Peer Recovery Support Services
Community of Practice

Community of Practice Q&A

Strengthening the Connection between Recovery Community Organizations (RCOs) and Mental Health Peer Support Agencies (PSAs)
April 29th, 2020

Q: Are the 150 in respite from all 15 PSA locations?

A: From all over the state. There are three respite centers across the state.

Q: Co-occurring disorders, how do recovery centers address the mental health piece and coordinate with different services that can assist with that part of a client's need?

A:

- Midstate is in the same office as us. We can quickly determine if someone needs mental health services as well. This is often the first referral we make since it is difficult to address their recovery without first addressing their mental health. (Kathleen from Plymouth Area Recovery Center.)
- We take a holistic approach. Usually mental health comes in after some type of crisis. Not every client is ready to address mental health, so the peer support approach works better. We also have partnerships with mental health agencies. The most difficult cases we see are often those in recovery from meth who also have co-occurring experiences with paranoia and anxiety. Cornerbridge has been a helpful partner in these cases. (Michelle from Tilton)

Q: What is the Doorway connection with RCOs? Does the Doorway fall under RCOs?

A: Two separate entities. The Doorways have some peer support workers at them, but they are more of a clinical support and an entry point for care. Manchester and Nashua will also be moving to hospital settings by late May. The RCOs and Doorways refer to each other as well as to additional mental health supports when needed.

Q: Referring people to the Doorways with co-occurring disorders, if we send someone to the Doorways, what can we expect for addressing their mental health?

A: This is a question for the Doorways, but they do full assessments.

Q: What would be the best way for RCOs and PSAs to make referrals between each other?

A:

- We already do this and find success with making the call with the client. It can be very overwhelming, so being there with the person is important. Warm handoffs help to mitigate the anxiety that these experiences can cause. (Michelle in Tilton)
- We make a phone call with the client. We have a script that they can use for consistency. (David Blacksmith)
- The Doorway in Laconia's individual who does the assessment is also part of LRMHC. This helps us do warm handoffs. (Mike from Navigating Recovery/Doorway)
- Revive is on the IDN with us and we have been working together. The pandemic has made things difficult, but we can continue to build the relationship in the future. We are also connected to the Doorway. We are lucky to be able to work together in the Nashua region. I would be open to connecting more; presentations and phone calls also work well. (Ken Lewis)
- Phone calls and in person visits work well. Peer support is voluntary. If someone presents at the door, we will greet them without needing to know what is going on. We want to start with a conversation. We do not ask for diagnoses. It is their choice to share why they are there. Focus is on the client's desire for recovery, not on their past or their diagnosis. (Susan Seidler)

Q: Consultation: sharing literature and cross training. What opportunities might there be to understand each other's services better?

A: We do a lot of trainings in the community, most of the times its out in the community or at our centers. During the week or after hours so that people can come after work. When the recovery coaching trainings happened in NH, we were able to participate and do some cross training with Revive. We should invite RCOs to our community trainings as a way to cross share. (Ken Lewis)

Q: What trainings or information might you want from the RCOs?

A:

- Addictions 101, was helpful for learning the science behind addiction. Trauma plays a role across the board and a trauma training would be a good place to start for community trainings.
- I am a CRSW and a CPS. I have found that more ethics trainings might be needed to go with the IPS Training to strengthen boundaries in the peer services arena. (Bret Smith)
- The state requires some training modules, it would be great to be able to look at what's missing and what we can offer as community trainings.

Q: Is there a way to sign up for the WRAP training?

A: Susan Seidler is a contact for signing up for this training. Please contact her if you are interested.

Cassie Yackley is doing a four-part trauma training starting May 18th.

Q: What is the mental health certification?

A: Mental health side of the CPS, there are some evidence-based practices that you need certification in.

Q: Ideas around collaboration: are there opportunities for our two systems to work together on topics like community awareness, advocacy and outreach?

A: It would be nice to exchange staff.

Laconia Corner Bridge offered tours to our staff working with the homeless in the Laconia area, so they'd be aware of their drop in availability. I'd love shared staff training.

It would be nice to have at least one individual at each agency who really knows the other agency. In mental health, the partnerships they make are about deep relationships and takes time. Not about checking boxes.

Exposure to people across communities is helpful as there is stigma between the two.

I would think members having a warm line to call after hours for the RCO's would be nice. Some kind of collaborative.