

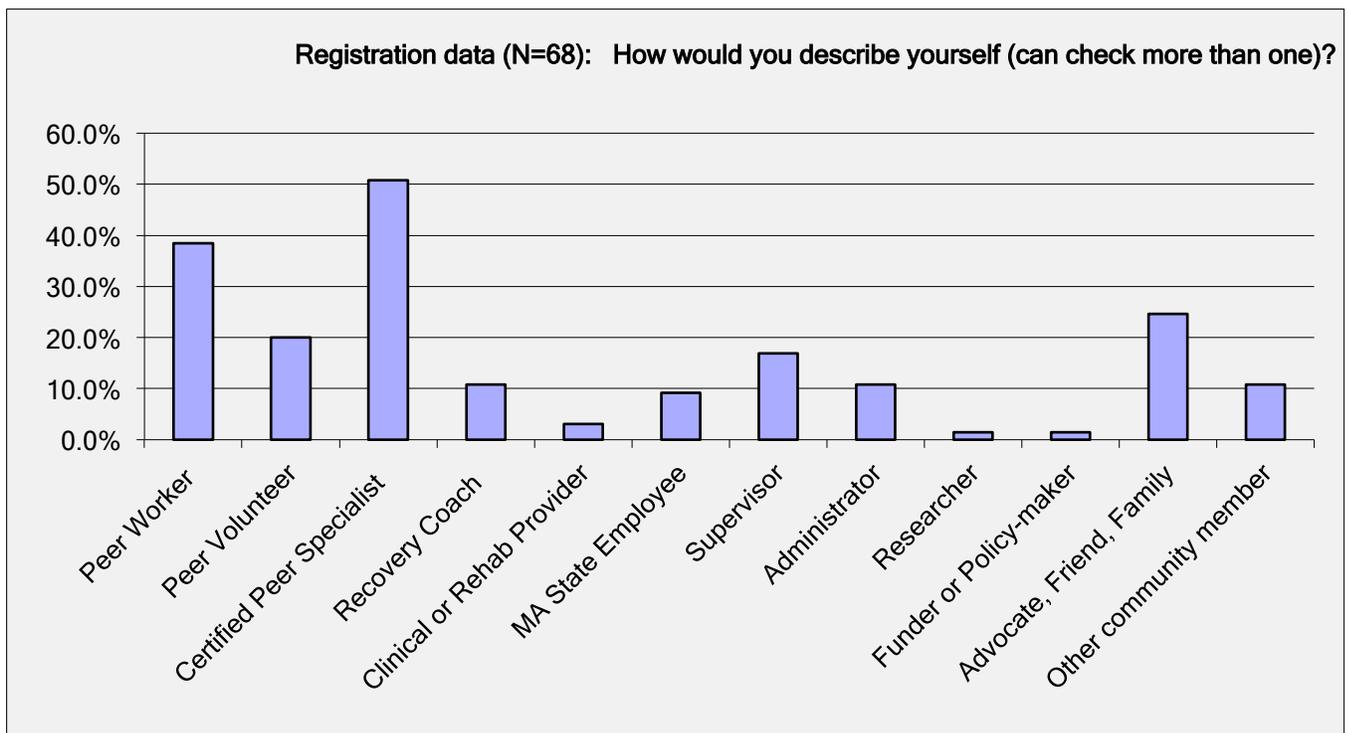


MetroBoston Community Voice Gathering
 March 31, 2016
 SEIU Hall, Dorchester

2016 Recruitment and Retention Report

Who Registered

68 people registered and 56 participants attended, including those from three different Peer Recovery Support Centers (peer-run addictions recovery centers) and a strong showing from the MBRLC.



People were invited to add “Details?” about their role and many did:

- Senior Attorney
- I frequent MSRLC
- Director of recovery learning center
- Working with CCA Members
- RLC and Peer Support Line worker
- Work with NAMI/GBCAN, trading to be a CPS. Any way to get a plain salad or veggies for lunch? (Special dietary needs)
- Life experiencer/mental illness, Depression
- I am a CBFS Outreach Worker, a Recovery Coordinator. I have my CPS and CPRP.

