Providing Peer Support in a Rural Environment

Jim Hajny
Montana Peer Network
• Statewide 501c3 non-profit recovery organization
• Leading the Recovery Movement in Montana since 2011
• Mission is to lead the expansion and development of recovery oriented behavioral health services in Montana
• More than 1200+ members

www.mtpeernetwork.org
• Resident experts for peer support services (10 years experience)
• Contract with the state for training, consultation, and TA around peer support services; developed a toolkit
• Facilitate Peer Support Certification training 4 times a year; Continuing Education courses
• Pilot innovative Peer Support Programs
Montana

- 1 million people (43\textsuperscript{rd})
- 255 miles x 630 miles (4\textsuperscript{th})
- 4 urban areas
  - Billings
    - Largest city – 109,000
  - Bozeman
  - Missoula
  - Great Falls
Montana

- 45 of 56 counties qualify as rural or frontier
- We have members in 78 unique communities
- Large spaces with few people
Behavioral Health Peer Support Specialist

- Peer support task force 2012-2015
- Certification went into effect October 1, 2017
- First certified BHPSS September 2018
- Peer Support becomes Medicaid billable July 1, 2019
- Peer Support groups become billable for SUD October 1, 2019
Behavioral Health Peer Support Specialist

- 92 employed cBHPSS
- Working in 25 communities
- 51 provider agencies
- Predominantly MHC and SUD
- FQHC, primary care and criminal justice are rapidly coming on board
- Don’t have peer support services for youth and families
Challenges

• **Distance**: transportation
• **Stigma**: cowboy culture of pull yourself up by the bootstraps; resistance to recovery
• **Small communities**: small audience; Native American reservations
Native American Reservations

- Montana has 8 reservations
- Provide certification training on reservations through Tribal Colleges
- Support the development of culturally appropriate peer support trainings
- Blackfeet and Crow have adapted our PS 101 training
- Chippewa/Cree and Northern Cheyenne have developed their own
Challenges

• Technology fluency
• **Funding:** city = people = $$
• **Workforce development:** recruiting, training
Solutions

• Outreach coordinator
• Brochures and literature
• E-newsletter
• Social media
• Ongoing in-person trainings & presentations
• Webinars
• Seats on Councils & Boards
Solutions, cont.

- Always reflect recovery and peer support in a positive light
- Think long term: strategic planning, data collection
- Build partnerships
- Demonstrate effectiveness of Peer Support Services
Recovery Coach Outreach Pilot Project

- Townsend, MT (pop. 2,045)
- Implement community-based peer support (1)
- Fully funded for 12 months
- Provide Peer Support free of charge
- Collect data for performance outcomes
- Build partnerships
- Limited resources
- Find long-term home for the program
Recovery Coach Outreach Pilot Project

- This prevention program aims to provide community-based peer support in rural community that has very few resources.
- 8 dimensions of wellness.
- Referrals come from – law enforcement, Health Center, one counselor, flyers.
- Community MH awareness walk and MH film – 200 attendees.
- Commission has agreed to hire peer supporter.
Recovery Coach Outreach Pilot Project

- Gallatin County, MT (pop. 100,334)
- 2014-2017
- Implement community-based peer support (2)
- Fully funded for 19 months
- Provide Peer Support free of charge
- Collect data for performance outcomes
- Build partnerships – Sheriffs office (DC, PR, PD)
- Demonstrate effectiveness of peer support in crisis response
Recovery Coach Outreach Pilot Project

- This prevention program aims to divert individuals from high cost intensive or repetitive services and engage them in recovery
- 12-month period 2016-2017
- $5 to $1 cost savings per year
- Effectively demonstrated peer support could be effective in the community – led directly to a $1 million peer support grant
Q & A
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