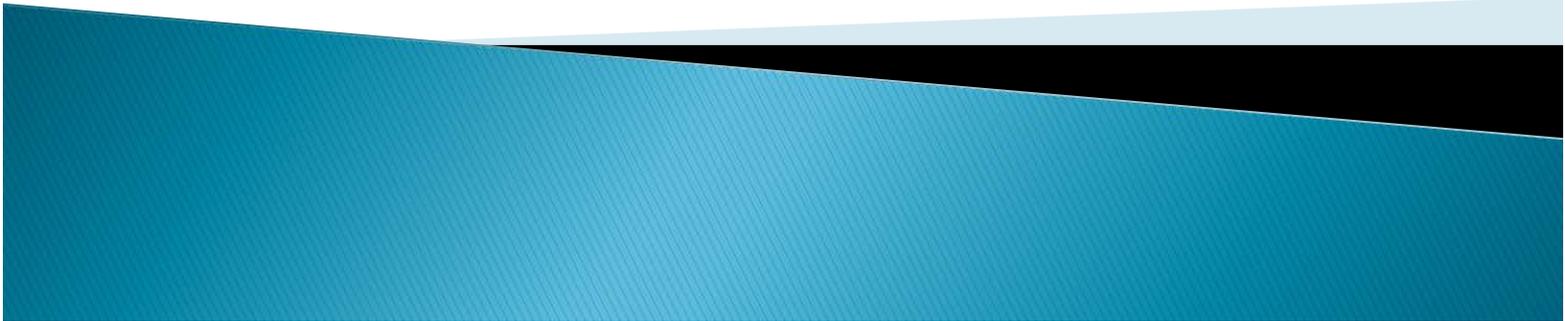


# The Hope Network: A Peer Support Program

**Michael Franczak, Elaine Cummings & Cheryl Anderson**



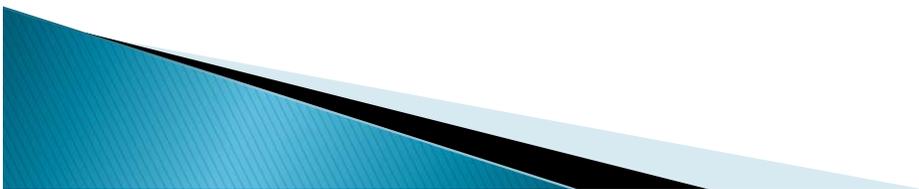


What is the Hope Network?



# Arizona Behavioral Health Corporation

- ABC provides over 1,600 units of permanent housing for one of the most vulnerable populations (SMI) who historically are the most frequent users of Crisis Centers, Emergency Rooms, Hospitals, Emergency Shelters and Jail while homeless.



## Marc Community Resources

- Marc is a private not-for-profit organization providing educational, therapeutic, rehabilitation and social services to children and adults with developmental and physical disabilities and behavioral health challenges.



## Population

- On any given night over 22,000 people experience homelessness in the state of Arizona.
- The Department of Housing and Urban Development (HUD) defines a chronically homeless person as an individual who is an unaccompanied adult with a disabling condition who has been homeless for a year or more, or those who have experienced at least four episodes of homelessness within three years.



## Population

- Chronically homeless individuals often cycle between homelessness, hospitals, jails, and other institutional care and often have a complex medical problem, a serious mental illness like schizophrenia, and/or alcohol or drug addiction. There are approximately 123,790 chronically homeless individuals nationwide on any given night.



## More on Population

- According to SAMSHA although less than 5% of the general population suffers from a diagnosed mental illness, they comprise an estimated 20-40% of the homeless population.
- Homeless people with serious mental illness are one of the most vulnerable of all street populations. Mental illness is the third largest cause of homelessness for single adults. For homeless families, mental illness was mentioned by 12% of cities in the United States as one of the top three causes of homelessness.



## More on Population

- Mentally ill people who are homeless are often arrested for some type of nuisance crime yet those who receive comprehensive community mental health treatment stay in such treatment, remain safely housed, and have an incarceration or homeless rate of less than 2%.



## The Hope Network Model

- The Hope Network is a program that provides wrap around support services to individuals in scattered site housing with a serious mental illness and substance abuse that are transitioning from chronic homelessness into Permanent Supportive Housing (PSH).
- All Recovery Coaches have lived experience of homelessness, mental illness and substance abuse.



## The Hope Network Model

- This is a unique approach of utilizing peer mentors as Recovery Coaches that imbed the recovery model into the heart of the program and provide a clear message to participants that recovery is possible



## Engagement, Outreach & Referrals

- Participants must be diagnosed with a serious mental illness and meet HUD definition of Chronic Homelessness as determined by ABC.
- Outreach to prospective participants is conducted during housing briefings or annual recertification.
- Housing Specialists & Case Managers may also refer eligible individuals to the program at any point should they identify a need for additional support.



## Hope Network Team...

➤ RECOVERY COACHES :

Each participant is paired with a Recovery Coach who serves as a living example that recovery is possible. Our Coaches are able to relate to participants and, most of all, offer hope in ways that traditional services cannot.

➤ Behavioral Health Technician:

A BHT ensures all participants receive clinically appropriate treatment planning and medical records are up to date and accurate.



## Hope Network Team...

- CO- OCCURRING SPECIALIST :  
Each participant is eligible to receive 1:1 substance abuse and mental health counseling from an independently licensed professional with no outside referrals.



## Hope Network Team...

➤ BENEFITS SPECIALIST :

This professional helps to ensure the financial stability of participants by monitoring government benefits and helping participants navigate the application and renewal process.

➤ PROGRAM COORDINATOR :

This Professional is responsible for the daily operation of program activities to ensure services are delivered effectively and participants needs are met.



## Hope Network Team...

- PROGRAM MANAGER

This professional provides clinical and administrative oversight and direction of program, monitors outcomes, fidelity to best practices and program development.



## **SERVICES & SUPPORTS**

Peer Mentoring  
Housewares and Furniture  
Living Skills  
Substance Abuse & Mental Health Counseling  
Home & Community Visits  
Community Involvement  
Socialization  
Transportation  
Illness Management  
Wellness  
Benefits  
Coordination with Providers  
Treatment Planning  
Advocacy and Referral  
**Most of all HOPE**



# FINALLY HOME PROJECT

- Finally Home is a project initiative of the Hope Network. Through collaboration with individuals and community institutions, participants are able to access free basic furnishings and household items at our Finally Home location and Deseret Industries.



## ROOTS IN HOPE

- Through an ongoing partnership with RIAZ, people can join in specially planned community activities. These events are focused on education, community integration, socialization and are offered free or at a nominal cost. Recovery Coaches accompany the person to these outings, if they would like or they can attend on their own.



## Why Use Peers?

- Keep persons perspective alive on the team.
- Increases enrollment.
- Team learns from them every day.
- Offer new & creative idea
- Person's eyes light up when they hear that a Coach went through the same thing.... or sometimes even worse.



## Why Use Peers?

- Extremely close connections can develop between peers and participants.
- Provides chance to support people in their recovery.
- Strong Desire to give back
- Motivated and appreciative of the chance.



## Thoughts to Ponder

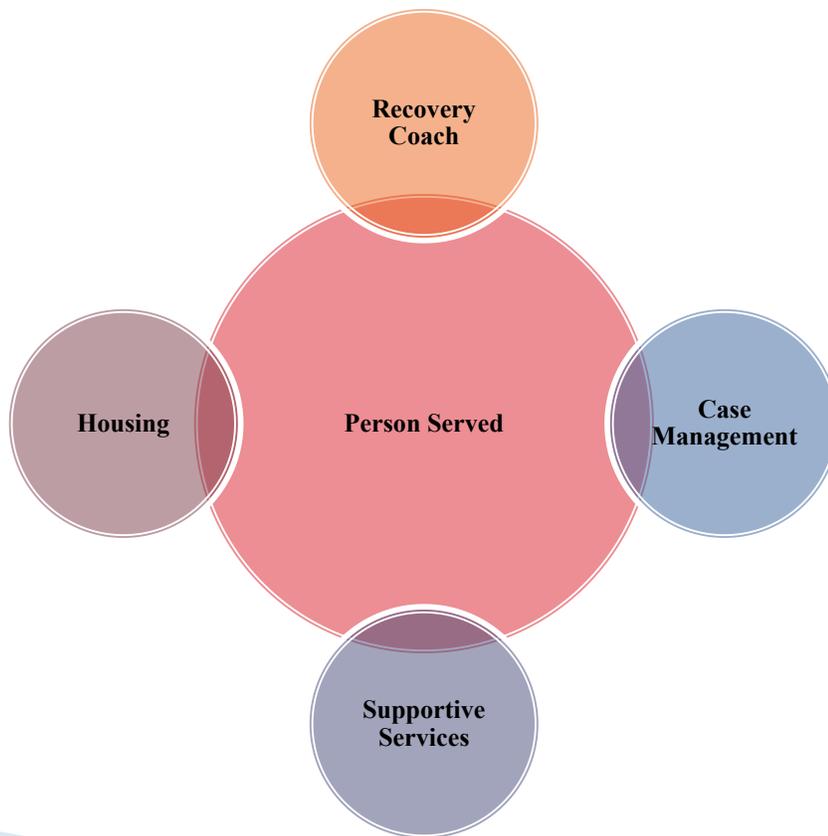
- Have plan in place to be flexible with time off for medical and other needs. Must have knowledge of FMLA & ADA. (really not any different that what you need to know for any employee)
- Recruitment: Focus on strong desire to give back & motivation and ability to grow into the position and be needs to be State Certified.



- Supervisors: Realistic expectations, patient, don't interpret lack of execution as lack of motivation. Know your teams strengths & weaknesses. Keep an open line of communication but set your boundaries.
- Need for increased training & Supervision: Documentation, Technology, Ethics and Boundaries, Key Practices and Concepts. Individual, Weekly, Sit Down, Face to Face works best for us along with Team Meetings.



# Person Centered



## Housing First

- "Housing first" is an alternative to the current system of emergency shelter/transitional housing, which tends to prolong the length of time that individuals and families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services support *after they are in their own housing*, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.



