



Building A Peer Support Program From The Ground Up

Cindy Loyd Laton

Roxanne Elliott

FirstHealth of the Carolinas Community Health Services



Today

- Share our journey from recruitment to implementation
- Share lessons learned
- Highlight consortium involvement
- Highlight fiscal considerations
- Discuss data collection strategies
- Share some thoughts on sustainability



Getting Started

- FirstHealth is non-for-profit health care system in South, Central North Carolina
- Serve as backbone organization for opioid efforts
- Established the Sandhills Opioid Response Consortium
- Focus area identified was lack of peer support specialists in the region



Recruitment

- Identified UNC School of Social Work peer support specialist certification (40 hours plus 20 additional hours)
- Sought individuals with opioid specific lived experience
- Consortium partners key to success (treatment providers)
- To date, 24 individuals have completed initial training
- 10 completely certified





Fiscal Support and Considerations

Cover training course

Application fee for certification

Peer Support Coordinator positions

Hourly compensation for PSSs

MOU with two consortium partners to host peer programs

Consider additional trainings (WRAP)



Training Tips

- Initial thought to send peers to other trainings
- Identified company to host training
- Important to have group of individuals complete the 40 hour training class together for bonding
- Offered other opportunities for 20 hours (consortium partners – Mental Health FirstAid and Cultural Competency)



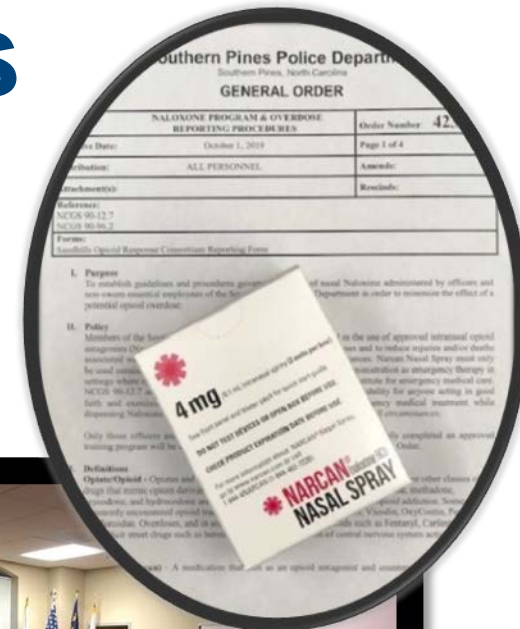
Peers in Action – Peer Placement

- Engaged Consortium partners to identify opportunities
 - MAT clinics
 - Department of Social Services
 - Daymark
 - Treatment Centers
 - Homeless Shelter
 - Transitional housing
 - Correctional facilities
 - Emergency Departments
 - EMS teams
 - Rapid response teams



Consistency in Peer Services

- Role of peer support coordinators
 - Placing right peer in the right place (group vs. individual settings; triggers; environments)
 - Time tracking
 - Data collection
- Guide workflows in clinical settings
- Established recovery curriculum (train peers as facilitators)
- Stigma trainings for law enforcement, medical providers and community
- All peers invited to Consortium meetings and engaged with all aspects of work
- Provide feedback on marketing materials
- Recovery is Possible – media campaign – focused on peers





Data Collection

- Challenge – collecting data from numerous peers
- Solution – Qualtrics
- Worked with peers to develop monthly report template
- Push survey one time per month
- Eliminate opportunities for data errors with slider features for numbers
- Program will allow track and trending for future sharing



Sustainability

- Demonstrating value
- Partner feedback/host site feedback on peer support program
- Reimbursement model for peers in clinical settings



Learning As We Move Forward

- Peers are in recovery
 - build in support their recovery
 - adjusted criteria to two years active recovery
- Peer support is essential to every aspect of the work
- Peers are key to addressing stigma

YOUR WORDS MATTER



Questions?

Cindy Loyd Laton

claton@firsthealth.org

(910) 715-6275

Roxanne Elliott

rmelliott@firsthealth.org

910-715-3487