Ask Me Anything About Employment - Influencing State Policy Regarding Peer Support with Noah Abdenour

This call is being recorded.

Lyn Legere:

All right. I'd rather know at this point. Oh, so just start the recording pause focuses on the recovery practice of psychiatric rehabilitation. Uh, we've been doing this work for about 40, 45 years now. And, um, we focus a lot on employment. That's one of the key areas that we look at. And so, they ask me anything series is a way to look at different pieces of employment for people with mental health challenges. And today I'm thrilled that we're going to be talking about the peer workforce, um, because that addresses both employment for people with psychiatric challenges and, um, bringing the message to other people, uh, that they can work as well. So, it's sort of a double win-win. When we talk about the peer workforce, one of the things that those of us who have worked in this field have struggled with for many years is how do we do good advocacy at the state level? Because if state level regs aren't in place to support a vibrant and thriving workforce, then it doesn't happen. Uh, so I'm thrilled that today we have as, uh, our guest, Noah Abdenour. Uh, Noah and I have known each other for many years, and he's currently the director of whatever you guys call the Department of Mental Health Recovery. I just can't keep up with all the changing names. But in that role, Noah has been able to be very innovative in really bringing remarkably workforce regulations into their Medicaid definitions and so forth. So, I thought he would be a fabulous, um, panelist for our, asks me anything. Uh, just a reminder that Noah is not here to present, um, the Ask Me Anything series is the opportunity for you all to ask Noah questions that you brought with you, hopefully, um, and it can be anything in this general arena, uh, about Noah's work. I'll let him introduce and talk a little bit about his work first. But, um, then we're going to absolutely invite you in to ask questions, and we hope that you'll ask many and ask often. Um, so with that, let me, uh, kindly turn this over to Mr. Noah.

Noah Abdenour:

Good morning, Lynn. Good evening. Um, yeah, so, um, the words we use here for my position, I'm the Director of Peer Support and recovery, um, for Texas Health and Human Services Commission, HHSC. Um, and do you think it'd be helpful to just do like a little background on.

Lyn Legere:

That'd be great.

Noah Abdenour:

Okay. So, um, I think the way, the way that I got into this work initially, I think it a quick way of just kind of describing, um, the creation of our area is to talk about my own path, um, to getting to this job. Um, I had, first and foremost my, my qualifying lived experience went on for about a decade and my twenties. Uh, so I had like, stuff not going well. Um, ultimately, I got those messages from providers that like, you know, I wasn't, I needed to not stress myself out with a full-time job that probably wasn't something in my future. And, um, to probably not live outside of an unsupervised setting. I really internalized those messages of not being able to, um, you know, participate in the world. And, um, for me it was just out of desperation and, um, kind of looming homelessness, things just not going well. Um, I, I had searched, I was like, where is the pill or the therapy that is going to fix me? And when I couldn't find, when there wasn't a pill that would fix it, um, I felt that I had failed myself. And so, um, you know, a couple of hospitalizations and, um, just like everything kind of crashing on top of me, um, led me to this place where I had to start really digging deep. And I know Lynn taught me a long time ago about dissatisfaction as an avenue to change. And, um, the life that I was living was no life at all. It was, it was very mostly lonely and boring was the two things. Chain smoking cigarettes and watching daytime television. Um, and really seeing no path out of that like led me to a place where, um, I just didn't see things getting better. So, you know, trying to make some decisions under how to remedy that, that involved a lot of substance abuse. And, um, just kind of cutting some corners didn't help and ended me up in hospitals. And it was my last hospitalization, um, where I was, I was there for an extended amount of time. Um, that's where I was like, I'm, I'm at a point where I will try anything to move forward. Um, and so that's where I started making proactive steps in my life. Um, at first, I thought it was out of sheer terror, um, and just to, to keep a roof over my head. Um, but then that led me, um, to like, just diligently working on myself, ultimately finding a support group. Um, cuz I, I didn't want to be isolated. I'd gotten this label of, uh, uh, the borderline personality label, which led me to D B T Dialectical Behavioral Therapy. And I got, I, I didn't have any money, so it was like a, a new intern kind of person that was, I think she was in an idealistic place. I was working hard on myself. Um, and it just kind of lined up. I always describe my own recovery story as like, you know, I was blindfolded in the dark, walking on a, on a tightrope. And I think through a combination of, you know, privilege and working hard and, uh, a lot of luck <laugh>, like I was able to land my foot in the right spot cuz they're at the, in the beginning recovery or whatever we call this, it, it can be so fragile. Um, and so, you know, ultimately, I found a group, it was the first mutual aid support group that I found was a depression bipolar support alliance group, um, that met at a psych hospital where I'd been hospitalized. And that was the first time I found some people that were, you know, started asking some questions. They were like, wait, how many medicines are you on? Um, and then, you know, just kind of, I was like, wait, this could be, this could be somebody else's fault. I was like, right on. You know, like, um, and, and so that was when I really started to, to move forward was when I was able to change my, my doctor to a new person and then went from like 15 medicines to less medicines, wait, like way less medicines got like a, a re-baseline. But suddenly, like the world started to open, I started to be able to have friends again. And, you know, like, um, I think like started to see possibility and, and have like emotions. And I remember for a little bit being, uh, a bit in terror cuz I was like, I was sure I was manic. I was like, I'm experiencing mania. And I'd go to my therapist and like, you know, I'm sleeping X number of hours I'm eating, but like, um, you know, I, I feel like this has got to be mania. And I remember her saying like, Noah, I think you might be happy. Um, and it was just like, it'd been so long since anything positive had gone on that I didn't know how to experience a positive emotion without slapping a, uh, a label on it, you know? And so, I, I pathologized myself, but so that was the path where I like, kind of looked around. I had my $700 a month, um, in, in S D I money. Uh, but then it was like, you know, being elated to have my life back only lasted so long. And then it was like, okay, well what am I going to do? And so that's how I, I put in an application at a place where I'd been hospitalized. I got denied immediately as a former patient. Um, and I had another application in, at the state hospital in Austin. Um, and so I downplayed, I was like, I know, I, I put that whole essay, um, about my lived experience, please disregard. Um, and the volunteer coordinator there, uh, she's a, you know, old southern drawl. She's like, sweetheart, we got a program just for folks like you. And it was, it was, you know, Austin State Hospital was running a pilot at that time. Uh, a peer support program that they were, um, you know, getting going. So I went, I'd never heard of peer support. I'd never heard of, uh, the concept of recovery in mental health. I, I thought that was some addiction word or whatever, you know. Um, it was 12 step or aa, that's what recovery was. So, I had this long conversation with, uh, the coordinator, Sarah Martinez, who I know, uh, Lynn worked with both of us a lot, um, and told her all the things I'd never want a perspective employer to know about my, you know, the, the, the, the substance use history, the hospitalizations, the struggle, the isolation. But more than the negative part. I also was able to articulate that path forward. Like what was, what were the things that helped me, um, to be able to move past those very debilitating labels that I'd, um, you know, gotten from others, but worse of all put on myself, you know? Um, so when I started to learn about the history of what peer support was, I'm volunteering at this hospital, I'd never heard of this being a job. Um, like first, it was like, if people think the state hospital, it's not the easiest place to work. But man, being somebody that only worked in restaurants like predictable schedule, you know, I have recourse if my boss yells at me like, you know, like, this was, it seemed like heaven, you know? Um, and so like, I, I, and I just, I love the work. I loved the different people that I got to meet and the stories that I would hear, and I loved, like, I'm always somebody that's questioned authority and like, kind of pushed back. And it always got me in trouble, <laugh>. And that was like my job as a peer specialist, you know, was to, to not just take the system's word for it to like really to dig in deeper and to, to challenge status quo. Um, and I just remember a position finally opened. It was a hard decision for me to make, whether to, um, apply for that position or not. I had family members and providers that were like, you're going to put your benefits at risk. Um, but I needed, I, it was one of those things I remember late at night thinking, if I don't apply for this position, I'm going to regret it forever, you know? So, I went ahead and applied for that position. Um, I thought for sure one of the other people was going to get it. And I ended up getting, getting that, uh, position. So, um, that was like my own like process of like growing as a person. Um, just kind of in parallel with like, this is very early on in the peer support, um, you know, its evolution here in Texas. So, I kind of came along, um, when things were just getting going. We, we had a certification kind of like it was something designated by the agency. We had some definitions of these practices, but it was still very early on in Texas. So, um, over the next several years at the state hospital, I was able to move into a leadership position, began to get some amazing consultation from, uh, folks like Lynn. I think, you know, moving into that supervisor PO position, understanding that being a supervisor was not being a peer specialist, like I had that background. But that's a different role understanding. I think one of the key things that I still talk about all the time and learn from Lynn was, you know, the difference between, uh, performance and wellness. Those are, those are very separate conversations, um, that we can be held as peer specialists to, uh, a high bar of excellence, high expectations professionally, and then in a separate conversation, support each other's wellness and have, um, you know, inherently supportive work environments. But we don't have to treat peer specialists with kid gloves. And, you know, kind of just what is it? Beware the bigotry of low expectations. And, and I've just seen peer specialists as supervisors, like we hold each other to that bar, and that's important. So, you know, I got to a point where I then switched from working at the state hospital to becoming the director of a program, um, in the community, uh, blue Bonnet Trails, which covers, uh, eight central Texas counties, a public behavioral health provider. I was the director of their peer program. And right around that same time, I'm also going around the state. Uh, Lynn was also one of the first mentors who brought me along, I know down to San Antonio. Um, I got to see her presenting. Um, she gave me little three minutes to talk and like, I remember how nervous I was. Um, but then started to go around and talk about how you build these peer support programs, what recovery-oriented care or person-centered care is. Um, and we would, we would kind of run into these barriers where, you know, we talk about how you're, how to define lived experience, how, how to hire, how to supervise, what the service was. And we had a lot of folks out there with that would, you know, kind of be like, oh, that's cute that you're coming out here, um, and we're going to just go along and do whatever we want, you know? Um, and we were seeing more, uh, more people even starting to say, well, lived experience, maybe you don't have to have lived experience, you know, so, so people started to define peer support and deliver the service kind of however they wanted. And there was, we all have lived experience. Oh, well that's also true, right? We all, I'm living, I'm experiencing life right now. Yeah. Yeah. And so that was really the big impetus.I know that like, we still kind of look at Medicaid. It's a very imperfect thing. It's kind of, there's inherent conflict that exists around, uh, how medical and clinical it must be. And peer support is a nonclinical service and other pieces. But the thing that we saw with the Medicaid piece was that we saw that as a vehicle to defining what, what is eligibility to get into this profession? What is the scope of practice? You know, defining just different aspects that I think there was disagreement and there were folks that felt they had the authority to define it over us. Um, so there began to be like a policy effort. And there's a foundation here in Texas that I had been working with the Hog Foundation, um, that they had some policy positions. Through some consultation, they decided to fund peer policy, uh, fellowships. So, we had peer specialists in these policy fellow positions, um, that were able to dedicate time. And I think, you know, there had been a bill in the past, um, that was filed, but it did not pass. There was, uh, opposition from the counseling association. They saw, they, they saw us as a threat, uh, to kind of compete for business with them. So, over the next Texas meets every two years. So, over the next two years, we really started to build, uh, a more formal consensus among the peer specialists on how to move forward. This is the mental health and substance use worlds. Um, and then get broad support from like different advocacy groups. Um, so the next, uh, session, this is in 2017, we really showed up United Organized. We had like, you know, the agency here was on board with everything, and they were pushing internally. And we had, you know, all these different foundations and the nurses’ associations, social work folks, the, uh, like NAMI and like all, all the mental health players were, were lined up. And then I think most importantly, we showed up, uh, the peer support folks showed up United as well. We were holding weekly calls cuz we, we feel passionately about stuff, right? So, we, we created a venue to disagree about,

