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### Additional Priorities for Peer Services Brief

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# Additional Priorities for Peer Services

## Introduction

While the focus of the Southern Oregon Peer Workforce project was on opportunities for organizations and regional partners to strengthen the *peer workforce infrastructure* – that is the trainings, supervision, and professional development opportunities to support current and future peers in their roles – two other important priorities and challenges related to peer programs and outcomes emerged: **Culturally & Linguistically Responsive Peer Services and Collaboration & Coordination**. While somewhat distinct from the other topics specific to preparing and supporting peers in their role, peers and supervisors underscored the importance of addressing these issues to improve peer services & client outcomes in Southern Oregon.

## Culturally & Linguistically Responsive Peer Services

Perhaps the most urgent challenge to address is the need for more culturally & linguistically responsive peer services in the region.

**Most organizations acknowledged that the current peer workforce is less diverse than their clients and that the current behavioral health and recovery service array in Southern Oregon is inadequate for BIPOC communities, Trans individuals, and clients with disabilities.** While we heard powerful testimonies about the urgent need for attention to this topic, the combination of our own positionality as white cis-women and limited participation from BIPOC peers and peer supervisors in this project overall constrained our ability to generate adequate recommendations for organizations and the region.

When asked how peer programs were set up to support Black, Latinx, Native American, LGBTQIAS+, Asian, Pacific Islander clients, most supervisors initially responded to the specific challenges meeting clients' language needs. Many referenced **interpretive services** as one strategy to bridge the gap between the current workforce and language needs of clients. However, accessing interpretative services isn't always easy. In one scenario, an organization didn't realize that their interpretative services contractor did not have an ASL interpreter on staff until they had an ASL client require urgent services. Despite most supervisors referencing access to interpretive services, several peers described situations with non-fluent English-speaking clients where they relied on co-workers or Google Translate to effectively communicate with their clients.

## Southern Oregon Peer Workforce Project Background

In 2022 the Center for Outcomes Research & Education (CORE) collaborated with interested parties in Southern Oregon (So. OR) on a project to develop collaborative recommendations to strengthen the peer workforce. The project aims to cultivate and support:

- Shared learning across peer programs
- Increased ability to advocate for funding and workforce improvements
- Strengthened capacity to evaluate what is working within and across peer programs

**Project activities** included:

- An initial evidence and data review
- Interviews and focus groups with peers and peer supervisors from a total of 14 agencies
- Consultation with peers, supervisors, and other BH/SUD leaders in So. OR

This brief on **Additional Priorities for Peer Services** is one of several products from this project. The others are linked below and include:

1. An [Evidence Review](#) about the impact of peer programs and services.
2. A full [Project Report](#) and three additional briefs highlighting promising practices related to [Training & Certification](#), [Supervision & Support](#), and [Professional Development & Career Pathways](#).
3. A [PowerPoint presentation](#) highlighting information from the project.

*“Southern Oregon has a huge Hispanic population. We don't have any mentors currently that are bilingual. I've been able to work with one dad who was undocumented. He spoke broken English, and I was able to work with him....if he didn't speak any English, there would've been a huge gap there and a big barrier. I was trying to learn with Google Translate a little bit. I was asking my phone, ‘Say this.’ We need more representation for our Hispanic community” —Peer Employee*

There was broad consensus that providing peer services in a client’s native language was much better than relying on interpretive services. Many supervisors that we spoke to described how **challenging it is to hire Spanish-speaking peers** in the region and a sense that “we do the best we can.” Fifty percent of employers that we spoke to reported zero Spanish-speaking peers on staff at the time of the interviews. Of the

**50%** of peer employers reported no Spanish-speaking peers on staff.

50% that did have at least one Spanish-speaking peer, many of them still had gaps within specific programs.

Organizations described having to “stretch” to provide linguistically responsive services, for example assigning a Spanish-speaking case manager to provide services typically provided by peers or having a bilingual peer whose job is to work with moms also work with dads because they haven’t been successful in hiring a male bilingual peer.