- I am the Community Resource Specialist/Volunteer Coordinator at the [Recovery Center].
- Hi, I am a semiretired Community Educator. I have been a Peer Volunteer at STEPProx for the past X months. I recently became a Recovery Coach. Formerly I was the Director of The X Center in Dorchester. I have been a HIV & STD Educator and a DV Prevention Advocate and Educator.
- I am a Peer Mentor for adolescent girls at X; an intensive residential treatment program at Taunton State Hospital in Taunton, MA.
- Peer Support Specialist
- Survivor of mental illness and presenter for NAMIs In Our Own Voice program
- I will be in the March, 2016 CPS training. I am a family advocate supporting my young adult family member who was recently diagnosed with Schizophrenia.
- Until I complete the CPS training and pass the certification test, I am a family advocate.
- Peer Bridger
- Substance Use Advocate, Peer Volunteer
- ATR Coordinator
- CPS working in an RLC and on a peer warm line.
- Currently volunteering at NAMI Mass Compass Helpline. Long-term goal: CPS certification and peer work.
- Work for an Independent Living Center as an Independent Living Peer Guide and Options Counselor, took the course with the Transformation Center to become a certified peer specialist and am studying to take the exam a second time
- I am a community member who successfully and radically transformed the Massachusetts Peer Support and Recovery Community well before the end of 2016.
- [Leader], NAMI GBCAN
- Teach at Center for Psych Rehab BU

How did you find out about the job?

- Online
- Clubhouse
- Friend
- Employment Specialist, N. Suffolk
- Job fair, DMH website
- RLC: volunteering led to paid role x2
- Attending 12-step program at meeting at RLC, then recruited x2
- From psychiatrist
- Through M-POWER x2
- Agency had the program & moved from clinical role to RSC director
- Therapist encouraged that she would be a good peer mentor

Why Apply?

- Better career
- Help others x3
- I'd be good at it
- Share skills
- Benefits

- Peer community
- Was unemployed
- Was able to share my story due to CPS training
- Excited about working in a new facility
- Wanted to be celebrated for experience & other staff to reach out to me to help their clients
- Giving hope where little or no hope exists in the person
- Wanted to change the system (mad at the system)
- Inspired by a person working as a CPS
- Looking specifically for peer supervision. Lose support w/ no peer supervisor

Why did you take the job?

- Supportive environment
- Money – for doing something you like
- Long time out of work
- Had CORI
- Schedule – part time appealing
- Liked the job description
- Worked in mental health for a long time
- Was volunteering and was invited x2

Appealing pay/ benefits?

- Yes – state workers
- Could stay on Disability and could improve others' lives
- This job allowed me to get off my benefits – felt like it was a good move
- The more socially useful, seems the less paid!
- What we do is a lot of work; for what we do it should be paid more; a lot of overtime as well
- Sometimes working pt and getting full benefits

Does it matter if other staff had worked with Peer Specialist before?

- Overlap with case management
- At first there was stigma
- Others didn't understand role
- Won't come to me with questions

- Language of the question: can be confusing. We need to watch the language we use because we're treating staff as other /labeling staff as other. We don't want them to do that to us so we shouldn't do that to them.
- Confusing – asking if does a person identify as a peer need to have previous experience with Peer Specialists
- In order to get trust from clinical people it took time & we had to work extra hard; now they respect us

If employer not understanding or person in recovery...

- Lowered expectations of Peer Specialists
- Not supporting me being a change agent

Hiring How get word out?

- Word-of-mouth x2
- Websites
- Email blasts
- Take volunteering seriously & provide opportunities to community members; but always post as well x2
- Check with other providers
- The Transformation Center website
- Facebook, Twitter

Hiring process has changed...

- Recruit – out to other agencies before, but now reach out to more allied communities or hiring/job fairs

Why volunteer?

- Give back
- Volunteer can bridge – Boston Resource Center, Opens me up TC training, Learn more about my voice, go out in the community make a difference
- Like the people I support
- Wouldn't leave the house if we didn't have this

What keeps from paid position?

- Schedule - # hrs (8/wk)
- Driver's license

- Training needed
- Need more opportunities for peer workers
- Loss of benefits
- Left terrified
- Taking the initial step is terrifying
- Motivation to go back to the workforce

Why stay at job?

- \$
- Like the work/PASSION
- Sense of purpose
- For own wellness x2
- Good at it
- Sometimes difficult but have support from supervisor (Peer Specialist herself)
- Reach out to communities. But, people may be diagnosed and isolated
- Wanted the RLC to succeed
- Doing work helped me x2
- Important to have something to go to every day x2

Why do peer workers leave?

- Lack of support from supervisors/mgmt../other staff
- \$\$
- Advancement – better job within peer support x7
- Stress of burnout
- (seldom) fired – not a good fit?
- Isolation – only peer on team
- Nature of job – turnover in clientele
- Lack of advancement and communication
- Relapse
- Job didn't allow for self-care – flexibility x2

What is needed for retention?

- Needed new skills to develop x6
- Supervisor should be a peer or supportive supervisor
- More peer specialists
- Benefits better

- Career ladder in peer support
- Role clarity x3
- Career ladder in peer support x3
- Peer movement can/should intervene & make sure peer services are required in new healthcare

Evaluation

All rated the overall quality of the Boston Community Voice Gathering as either “Excellent” or “Good”.

