MIDD Briefing Paper

17 Peer Support in SUD treatment

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☐ (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This program proposes to enhance the Substance Use Disorder (SUD) treatment system through the provision of peer to peer services. Trained peers assist in supporting recovering people and their families to stay in recovery longer and become part of the recovery community. Quality, well-trained, and supervised peers have the potential to decrease the severe complications associated with managing a SUD. Peers can help navigate systems of care, connect people with recovery resources, understand the criminal justice system and help people on paths toward long term recovery. Peers can provide much needed "executive functioning" capacity which is impaired in people with SUD. Peers can help provide the key problem-solving skills needed to be successful. Peers can serve as another linkage in the system of care and provide advocacy and guidance for people who often have lost their ability to stand up for themselves and negotiate on their behalf. Often people early on in the recovery process trust peers more than formal treatment professionals as those who have "been there and done that" or will confide in peers as "one of us". Peer-to-peer support services expand the capacity of the formal treatment system by promoting recovery, reducing relapse, and intervening early when relapse occurs.

Collaborators:

Name		**Department**
Vince Collins	Program Manager	DBHR
David Jefferson	Community Health Analyst	Skagit County

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	**Role**	**Organization**
Ileana Janovich	Project Manager	Behavioral Health and Recovery

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This program proposes to enhance the Substance Use Disorder (SUD) treatment system through the provision of peer to peer services. Trained peers assist in supporting recovering people and their

families to stay in recovery longer and become part of the recovery community. Quality, well-trained, and supervised peers have the potential to decrease the severe complications associated with managing a SUD. Peers can help navigate systems of care, connect people with recovery resources, understand the criminal justice system and help people on paths toward long term recovery. Peers can provide much needed "executive functioning" capacity which is impaired in people with SUD. Peers can help provide the key problem-solving skills needed to be successful. Peers can serve as another linkage in the system of care and provide advocacy and guidance for people who often have lost their ability to stand up for themselves and negotiate on their behalf. Often people early on in the recovery process trust peers more than formal treatment professionals as those who have "been there and done that" or will confide in peers as "one of us". Peer-to-peer support services expand the capacity of the formal treatment system by promoting recovery, reducing relapse, and intervening early when relapse occurs.
King County has extensive experience in the delivery of peer to peer services. Peer to peer support has been implemented statewide in mental health services. In SUD services, peers have not been recognized by the State of Washington as a credentialed group to assist in service delivery. King County has been working with local agencies to support the provision of peer services in the community for the past four years. Peer-to-peer services are designed as an element of the King County Recovery Oriented System of Care (ROSC). This concept would also place King County in a leadership position statewide to formalize the process of funded peers for people with SUD issues.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):
   - ☒ **Crisis Diversion**
   - ☐ **Prevention and Early Intervention**
   - ☒ **Recovery and Re-entry**
   - ☒ **System Improvements**

   Please describe the basis for the determination(s).

Crisis Diversion: A task of SUD peers is to help with the development of crisis plans (through evidence-based Wellness Recovery Action Plans) and resources for engagement that will prevent behavioral health crisis, especially those involving SUD.

Recovery and Re-entry: Peer-to-peer support services expand the capacity of the formal treatment system by promoting the initiation of recovery, reducing relapse, and providing early intervention when relapse occurs.

System improvement: SUD peers will help decrease cost by working to end the revolving door of SUD treatment, allowing for comprehensive engagement, and smoother entry to and exit from services. Participants will engage in services faster, stay engaged longer, and have a trained person to assist with recovery checkups and engagement in community living. Upon discharge from services, peers will have an opportunity to have continued employment in the recovery community by becoming trained peers themselves in King County's Recovery Oriented System of Care (ROSC).

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for**

whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

SUD peers are people with lived experience who have initiated their recovery journey and are able and willing to assist others who are earlier in the recovery process. As described in SAMSHA's *Recovery and Recovery Support* paper, recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. (SAMSHA, 2015). SUD peers will allow for an ongoing improvement of a person's overall health status by focusing on the person and not his/her symptoms (sobriety).

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

Persons will benefit from SUD peers throughout King County's treatment continuum.

SUD peers in outpatient: A primary place for agencies to use SUD peers is in helping with initial engagement into services. Peers can help smooth the way for a rapid access to treatment, which has a positive influence on outcomes (Moos, R.H. & Moos, B.S. 2003). SUD peers can be the primary contact for persons seeking treatment – helping them with basics such as how to get to an agency and what to expect when they arrive. A peer can take the time to share their experiences entering care and set the recovery groundwork prior to the initiation of the somewhat cumbersome assessment/admission process. This will improve the likelihood that participants enter treatment with a positive outlook and help retain them in the early part of services while the larger clinical team works on treatment planning and placement. Peers can be deployed to assist persons who are struggling with treatment requirements or who are uncertain about their recovery process. Peers can assist in discharge planning and help people put together a support system as they step away from formal treatment. They can also do recovery checkups with people to help them stay in touch with services and re-enter as their individual circumstances indicate.

SUD peers in withdrawal management: Withdrawal management services (detoxification)would benefit greatly by staffing peers to increase the percentage of people connecting to SUD services. The importance of linkage to on-going care cannot be understated. Those who link to treatment have far superior outcomes to those who receive only withdrawal management (MsCusker, J, Bigelow, C, 1995). The handoff from medical staff to peer support is an important service improvement.

SUD peers in residential treatment: SUD residential agencies often use line staff in the milieu that are not trained clinicians, especially after normal business hours and on weekends. Trained SUD peers would improve services by providing better support for persons and increase the percentage of participants who stay engaged in care. Peers will also be valuable in connecting people back to the community, accompanying them to needed appointments and helping access aftercare services.

SUD peers will have a place throughout the SUD system – in residential and withdrawal management facilities, in outpatient agencies and potentially in other places that SUD participants touch, such as

courts and jail. Peers can operate in stand-alone recovery community organizations (RCO), such as Recovery Café and Seattle Area Support Groups or in more formal treatment agencies.

The fore-mentioned RCOs present contracting options for initial training of peers. These agencies have been strong leaders in developing a peer to peer infrastructure in King County, including current FTE positions through the MIDD 1A strategy, and substantial work through the Access to Recovery federal grant.

The addition of peers in the SUD treatment community aligns with the goals of healthcare reform to improve collaborative care, improve health outcomes, and ensure choices are available in healthcare.

Peers will help decrease the stigma faced by persons with substance use disorders. There is a growing recognition that people don't just have issues with accessing recovery: they often suffer from a broad range of social, psychological, economic and health problems (Miller and Miller, 2009). The provision of a wider range of 'wraparound' care or interventions has been associated with better treatment outcomes (McLellan et al., 1998) and has led to calls for treatment to be multifaceted (Miller and Miller, 2009). Therefore, people's access to employment, education, training, accommodation and psychiatric services is likely to be key to their rehabilitation. Stigma can be a significant stumbling block: both in terms of the internalization of blame and difference on the part of the person, and in the stigmatization of people by employers and professionals.

Peers help to reduce stigma through strategic sharing of their own recovery stories with the people they work with and through their broader advocacy and visibility to the community. If there is a single condition that has spawned the historical involvement of recovering people in service work, it is the contempt with which society and mainstream service professionals have viewed those suffering from substance use disorders. By altering these conditions, peer-based supports provide adjuncts or alternatives to professional assistance that can expand help-seeking, enhance the quality of the helping experience, and improve the stewardship of scarce community resources (Reissman, F., 1990. Restructuring Help).

If there is an inner core to the experience of addiction, it is a core of shame and the anguish and despair that flow from it (White, W. 2009. Peer-Based addiction Recovery Support). That shame has many sources—the stain of experiencing oneself as unworthy and unlovable, the sins committed in the worship of one's sacramental drug, and the pariah status of anyone forced to embrace the caricatured label of alcoholic or addict. Those so condemned can catch the briefest condemnation in the eyes, the faintest tone of judgment and condescension in the voice, and the slightest hesitation to reach for an extended hand. Peers understand such shame. Professionals who have not experienced stigma can offer many things, but one thing they cannot add to the suffering person is the word "we". The experience of "we" is the connector that allows peers to enter relationships with people and help break down the barriers experienced along the path to recovery (White, W. 2009. Peer-Based addiction Recovery Support).

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide**

evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The largest body of evidence that this approach will be successful is the work of peers in the King County mental health system. Peers have been accepted parts of the treatment system for the last several years and demand for training of new peers remains high.

Access to Recovery has spent over $50 million on building a system that focuses on helping participants stay in recovery, which has included a range of peer supports from Recovery Specialists to Recovery Coaches. Evidence shows that programs that include peers and provide support beyond the prescribed treatment episodes are associated with improved outcomes and higher rates of metrics associated with long-term recovery. This grant is time limited and funding has decreased dramatically throughout the state. Published research is available at the Department of Social and Health Services Research and Development- ATR site. (https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-217.pdf)

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

SAMHSA has long noted that peer/consumer services are evidenced-based. (samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP)
Peer support relationships have been repeatedly found to positively affect individual recovery (Breier & Strauss, 1984; Neighbors & Jackson, 1984; Powell, 1988; Davidson et al., 1999). People who have common life experiences also have a unique capacity to help each other based on a shared affiliation and a deep understanding that may go beyond what exists in their other relationships (Carpinello, Knight, & Jantulis, 1992; Zinman, 1987). Peers often can help each other in an egalitarian manner, without designating who is the "helper" and who is the "helpee" (Constantino & Nelson, 1995; Riessman, 1990).

Further, the roles may shift back and forth within a relationship or occur simultaneously, with both parties benefiting from the process (Roberts et al., 1999; Mowbray & Moxley, 1997; Solomon, 2004; Clay, 2005). In self-help and mutual support, people offer their experience, strength, and hope to their peers, which allows for natural evolution of personal growth, wellness promotion, and recovery (Carpinello et al., 1992; Schubert & Borkman, 1994).

Consumer-operated services are grounded in values and traditions inherent in the history of self-help in general and, more recently, the mental health consumer self-help movement. Basic principles include belief in "peer-based support and assistance; non-reliance on professionals; voluntary membership; egalitarian, non-bureaucratic, and informal structure; affordability; confidentiality; and nonjudgmental support" (Van Tosh & del Vecchio, 2001, p. 11). Other core values include empowerment, independence, responsibility, choice, respect and dignity, and social action (Zinman, 1987; Chamberlin et al., 1996).

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Peer services improve the health, social and justice outcomes for people living with, or are at risk of mental illness and SUD by improving access to services and the quality of care received, as well facilitating stronger community connections post treatment.

SUD peers will improve the system through:

- better linkages with the participant and treatment team;
- increasing efficient use of personnel and agency resources;
- improved communication and follow through by the participant; and
- increases in performance measures both with treatment metrics and participant satisfaction metrics.

A larger number of people will connect with the treatment system if they are assigned a peer early, at the first sign of need. People will have a greater opportunity to connect with the right type of treatment services – to find the right program at the right time.
Peers will also help:

- Increase the number of people coming back after assessment who connect with treatment programs.
- Increase the number of individuals completing programs.
- Increase the number of individuals connecting with recovery support services.
- Individuals navigate the criminal justice system.
- Access medication assisted treatment.
- Provide opportunities to find alternative paths to recovery.
- Engage and retain individuals in treatment, freeing treatment staff focus on the task for providing clinical services.
- Improve engagement of persons into SUD treatment;
- Improve retention of persons in SUD treatment;
- Improve connections of persons between SUD levels of care;
- Improve discharge planning and development of community support post-treatment;
- Reduce stigma for persons in SUD treatment and recovery; and
- Increase employment opportunities for persons in SUD recovery.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