Lyn Legere:

Like, no, you were in the current role, right? No. So, oh, okay. I'm sorry, go ahead.

Noah Abdenour:

No, no, no, no. I was still in the community at this time. And so once, once we got the, like that, that coalition was really important to getting the bill passed because we would show up and not disagree with each other in public. We had a forum to disagree with each other. And I think that was a key to getting the bill passed. So once the bill passed, we had created a work group.

Lyn Legere:

Can you describe the bill? Not in detail, but just let people know the bill you're speaking of.

Noah Abdenour:

Yeah. So, this, the, the bill number was House Bill 1486 in the 85th legislative session, uh, for, for Texas Chairman for Price was the author of that. So, um, one of the strategies is we, we, we got a Republican, uh, uh, what is it? A, a republican legislator to be the sponsor, which in our state is very important, a co-sponsor in the Senate that was also a Republican and the chair of the committee that it would go to. So, we had, we, we had it all lined up, but the bill was, um, to create a peer, a Medicaid benefit or Medicaid peer services benefit. And then within that it meant describing the scope of practice, the eligibility to become a peer specialist, the eligibility to receive the service, the supervision, the certification. So, it was like to codify all these elements of what it meant to be eligible, then to become, and then to practice as a peer specialist. Um, so that was, that was the bill. And we would codify that into the state. They call it, uh, the Texas Administrative Code. So that's into the state plan. Um, and that's like the, the law that governs all all-things health and human services. Ok. Um, yeah. So, we, we assigned in the bill a work group that was comprised of peer specialists, trainers, organizations that employed, you know, all sorts of folks to work with the agency, um, to define all these pieces. Um, I was fortunate enough to be selected as the chairperson of that committee, which, um, you know, like is very different than what, like a different role than, like, I had thought I'd be on the committee. And so, I had this like, list of things I wanted to focus on. But as the chairperson, the role was to like elicit feedback from the group to make sure that like we were, you know, considering every voice and like moving forward in a diligent way. And, uh, so it was just a very different role than I had anticipated. Um, but we, we had some very big wins in that we were able to, one, make sure that peer support, you had to have lived experience. That was the number one thing that we had on our list. Number two was to define lived experience, not just as a diagnosis. Um, but as we, we defined it, I, I don't know whose words this WA was, but it was, it's a significant life disruption that means, you know, hospitalization, incarceration, homeless like that. You, you were living your life and then it was disrupted. And then more important than the disruption is you're able to articulate that path to where you are regaining control of your life. And now living in a way, um, that's not completely inhibited anymore, you know? Um, so we have that as the definition of lived experience. And then the other big win is there, we created what I call an experiential path to becoming a Medicaid supervisor. So that means a peer specialist in Texas, if they have four years at with a certification, um, they're able to be credentialed as a supervisor under the Medicaid benefit, which that was something else that was kind of like a bit pie in the sky, but we were able to get that.

