

The SAMHSA National GAINS Center

“Peer Support, Returning Service Members and Veterans: Veteran Centers and Beyond”



**NET/TELECONFERENCE
TUESDAY, NOVEMBER 16, 2010
3:00-5:00 PM, EASTERN TIME**

**PRESENTERS:
MOE ARMSTRONG
DAN O'BRIEN-MAZZA, M.S.
LAURIE HARKNESS, PH.D.
DEBORAH DELMAN**

Overview of SAMHSA JDTR Projects



- 13 states
- Local pilot sites
- Various approaches to jail diversion and trauma informed care
- Veterans part of state and local committees
- Peers involved along a continuum of activities
- Peer operated organizations provide services and support
- Emerging VA Roles as Stakeholder/Partner

Overview of Webinar

- History of Veteran Peer Support Movement
- Veterans Administration Peer Support Initiatives
- Opportunities for peer staff in the VA and in the community
- Innovative Collaborations
- Family Support Initiatives

Vet To Vet Veteran Peer Support

Moe Armstrong
Veteran Advocate
vet2vetusa.org

Vet To Vet

Started Almost 25 years ago

- Started Vet to Vet at the College of Santa Fe
 - I didn't originally call it Vet To Vet
 - This peer support was a Each One, Reach One, Teach One model
 - Most of the veterans I worked with had some sort of psychiatric condition
 - We all worked towards the same goals:
 - Sane, Stable, Safe and Sober
 - To complete school
 - And we succeeded

Howie the Harp

TRENDS

Sunday, February 23, 1986

Albuquerque Journal

Page 1, Section

HOME AT LAST



Vietnam veteran Moe Armstrong stands at the gate to the pasture near El Rito where he camped out for a year in 1966.

JOURNAL PHOTO BY HOWARD PIPES

Vietnam Veteran Finally Leaves the Hills — and the War — Behind

By Carole Mauer

SANTA FE — Seeking solitude and the open outdoors at the more-covered northern New Mexico landscape near where he'd lived in isolation for three years, Moe Armstrong said he's actually ahead of some Vietnam veterans in overcoming the trauma of war.

One of the first to return from the Vietnam war in the mid-1960s, Armstrong spent three years in New Mexico's mountains in an early step in his 26-year search for inner peace. On the way, he had to work on his self-confidence and form new goals.

The energetic 41-year-old trudged through more on the unpaved road from El Rito to Futuro Canyon recently was practically unrecognizable from his younger self. He wore a tie and sports jacket with his jeans and spoke with confidence and ease. In 1966 and 1967, when he was camping out near the little waterfall that trickles out of the canyon wall, he was a hood-ringed hippie with a scruffy beard and long hair, he said.

Armstrong received a psychiatric discharge from the Marine's month before his tour of duty in Vietnam was to conclude in 1965. His military discharge papers didn't feel like those any more so for a year he tried to fit in with the scenes of San Francisco, he said.

"But when I came out of the war I was highly trained to be a violent person," he recalled. When two men tried to rob him one day, "I responded so violently the other flied threw himself on his partner and was crying for me to quit."

The experience scared Armstrong as much as it did the robber. "I thought, 'One, I need to go somewhere to cool out,'" he said, emitting a nervous chuckle. "I need to go somewhere to cool out," he said, emitting a nervous chuckle.



Photo of Moe Armstrong with Vietnamese children appeared in *Lantern* magazine, November, 1966.

One of his friends had told him New Mexico might have a calming effect. Soon after his arrival, he met Laguna Pueblo artist Larry Littlefield and spent his first year camping out in a tent in Littlefield's pasture near the city town of El Rito. The mountain range ringing his pasture fascinated him, he said.

As Littlefield taught Armstrong Native American wilderness skills to add to the survival tactics he had learned in Vietnam, he began moving further and further up into the mountains. Finally, he found a site beyond the unpaved road. Littlefield had shown him how to build a

wood and willow limbs with woven leafy branches providing insulation.

