

# Developing & Integrating Mutual Support Programs in Behavioral Health

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# Mutual Supports: An Invocation

*Who then can so softly bind up  
the wound of another as he  
who has felt the same wound  
himself?*

*~ Thomas Jefferson*

# Why “Mutual” Supports

“Mutual Supports” refers to a process of helping based, in part, on a shared lived experience or identity and the knowledge gained from overcoming those challenges.



# Why “Mutual” Supports

Research on organized mutual support programs have been shown to improve outcomes across a number of health conditions including treatment retention & adherence, reduction in utilization of acute services, an increase in positive health related behaviors, and self reported hope and optimism of managing health conditions.

White, B., & Mandara, A., (2002) *A review on research on the effectiveness of self-help mutual aid groups* in Chapter 5, *Self - Help Group Sourcebook* (7<sup>th</sup> edition), American Self - Help Clearinghouse

# Why “Mutual” Supports

- Provides an evidence based, cost effective adjunct to traditional treatment modalities
- Instills authentic hope for recovery
- Provides continuity of relationships for persons in shifting program modalities
- Helps with navigation and advocacy in complex and unfamiliar systems
- Based on voluntary, non-coercive principles reinforcing strengths, abilities, and ‘personhood’

# Organizational Benefits

- Improved client outcomes (retention, adherence, acuity, utilization, community tenure, & employment)
- Provides “expert” knowledge regarding organizational improvement and practice awareness
- Influences organizational culture re: Recovery
- Potential for Medicaid reimbursement
- Focus of SAMHSA response to Healthcare Reform agenda

# Assessing Readiness

- Adherence to recovery principles & language
- Openness to self disclosure
- Competency in clinical supervision, especially in areas of provider self disclosure
- Culture welcoming to involvement of persons served in agency activities
- Sophistication & policies guide dealing with boundary issues
- Resource availability
- Workforce development options

# Before the Hiring Process

- Expectations of self disclosure and limits thereof
- Openness to current or previous service recipients & policies to govern behavior, protections of privacy
- Attitude and policies regarding the management of relationships with service recipients prior to being employed in the agency
- Accommodating Tx needs (when, where)
- Compensation & benefit dilemmas
- Hiring and selection teams

# Advocacy Unlimited: Recovery University

- Prepares persons in recovery to perform case management role on CSP/RP teams
- 60 hour classroom training program + homework
- Certification exam to assure content mastery
- Ability to “test out” for experienced staff
- Sets the stage for future Medicaid billing if this becomes an option
- 3 year certification schedule

# Recovery University Training

- Effective, Empathetic Communication Skills
- Legal and Ethical Practice, Boundaries, Client Rights
- Introduction to Mental Health, Substance Abuse, and Co-Occurring Disorders
- Principles of Psychiatric Rehabilitation
- Medicaid Mental Health Waiver / Money Follows the Person
- Using Your Recovery Story, Role of Peer Supports on Teams, Recovery Culture
- Role Challenges, Conflict Resolution, Self Care
- Recovery Planning and Documentation
- Entitlements and Benefits Management
- Cultural Awareness

# Recovery University

- 80 candidates have successfully achieved certification to date
- An additional co-hort of twenty individuals are currently being trained
- A two day “refresher course” and seating for certification exam will take place in the fall, TBD
- Advocacy Unlimited can assist in advertising positions and facilitating matching with graduates in your geographic area

# Questions ?

