Peer Specialists in Crisis Systems

Peer Specialists Roles in Crisis Systems Services

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Welcome

▶ **Tom Lane has over 20 years of experience developing and integrating peer-run programs in communities, provider settings, state hospital settings, and criminal justice systems. His work has touched public market programs, commercial payors, military and veterans, and grassroots organizations. Tom is a USN veteran.**

▶ **He has worked at the national level, founding NAMI national's Office of Consumer Affairs, and served as the first project director tor the STAR Center.**

▶ **Tom was a founding faculty for the NASHMPD NETI project to Reduce and Eliminate Seclusion and Restraint, now recognized and implemented as an evidence-based practice, including the critical role of persons with lived experience. He has contributed to various publications and research projects in his career.**

▶ **His work around social and digital inclusion, and social determinants of health has been a focus for several years, along with integrating peers in crisis systems**

Learning Objectives

▶ 1. Understand workforce integration of peer specialists

▶ 2. Understand the various roles peer specialists fill across crisis services systems

▶ 3. Describe examples of successful inclusion of peer specialists at various points of contact along the crisis services systems continuum

▶ 4. Review data and outcomes from peer specialist programs along the crisis services systems continuum

▶ 5. Explore opportunities for tech-enabled peer support

Poll #1

WHAT IS YOUR EXPERIENCE INTEGRATING PEERS IN CRISIS SERVICES SYSTEMS?

YOU MAY CHOOSE MORE THAN ONE ANSWER.

Workforce Integration of Peer Specialists

Peers as Colleagues

- **The Lived Experience Difference**

- **Advancing Recovery, Resiliency, and Wellbeing**

- **Outreach, engagement, and connections**

~ 30,000 peer supporters employed in the US

- Peer-run organizations
- Community MH and SUD agencies
- Hospital systems
- Other adjacent systems (e.g. – CJ)

Workforce Diversity

- Culture
- Knowledge, Skills and Abilities
- Experiences

Why Integrate Peers?

▶ **Reductions in acute inpatient psychiatric admissions**

▶ **Improvements in self-reported recovery outcomes (QOL, Hope)**

▶ **Higher rates of engagement in services, especially for co-occurring and substance use disorders**

▶ **Bolster current BH workforce**

▶ **Influencing organizational culture to be more recovery-oriented**

▶ **Peer specialists model recovery**

Foundational Principles

- ▶ **Recovery-oriented**
- ▶ **Person-centered**
- ▶ **Voluntary**
- ▶ **Relationship-focused**
- ▶ **Trauma-informed**

Core Competencies

- Engages peers in collaborative and caring relationships
- Provides support
- Shares lived experiences of recovery
- Personalizes peer support
- Supports recovery planning
- Links to resources, services, and supports

Core Competencies (cont.)

▶ **Provides information about skills related to health, wellness, and recovery**