# Principles of Recovery

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support



# Principles of Recovery

- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect



# Best Practices & Inspiration

- Critical Time Intervention
- Motivational Interviewing
- Illness Management and Recovery
- Independent Living Skills
- Trauma Informed Care



# Best Practices & Inspiration

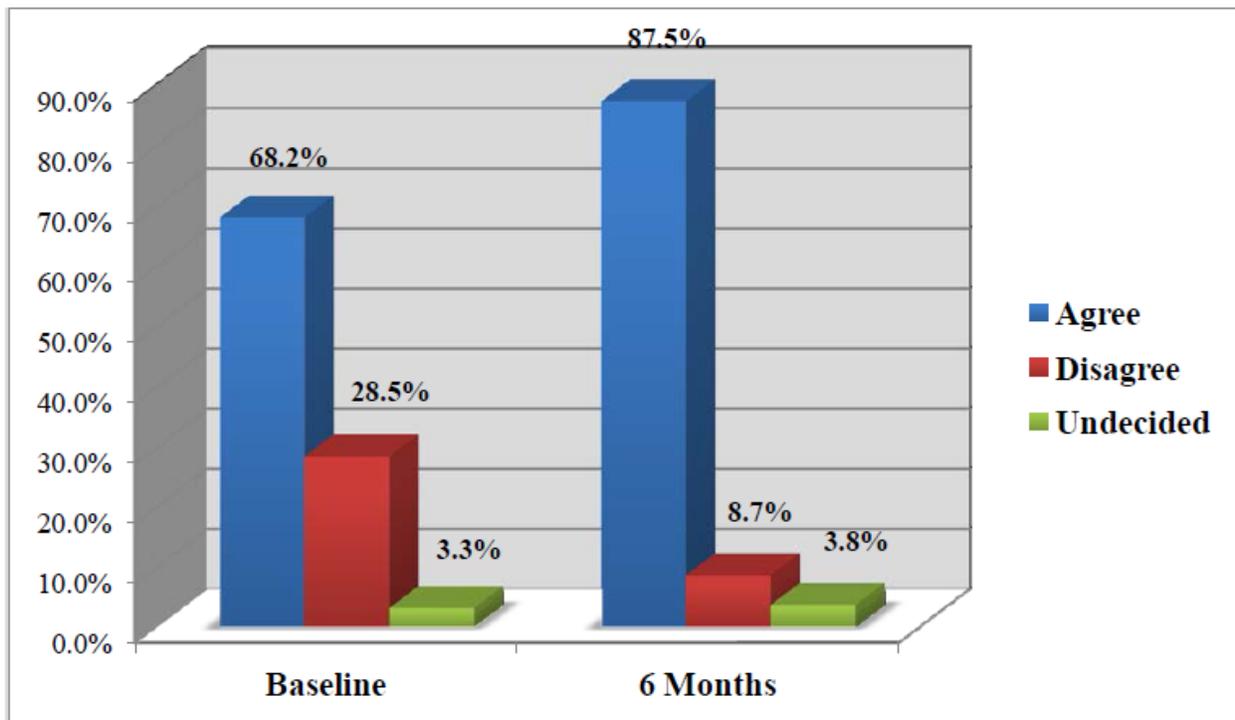
- Permanent Supportive Housing
- Integrated Treatment for Co- Occurring Disorder
- Housing First
  
- Key ideas: \*Choice, \*Flexibility \*Easy Access to Services \*Person Centered \*Community Integration \*Coordinated Care \*Team Focus \*Whatever it takes attitude.



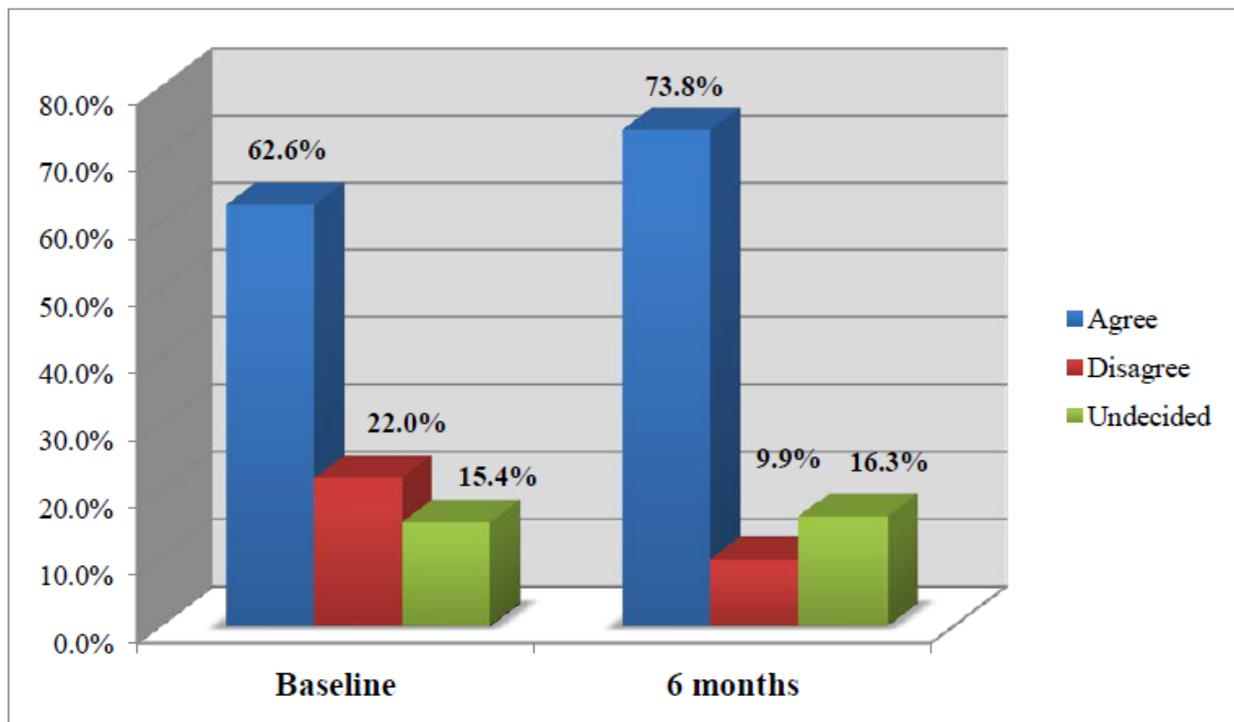
**Hope Network  
Outcomes Baseline and Six Months**



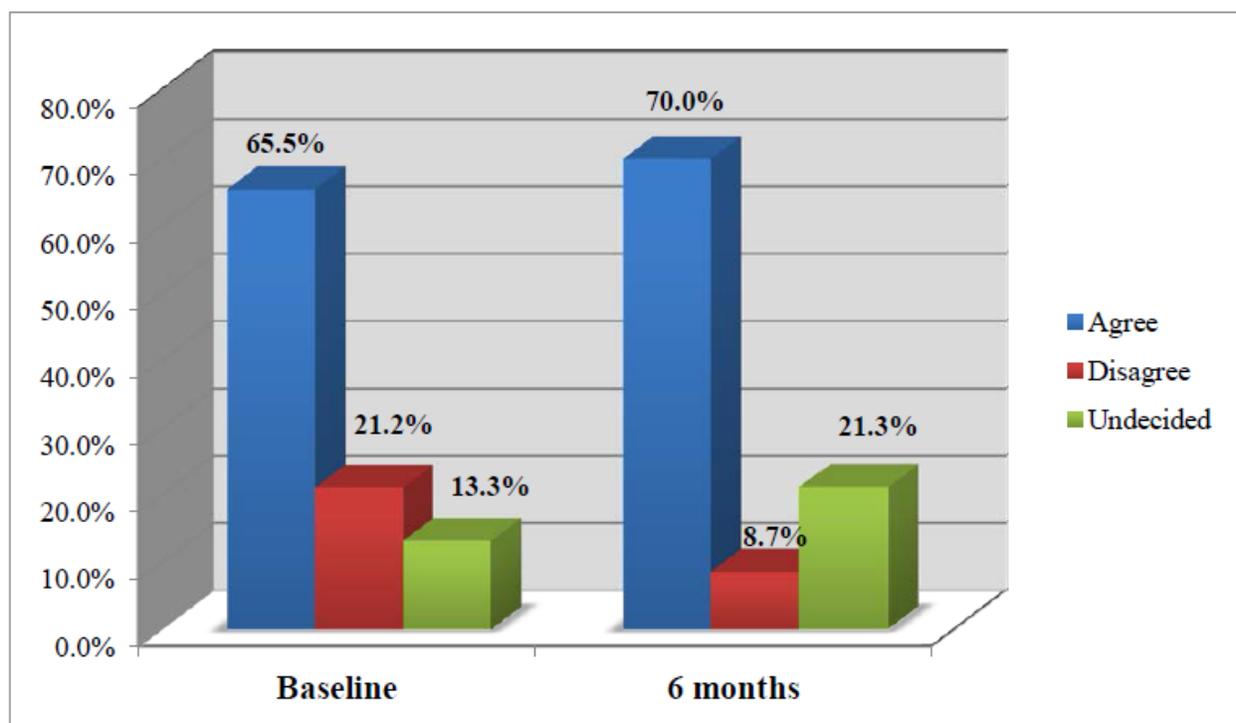
**Figure 1: My housing situation is satisfactory**



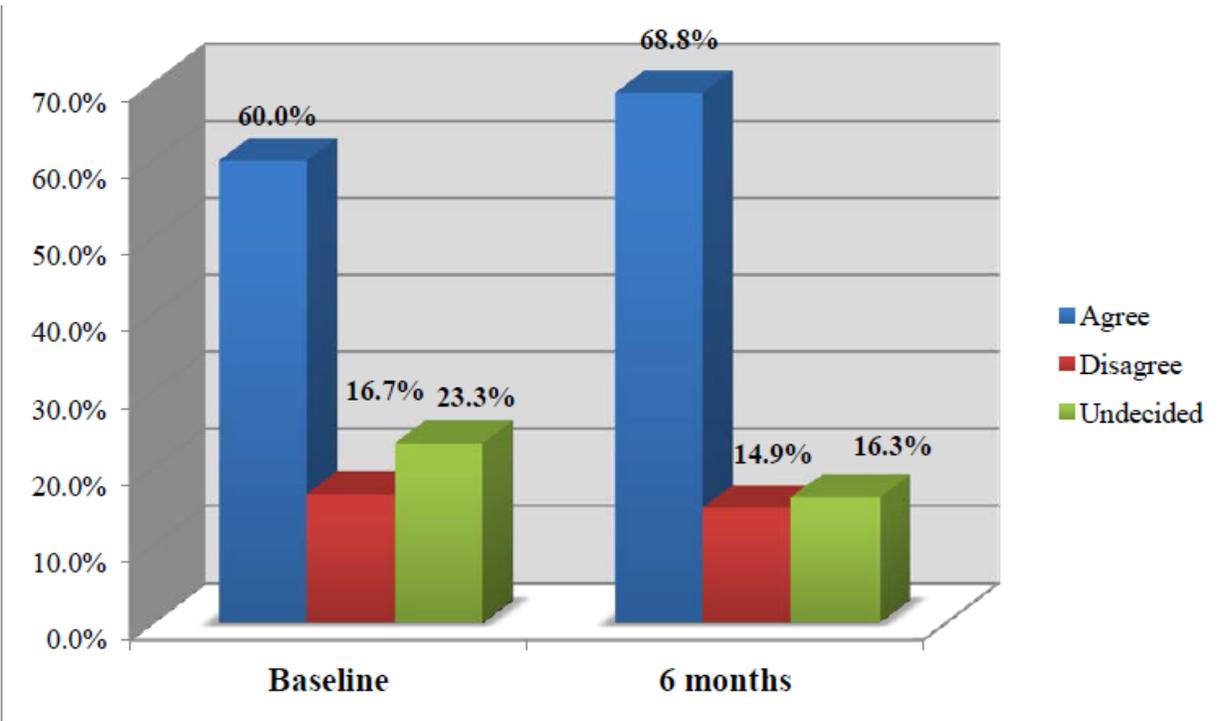
**Figure 2: I deal effectively with daily problems**



