a variety of settings.</p> <p>In a rural community, there is one community mental health provider, so peer workers cannot go elsewhere for treatment.</p> <p>There is a culture of exclusion from some employees who usually work with no direct contact with traditional clinical services.</p> <p>Sometimes stigma arises from old employees.</p>	<p>Encourage providers to hire at all levels and provide opportunity to later qualify as permanent employees</p> <p>Provide incentives for employees to self-identify.</p> <p>Encourage providers to add career development internship programs.</p> <p>Include peer workers in all meetings. Bring consumers into social activities.</p> <p>Rewrite agency contracts to include a requirement to hire consumers</p>
		<p>Consumers hired without benefits although many need medications and a therapist to succeed.</p>	<p>Employed consumers should receive full benefits so they do not have to rely on disability income or Medicaid.</p>
		<p>Employees may need on-the-job flexibility to stay healthy and meet job requirements.</p>	<p>Provide reasonable accommodation such as a schedule change under ADA.</p>
		<p>Lack of a support system for leaders of peer run programs or Peer Specialists.</p> <p>Common need for support often goes unmet.</p>	<p>FPN develop a workgroup on peer support, especially for leaders.</p> <p>FPN develop support systems for employees, online and at local level.</p> <p>FPN organize regional and local face-to-face meetings and an annual statewide conference ASAP</p>

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3. Peer-Run Services	<p>SAMHSA’s COSP multisite study defined consumer-operated</p> <p>Common Ingredients Fidelity study provides means to evaluate.</p> <p>Peer-run programs understand and operate on self help values</p>	<p>SAMHSA requires consumer participation and input for federal funding</p> <p>People do not understand difference between peer-run and peer-driven.</p> <p>Good executive directors needed, also business professionals on the board of directors.</p>	<p>SAMHSA definition: consumer majority BOD, consumers hire and fire, independently manage finances</p> <p>Read the book <i>On Our Own, Together: Peer Programs for People with Mental Illness</i>.</p> <p>Peer-run program looks much different from a provider mental health agency.</p>
Funding issues	Some existing peer-run programs funded by state or county	<p>Peer-run programs are under-funded and state will only fund certain programs.</p> <p>When peer-run programs are expected to adhere to bureaucratic requirements, they lose quality of “peerness.”</p> <p>Some consumers believe that consumer-run services should not contract with the state.</p>	<p>5% of block grants should be allocated to peer programs, percentage of district budgets set aside for consumer-run services.</p> <p>An agency may have to look elsewhere for funding, such as peer businesses, federal grants.</p> <p>AA example of staying independent: “buck in the basket” at meetings.</p>
Staying true to the values of self help	<p>FPN is a peer-run program and supports consumer-operated services in Florida.</p> <p>A peer-run warm line can provide peer support for very diverse community.</p>	<p>Some programs (e.g., clubhouses) have consumer input and participation, but are not independent, “consumer-operated.”</p> <p>Variety of peer-run programs needed: businesses, housing programs, employment programs, moving programs, warm lines, etc.</p>	<p>Florida Peer Network in particular needs to stay true to peer values.</p> <p>FPN set up tech support for local and regional programs. Help incorporate and become financially independent.</p>

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3a. Peer support and recovery for peer leaders	Some groups try to incorporate peer support in their meetings.	Burnout among leaders in the self-help movement in Florida.	<p>One solution: facilitator for peer support group lets others take leadership when she can't run it.</p> <p>Needs to be addressed in another FPN conference call.</p>
4. Transportation	<p>One program uses state vehicles to pick up members.</p> <p>An agency purchases bus tickets for each person who needs them.</p>	<p>Medicaid-provided transportation is difficult to access and does not provide a lot of choice.</p> <p>Some people, especially seniors and disabled, cannot maneuver public transportation.</p> <p>Different needs for rural and urban areas.</p> <p>The difficulty in traveling to statewide and regional meetings is an obstacle that prevents peer leaders from having more input.</p>	<p>State mental health planning council set aside up to 5% of the state level block grant for consumer travel.</p> <p>Agency can apply for federal Department of Transportation grant.</p> <p>Someone who receives travel funds can bring another consumer to ride with them or share their hotel room</p> <p>Transportation obstacles and options require further study.</p>
5. Conclusion		Lack of knowledge throughout the state of what other people are doing, and who are the leaders in each individual area of the states.	More discussion needed: partnerships with providers, developing consumer-operated programs, incorporation of peer support in employment and leadership.