*“We had one Spanish speaking client and the way we supported her was to have a little tablet, and there’s a person that does the translating in that moment, but we found that there was sound issues because the sound echoes and clients are talking out of order.... I know that in the end, her experience was that she felt disconnected from the other women in the house because they spoke English and there was not someone that she was able to get in community with... so it was most definitely a barrier”—Peer Supervisor*

This project did not collect any data about client demographics from organizations that participated, but there is strong evidence that gaps in workforce diversity have major implications for both access and the experience of services. In their 2021 report on behavioral health in Oregon, the Coalition of Communities of Color highlighted much lower rates of behavioral health utilization among Black, Indigenous, and people of color and attributed much of this gap to the dearth of multicultural and multilingual providers and hesitation among BIPOC individuals to seek care based on previous experiences of racism, discrimination, and cultural insensitivity.<sup>1</sup>

*“I feel like the reason that we don’t reach that Spanish as first language population is because we offer everything in English and then they have to try and fit in.”—Peer Supervisor*

Some peers and supervisors suggested that the region needed more peer programs led by and developed by specific communities or using **culturally specific models**. While language is an obvious barrier, culturally responsive services require going beyond providing interpretation or even having Spanish-speaking peers. Culturally specific models are based on the same premise as the peer model itself- that shared life experiences and the knowledge and perspective gained from that experience provides a powerful type of support that dominant culture clinical models cannot replicate. Culturally specific models do not just translate dominant culture models into different languages but are designed with a particular community in mind.

During the project there was only one mention of a culturally-specific peer program – a recently launched Latinx Café run by Reclaiming Lives Recovery Cafe and supported by AllCare CCO. Several supervisors shared their belief that the experience of recovery is the strongest common denominator and that they are “welcoming to everyone.” There were many organizations that reported having peers on staff that identify as LGBTQIA+ and a growing acknowledgement of the specific barriers and challenges that LGBTQIA+ and Trans clients have identifying supports and services that feel safe and affirming. Almost all organizations reported some type of required diversity or cultural training requirements for staff, although there was a wide range of frequency and types of trainings

*“I’m going to be blunt, but you have white folks making decisions for Latino folks, and they have no idea how our community works. If you have Native Americans, you need to have your people in charge, people that are Native Americans to implement those programs.” -Peer Employee*

<sup>1</sup> Coalition of Communities of Color. Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon. 2021. Accessed August 26, 2022. <https://www.coalitioncommunitiescolor.org/2021-bh-report>

offered. The importance of having, not just a diverse peer workforce, but diversity throughout the agency, particularly in leadership, was another theme that emerged, especially from participating peers.

### BRIGHT SPOTS for Culturally & Linguistically Responsive Services

- **Reclaiming Lives Recovery Cafe** recently launched a culturally specific Latinx Café with support from AllCare CCO. They also have a LGBTQIA+ circle.
- **Kairos** hosts consistent DEI trainings/conversations/forums for their entire agency and is working on embedding the learnings into everyday practice. Twice a month, staff come together to learn and engage with each other on different topics at the staff “Empower Hour”, and supervisors are working on integrating these learnings into their supervision practice and reflection and within their conception of trauma-informed care.

### Collaboration & Coordination

Organizations that described strong collaborations with other partners and services underscored how important this was to their ability to effectively address the needs of their clients. Some organizations spoke to the impact of co-locating services, inter-agency training opportunities, and the recent Peer Community of Practice for supporting peers to connect with and build relationships with other organizations.