▶ **Helps peers manage crises**

▶ **Values communication**

▶ **Supports collaboration and teamwork**

▶ **Promotes leadership and advocacy**

▶ **Promotes growth and development**

Responding to Mental Health Crisis: Ten Essential Values

1. Avoiding Harm

2. Intervening in Person-Centered Ways

3. Shared Responsibilities

4. Addressing Trauma

5. Establishing Feelings of Personal Safety

Responding to Mental Health Crisis: Ten Essential Values

6. Based on Strengths

7. The Whole Person

8. The Person as Credible Source

9. Recovery, Resilience and Natural Supports

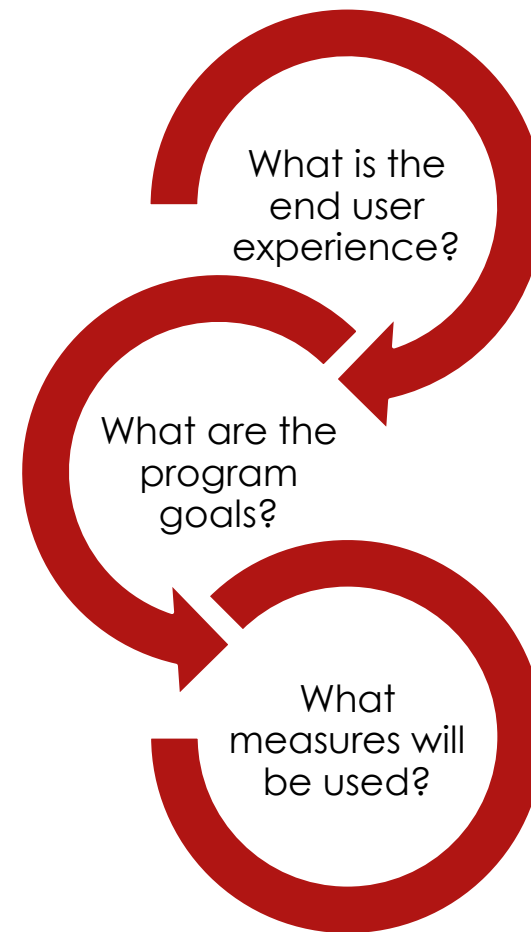10. Prevention

Framework for Support

Keys to successful integration

- **WORKFORCE READINESS**
- **ORIENTATION, TRAINING, AND EDUCATION**
- **CLEARLY DEFINED ROLES AND RESPONSIBILITIES**
- **RECOVERY-FOCUSED QUALITY COMPONENT**

Getting over challenges

Developing Peer Programs

What is the end user experience?

What are the program goals?

What measures will be used?
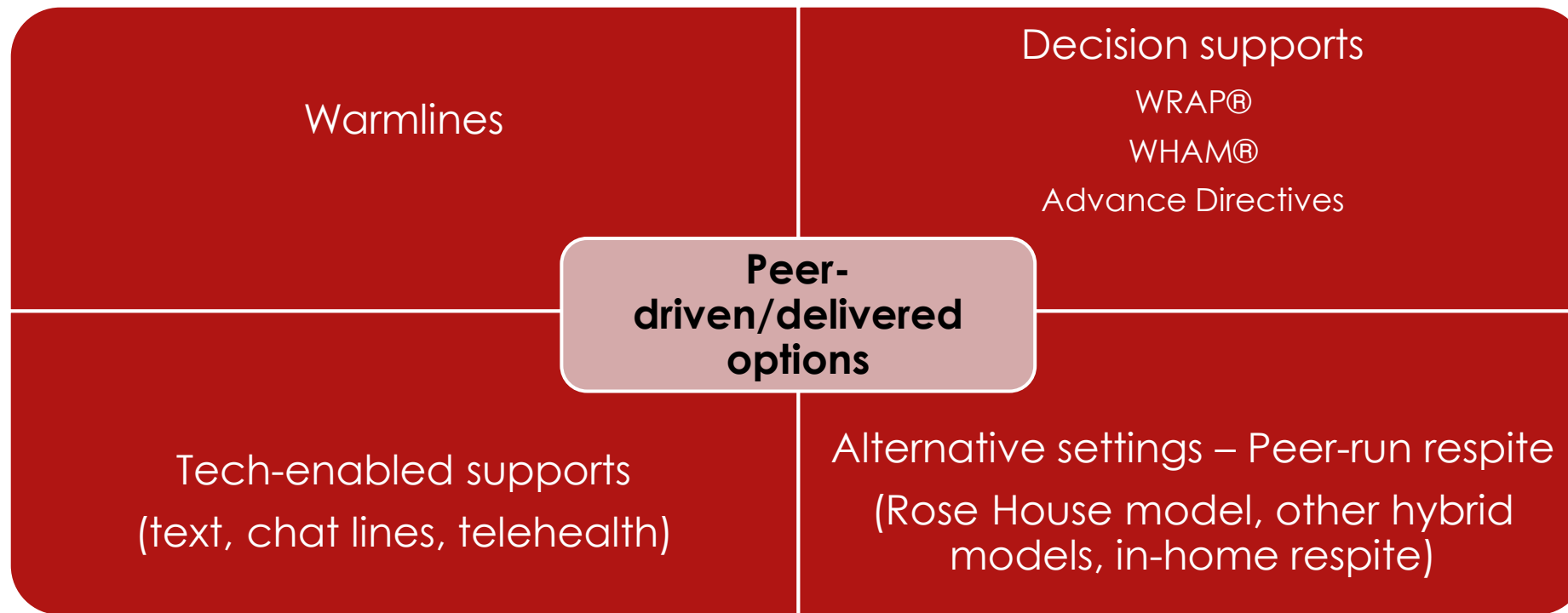
Deep Dive: Peers Managing Crises