"To thicken his blood in winter and stimulate himself to the cold, he took daily baths in a nearby icy waterfall. Once a week he walked down the five-mile road to town in hot food with his disability pension. In winter, the trip was often a half-day trek through several feet of snow.

"But usually, I went the opposite way from town. 'He wasn't particularly social, he said, he was just trying to show himself down in the darkness of nature. Most days, he stayed home and read as long as the light remained. His favorites were San Francisco poets, Buddhist philosophy and environmental writers like John Muir, he said.

"I wanted to find out what my own nature was," he said, "what I was capable of and what I meant." Not knowing who I was any more, I questioned my own motives and my own identity.

More than anything, he said, he was coming to terms with enormous guilt. "If I've taken anybody else's life, you have pretty powerful feelings," he said. "If I get in this society, if you feel bad, you feel crazy."

At that time, he certainly felt like a different person than the hood-ringed man who went off to war.

At that time, he certainly felt like a different person than the hood-ringed man who went off to war.

He was also trained in reconnaissance — camping, climbing and outdoor activities that were not his forte.

But he also was trained to kill. "You start people reading and chanting 'Love to kill. Love the life. Love the life — or die,'" he said in a strong voice, his tongue tripping lightly over the nonsensical phrases syllables over and over for the rest of the poem. He said the chant had a brainwashing effect on young men who sang it over and over during a five-day job.

The next thing, he knew, he was headed for Vietnam.

The 16-member reconnaissance unit endured at least one fire fight a week, he said. After one skirmish near in Armstrong's tour, he was awarded the Navy Commendation with a Combat V for bravery in rescuing a wounded fellow Marine.

But a month before he was to go home, his review of another unit member had a less desirable outcome. The man just imagined he was killed by the shells. Marston onto his back and ran to safety. Unintentionally afterward, the seriousness of war dawned on him and he began to cry, he said. For 10 days, the tears would well up unexpectedly no matter where he was. "I would just get filled with sorrow about what I had seen and think about what we had evolved to," he said, his eyes brimming over as he spoke, though his voice remained strong. "I thought, 'This is wrong, we will have to live with this and we'll be judged.'"

The Navy sent him back to a Oakland Naval Hospital and gave him a psychological discharge three months ago, he said.

He heard three days in his hometown, hoping to become a fireman. But he didn't achieve the necessary rank to enter the program, so he transferred to

"Somebody wanted to hear about what I saw. I was completely attracted. I thought I was a person and I was treated like a Soviet defector."

So he moved to San Francisco. "The street is kind of an equalizer," he explained. "You just have to be clever and alert and after your experiences in Vietnam I could be that."

"But I was also very sad. I was sad about what I'd done. I took life unnecessarily. I was repentant."

Looking back on that period now, he believes he was lucky he didn't take any life in San Francisco while he was so young. And he is glad for the time he spent in New Mexico. He married during his last summer in the mountains and his wife lived living in the wickup and the first move came, he said.

So he accepted a friend's invitation to move to Columbia, South America. There he divorced his first wife and married a Colombian woman. In 1974, he moved back to San Francisco to get long-term treatment for an unrepairable liver problem he said he believes was caused by Agent Orange. During that period he worked for radio stations and divorced his second wife.

"I spent a decade searching my soul to figure out why this happened to me," he said. He said that although he still hasn't figured out a suitable answer, he decided to plan for a better future by going for a college degree.

Two years ago he came back to New Mexico to enter the College of Santa Fe's accounting and management program, he said. He has completed three years' study. "I thought, 'This is wrong, we will have to live with this and we'll be judged.'"

But he gets his greatest enjoyment from his part-time work at the Veterans Administration contact at the college to help other veterans go back to school. He pays special attention to their needs, he said.

"I want to do for other vets what didn't achieve the necessary rank to enter the program, so he transferred to

After both schools he joined the Navy, hoping to become a fireman. But he didn't achieve the necessary rank to enter the program, so he transferred to

He said he didn't like his way of thinking that the United States would have been wiser to build a Vietnam, rather than killing its citizens, he said.

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Howie taught me how to be more effective and more structured in my peer support work.

Peer Support

- In 1993, I started Peer Support for “Vinfen” a mental health agency in Boston
- In 1997, I founded a Peer Educators Project with Naomi Pinson
 - This project provided peer support all across Massachusetts and in the state hospitals
 - It was featured on a TV special with Ted Koppel and Nightline
- In 2002, I started Vet to Vet with Errera Community Care Center
 - Vet to Vet is across the United States in over thirty sites
 - Three research papers are published on effectiveness of Vet to Vet
 - Vet to Vet is more than just a program, it is a way to share ideas, information and support through ongoing education
 - Gladly Teach, Gladly Learn

Vet to Vet Continues So Do I



- All of our materials are at no cost
- vet2vetusa.org
- We want the money to go to veterans
- My number is 203-623-0731

My Next Steps



- To continue to work with Veterans at the Errera Community Care Center
- To continue to provide support through ongoing education and recognized materials
- To learn and teach shared decision
- And to stay close to other veterans, always

Three Things to Always Remember



- Always remember how and where I came from
- Stay close to my second office
- Continue On



VA Peer Support Services



Dan O'Brien-Mazza, M.S.
National Director, Peer Support
Services
Department of Veterans Affairs,
Office of Mental Health
Psychosocial Rehabilitation and
Recovery Services



Why Peer Support in VA?

- President's New Freedom Commission July 2003
- VHA Handbook 1160.01: Uniform Mental Health Services In VA Medical Centers And Clinics (September 11, 2008)
- Research:

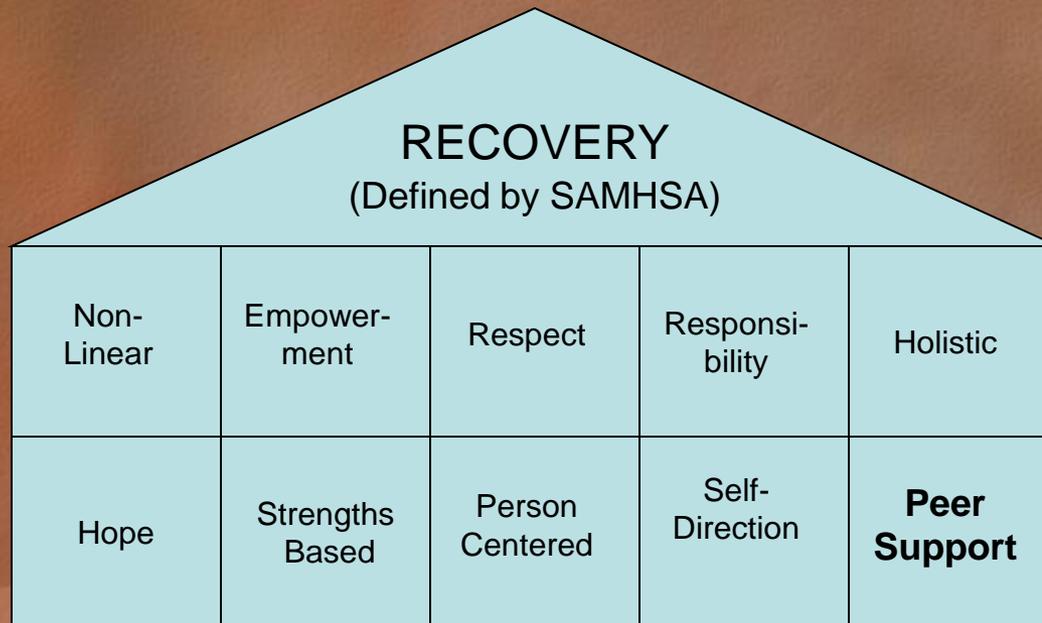
Peer Support Among Individuals with Severe Mental Illness: A Review of the Evidence, (Larry Davidson et al. 2005)