Lyn Legere:

Huge win, huge wins for the field. Yeah. And, and I don't know about for folks listening. Yeah. But I, I know in my experience and some other states, what Noah and the peer community in Texas was able to create is remarkable. The standards, the definitions, the ability to pass on to supervision, all of that is so exceptional. And so, um, Noah, let me post a question to you. Yeah. One people, uh, who, uh, sadly has led in a minute. So let me, uh, give you this. Um, what are the most innovative things you are seeing in Texas as it relates to the beer workforce?

Noah Abdenour:

Um, that's a great question. Um, I think I mentioned the, I think one of the things that we lack in this field, um, is like moving into like leadership opportunities. I think one of the challenges that we have is so many of our grants in, um, you know, they, they, they fund direct services, but they're not, Lynn, I've heard you call it, they're not creating peer infrastructure. So like

Lyn Legere:

Right. Give you dollars a dollar for your deliverable. Yes. You, you 17 wrap classes and priced out how much it'll cost you to do that, and that's what we'll pay you.

Noah Abdenour:

Yes. I think.

Lyn Legere:

The money goes to the entity above pay all the overhead.

Noah Abdenour:

Often these, these, uh, funds reside inside of universities. It's often, uh, you know, clinical folks who may have lived experience that are administering 'em. And so that's one of, I, I, I think one of our biggest challenges is how do you cultivate people to have true career ladders and then, you know, move us pe peer specialists, not just people with lived experience, but peer specialists into more leadership into different kinds of roles, you know, moving into research or, you know, other kind of administrative type roles that have so much impact on this. And so, you know, in Texas, I see a couple of things that we're doing. Um, one is that hog foundation, they have a policy fellowship. And so that, that had existed for several years, uh, on a profession like a, an academic track where it was postgraduate students that would get into these fellowship positions that were funded inside of organizations that were doing mental health policy. And, uh, you know, my team at the state hospital was involved in trying to humanize some of these, the conversations that were being had. Um, and then ultimately the hog foundation saw so much value in having peer specialists in the room that they decided to double the size of the cohort from four to eight individuals and to have four of the people be what they call peer policy fellows. And what that meant was they were, they were full fellows in every single way. It was just that their path was a lived experience path into those roles. And so, you know, they have, um, we're on our fourth cohort right now, and that's been a path for people to, to get into the, an agency like H S C. We have several, uh, former policy and, you know, both peer and academic fellows that work inside of the agency, but also moving for more formally into like the legislative arena. And then, you know, people going for grants and service delivery and starting their own organizations. Um, so, you know, I think that's one of the most innovative things we have going here.

Lyn Legere:

Yeah, I know. I love it. You guys are doing all the different pockets of leadership development and building that capacity. Cause so often in clear run agencies, people are attracted to go work there because of the peer support and the skills for peer support and the skills for management are exceptionally different. And yes. So, uh, to learn some of

Noah Abdenour:

The same with the business portion. Yeah. Like we're, we're, we're passionate. We don't necessarily get into the work because we have MBAs, you know? Right.

Lyn Legere:

That's right. Yeah. So, a related, uh, question here. Um, how do people with lived experience fit in the state and federal government? And how can local people inform what is happening? And I assume by that, inform those of you in state federal government, what's happening? Yeah.

Noah Abdenour:

Well, I think first, like the first thing I learned moving into more of these policy areas is how accessible they really are in a literal sense. Even though from a perceptively, they say they seem, and their access is, it, it seems inaccessible <laugh> like that, that you can, like, there's always a public hearing or there's public comment. There are formal ways for us as just citizens to have input into either age public agencies or in like the, the legislative process itself that you can walk into your legislator's office and it, like the doors open. And, you know, I think some of these things, um, it's, it's very difficult to figure out what those processes are. So, you know, I think one of the, the first things would be to really go and understand where those access points are. It's almost like you need a Rosetta Stone kind of thing. Like somebody to decode some of these paths. Um, I think our skill skills as peer specialists make us uniquely qualified to build relationship with people. And so, I think it's like trying to find people that are doing this whate whatever kind, like whether if it's local, like, you know, who's going down to the city council meetings, you know, using your kind of peer support relationship building skills, really to have somebody else peer support you through some of these processes. Cuz that's honestly how I did it, was finding people that were doing it and became friends with them and they guided me through, and I stumbled and bumped into walls and furniture. But, um, and I know how some here organizations are doing things about how to understand the legislative process or how, how does government work, you know, to deify government processes so that people can feel more confident taking those steps. So, and for me, I'm an experiential learner. Like I could read books or look at slides till I'm blue in the face. I'm not going to understand it until I walk around in the shoes. Yeah. So, Absolut, that was for me the best way was finding other people doing it. Yep. Um, you know, find points of common interest or whatever, help them out a little bit and just kind of like walk around and understand it that way. Yeah.

Lyn Legere:

Um, let me go to another question for you. Um, hi Noah. Thank you for sharing your story. I'm curious if the bill you mentioned was the first-time peer support was considered a billable service under Medicaid, how long do you think the process took to incorporate peer support into Medicaid?

Noah Abdenour:

Okay, so, uh, that's a good question. Um, it depends on <laugh>, it depends on how you define it, right? Like, so technically peer services, there was a letter from C M s, what is that? The Center for Medicaid services there, they sent out a guidance letter to states in 2007 that guided them that peer services, first, it was, we were declared an evidence-based practice. Um, so that was the first thing. Like we, we were declared by c m s, like that there's nothing more official than that. I urge you all to point back to that. If anybody ever asks about the evidence, we've been declared evidence-based practice, right? So first was that second being gave guidance to states, um, and encourage them to allow for, uh, billing under psychosocial rehabilitation. Um, so

Lyn Legere:

The one thing, one thing before you, Noah, is that every state must do its own process. Yeah. So, this is not a national thing. This is each state decides how to do it. Yes.

Noah Abdenour:

Federalism, right? Like the wonderful principle of federalism. So yeah, like Texas had defined that peer specialists were, were eligible to bill under an existing provider and service type. Um, so they could do skills training and psychosocial rehab. Um, but there were some challenges around that where like, it was relegated to cer like a limited number of, uh, provider types could bill. So only our public behavioral health centers in Texas. That was the only place that that peer specialists were able to bill. It was only for mental health. And what, what the conflict that would happen is if you read the rules, very, uh, literally you would end up with case management, right? Not with peer support. Now, we received guidance from experts nationally, like Lynn over here on how, how did you documentation how to deliver the service and still be in alignment with peer ethics and values. It is possible, but it is a backend, it is not, it isn't a natural thing. So that is like, we were technically able to bill, I think since about 2009 in Texas, under those circumstances, um, we created a peer specific Medicaid benefit. So, it was more in alignment with national standards and like, you know, how to, you know, peer supervision. We require all the, all the elements that we think will help us deliver a service that's more in alignment with what peer services should be. That's what we did with the second one in the, so the first bill around that was filed in 2015. The agency tried to do it on their own in 2016, and it failed in 2017. It, it ended up going through, and I think it came up in a committee in 2012, but nobody knew what it was, and they just moved on. So, I think technically it happened over six years, and then it didn't implement until 2019. So, it went live eight years later. Um, and so the first date that got Medicaid approvals that really opened the door was Georgia back in 1999. Um, and so they were the first one that convinced Medicaid that peer support was, uh, the kind of workforce that needed to be invested in within Medicaid. There are two kinds of ways that states can get coverage. One is as a service. So, you can get coverage for a peer support service within the larger behavioral health. The second that, uh, Texas got in their second bill was a provider coverage. And that's very different. And they covering for peer support services, uh, for, for services done by a peer supporter, or are they done by peer support services in behavioral health? And that was the difference. Could somebody who is a certified peer specialist bill for services like many other professions can or could only they be hired by another agency who offered a peer support service? So, it, it, that gives you the difference of who's in control of what the position looks like and all of that. If it's just housed with an behavioral health, it gets very washed down, it gets very, um, co-opted, et cetera. Go. No, I'm sorry. I'm supposed to be no, No. Yeah. The context is very helpful. Yeah. Yeah.

Lyn Legere:

All right. We've got another question up here that I skipped because it was a little different from what, where we were. So, Noah, what do you hope to accomplish in your role before you leave?