1. Recognizes signs of distress and threats to safety among peers and in their environments

2. Provides reassurance to peers in distress

3. Strive to create safe spaces when meeting with peers

4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and supports preferences of peers

5. Assists peers in developing advance directives and other crisis prevention tools
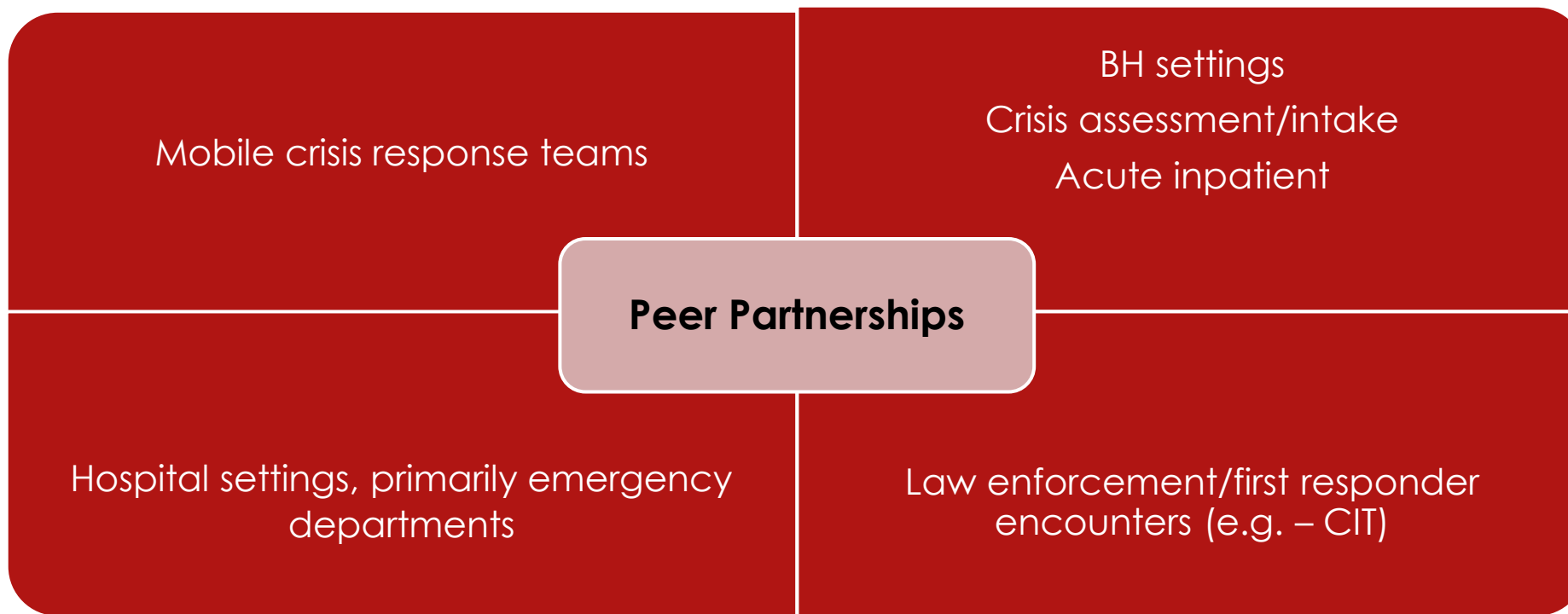
Crisis Services Systems Touch Points

Three primary pathways

- Behavioral health crisis assessment settings, including inpatient settings
- Hospital emergency departments
- First responder encounters (e.g. – law enforcement, EMT, mobile crisis response team)