Toward the Implementation of Mental Health Consumer Provider Services, (Matthew Chinman et al., 2006)

Early Experiences of Employing Consumer-Providers in the VA
(Matthew Chinman et al. 2008, *Psychiatric Services*, 59, 1315-1321)

Best Practice Guidelines for Consumer-Delivered Services,
(Mark Salzer, 2002)

Peer Support and Recovery



Recovery is a house built with
Peer Support as The Cornerstone

HOPE

“Hope is at least as important as medication.”

Joseph M. Palumbo, MD, franchise medical leader, psychiatry, Johnson & Johnson Pharmaceutical Research and Development, LLC, Titusville, New Jersey in web article about Mindstorm, a visual and auditory experience that relates to viewers what it is like to have schizophrenia.

(<http://www.nami.org/template.cfm?template=/ContentManagement/ContentDisplay.cfm&ContentID=73245&Istid=275>)

Employment & Volunteer Roles for Peers

What do Peer Support Staff do in VA?

- **Role model** sharing personal recovery stories, showing that recovery from mental illness is possible.
- **Teach** goal setting, problem solving, symptom management skills and a variety of recovery tools.
- **Empower** by helping others identify their strengths, supports, resources and skills.
- **Advocate** by working to eliminate the stigma of mental illness.
- **Act as community liaisons** by identifying social supports in the community and encouraging the expansion of local community resources.

Commitment to Trained and Certified Staff

- VA values peer support certification. Peer support is not just Vets offering support to other Vets.
- If not already certified upon hiring, peer support staff must demonstrate competency in the principles of peer support by the end of their first year of employment.
- A VA Peer Support Training Manual is being developed and will be released early 2011, which provides training on the skills, knowledge, and abilities needed to be competent in the provision of peer support (34 competencies based on 10 domains of knowledge).
- Volunteers are also required to demonstrate the same competencies.
- New Job Classification being developed for peer specialists based on PL 110-387 Sec 405.

Survey of Staffing Conducted in April '08 and April '10

Peer Support Technician Positions and Volunteers/WOCs ~ 100 VA Medical Centers

| Programs | FTEE 2008 | 2010 | |
|---|-----------|------|----------|
| | PSTs | PSTs | Vol/WOC* |
| PRRC & DTC | 46.3 | 78 | 7 |
| Residential, Dom Programs (Includes MHR RTP, CWT-TR and SARTPs) | 21 | 55 | 8 |
| MHICM | 18.75 | 18 | 3 |
| Homeless (Includes 6 PHLAG Programs) | 17 | 15 | 7 |
| Outpatient Mental Health | 10.5 | 31 | 65 |
| Substance Use Disorder | 8 | 12 | 5 |
| CWT | 4.5 | 10 | 7 |
| Inpatient Psychiatry | 1 | 7 | 12 |
| Total: | 127.05 | 237 | 120 |

*According to an informal survey conducted by Dr. Kathy Dohoney in 2009, there were approximately 40 VAs with about 90 reported volunteer peer support staff. About 39 VAs also had Vet-to-Vet groups.

Commitment To Promotion Of Holistic Health And Wellness In Peer Support Services

- As role models, peers exhibit their own wellness and striving for holistic health.
- As knowledgeable experts about their own recovery, peers can lend experience to other areas of recovery in mental health or integrated primary care.
- Peers can inspire other MH staff, veterans, and non-MH staff to seek recovery in different areas of wellness (e.g., physically, emotionally, socially and spiritually).

