



DWMHA 2018 Peer Training Series



IN COLLABORATIONS WITH BRINGING RECOVERY SUPPORTS TO SCALE TECHNICAL ASSISTANCE CENTER STRATEGY (BRSS TACS) OF THE SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) WHICH IS RESPONSIBLE FOR ADVANCING EFFECTIVE RECOVERY SUPPORTS AND SERVICES FOR PEOPLE WITH MENTAL OR SUBSTANCE USE DISORDERS AND THEIR FAMILIES, DWMHA IS OFFERING A 5-PART PEER TRAINING SERIES ABOUT THE CHANGING ROLE A PEER CAN PLAY IN HELPING PEOPLE REASSESS THEIR LIFESTYLES AND CHALLENGES AND DIRECT THEM TOWARD A PATH OF RECOVERY. [WORKSHOPS ARE OPEN TO ALL PEERS \(I.E., PEER SUPPORT SPECIALIST, RECOVERY COACHES, PEER MENTORS, PARENTS SUPPORTS AND YOUTH PEERS\).](#)

Date	Topic	Description & Objectives	Speaker	Format
5/25	1) role, responsibility and difference between peers and care coordinators /peer navigation	<p>This session will be divided into two parts. The presenter will describe how to get the most effectively employ peers. For the first two hours (8:15am – 10:15am), the presenter will engage supervisors to discuss the role of peers and how to effectively make the best use of their professional and personal expertise. The distinct, but complementary roles of case managers and peers will also be discussed. The second half (10:30am -12:30pm) of the session will be open to peers and case managers. Real life examples and role plays will be used. Following this training, supervisors will be able to:</p> <ul style="list-style-type: none"> • Identify 10 roles and responsibilities of peers • Explain 5 ways that the case managers role differs from the peer role • Understand how to foster effective peer and case manager teams • Develop a plan for making optimal use of peers in the workplace <p>Case Managers/Peers:</p> <ul style="list-style-type: none"> • Identify 3 factors contributing to conflict between peer and case managers • Describe 5 ways that peers might complement, rather than duplicate the work of case managers • Explain how the role of the peer and case manager differ 	Andre Johnson, Detroit Recovery Project	Face to Face (2 hrs per session)
6/4	4) Opioid addiction	<p>During this session, participants will discuss trends and issues relative to opioid disorders, as well as participate in a naloxone demonstration. Following this training, participants will be able to:</p> <ul style="list-style-type: none"> • Name 10 risk factors for opioid overdoses. • Demonstrate how to assess for opioid overdose. • Describe 5 harm reduction strategies for decreasing the risks of opioid overdoses. • Explain how Naloxone works to reverse opioid overdoses. • Demonstrate 5 critical actions to reverse an opioid overdose. • Generate key discussion points for teaching clients about opioid overdose prevention. 	Lonnie McAdoo, Center for Social Innovation & DWMHA SUD	Webinar (2 hrs)



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8/14	3) Effective outreach and engagement for diverse populations	<p>Considering the Home and Community Based Services final rule to maximize consumer independence, Mr. Johnson describe his experience with building meaningful relationships and partnerships, as well as the soft and hard engagement and outreach skills necessary to effectively assist consumers along their individual journey. Strategies for identifying resources will be discussed. Following this session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the basic and unique contributions of the family, provider, system, and community in partnering to support consumers achieve their goals • Identify 2 community resources for connecting people, and how to use them • How to identify and build rapport with resourceful others 	Andre Johnson, Detroit Recovery Project	Face to Face (4 hrs)
TBD	2) Shared decision-making	<p>Shared decision-making is an emerging best practice in behavioral and physical health that aims to help people in treatment and recovery have informed, meaningful, and collaborative discussions with providers about their health care services. During this session, participants will:</p> <ul style="list-style-type: none"> • Learn about tools to support consumers/clients/members identify their personal preferences and values • Understand how to empower consumers/clients/members who are seeking treatment or in recovery to work together with their service providers • Apply motivational techniques to support consumers/clients/members be active in their own treatment 	Cheryl Gagne, Center for Social Innovation	Webinar (2 hrs)
TBD	5) Harm reduction	<p>Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction utilizes a wide range of techniques (e.g. safer use, managed use, or abstinence) to meet drug users “where they’re at.” The goal of harm reduction is to address use and the conditions of use. At the end of the training, participants will be able to:</p> <ul style="list-style-type: none"> • List at least 5 principles of harm reduction. • List at least 10 harm reduction strategies. • Describe how to integrate harm reduction into education groups • Analyze how harm reduction strategies are related to readiness for change. • Evaluate how well the agency/organization currently integrates harm reduction principles and practices. 	Lonnie McAdoo, Center for Social Innovation	Webinar (2 hrs)

All trainings will be hosted at Detroit Wayne Mental Health Authority * 707 W. Milwaukee St. *2nd Floor Training Room *Detroit, MI 48202.

To register, please RSVP at: <https://form.jotform.com/60815610491149> or contact Monique Mitchell at mmitchell@dwmha.com