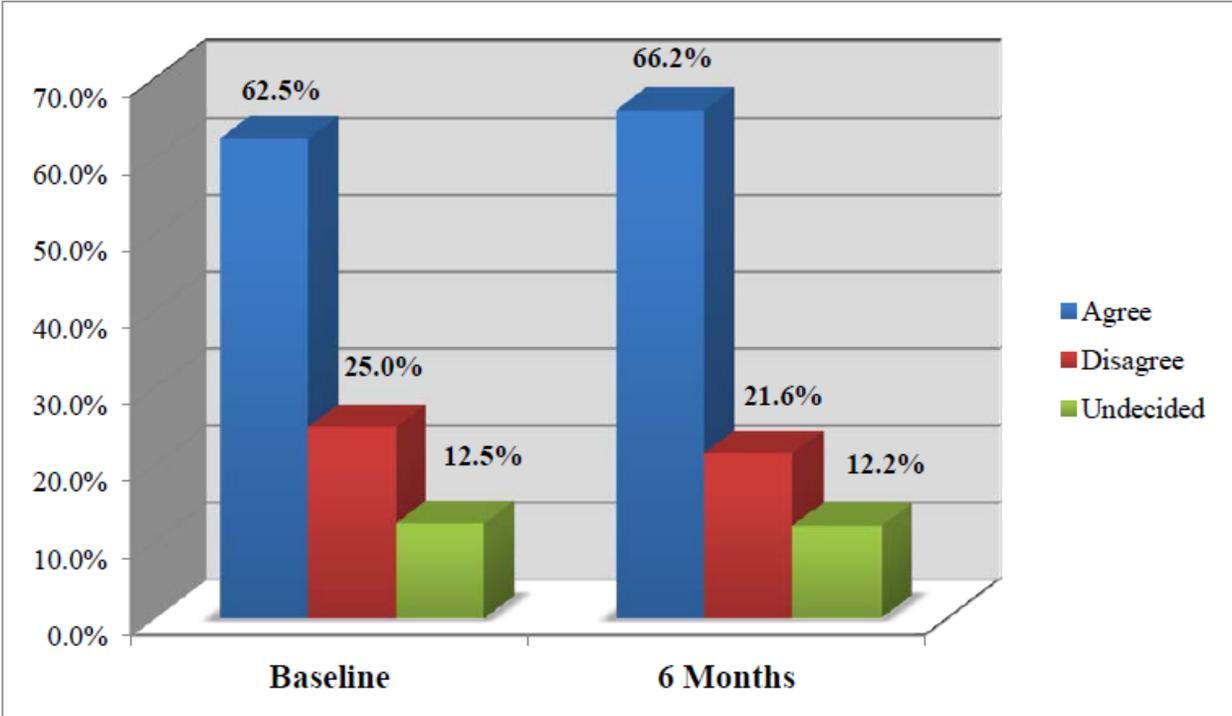
**Figure 3: I am able to control my life**



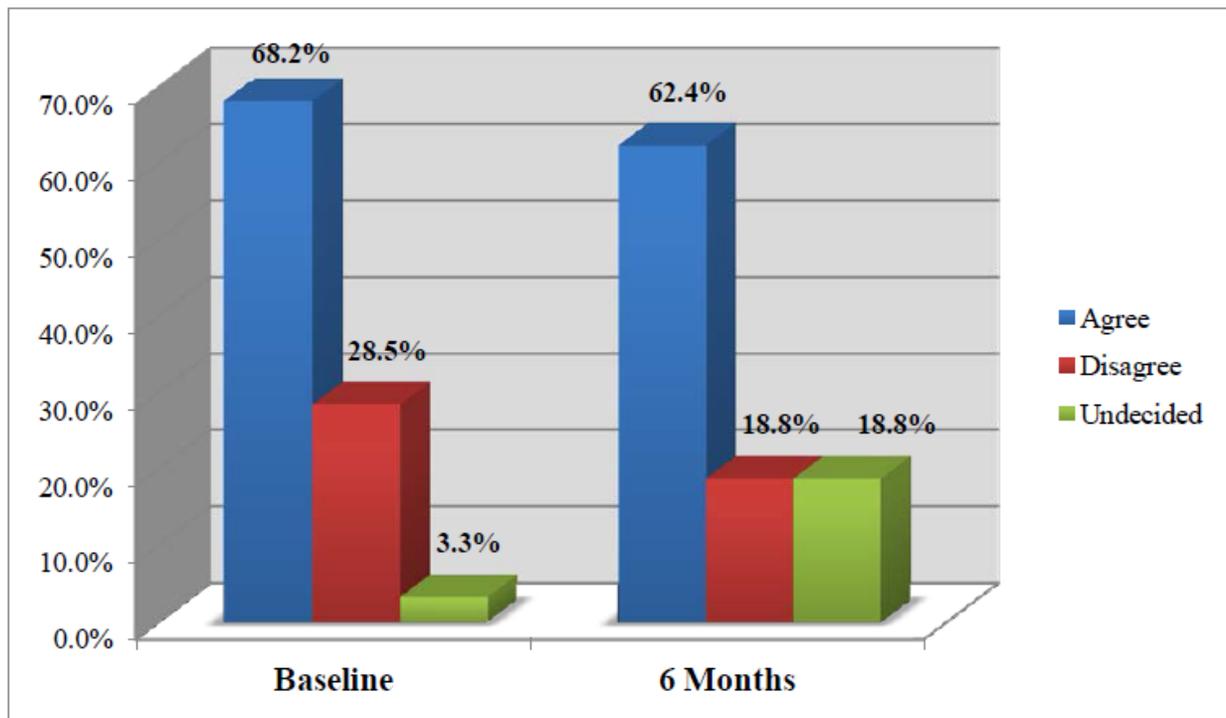
**Figure 4: I am able to deal with crisis**



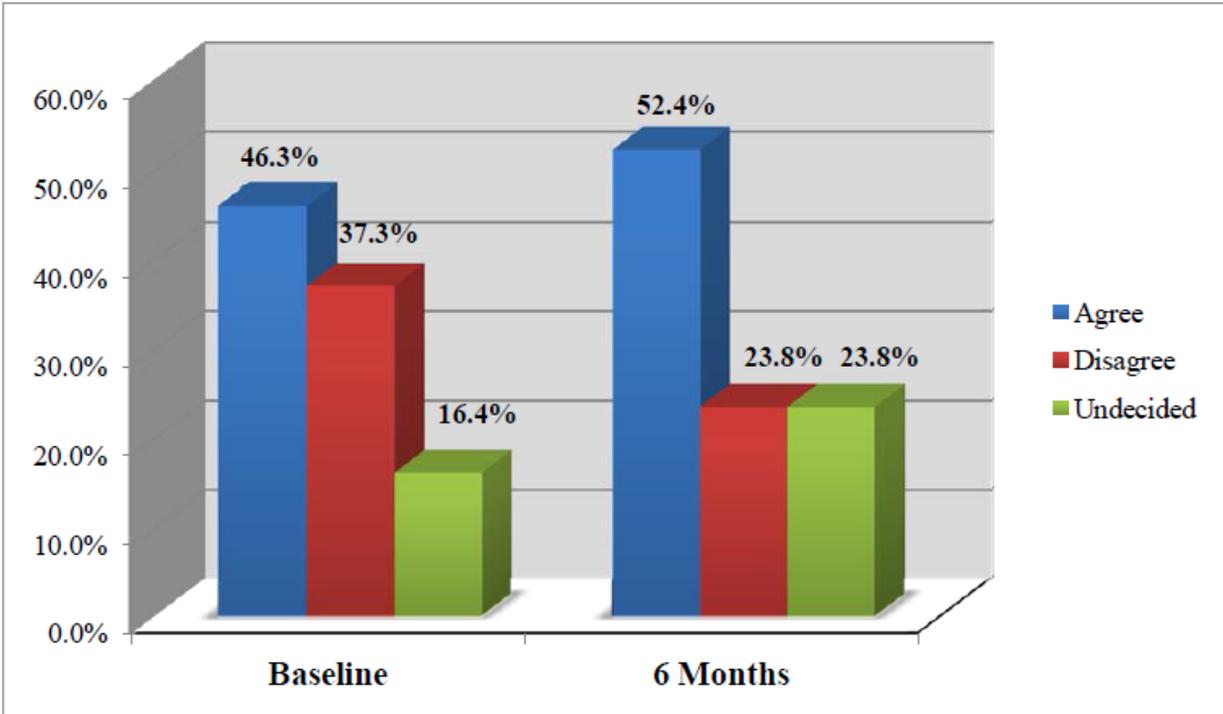
**Figure 5: I am getting along with my family**



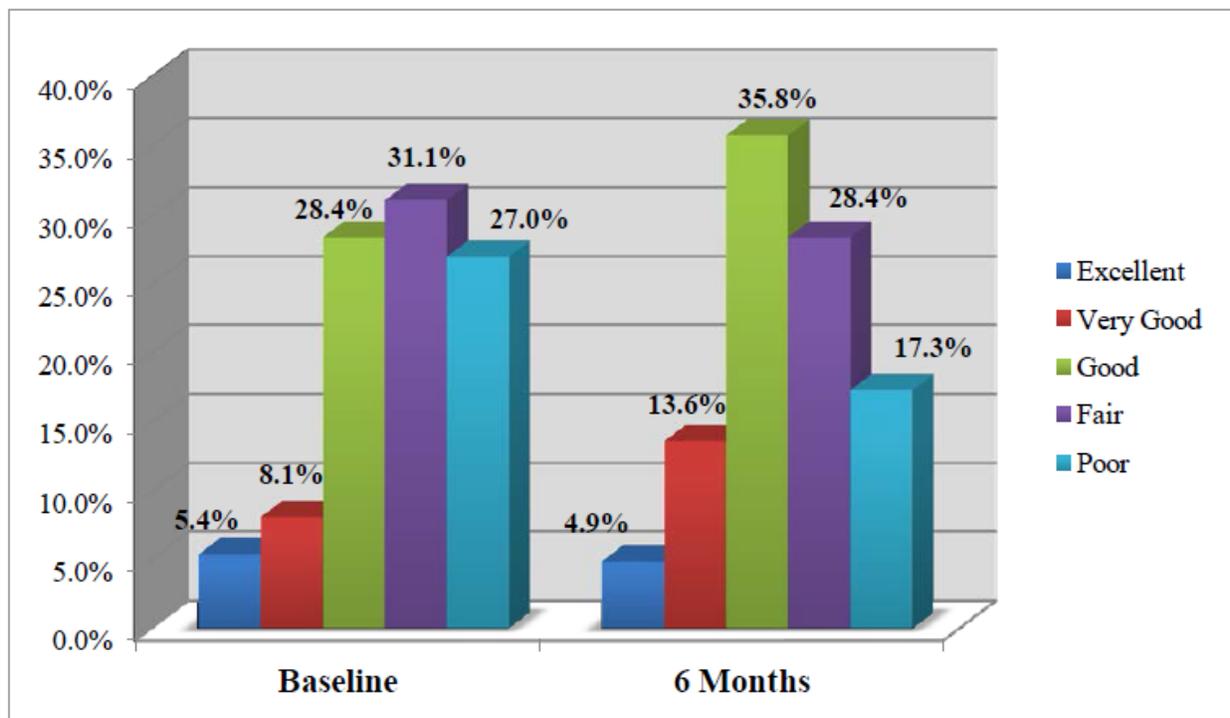
**Figure 6: I do well in social situations**