The Future of Peer Support in VA

- VACO will continue to support the implementation of the Uniform Mental Health Services Handbook to hire peer support staff.
- Training and Competency Assessment
- Development of Policy & Procedural Handbook
- Liaison/logistical cooperation between VA services to facilitate smooth integration of peer specialists as full members of MH treatment teams (Charting, Recording Encounters etc.)
- Presence in Int Primary Care/PCMH, Smoking Cess. Diabetes Management, MOVE and others

Contact Info

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Paul Errera, M.D.
July 26, 2001

VA Connecticut Healthcare Systems'

Errera Community Care Center



Our Community of Hope and Recovery

“The Grand Room”



Our Errera Community

“The things we have in common bind us in a profound way”

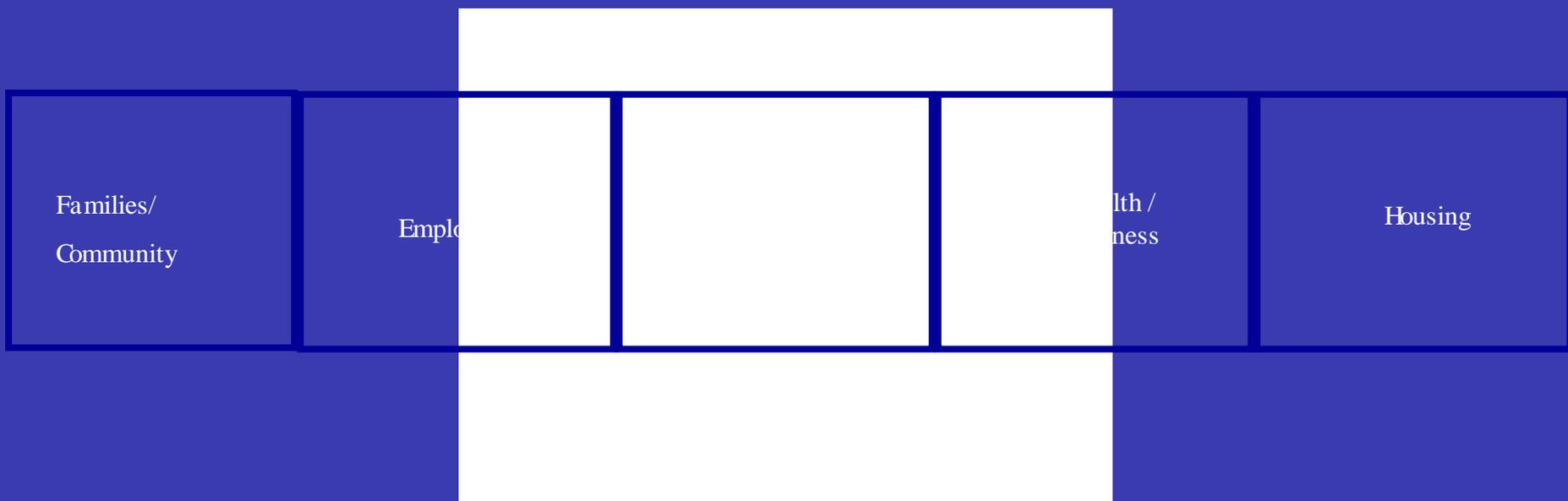


Our Array of Services

- **Mobile Crisis Intervention & Day Program-PRRC**
- **Consumer Empowerment & Choice**
- **Consumer Driven Rehabilitation Plans**
- **Short & Long Term Case Management (including MHICM , MHICM RANGE & CTI)**
- **Housing & Related Community Supports**
- **Vocational Rehabilitation & Placement (CWT/SE/TWE)**
- **Homeless Outreach Collaboration, Case Management & Advocacy**
- **Integrated Treatment & Rehabilitation**

VA Connecticut Healthcare System, Errera Community Care Center:

A Foundation of Hope & Recovery in a Time of Systems Change



Outcomes

- **Vocational: Placed 300 Veterans in employment, 1/3 with SMI**
- **Homeless: 650+ unique Veterans served**
- **15 Different VA Grant and Per Diem sites**
- **158 transitional beds purchased/per night**
- **Increased linkages with primary care and mental health services**

Outcomes

Permanent Housing:

- **Between 2008 and 2012, 550 homeless veterans moved or will move into HUD VA supported housing – with case management**
- **Over 100 Homeless Veterans and families moved into non-VA permanent housing – Jewitt City**

Outcomes

- **Exemplary Citation CARF and JCAHO**
- **National Mentor Monitors, MHICM and Supported Employment**
- **Above national standards for Fidelity Measures**
- **21 Peer Support Technicians**

Our Community Philosophy

“Tell me and I will forget.
Show me and I will remember.
Involve me and I will understand.”