- ☒ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☒ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☒ **Families**
- ☒ **Racial-Ethnic minority (any)**
- ☒ **Black/African-American**
- ☒ **Hispanic/Latino**
- ☒ **Asian/Pacific Islander**
- ☒ **First Nations/American Indian/Native American**
- ☒ **Immigrant/Refugee**
- ☒ **Veteran/US Military**
- ☒ **Homeless**

☒ **Anyone** ☒ **GLBT**
☒ **Offenders/Ex-offenders/Justice-involved** ☒ **Women**
☒ **Other – Please Specify: Persons in recovery**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

As noted above, SUD peers will have a place throughout the SUD system – in residential treatment and withdrawal management facilities, in outpatient agencies and potentially in other places that SUD participants touch, such as courts and jail. Individuals with SUD will benefit directly from peer support, as will their families.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

Peers in the SUD system will benefit agencies and participants in any setting throughout King County.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Partnerships are necessary with behavioral health agencies, local peer-supportive agencies and the larger recovery community. Behavioral health agencies need to be willing to hire, train, supervise and support peer counselors.

This is also an opportunity to partner with local colleges and universities to introduce training opportunities into their programming. Currently this effort is underway in Southwest Washington under the leadership of Dr. Marcia Roi at Clark College.

Ultimately, a partnership with the State, specifically the Department of Health and Division of Behavioral Health and Recovery (DBHR) is necessary to integrate peer work fully into the system.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

Washington State Senate bill 6312 clearly set out the expectation that the new state behavioral health organizations (BHO's) will integrate clinical care with the intent of improving chronic illness management through better integration of care and social supports. Peer support is a necessary vehicle for this integration.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

Lack of movement by Washington State in credentialing and adding peer services to the Medicaid State Plan is the biggest barrier. Many leaders will point to the lack of action as a sign that SUD peers are unnecessary. Behavioral health agencies in the County will need to embrace the concept and prepare their individual agencies for implementation. Adding a new position will create the need for communication and training among organizations.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

MIDD funding is needed to support the training and hiring of SUD peers. Without the support of leadership at the state level, the peer work will be entirely dependent on the MIDD and thus may not be sustainable long term. System change would then be disrupted and the care of participants would suffer.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

If this program is not implemented, lack of parity between mental health and SUD will continue. There will continue to be a disparity in services and people with primary mental health issues will receive peer support and those with primary SUD will not. This roadblock will continue to keep the behavioral health system from truly moving to whole person care. The system will continue to celebrate the value of peer workers for some, but not all. This lack of equity runs contrary the principles of Equity and Social Justice. Even more important, if not implemented, much needed resources to improve engagement, retention and discharge planning for persons with SUD issues will not be realized. Preventable relapse and overdose will likely continue to occur at current or increasing levels, given current drug trends.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

There is no identified alternative. The state has resisted changing the Medicaid State Plan, which would bring SUD-specific peer services to the vast majority of people served in the SUD system. The only options treatment as usual or abstinence-based peer-led 12 step programs. While 12 step programs are a valuable means of peer support for many, they are somewhat narrow in scope and approach and are not for everybody. Many individuals who receive medication assisted treatment find themselves unwelcome or receive negative messages about their recovery at 12 step meetings, and don't find them an option. Trained peers provide the only option for more comprehensive, quality peer support.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

SUD peers link with Behavioral Health Integration, especially given the high levels of co-occurring disorders in the population served, which will allow for more integrated and streamlined access to services. SUD peers will remove barriers to access by promoting recovery for individuals, regardless of whether their issues are related to mental health, substance use or co-occurring disorders. Peer support is invaluable throughout the continuum of care, prior to treatment, during treatment, and as after-care support.