Noah Abdenour:

Um, oh goodness. That this is something I think about a lot. Um, so in my, I, I had two main jobs before. One was at the state hospital. Um, and, you know, I spent six years there building a team. And like what we, we got to an amazing place there where we had, you know, we were seen as equal with any other discipline inside of the state hospital. We had complete autonomy to, uh, operate. We had fun. It was an innovative group of people. But, um, we had a, a, there was a change in leadership. A different superintendent came in. Um, you know, I started to lose some of my people cuz you know, like the people want to grow in their careers. You can only keep 'em so long. Um, and when you had a new person, a new sup, a new leader come in that they didn't think peer support wasn't important, but it wasn't one of their tops, they were safety person, you know, and peer support. Sure. It was great, whatever, you know. Um, and so what I saw quick, like over like, not that much time, like maybe a year, it recces like our team receded so much the, the huge progress that we made. Like, it just, it went away quickly. And then when I switched, um, and I, you know, I left it, it just, without those two leaders, without a strong peer leader and a strong executive leader, um, the, the program just recedes quick. And I, I took over for a very strong, uh, community-based peer leader, uh, bill Gilstrap who he had transitioned out of the position. And what we saw in about a year, there was the same type of thing when they put the peers, specialists started reporting to the, um, center directors to clinical, it just that whole program receded. And so that's something I've thought a lot, like how I think the number one goal that I have is how do I build something with roots to really have roots in it? So that these, you know, one, the program that I'm overseeing now, it's entrenched in a way that they can't yank it out. You know? So that's something I work on is how do we entrench into, um, the agency, but the other is how do we build these services statewide, um, so that the, the peer profession is growing in a way that is autonomous from these other elements that can impact it. And so that's really where we're seeing, um, that the big answer to the question is to invest in peer run, um, community-based organizations and to put more statutory and contractual options for our provider, our clinical providers, um, to, to partner with, to contract with. And it's, it's going to take us a, we move in five-year contract cycles here. It's going to take us some time. I see it about probably about a seven more years to really trying to get these things entrenched. We want to bring in more resources that are not helping these experts in the field to deliver peer services. Cause we already know that, you know, like give us resources on how to write grants, how to, you know, how to track multiple, uh, employees across different contracts or succession planning. And so, you know, that's really elements we're looking to is how do we seed and support more peer organizations and then empower them to be funded in diverse ways. And then, you know, try to encourage or, um, kind of force our providers, uh, to work with them more and more. So, you know, that my, my big thing is to really hope that we can, um, one, see that shift. And the other is that the litmus of control in our field is outside of the state. And it's outside of these like, kind of, uh, entities and organizations that have been our allies. We like, I think we're at a place where peer, the peer support workforce and field can have self-determination. I think that's the other thing that, like, I'm trying to move away, uh, elements where the state is in control to try to, um, let our field step up and take.

Lyn Legere:

Yeah. It's so interesting in any sort of social movement, you know, you go through, uh, those early stages where your allies are so important Yeah. And so needed, but then it, it, it gets hard for the allies to be able to step back and not put that place, right. It's like, okay, let the children fly now. Get the hell out of their lives, you know? Yeah. At that transition place can be really challenging. Yeah. This, I think this one will be the best one. He goes, what are the greatest needs of the peer workforce? Right now.

Noah Abdenour:

It's asking me what are the greatest needs? Ok. I thought it was like one of the, this is a great, uh, so.

Lyn Legere:

Great question.

Noah Abdenour:

Yes. It's, um, that's, that's a difficult question. Yeah. Um,

Lyn Legere:

Just say this up before you start, is that we're asking questions like this. We must remember that the peer workforce also is different state by state. There is no connection nationally. So, what the peer workforce in South Carolina or North Carolina might need versus Texas versus Massachusetts can be very different. But I know, Noah, you work a lot at, uh, national as well, so,

Noah Abdenour:

Yeah. Well, one thing I'm seeing, like the, I see a duality here. There's two, and this is bigger picture than, I mean, I think on the ground we need better paying jobs and we need, uh, like more livable wage and we need to be respected as, uh, that needs to continue that we're respected as a true discipline. Um, so I, you know, getting into the bigger picture though, um, I see the, the kind of two main things. One is you've got a lot of different definitions of what this workforce and service is right now going on. And you've got Medicare’s trying to define it however they want. You've got like the Department of Labor defining it however they want. You've got, um, the workforce commissions doing whatever they, and it's, these are not happening in concert with one another. And, um, we're absent, like Lynn was saying, of that. Uh, I think we have some advocates, um, that work inside of other organizations. And now we're seeing more peer. I saw Amy Brinkley, she's one of our peer support leaders inside of nib. Um, the national state health program, state dental. Thank You. That one's it, that one's about, yeah. Um, but, uh, what we do like that they're going to come through the lens of our state, um, like the state commissioners over, like that's a trade association for the state mental health commissioners. So, they're going to look through the state public health wins, and we've got places like nadac or, um, mental Health America, you know, I think, but the, and they're hiring more peer specialists, or the National Council on Mental Wellbeing is there, they, they also, but all those people are coming through the lens of their own entities. We don't have somebody that's purely advocating through the lens of peer support in our workforce. I think, I know the National Association of Peer Supporters is getting closer to being much more involved. Um, you know, hopefully we'll see that continue to grow. But I think that's one of the, one of the concerns I have right now is the, the amount of interest at a federal level in promoting these things. We saw it in the bi like the, the president's, uh, state, state of the union last year was mentioned. They SAMHSAs created the substance abuse of mental health services, uh, uh, association or something like that. They, they've, they've created an, uh, uh, an office of recovery. So, we're seeing a lot of this be recognized. Um, we don't always see peer specialists at the table helping to design these things. Um, so I think that's one of the, the big opportunities and concerns is that the other side of that is kind of a split in our field, I think, between folks coming from more of an advocacy perspective, which is an important, I think it's an important voice. And I think typically that's where we've seen the, the lived experience advocacy, but that's a little bit different than a peer support workforce, uh, perspective, which it's just sometimes those two things are a bit different. And I'm seeing that kind of get pushed together. Um, so the that's kind of another piece is that one we get more self-defined and self-advocate. Um, I think that that's a big opportunity right now. And the other is like whether we can start to make a bit of a distinction between, uh, just broad lived experience and, and then people working in the workforce.

Lyn Legere:

Yeah. And I, I, what I've been saying is that peer support currently is like a foster child mm-hmm. <affirmative> and everybody's arguing and dibbing putting dibs in to adopt. And if the peer community doesn't have the legs to do that adoption, we're going to lose peer sport. Yeah. Because there's a lot of people up there right now that want to be the adoptive parents. Yeah. And right. And, and we run a risk of losing it with all of that going on. So. Yeah. Absolutely. Yeah.

Noah Abdenour:

And went off that. I think the one other thing is people want to create the peer everything, the peer case worker, the peer workforce person, the peer intake, the peer, uh, you know, service coordinator. Like, uh, I think people see value in lived experience and they want to put peers in all these different roles. And I think it's not honoring that peer support is its own thing. And so that's really, from our perspective, we're trying to be like, okay, we get create paths for peer specialists to get into case management or get into, you know, workforce support positions. But when they're in those positions, they're a case manager, right. Or they're a care coordinator and that's fine, but they're not a peer specialist. And I think making that distinction to not do peer everything, but we can't create opportunities for our credential to get us into these roles, but to split them as separate. I think that's another.

Lyn Legere:

That's cause the word peer has become co-opted. The word peer is the current version of patient, which was then consumer and now it's peer. Yeah. That lived experience is a peer when the reality is peer is a relationship. So, nobody can be a peer in the first place. <laugh> and right. And it's a relationship between two or more people where there is that common connection and there is mutuality. They are equal, no one has power over each other. So, when people go, oh, my supervisors appear, I go, oh, they can't discipline or hire or fire. Oh no, they can then they're not peer. There's no mutuality there. Right? Yeah. And so, I, I've been really advocating that people do peer worker, that we do not allow those to be separated because that's the title of the role, peer support specialist or a peer worker. It's not peer by itself. It's that role that we are trying to preserve to find and do all of that. Everybody else is not a peer. They're whoever they are with lived experience, but they're probably not a peer. Right. So, um, anyway, it's a little bit of my soapbox these days, but I think if we can get the word peer back to its original meaning and not just use it as a new label, oh, they're all peers, right?

Noah Abdenour:

Yeah. Peer means mutuality. Yeah. Like, and relationships.

Lyn Legere:

Um, and one of the thing I would say to peer workforce and these, and this is part of the defining, is the struggle between, um, different systems that are close, like addictions and mental health and for a bunch of reasons that are, uh, for efficiency's sake and for billing's sake are being, um, put together in ways that are not helpful and only confuse the service more. And so, yes. I mean, ways to make sure that, you know, they can all be under Medicaid, but let's not say that we're all the same because the systems that we work in, and the systems people get treat in are very different with different cultures and different things that people come out of the systems with that Yeah. Often, they must recover from, but they're different. Yeah.

Noah Abdenour:

Yeah. And I, I want to brag a little bit about Texas. I think one of the ways we were able to try to thread that needle, um, the way our certification works is first you, you know, you must go through a self-assessment, make sure that you meet eligibility and all that. But anyone, whether you're, uh, Family, peer support, mental health, peer support, substance use, peer support, or our other one that we're recognizing is justice involved, right? We go through what's called a core training first. So that's like, what are the universal values? Like having a point of mutuality, you know, using your story to support, but to not coerce someone, you know, um, you know, this, that, that we all come from different views of the world and, uh, the, the, in the way that impacts a relationship. Basic list, you know, there's the universal things. Then you break into what we call your specialization, which matches, we got mental health, we got substance use, we have the family, and we have justice involved. And like Lynn saying, those are different cultures. There are different words. And I like to talk about like as peer specialists, we fill the cracks that exist in the system and they're different cracks, you know? And so, um, the role of a peer specialist in a substance use system is going to look very different than in a peer, in a mental health system. Just inherently the challenges are different. The, the what's, what the pain points are, are different. And sometimes they can be perceived as being at odds. But I think if you understand, and this was something Lynn taught me, also understanding the systems and where the deficits are, that's really where the peer specialists have positioned themselves as to alleviate on

Lyn Legere:

The big picture that we're all doing peer support, we're all sharing our lived experience to inspire hope. Yes. Let people know how we work through all these cracks. How did we navigate the system? But in my experiences in the mental health system only, it's hard for me to share my experience in a way that is useful to someone who is in the substance use system. And I love the way you put it cuz the clouds are different. Yeah. So, we use the same tools, but they look different because they're also system related. So, and I love Exactly. It's another thing you guys did brilliantly is thread this needle where all the systems can have good peer support, but we're not calling them the same thing for the sake of billing and diluting everybody so that no one's doing the good work. Great job. Um, Lemme see. I think there was one more question, this, and this will wrap us up. How did other providers and healthcare professions help to support and advocate for peer specialists?

Noah Abdenour:

All right. Natalie's bringing the heat here. Yeah. <laugh>. So, I, you know, I think there's two main things that I think, um, other professions have done. I think back to myself, the first thing is, you know, it's something we talk about in peer support. Uh, it's like advocating with, not advocating for, you know, doing with not doing for. So, I think something is, you know, if, if a peer specialist can be present and you can bring them, and I think it's helping us have access to tables to speak for ourselves, you know, as much as possible. I know sometimes some of these conversations can happen where you don't have accessibility, but I think that's the first thing a provider can do. Um, another thing is to just understand, like look at the code of ethics. You know, understand what, what the work is. Um, and I think some people, uh, just assume it's like I get peer support. It's, it just means you have got lived experience Right on. And I think not understanding, um, the nuance in the, like the, the number of competencies and, and like, this is hard work that takes, you know, high levels. I, I know Lynn always, I think one of your sayings is it, um, I'm an expert at not take being an expert. And that takes expertise, you know, that expertise. Yeah. I think I, I think to, when I first left my very first training and I'm sitting there with every person I was working with, thinking about, okay, where do I get my story in? Where can I have impact? I want to change this person's life. And as I got better at doing peer support, I realized like, that isn't peer support. Like I must be present with this person. I must like to be both empathetic, but like be careful about my own beliefs and my own stuff. And like, you know, like the, the nuance to being in relationship with another human being. It, there's a lot to it. And the fact that our, you're always walking upstream in so many of the, the settings that we work in and are misunderstood and,

Lyn Legere:

And very often patient orders are working on two levels. Yes. They're that lived experience to inspire hope for both people coming to services and for service providers who are often as hopeless about recovery as people using services. So, everything that appears for a worker does to help people using services. They're often doing it with a, you know, little monthly to help service providers see their role differently, see recovery differently, see the people that they're working with differently. And that leaves you in a very lonely middle land where you're working by yourself this way and that way.

Noah Abdenour:

Yeah. So

Lyn Legere:

I think another thing that people really help is just myth bust.

Noah Abdenour:

Yeah.

Lyn Legere:

When you hear these myths about, oh, they just sit around and talk. No, they’re trained to be very, um, specific about how they're using their lived experience and why they're doing it. They're trying to reach the same goals you are, and their work can complement your work. Right. And things like that to miss bust when you hear just things that are inaccurate. Yeah. Yeah. Oh, I love these topics. I did just do this all day long. Um, anybody else have any questions? All right, well I want to, um, say thank you everyone for coming. Thank you, Noah, uh, for sharing your time. Thank you. Hazel. You're Thank you Georgie and Izzy, you are also Hazel.

Noah Abdenour:

Yeah. I'm going to get a walk in a second here.

Lyn Legere:

Yes, I do. Uh, log off. It's going to be a survey. We do ask you take the time to fill it out for us cuz I have to report to Idler and if I have no survey results, idler will get mad at me. So just do it for me if you would. I appreciate it. I hope you all have a great day. Great. Uh, weekend, uh, happy Mother's Day to any of you who that's applicable to. Uh, and you can find that however you want. On my friends, I say you're a mother. Happy Mother's Day. Um, so, uh, enjoy everybody. Thank you so much, Noah will talk soon. Great to see your patients spend this time with you.

Noah Abdenour:

Awesome. Thank you so much.

Lyn Legere:

Bye-bye.

Noah Abdenour:

Bye.