Comments about the Gathering or Specific Things You Valued

- Being in a peer-to-peer environment, very supportive & also very welcoming leaders
- I liked breaking into small groups--the discussion questions helped me participate more. The lunch was good. It was well organized
- As a state employee & observer, this was primarily a learning experience for me & very helpful
- The commitment of people with lived experience to give back
- Networking & Sharing experiences
- Important to get this community together to strengthen the voice & to ensure that people are current & able to bring the voice to their communities
- Appreciated both breakout groups--thinking together about recruitment & retention and how to support the continued development of the profession of peer specialists
- Really appreciated the discussion of very important legal advocacy in new proposed laws & importance of using our voices to challenge
- Great list generated for proposed 2017 conference
- Great gathering--very informative
- Hearing from others & what they're doing; networking
- Very exciting & high-energy to the point of being overwhelming
- Dedication to use microphones; yummy diabetic friendly food; lots of small group time to really connect with people; great variety of topics for breakout groups
- Great to bring everyone together from different areas to network & share ideas
- Ongoing education conference--helps us stay on cutting edge & see our profession as more valuable/place to learn & advance career
- nice; very informative & helpful. I valued the sensitivity & inclusion of the group
- Very interesting; liked the variation
- It was informative, empowering, inspiring & pleasant
- [Valued] the input of many diverse voices. Thinking strategically about how we'd like the peer support profession to progress
- In the comments on the gatherings, very helpful in my MH understanding of the topics that are in peer outreach & education
- Great gathering, thank you. Nice space, good people, good food.

- Great discussions, really good questions being asked, very good facilitators
- Informative--need more bridging between mental health community & substance abuse community
- Very professional & well run! Good discussions on a range of information. Great opportunity to meet other people in the recovery movement
- [Valued] Discussions of what people want & their experiences. I liked talking about what draws me to peer work/communities. Also talks about careers & legal concerns
- Great--very informative, inspiring & helpful about a movement I did not know existed until 2005
- Importance & value for all peers working or not--because we can band together & support each other
- Great group leaders; camaraderie of group
- Very good gathering; food was great!
- [Valued] 2017 conference--this conference is overdue; the discussion group
- I want to get the info compiled from small group work!
- Value of diverse audience & exchange of ideas; others' sharing of their information; brainstorming re: 2017 conference
- Good input; Mental Health & Substance Abuse issues that need to be addressed; being your own advocate; bridging the gap
- Very informative; [valued] connection with mental health & substance abuse--have a lot in common
- Good Gathering; We've met others that are passionate about coming together to discuss mental health & substance abuse; [valued] the acceptance of all pathways of recovery/lived experience

Specific things you would change

- More conscious of time
- Accreditation through community college certification & a professional organization to provide support for peer support
- More specific action items
- Share list of participants & contact info
- Sharing & explaining the history of the recovery & peer movement
- More time for group topics & socializing
- I was really confused & bothered by language of question, 'How does it matter whether 'the staff' has worked w/peer specialists or not?'--because it feels like we are labeling staff as the other. We as peers, would not want to be labeled as other so we need to ensure that we do not do that to other people. Personally I have received a huge positive impact & support from a supervisor who does NOT identify as living w/MH condition. Possible better question, 'What has your experience been like working w/colleagues who may or may not identify as living with a MH condition?'
- Maybe switch topic breakout groups to morning--make everyone feel included; have workforce discussion in late afternoon.
- Make it 2 days

- Video & more speakers
- Want more time in group gatherings. Also stay on time. Do not let peers have the floor all the time.
- Bring more speakers in elder volunteer peer-to-peer training; more speakers outside of the community that will not come at all. Make more of understanding what you mean & know of what you say about what you should share with others
- I would encourage more specific feedback re: job retention & benefits, what specifically about job structure, pay, accommodations, teamwork helps you stay (beyond the contributions we all make
- Invest in better microphones
- Provide CPS Training in closer venues as some us do not drive or cannot afford the RIDE
- invite more people--have a larger group
- Longer gathering
- Better directions & mics that work; more voice to substance abuse/addiction community--a little too CPS heavy
- More information in outreach--results--bringing in more people

Topics & Suggestions for Future CVG:

- More emphasis on cultural sensitivity & discriminatory effect of stigma of mental health
- Talk about the connection between substance abuse & mental health issues
- How to Get Into the Business
- Advocacy; working with non-peer specialists within the healthcare system
- Careers in Recovery Movement, beyond CPS- MSW/MS Mental Health Counseling; Grant Writing, Law, MBA? Forensic Peer Specialist
- Legal implications of policies, who to contact in State/Federal govt.
- Increasing Peer Education; Services; Awareness of the Movement
- Difference between recovery coach & CPS
- Bring Addiction & Mental Health Recovery support workers together
- Reaching certain groups that haven't been recognized
- Cultural Competence
- Supervision of Peer leaders