**Figure 7: I do well in school and/or work**



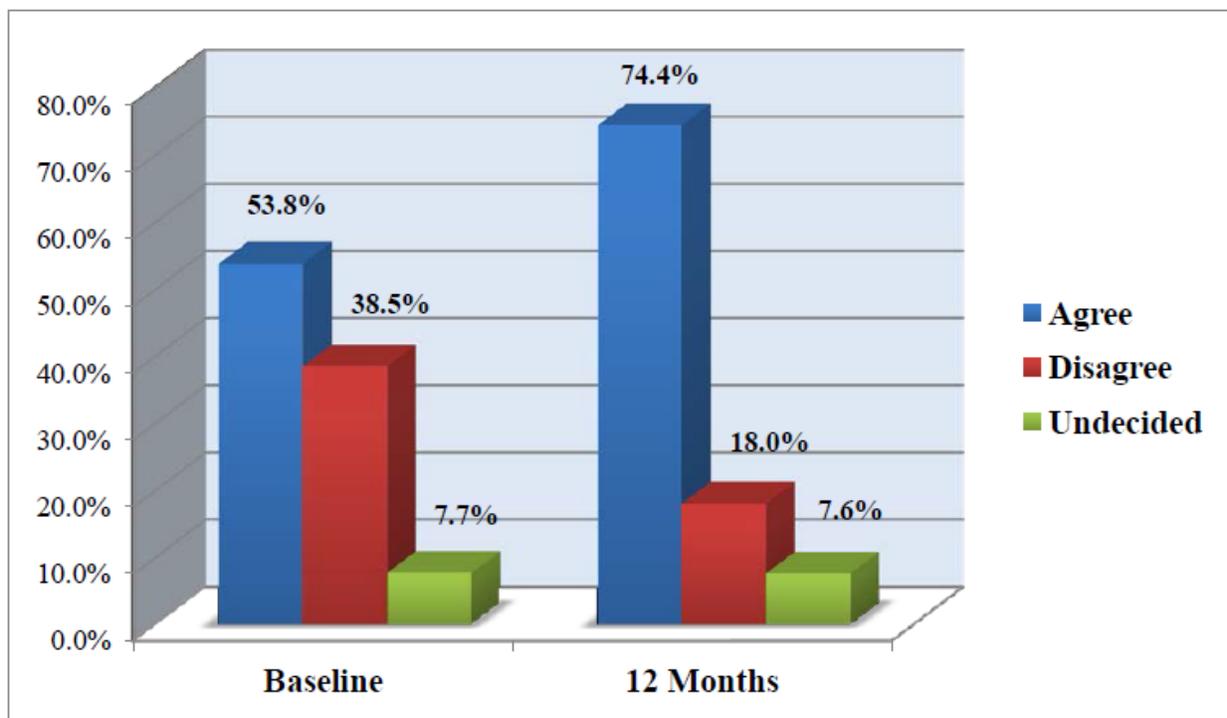
**Figure 8: How would you rate your overall health right now?**



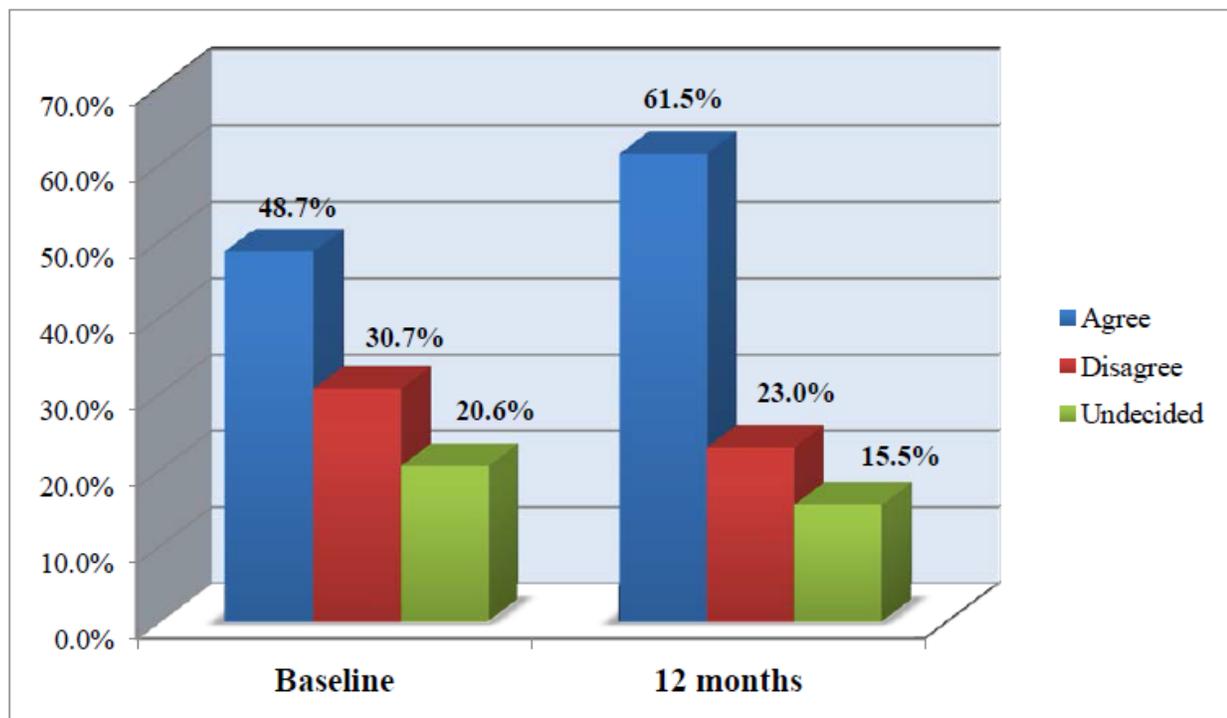
# Hope Network Outcomes



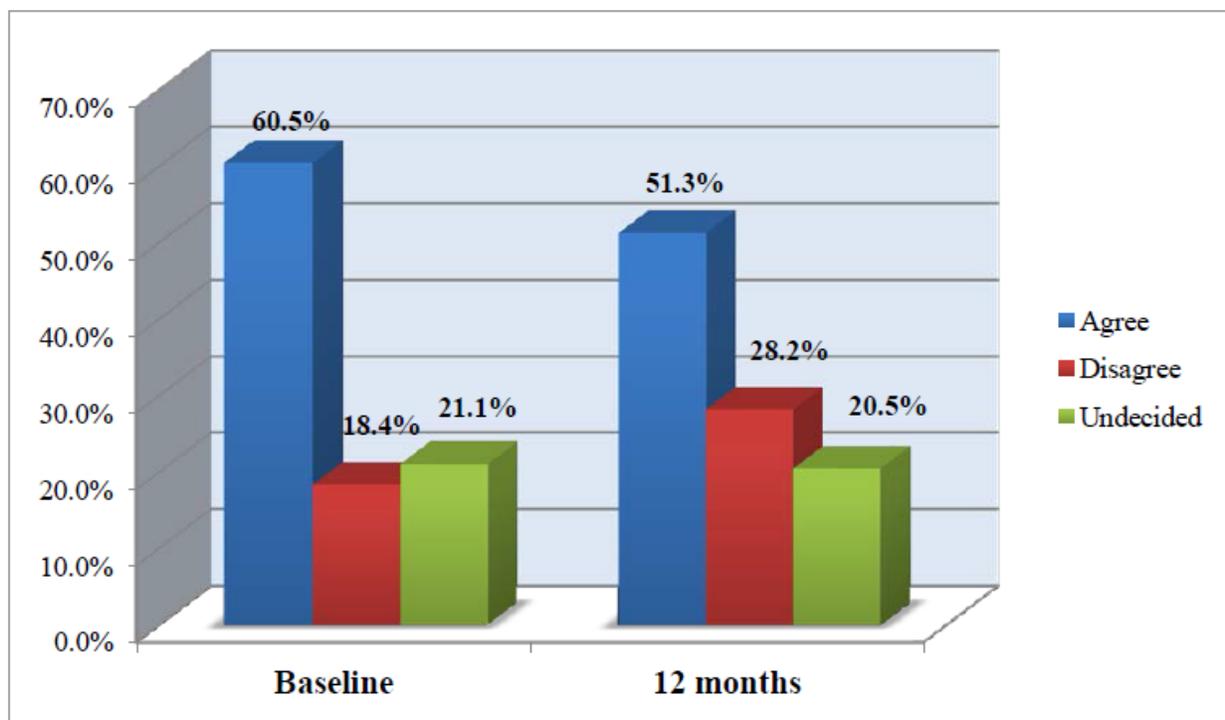
**Figure 1: My housing situation is satisfactory**



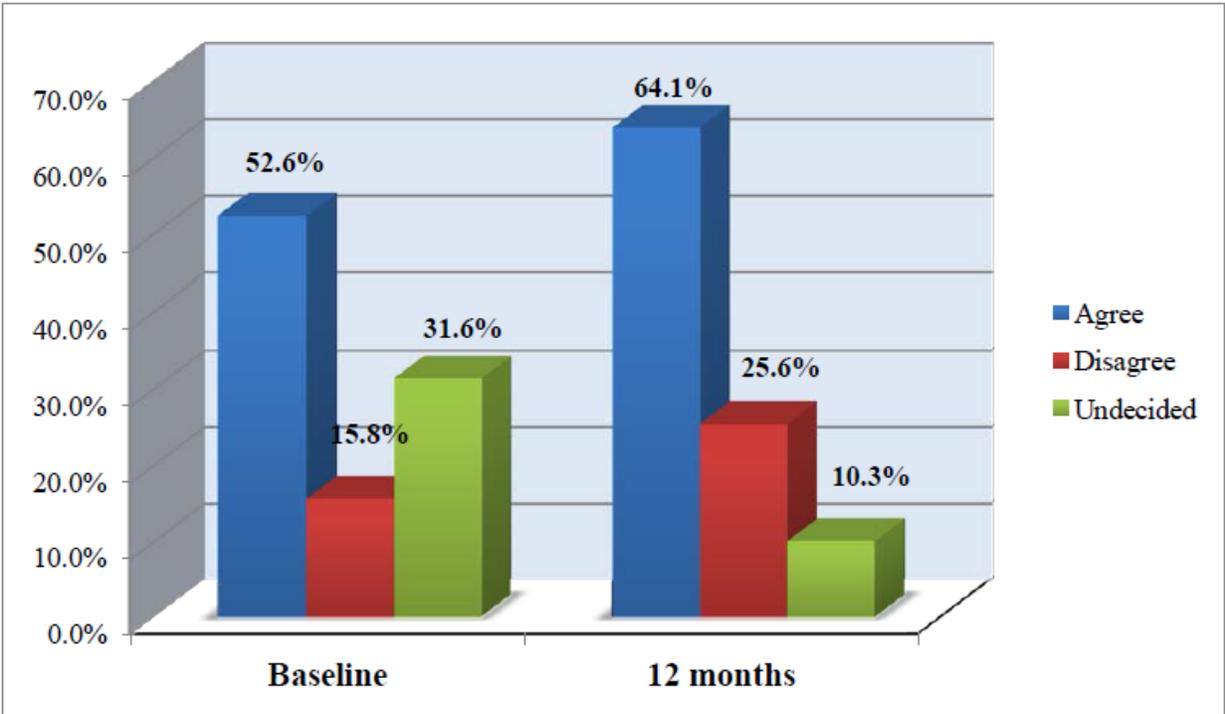
**Figure 2: I deal effectively with daily problems**



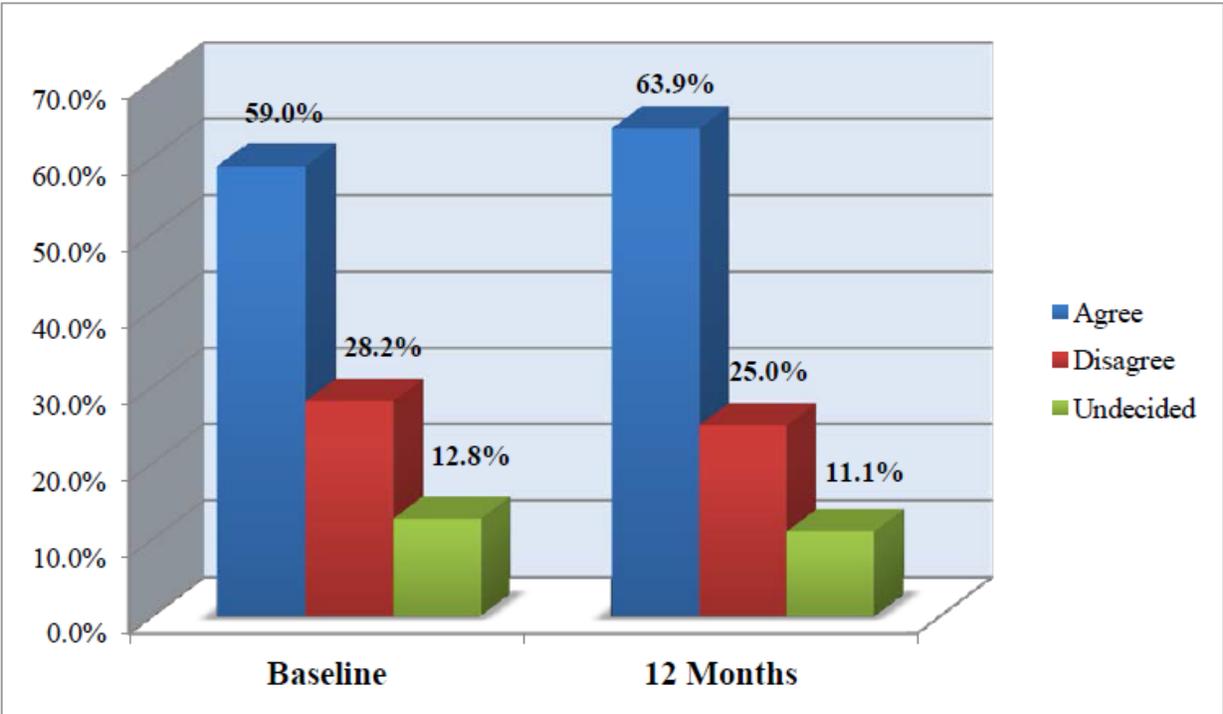
**Figure 3: I am able to control my life**