Crisis Continuum: Pre-crisis

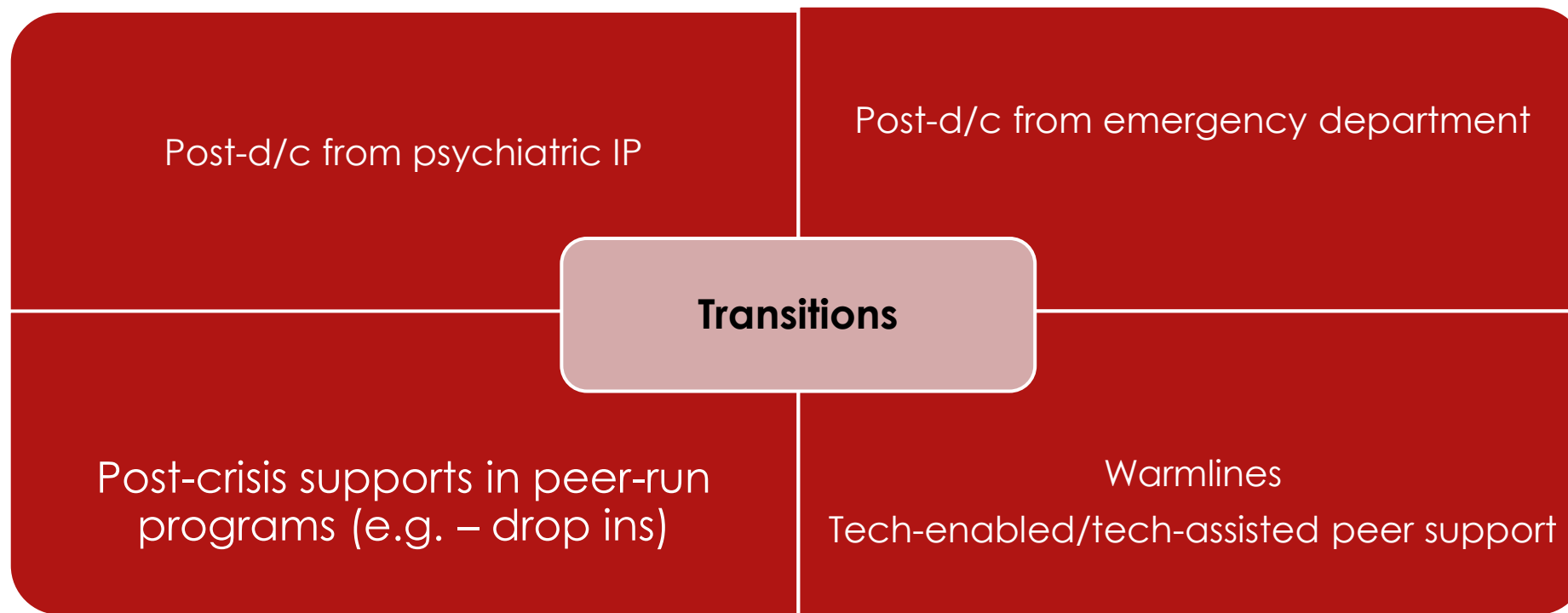Warmlines

Decision supports

WRAP®

WHAM®

Advance Directives

Peer-driven/delivered options

Tech-enabled supports
(text, chat lines, telehealth)

Alternative settings – Peer-run respite

(Rose House model, other hybrid models, in-home respite)

Crisis Continuum: Emergent Crisis

Mobile crisis response teams	BH settings Crisis assessment/intake Acute inpatient
Hospital settings, primarily emergency departments	Law enforcement/first responder encounters (e.g. – CIT)

Peer Partnerships

Crisis Continuum: Post-crisis

Post-d/c from psychiatric IP

Post-d/c from emergency department

Transitions

Post-crisis supports in peer-run programs (e.g. – drop ins)

Warmlines
Tech-enabled/tech-assisted peer support

Examples from the Field:
Peer Programs

Peer-run Respite

▶ Peer respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward

Peer Respite Rose House model

Rose House, NY

Operated by PEOPLe, Inc.

Widely recognized best practice respite model

4 respite homes across NY

1 – 5 day stay, up to 2 day extension

Peer Respite Georgia MHCN

Georgia Peer Support and Wellness Centers

▶ 5 peer-run respite houses (3 respite beds each)

▶ Each respite house offers warmline support

▶ Up to 7 day stay

Peers on mobile crisis response teams

▶ Mobile Crisis Teams decrease unnecessary incarceration as a result of a mental health crisis, decrease unnecessary hospitalizations, providing safe, compassionate and effective responses to individuals experiencing a MH crisis

Why add peer specialists?

Different skills

Different experiences

Different knowledge

- ