South West **LHIN**

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To: MPPs, South West LHIN

From: Kelly Gillis, Acting CEO, South West LHIN

cc: Michael Barrett, CEO, South West LHIN

Re: South West LHIN Peer Support Strategy

Purpose
To provide local MPPs with a detailed overview of the South West LHIN's Peer Support Strategy including planned changes to the peer support model and services, desired outcomes and benefits of integration, and next steps.

Background and Process
Vision: To create a connected, seamless system that provides consistent and equitable peer support built on promising practices across the South West LHIN

The South West LHIN provides funding (just over $1M) to six Consumer Survivor Initiatives[1] (CSIs) organizations/Peer Support[2] programs:

1. Phoenix Survivors Perth County
2. Psychiatric Survivors Network of Elgin
3. Oxford Self Help Network
4. CAN-VOICE (London Middlesex)
5. Consumer/Survivor Development Project provided by Hope Grey Bruce Mental Health & Addiction (MH&A) Services
6. Peer Support program provided by Canadian Mental Health Association (CMHA) Huron Perth

[1] Consumer Survivor Initiatives are self-help groups, alternative businesses or support services run by people with diagnosed mental illness, for people diagnosed with mental illness.
[2] Peer Support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope, allowing people to learn ways of coping from each other. Intentional peer support is any organized peer support provided by and for people with mental health problems. Peer support initiatives are the programs, networks, agencies or services that provide peer support.

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CONNECT for Mental Health is not LHIN funded, however, the Minister did announce and provide one-time funding through CMHA Middlesex to support their operation for fiscal 2016/17. CONNECT for Mental Health is involved in the South West LHIN Peer Support work and is collaborating with partners to develop a peer support hub in London Middlesex.

The South West LHIN recognizes Peer Support as an essential and valued component of a client-centered, recovery oriented system of MH&A care in the South West. Within the South West LHIN, there is a pressing need to better integrate existing CSI/peer support programs with other community MH&A services to improve client access to a coordinated range of services and supports and to address risks and challenges related to governance, financial controls, human resources and other back office supports currently experienced by CSIs within the South West LHIN.

The rationale for integrating peer support programs into Lead MH&A organizations in each sub-region, is to improve access to services and provide a better experience for clients with MH&A concerns. By collaborating with larger organizations, CSI/peer support programs will be able to strengthen the services they offer. This would not only allow them to respond to more people in need of support, but would let them benefit from the training, financial and other supports a larger organization can offer. This would ensure the strengthening and sustainability of peer support for the future. We are aware that some CSIs have expressed concern that the LHIN is “shutting down their operations.” We also recognize that the CSIs value the autonomy and independence they currently have, and understandably are hesitant to lose this.

The South West LHIN has been working with Leadership and Governance of CSIs and MH&A providers since December 2015 with a focus on enhancing peer support, through integration, at the sub-region level (Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin). Work to date includes:

- LHIN-wide teleconferences on a bi-monthly basis as a communications and engagement strategy
- The establishment of sub-region peer support working groups to engage peers and MH&A agencies for ongoing feedback (monthly meetings)
- An inventory of ongoing training and current training resources and standards

The need for changes to the current peer support system have been highlighted and prioritized since 2011. Work on the overall South West LHIN Peer Support Strategy began in 2014. Further details are included in Appendix 1.

Current Status

Each sub-region is at a different stage in the process. Some are already moving forward with integration voluntarily, the LHIN is facilitating others, and there have been some areas where discussions have become more challenging. We believe our process to date has been fulsome, open and transparent, and we have taken - and will continue to take - the necessary steps to ensure CSI voices are heard.

<u>Success Story to date:</u>

The Oxford Self Help Network (OSHN) has partnered with the Canadian Mental Health Association (CMHA) Oxford branch and quickly began to realize the benefits of this partnership:

- OSHN has relocated into CMHA’s space in Woodstock
- Front line staff working together has improved connections to services
- This move has allowed clients of both organizations to benefit from services provided by the other
- Co-location of services so that clients do not have to go across town to seek another service
- Relationship with the hospital is being built and Peer Supporters will begin to provide services in the hospital
- OSHN staff and volunteers have benefited from training provided by CMHA

- CMHA has been able to connect, where appropriate, long-term case management clients with peer support and free up case management caseloads allowing them to reduce their case management wait list significantly
- The Executive Director of OSHN is excited to focus on the peer support work and not have to worry about the reporting and managing of a separate business
- A voluntary integration to make OSHN a program of CMHA will come forward soon to the South West LHIN Board of Directors

Benefits of Integration

The embedded peer support programs already benefit from the resources the larger organization has to offer. The current stand-alone CSIs, as part of larger organizations, would be able to respond to many more people and would benefit from the training, financial and other supports a larger organization can offer - ensuring the sustainability of peer support. Lead MH&A Organizations will have:

- Proven partnerships within the MH&A system
- Leadership and Governance capacity
- An effective understanding of the peer support values and guiding principles:
  - Integration
  - Personal characteristics
  - Recovery and healing
  - Partnerships
  - Capability
  - Inclusivity and diversity
- Working relationships with area peer support/CSIs
- Understanding of community/area/population of needs
- A commitment to improving client outcomes

Once the stand-alone CSIs are integrated into Lead MH&A organizations there will be:

- The ability to expand peer support programs and build peer support hubs in each sub-region
- Improved economies of scale, efficiencies and optimized resources
- Sub-region wide marketing and communications plan including materials such as brochures, posters etc.
- Peer support standards and practices linked with accountability

Next Steps

- All the peer support programs will have to make adjustments to meet the requirements of the new model; this varies from program to program and a phased approach will be utilized to implement all changes.
- The South West LHIN will continue to work with partners to move forward with voluntary or facilitated integrations where possible.
- It is anticipated that the integration work will be complete by March 31, 2017 and we will focus on implementation and evaluation of the new model in 2017/18.

Appendix 1 – Additional Background and Supporting Documentation

- *The Time is Now - Community Capacity Report* (CCR), completed in 2011 and the CCR Refresh, completed in 2014, both highlighted peer support as one of several key areas requiring system improvement resulting in recommendations to strengthen peer support integration and infrastructure across the South West.
- In 2014/15 the South West LHIN Board of Directors approved one-time funding for St. Joseph's Health Care London to procure resources to work with the South West Alliance Network (now called the Peers Envisioning and Empowering Recovery Across the Southwest (PEERS) Network) and the South West Addiction and Mental Health Coalition to procure a consultant to lead the development of a Regional Peer Support Model including integration opportunities for local and regional structures in the South West LHIN.
- April 2015: The final report "*Development of a Peer Support Strategy for the South West LHIN*" was received.
- October 2015: The South West LHIN Board of Directors received the report, supported the 4 priorities identified in the report and directed LHIN staff to engage CSIs and community MH&A providers in facilitated integration and collaboration processes to strengthen CSI programs and services with implementation targeted for fiscal 2016/17. The four priorities identified in the report include:
  1. Improving existing models of peer support
  2. Promoting standards for peer support training and investments in people
  3. Establishing linkages and integration processes between peer support offered by CSIs and the MH&A system
  4. Enhancing the governance and infrastructure of CSIs.

The reports noted are all available on our website here:
http://www.southwestlhin.on.ca/goalsandachievements/Programs/MentalHealthAddictions.aspx

Planned Changes to Peer Support Programs and Services

Current State		Future State*
Inequitable and inconsistent peer support program delivery between sub-regions	→	Availability of peer support wherever individuals are in their recovery journey including locations such as the community, hospital, outpatients, work and school, as well as wherever they live - urban, rural or remote locations across the South West LHIN
Disconnect and lack of referrals to other MH&A health service providers	→	Coordinated services and resources between peer support and other MH&A health providers
Variance in peer support roles and lack of formal training	→	Defined peer support roles and formalized training standards and resources based on promising practices
Small, marginalized CSIs/peer support programs; Inadequate monitoring and evaluation	→	Stabilized peer support services embedded in the MH&A continuum of care and within sustainable peer support hubs and organizations; Monitoring and evaluation of peer support services

*Further details on the changes are outlined under the desired outcomes.

Desired Outcomes

1. Availability of peer support wherever individuals are in their recovery journey

Currently there is a broad spectrum of peer support models offered, ranging from friendship models/informal support to intentional peer support and clinical care in clinical settings:

- These are largely based on informal practices and a social service model.
- As the majority of peer support programs currently offer primarily a clubhouse/walk-in model, there are challenges for clients to access services due to transportation, distance or location.
- There is a lack of peer supports in workplaces and clinical settings.
- There is a lack of peer supports for families or special populations.

A range of accessibility is important. The new model will ensure that each peer support program will offer a full array of services to optimize access to a consistent menu of programs and services.

The new model will enable availability of peer support wherever individuals are in their recovery journey including locations such as the community, hospital, outpatients, work and school, as well as wherever they live - urban, rural or remote locations across the South West LHIN.

2. Coordinated services and resources between peer support and other MH&A health providers

There is a concerning disconnect and lack of referrals between peer support programs and other MH&A health service providers. Most of the beneficiaries of peer support are identified through word of mouth, outreach and community referrals.

The new model will ensure coordinated services and resources between peer support and other MH&A health providers:

- Seamless transitions between acute and community and vice versa (services are natural integrators)
- Coordinated and integrated service delivery within peer support services with formal connections to primary care, housing, children and youth, justice, employment programs
- Removal of silos/barriers to care - peer support programs will now be truly integrated into the MH&A system
- Connection within Lead MH&A organizations will:
    - Provide more locations the programs can be offered
    - Identify clients that can benefit from different peer support programming options
    - Identify clients for diagnostic groups (e.g. depression, bipolar)
    - Assist with formalizing clinical connections in hospitals

3. Defined peer support roles and formalized training standards and resources based on promising practices

Current peer supporters receive a variation of training programs ranging from Ontario Peer Development Initiative (OPDI) Level 1 and 2 training for a few individuals, to in-house training/ orientation programs that cover basic information. While some in-house training programs are comprehensive, the majority of programs do not meet the content areas established by the Mental Health Commission of Canada (MHCC).

The new model will incorporate formalized training standards and resources based on promising practices.

4. **Stabilized peer support services embedded in the MH&A continuum of care and within sustainable peer support hubs and organizations; Monitoring and evaluation of peer support services**

While funding for peer support overall is over $1M, this translates into fairly lean budgets at an individual organizational level. 4 of the 6 LHIN funded providers, and CONNECT for Mental Health are all stand-alone organizations. The overall structure of a peer support model can be a challenge without having the right organizational supports in place.