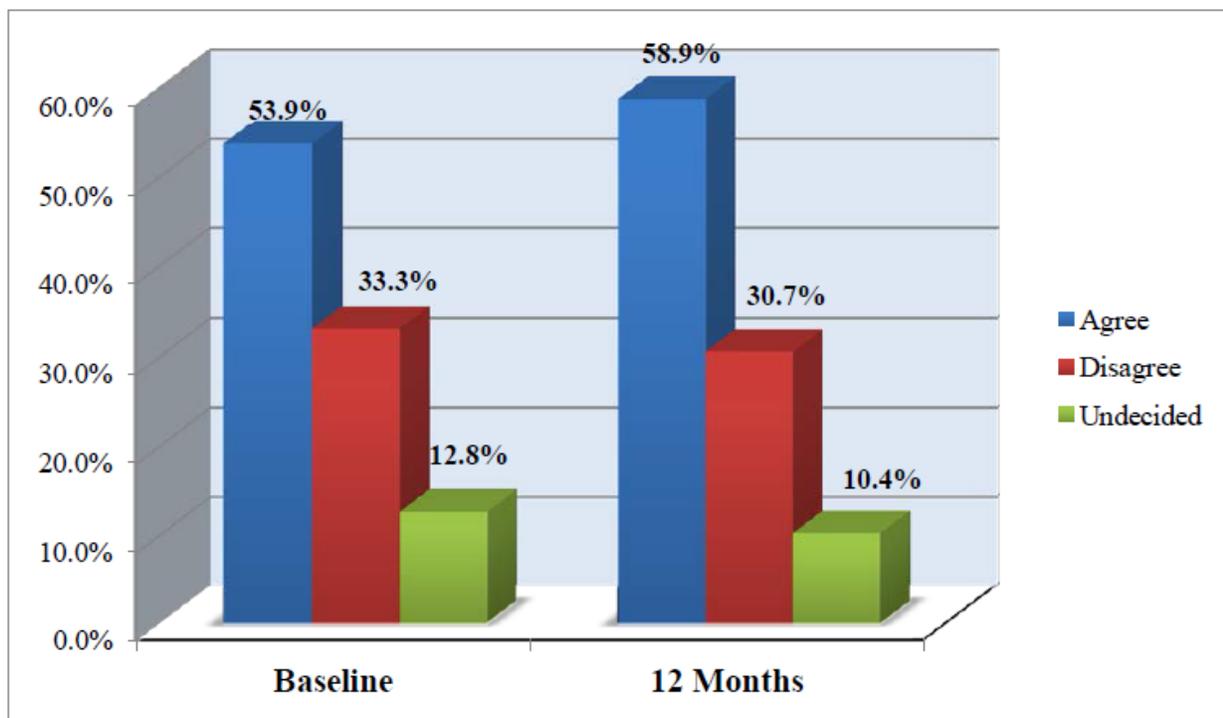
**Figure 4: I am able to deal with crisis**



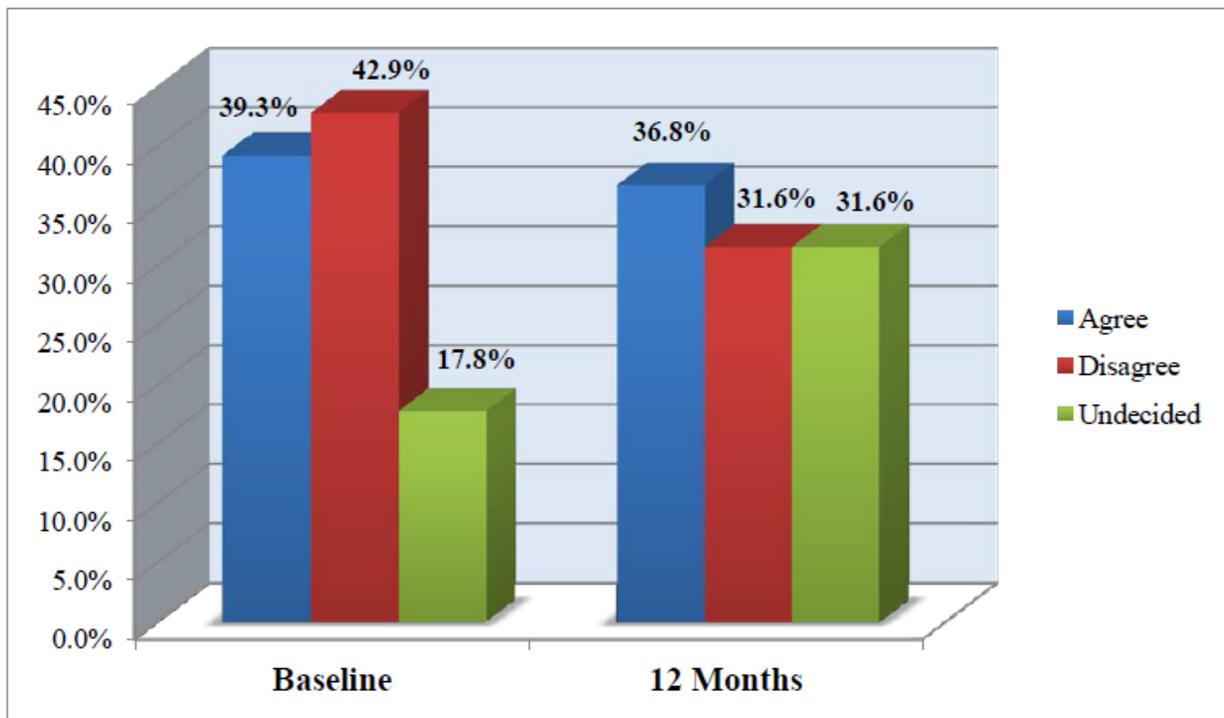
**Figure 5: I am getting along with my family**



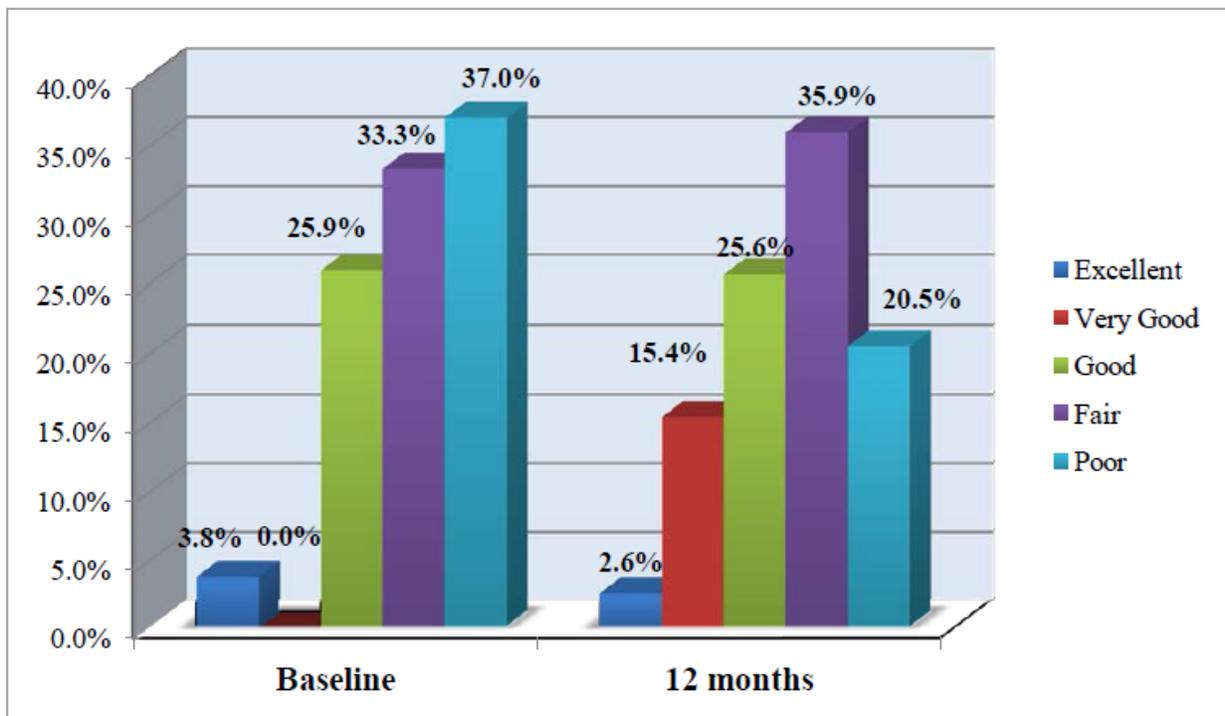
**Figure 6: I do well in social situations**



**Figure 7: I do well in school and/or work**



**Figure 8: How would you rate your overall health right now?**



## Services Outcome Measures

| National Outcome Measures (NOMs)            | Number of consumers | Positive at Baseline | Positive at second interview | Outcome Improved | Percent change |
|---|---------------------|----------------------|------------------------------|------------------|----------------|
| •Healthy overall (NOMs)                     | 93                  | 45.2%                | 60.2%                        | 25.8%            | 33.3%          |
| •Functioning in everyday life (NOMs)        | 108                 | 38.0%                | 56.5%                        | 61.1%            | 48.8%          |
| •No serious psychological distress (NOMs)   | 90                  | 64.4%                | 71.1%                        | 15.6%            | 10.3%          |
| •Were never using illegal substances (NOMs) | 93                  | 84.9%                | 88.2%                        | 8.6%             | 3.8%           |
| •Were not using tobacco products (NOMs)     | 93                  | 21.5%                | 23.7%                        | 6.5%             | 10.0%          |
| •Were not binge drinking (NOMs)             | 93                  | 87.1%                | 90.3%                        | 8.6%             | 3.7%           |



# Services Outcome Measures

| National Outcome Measures (NOMs)                                     | Number of consumers | Positive at Baseline | Positive at second interview | Outcome Improved | Percent change |
|--|---------------------|----------------------|------------------------------|------------------|----------------|
| •Retained in the Community (NOMs)                                    | 91                  | 23.1%                | 96.7%                        | 73.6%            | 319.0%         |
| •Had a stable place to live (NOMs)                                   | 108                 | 35.2%                | 98.1%                        | 63.0%            | 178.9%         |
| •Attending school regularly and/or currently employed/retired (NOMs) | 108                 | 7.4%                 | 13.9%                        | 10.2%            | 87.5%          |
| •Had no involvement with the criminal justice system (NOMs)          | 108                 | 93.5%                | 100.0%                       | 6.5%             | 87.5%          |
| •Client perception or care (NOMs)                                    | 108                 | N/A                  | 87.0%                        | N/A              | N/A            |
| •Socially connected (NOMs)   | 108                 | 50.9%                | 63.0%                        | 47.2%            | 23.6%          |



**Marc Hope Team  
Fidelity Survey  
Hope Programs  
N=26**

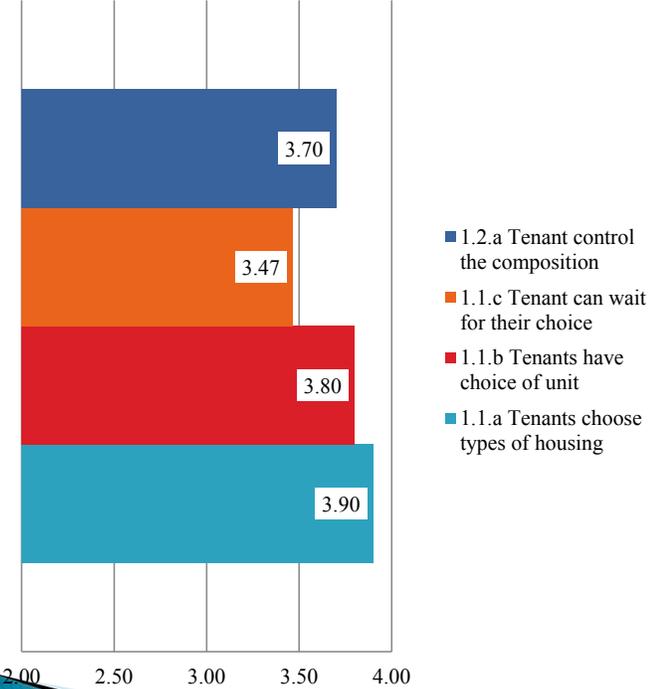


# Hope Programs have 141 participants 15 Individuals Served Surveyed 11 Administrators Surveyed

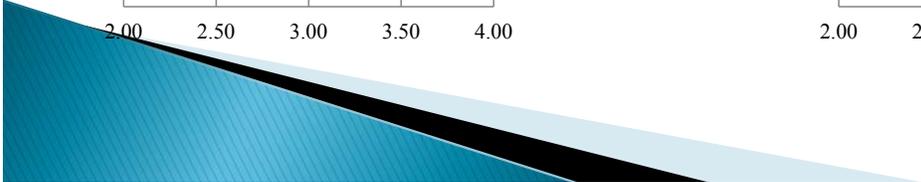
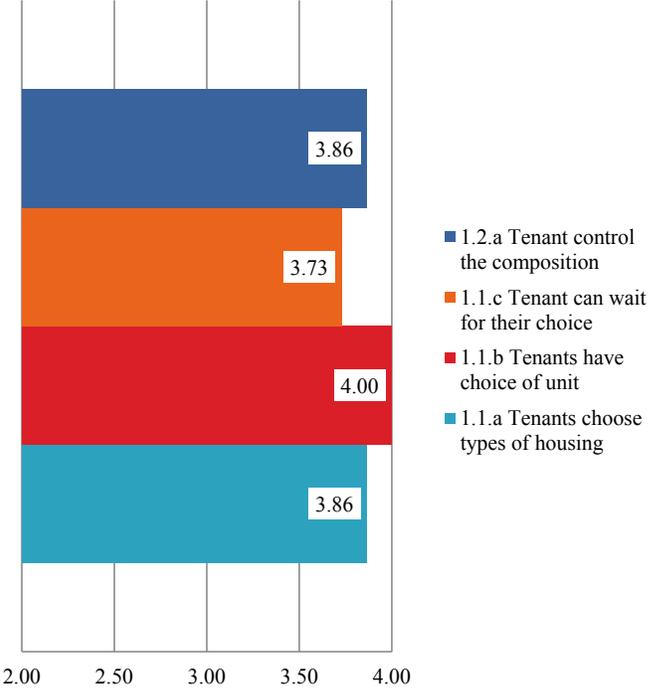
|                                      | Individuals Served | Administrators     | Program            |
|--------------------------------------|--------------------|--------------------|--------------------|
| Choice of Housing                    | 3.72               | 3.86               | 3.79               |
| Separation of Housing and Services   | 3.17               | 3.73               | 3.45               |
| Decent, Safe, and Affordable Housing | 3.95               | 4.00               | 3.98               |
| Housing Integration                  | 3.73               | 3.55               | 3.64               |
| Rights of Tenancy                    | 3.65               | 3.73               | 3.69               |
| Access to Housing                    | 3.17               | 3.41               | 3.29               |
| Flexible, Voluntary, Services        | 3.45               | 3.50               | 3.48               |
| <b>Totals (overall scores)</b>       | <b><u>24.8</u></b> | <b><u>25.8</u></b> | <b><u>25.3</u></b> |