*“I think a lot of our Magic is built on building collaboration and making it as easy as possible to navigate all these different systems.” – Peer Supervisor*

Peers and supervisors both expressed a need for increased understanding of the current array of services and resources available for their clients, acknowledging that stronger connections between service providers help support referrals and care coordination between multiple organizations who may be serving the same clients. Peers described that the work that they do researching and verifying available resources and referrals for clients takes up a large share of their time but that doesn’t seem to “count” as productivity because it is not necessarily face to face time with clients or billable. Peers shared examples about how lack of communication and coordination sometimes has led to duplication of efforts or resources (for example, two peers at two different organizations unknowingly add the same client’s name to the same housing waitlists.)

*“Some of these Zoom meetings, there’s so many of them - different committees to be a part of and things like that. Sometimes I have the time and sometimes I don’t, but they’re these ‘agenda meetings’ and they’re not actually about building relationships across community resources. I think that’s super crucial for me to be providing the best care I possibly can to my clients. To know what the heck [X Organization] is so that I can properly refer them there or not refer them there, depending on what is going on. It’s a lot of stuff to do without having that already built in” – Peer Employee*

Furthermore, the COVID-19 pandemic has impacted peer organizations’ ability to effectively collaborate and coordinate. Over the past few years, many resources and organizations have shifted in the region, and some have

### BRIGHT SPOTS for Collaboration and Coordination

- **Oasis Center of the Rogue Valley** subleases part of its building to other organizations who offer complimentary services. They are currently working to open a childcare program in 2023.
- **The Addictions Recovery Center (ARC)** has strong collaborations with Medford Livability Team and the Community Homeless Outreach Project. They also have regular meetings with law enforcement agencies and coordinate planned releases from jail so that ARC staff can connect with folks as they are released.
- The monthly **Peer Community of Practice** is facilitated by THW Liaisons from AllCare and Jackson Care Connect, and a peer from Oasis and provides monthly opportunities for peers from across the region to gather, network, and learn together.

closed down entirely, creating new barriers to collaboration and coordination for peers. However, as of July 2022, many peer organizations were beginning to get together in person again for in-person trainings, resource fairs, etc. Peers described how much they had missed this type of connection and how excited they were for these in-person opportunities. To boost collaboration with other peer organizations, one supervisor noted that the Chamber of Commerce’s “Meet & Greet” event for businesses could be replicated for the Recovery community.

## Next Steps: A Call to Action

This brief doesn't craft specific recommendations for either of these two priorities because we weren't able to properly explore and vet recommendations with focus group participants, the Peer Community of Practice, and other leaders in the recovery and mental health sector. However, we have included our initial findings here to highlight the need for action to address these challenges for successful peer services and outcomes. Without parallel and timely investments to improve culturally and linguistically responsive peer services in the region, efforts to advance the peer workforce will fail to be supportive for all communities in Southern Oregon. Some of the coordination challenges that were discussed during the project may be improving with the return to in person services and meetings. However, the current and anticipated growth of peer services in the region, (and the corresponding increase of clients receiving services from multiple organizations,) necessitates more sophisticated resource, referral, and partner coordination.

Next steps should include:

- 1) Convening key partners, peers and peer services to focus on these two issues specifically.
  - To address *culturally and linguistically responsive services*, conveners should first identify community-centered care networks already in existence to increase access to culturally and linguistically specific care. Secondly, leaders and organizations that serve and/or are led by BIPOC, Trans, and Disability communities should be included and consulted.<sup>1</sup>
- 2) Identify and prioritize short and mid-term strategies to advance both improved collaboration and culturally and linguistically responsive peer services both at the organizational and regional levels.
- 3) Funders and partners should engage in these efforts to explore how they can best incentivize, support, and resource these critical efforts.

*“I really love the idea of really incorporating people that have an understanding of the culture and the language. Because it's not just a language barrier. It's also understanding the culture. I think those two pieces are really important when it comes to having staff that can open the doors and provide service to someone.” -Peer Supervisor*

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<sup>1</sup> Coalition of Communities of Color. Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon. 2021. Accessed August 26, 2022. <https://www.coalitioncommunitiescolor.org/2021-bh-report>