SUD peer services will help the County achieve its Health and Human Services Transformation vision, "By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities." SUD peers embrace recovery at the individual level, helping move the community towards that goal.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

SUD peers will become a critical part of the King County Recovery-Oriented System of Care (ROSC), a more effective approach for addressing SUD issues. A ROSC meets people where they are at on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that we all need a meaningful sense of membership and belonging in community. Recovery initiation and entry is at the heart of SUD peer services.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

This proposal truly embodies all of ESJ's work. A SUD peer system enhancement promotes the recognition that recovery is possible. In part this will be through hiring staff that identify as being in recovery from behavioral health issues. Peer counselors bring a level of understanding and empathy to help individuals engage with services and to reduce those individuals from feeling alone or different from others. The program will also work to coordinate and collaborate with a wide variety of systems and community supports that have not been available or responsive to individuals' needs and work to break down barriers to access that may have prevented successful interactions with community based services.

There are long-standing, widely known issues with the lack of services and diversion opportunities available to persons experiencing homelessness and behavioral health issues in greater King County. Many people of color and people living in poverty access SUD services or need to access SUD services. Often these individuals do not have the opportunity to address the root cause of the matter: access to treatment, housing, jobs, support, healing and recovery, and a community of people who care and value

them as people. At its core, this concept addresses equity and social justice (ESJ) by allowing individuals to be included, and assisted to meet and fulfill their needs.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

Although not a formal "resource," engagement of the behavioral health community will be an imperative first step– meetings and communication to get their buy-in and support. Although there is little to no resistance anticipated, the community will need to be fully involved in the formal planning, including training.

The second resource is training for peers, followed by purchasing of full time employees (FTE's) at SUD agencies, supervision and ongoing support. These FTE positons should be funded at a comparable level with the peers for mental health services.

The County should consider using community based agencies such as Recovery Café and Seattle Area Support groups as sites for the initial training of peers based on their experience and support for the concept.

2. **Estimated ANNUAL COST. $2,500,001-$5 million Provide unit or other specific costs if known.**

Estimated approximately $2.5 million to add one trained peer to each SUD agency in King County. Cost will be for community engagement, initial training, the FTE peer, supervision of the peer, and ongoing training and support needs. King County should consider hiring a person to oversee this body of work and consider including it under the recovery specialist position.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

ATR services are funding this in an extremely limited way through the grant. The grant is limited in funding size and scope. The County should continue to advocate with DBHR and position SUD peers to be a fully reimbursable Medicaid service for sustainability.

4. **TIME to implementation: 6 months to a year from award**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

Time will be necessary to engage community agencies, plan training, time to hire SUD peers and incorporate them into services.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#17 Working Title of Concept: Peer Support in SUD treatment

Name of Person Submitting Concept: Dan Floyd
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Peer-to-peer support services expand the capacity of the formal treatment system by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs. Trained peers assist in supporting recovering people and their families to stay in recovery longer and become part of the community of recovery. King County has extensive experience in the delivery of and creating an environment supportive of the delivery of peer to peer services. We have implemented peer to peer support in the mental health section of our division. On the substance use disorder side, peers have not been recognized by DBHR or the Department of Health as a credentialed group to assist in service delivery. King County has been working with local agencies to support the provision of peer services in the community for the past four years. Peer-to-peer services are designed as an element of the King County Recovery Oriented System of Care. This concept would also place King County in a leadership position statewide to formalize the process of paid peers for people with SUD issues.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

This concept supports employment for persons in SUD recovery and strengthens the formal treatment system through the provision of services by peers.

3. How would your concept address the need?
Please be specific.

SUD agencies would be able to add trained peers to their treatment teams or contract with a pair of local agencies that train and support peers. Residential programs could look to augment their treatment aides with trained peers.

4. Who would benefit? Please describe potential program participants.

This concept benefits people receiving SUD treatment and peers who would gain employment.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Outcomes to measure are the number of peers trained and subsequently employed by SUD agencies.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Peer services improve the health, social and justice outcomes for people living with, or at risk of mental illness and SUD by improving access to services, the care received during services and stronger community connections post treatment.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships are necessary with SUD providers, local peer-supportive agencies.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ 5,000,000 per year, serving 5000 people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.