# Choice of Housing

Choice of Housing Individuals Served

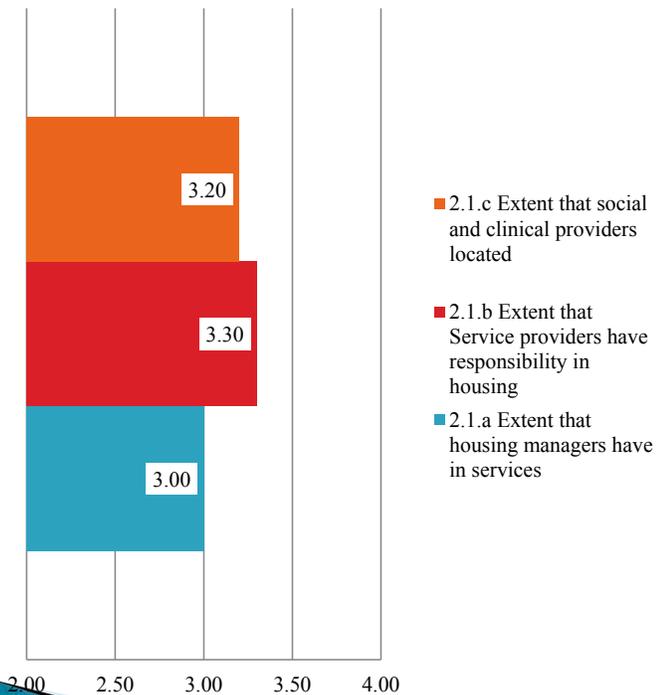


Choice of Housing Administrators

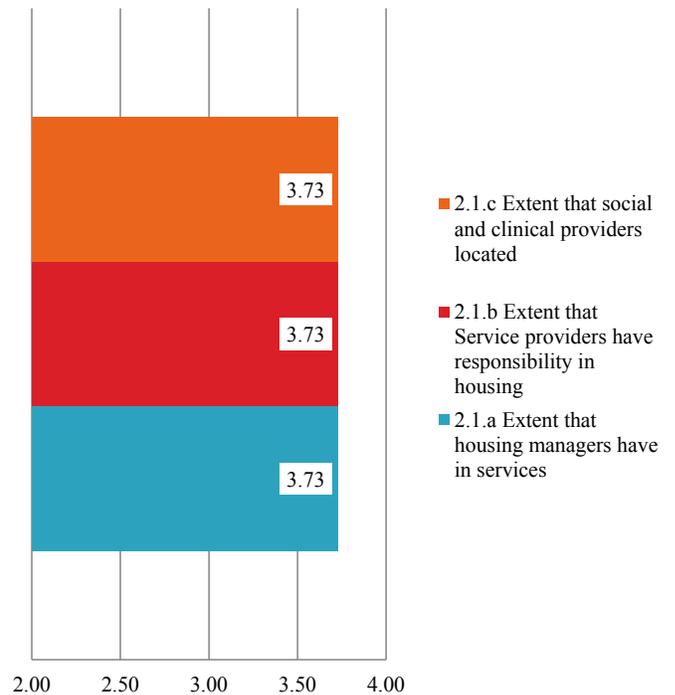


# Separation of Housing and Services

Separation of Housing and Services Individuals Served

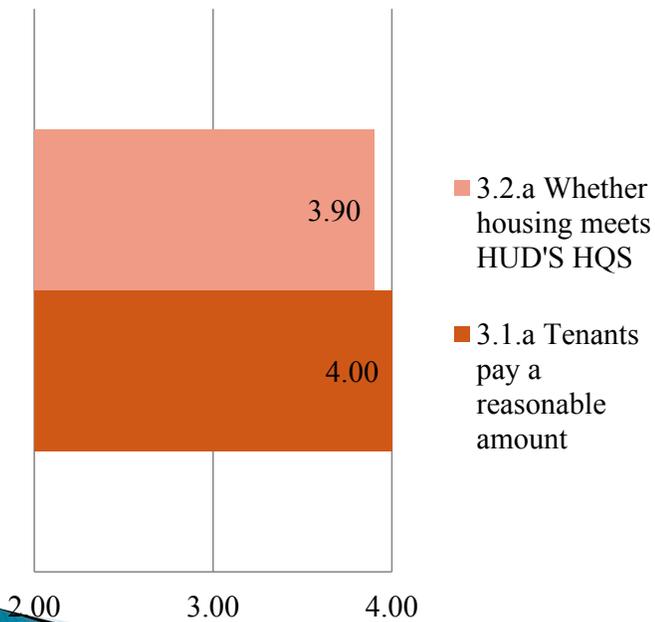


Separation of Housing and Services Administrators

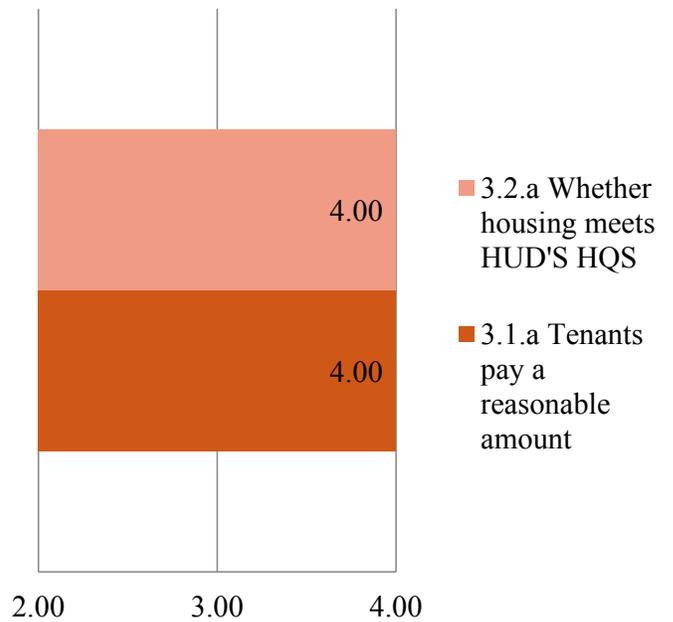


# Decent, Safe and Affordable Housing

## Decent, Safe and Affordable Housing Individuals Served

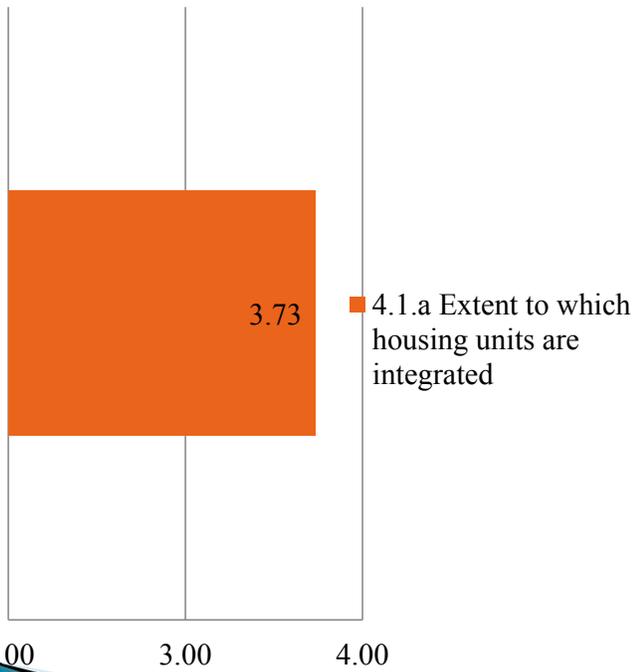


## Decent, Safe, Affordable Housing Administrators

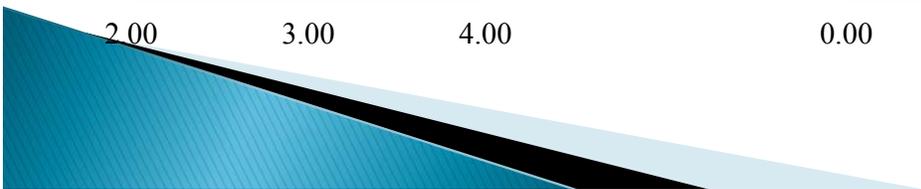
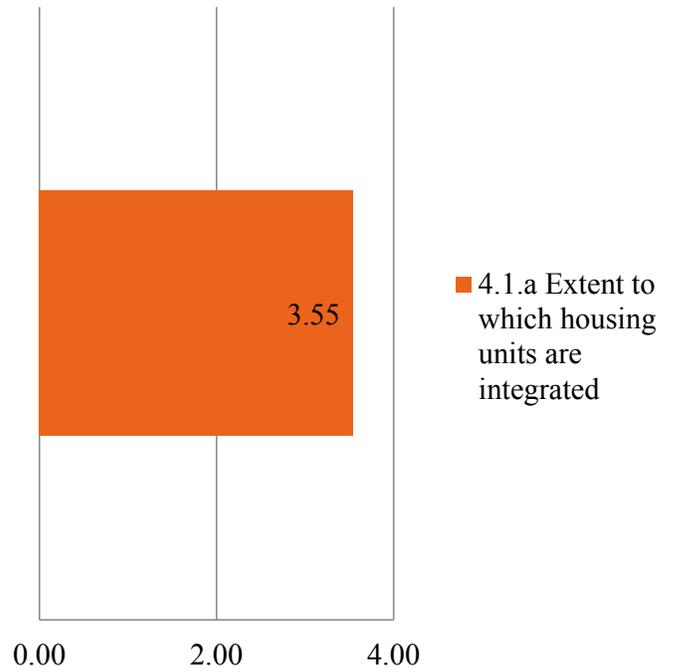


# Housing Integration

## Housing Integration

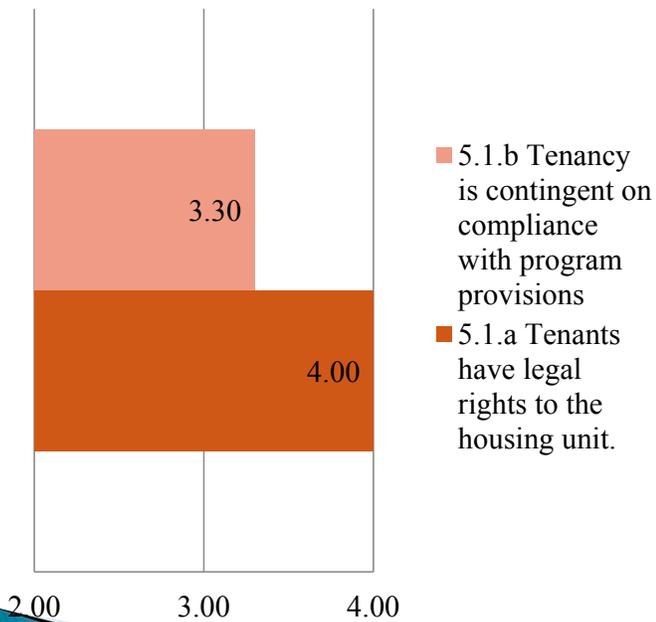


## Housing Interation

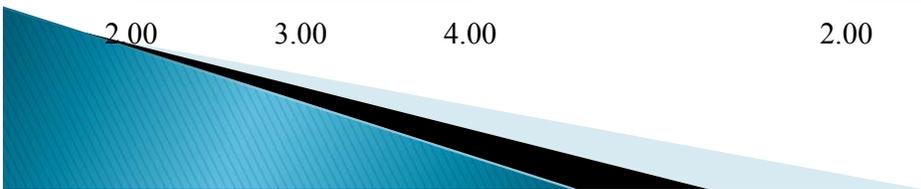
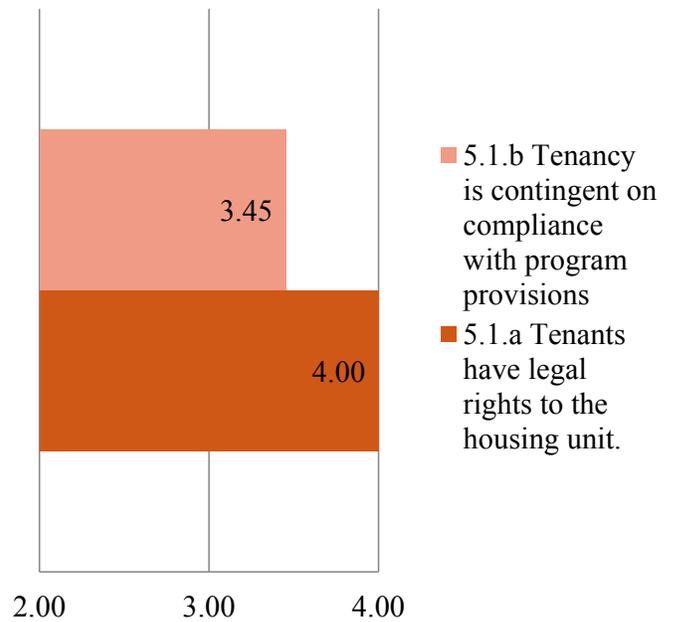


# Rights of Tenancy

## Rights of Tenancy Individuals Served

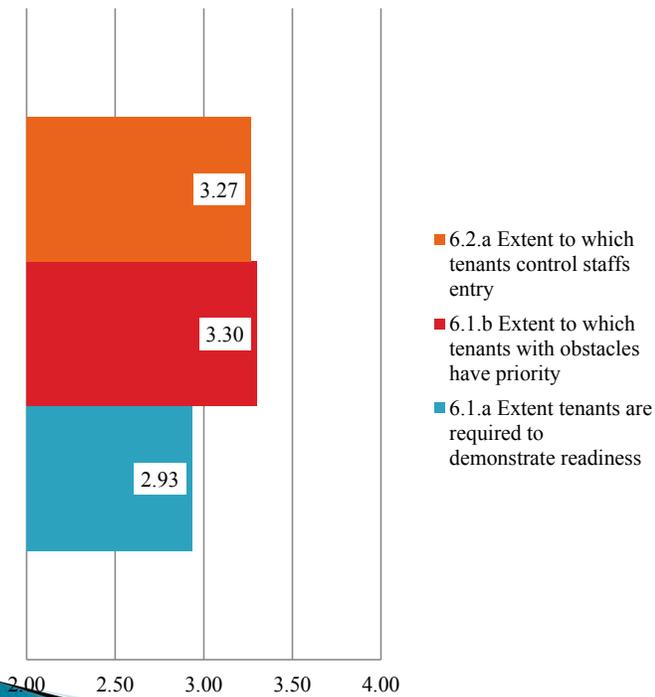


## Rights of Tenancy Administrators

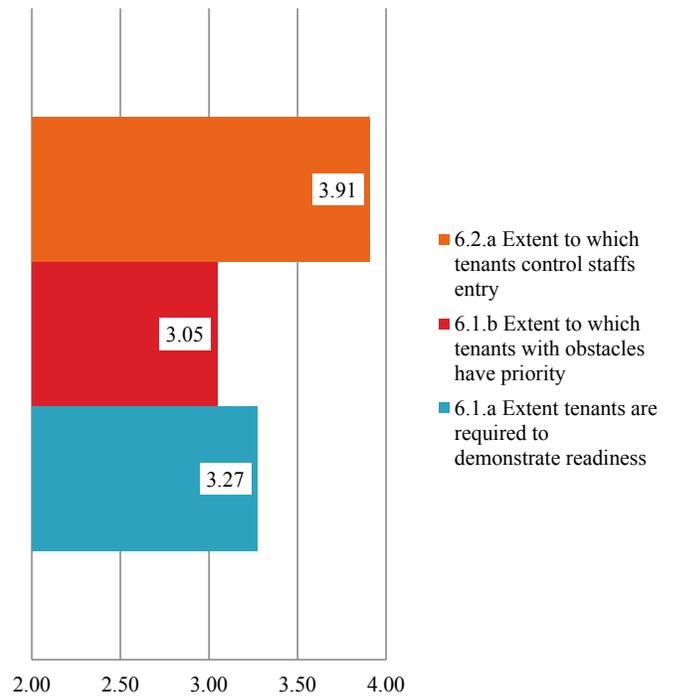


# Access to Housing

Access to Housing Individuals Served

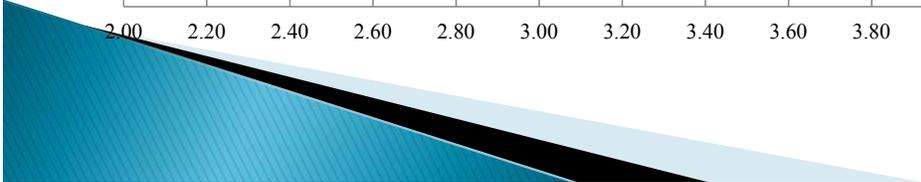
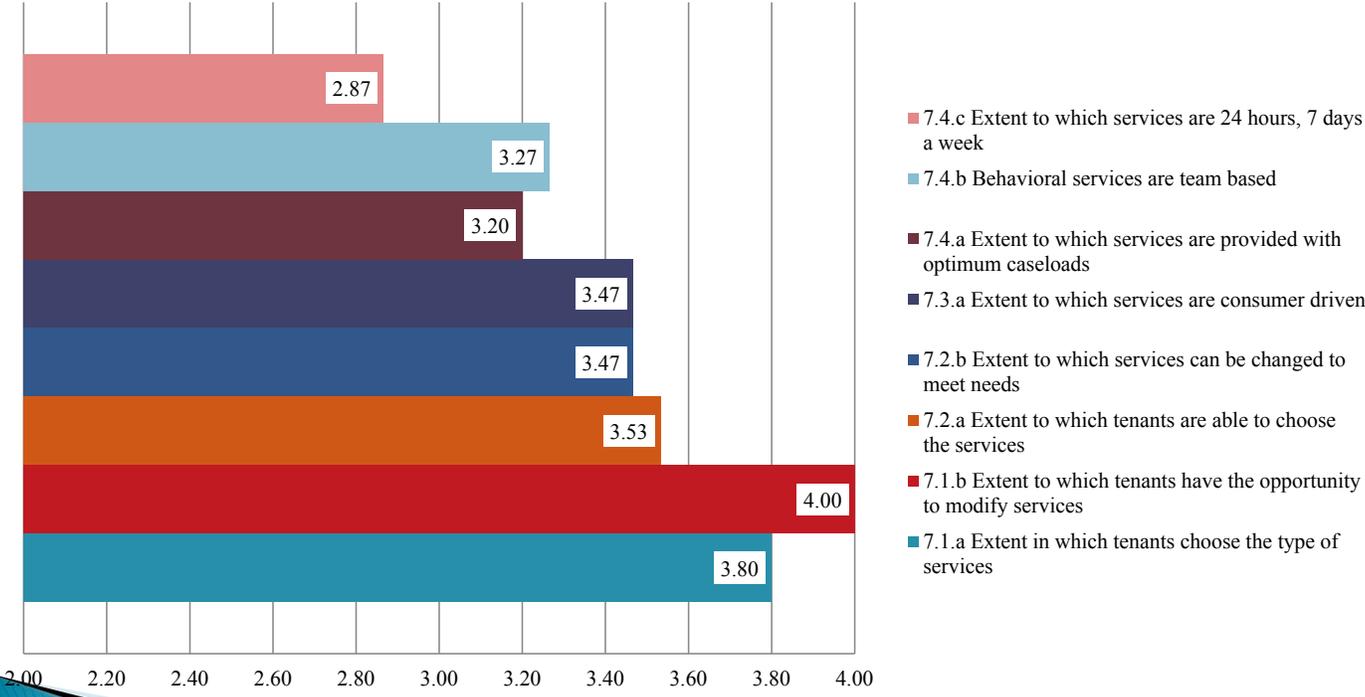