Focus on: PSTs in Hospital Settings





Community Partnerships



Harkness House, New Haven, CT



Transitional—14 Beds

Legion Woods, New Haven, CT



**Permanent Supportive
Housing- 20 Units**

Jewett City Project, Jewett City, CT



**Permanent Supportive
Housing-18 Units**

**The Eleanor and Franklin
Formerly Park City--Bridgeport, CT**



**Permanent Supportive Housing
55 Elderly & 49 Homeless Mentally Ill**

Kossuth Street—New Haven, CT



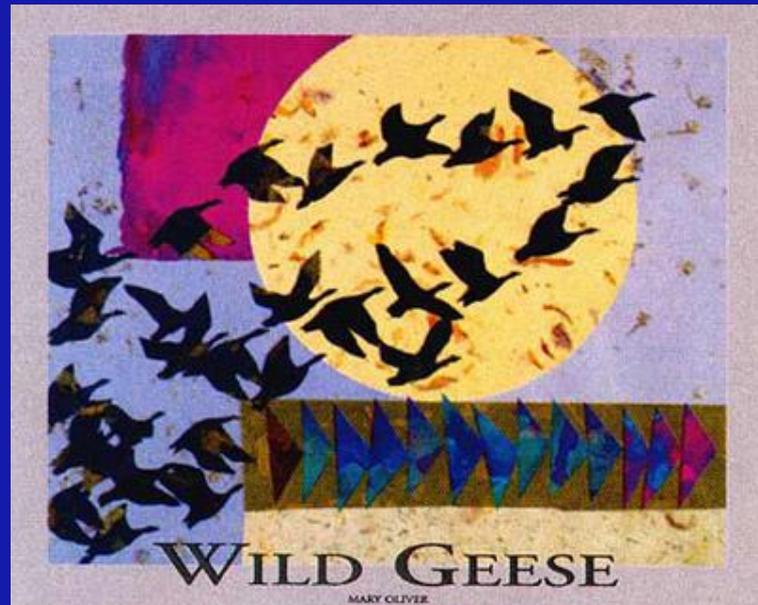
Homeownership

**Yale School
of Architecture**

**“We were all great soldiers once.
Some of us just got lost.
Our job is to find them and bring
them home.”**



Statewide Consumer Networks



The Transformation Center Massachusetts
Deborah Delman, Executive Coordinator
www.transformation-center.org

The Transformation Center

- Peer to peer support & advocacy began as people with mental health conditions became active, unashamed voices in society
- Networks exist in most states and territories
- Some are funded by state or territory, some are funded by SAMHSA
- 35 states at www.ncmhr.org/members.htm
- 27 funded this year by SAMHSA

Opportunities

- Peer support networks, communities & conferences
- Education & training for peer support facilitation, advocacy, health and wellness
- Training for Peer Specialist Certification and paid peer support roles
- Leadership opportunities

Accessible Peer Support & Lessons Learned

- The prevalence and impact of trauma on mental health conditions and mental health recovery unifies peer support communities
- Don't miss the prevalence and impact of literacy on health and well-being
- “Inclusion Now” involves support for cultural affinity groups and learning how to be allies

The Power of Language & Culture to Unite Us

The positive effects of seeing people similar to oneself successfully perform specific activities *are proportionate to the degree of similarity* between the person performing the activities and the observer.

Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series (2006) Board on Health Care Services (HCS) pg119 National Academies Press

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