Access to Housing Administrators



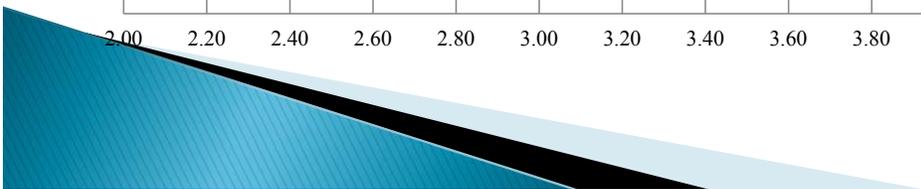
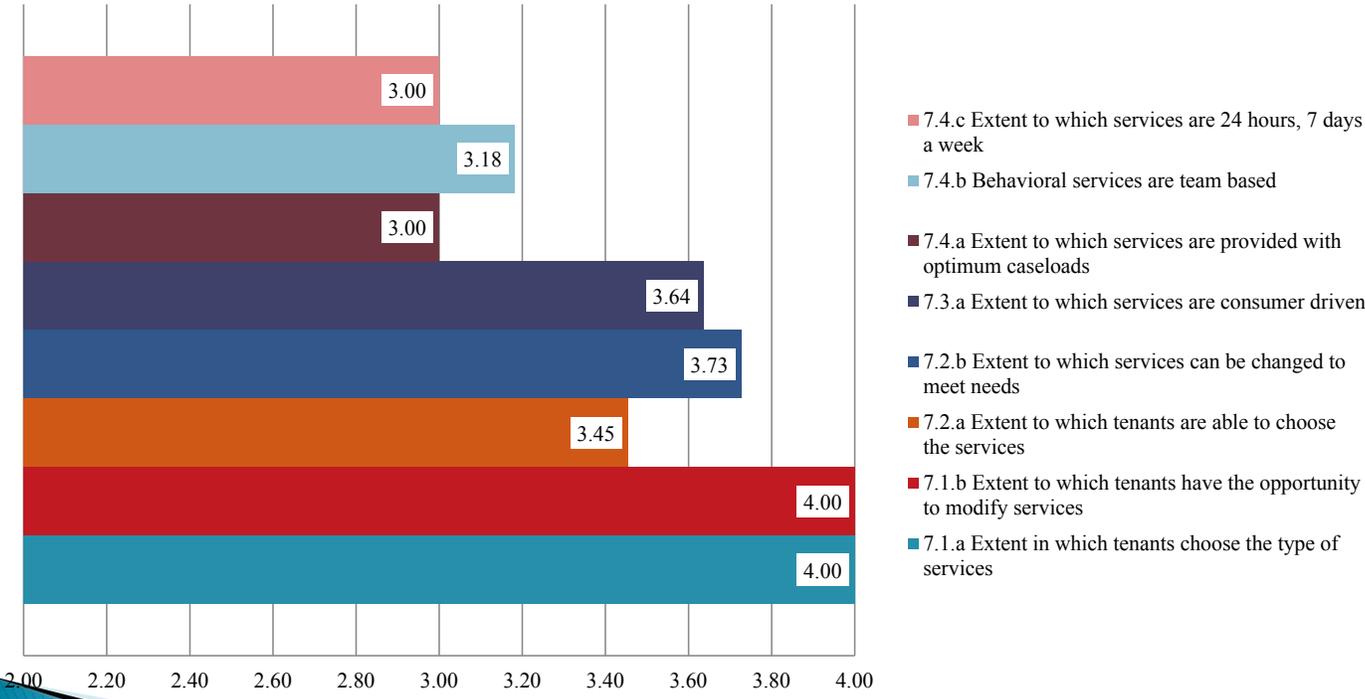
# Flexible, Voluntary, Services

Flexible, Voluntary, Services Individuals Served



# Flexible, Voluntary, Services

Flexible, Voluntary Services Administrators



*“The very least you can do in your life is to figure out what you hope for. And the most you can do is live inside of that hope. Not admire it from a distance but live right in it, under its roof”*

Barbara Kingslover, b.1995



# Marc Community Resources Peer Training

## The Beginning

Over the course of 5 years we determined the following to be integral parts of preparing peer support specialists for Housing Specialist roles.

- Motivational Interviewing
- Stages of Change
- Documentation
- Safe and Effective Home Visits
- Advocacy



# Marc Community Resources Peer Training The Beginning

- Knowledge of Arizona State Landlord Tenant Act
- Collaborative Communication
- Building Resilience
- Trauma Informed Care



# The Development of Peer Support Certification Classes

- (ADHS Certified) Our training curriculum includes:
  - Principles and application of group facilitation methodologies and techniques
  - Professional responsibility in the workplace
  - Self-care for the peer worker
  - Motivational interviewing skills and techniques
  - Knowing one's own story and effectively and appropriately sharing your story
  - Instilling the belief that recovery is real and possible



# The Development of Peer Support Certification Classes

- Comprehensive overview of the current behavioral health system and structure
- Advocacy skills building techniques
- Principles and application of the strengths-based approach to person-centered engagement



# The Development of Peer Support Certification Classes

- Understanding common symptoms of mental illness/substance use and common medications
- Principles and application of Trauma-Informed Care
- Behavioral health service documentation



**Peer support services present six advantages over traditional mental health and substance abuse services:**



## **First, there is a sense of gratitude that is manifested in compassion and commitment.**

- The peer specialist's compassion and commitment comes out of a deep sense of gratitude. There is something different about caring for another person because you see yourself in that person. You see where you were at one time in your life.
- Their pain, loneliness, and despair was once your pain, loneliness and despair. Because of this awareness, peer specialists find it more difficult to give up on someone because people did not give up on them.



## **Second, there is insight into the experience of internalized stigma**

- Most peer specialists know that what they believe about themselves because they have a mental health condition can often be more disabling than the condition itself.
- They are aware that when they have the symptoms of the condition under control, their fears, low self-esteem and negative self-talk can still make it difficult for them to function in the way society expects people to function



## Third, peer specialists take away the “you do not know what it’s like” excuse

- They are able to respond, “Bet I do. Try me.” There is no more freeing experience than meeting a peer and truly feeling one is not alone. This experience of “I am not alone” brings a sense of understanding, trust and hope



## **Fourth, they have had the experience of moving from hopelessness to hope.**

- When one believes that there is nothing that she can do to improve the quality of her life, the person does nothing – not out of laziness or apathy, but out of hopelessness, despair and resignation. Most peer specialists have experienced this at one time in their lives. Yet they have been able to move through and beyond that hopelessness to believe they can act on their own behalf to create the life that they want. There is nothing more empowering to a person who has given up.



## **Fifth, they are in a unique position to develop a relationship of trust with their peers.**

- People are often more willing to share their real issues, concerns, hopes and dreams with a peer specialist than with non-peer, clinical staff.



## **Sixth, they have developed the gift of monitoring their illness and managing their lives holistically, including both mind and body.**

- Peer specialists are in a unique position to teach and motivate their peers toward whole health self-management. They have learned to recognize triggers and early warning signs, counteract the negative impact of stress, and create plans for taking care of themselves.
- They understand what it takes to integrate medical care with counseling and wellness in order to help others to recover from disabilities and respond to challenges.
- Mental Health America (MHA)
- Position Statement 37: Peer Support Services



# ADHS & ASU Peer Career Advancement Academy

- With the development of Marc Community Resources Peer Certification classes, and the growing demand for Peer Specialists in various roles in the Behavioral Health Community, Marc joined in a collaborative effort with Arizona State University to develop a curriculum that is designed to aid in the Peer Specialists ability to advance in their desired field.
- This led to the build up of four specialty courses spanning 46 hours each.



# ADHS & ASU Peer Career Advancement Academy

- Housing Peer Support
- Advocating for Persons with Serious Mental Illness
- Intro to Health & Wellness Coaching
- Supported Employment



## Course Description:

- This course will focus on the theoretical foundations, research and practical strategies for providing peer support to individuals and families whose recovery goals revolve around obtaining and maintaining safe, stable and affordable housing.
- We will explore the use of evidenced based models such as Permanent Supportive Housing, Housing First, Motivational Interviewing and Trauma-Informed Care as they apply to Housing Peer Support.



## Course Description:

- Building on the practical foundations of lived experience of recovery and peer support, in this course students will actively pursue what is involved in supporting lifestyle changes to transition out of homelessness, to create the home that will meet individual and family needs and to collaborate with all their supports in maintaining it.
- Challenges to maintaining housing will be explored, with questions and supportive stances that can assist people to address them. The course is a 46 hour workshop that consists of 24 hours of face to face class instruction, 16 hours of job shadowing and 6 hours of homework.



## Course Pre-Requisites:

- Certified Peer/Recovery Support Specialist in Arizona with one year of work experience.
- Two letters of recommendation, including one from current or most recent supervisor.
- Completed application form. Interest in housing as area of focus.



# Housing Support Specialist:

- In this course we will teach the principles of Permanent Supportive Housing, Housing First, Housing as Treatment, and introduce recovery/peer specialists to trauma informed approaches to assisting persons to obtain and maintain safe affordable and stable housing.



# Advocating for Persons with Serious Mental Illness

- This course introduces students to patient's rights according to Arizona Administrative Code and policies of the Division of Behavioral Health Services, AHCCCS and the Regional Behavioral Health Authorities.
- The goal is to equip peers to be advocates for individuals at the most challenging time of their recovery journeys. The Art of Negotiation, Navigating the Behavioral Health System and Special Assistance are highlights of the course



# Introduction to Health & Wellness Coaching

- Persons with behavioral health challenges die in the U.S. 25 years younger than the general population, in large part due to medical conditions that go untreated and in part due to lifestyle habits and choices.
- In this course peers learn to augment their lifestyle change skills to encompass wellness, health activation and health literacy to promote a long healthy life to go with the recovery we've worked so hard to attain!



# Supported Employment

- Productive profitable work is an essential element in many people's recovery. How to prepare for it, obtain it and keep it while maintaining recovery is the challenge we prepare students for in this course, heavy with the principles of Psychosocial Rehabilitation.



# Marc Community Resources Mesa, Arizona

Dr. Michael Franczak, Chief Executive Officer

[Michael.franczak@marccr.com](mailto:Michael.franczak@marccr.com)

Elaine Cummings, Manager of PSH

[Elain.cummings@marccr.com](mailto:Elain.cummings@marccr.com)

Cheryl Anderson, Director of Recovery & Resiliency Services

[Cheryl.anderson@marccr.com](mailto:Cheryl.anderson@marccr.com)

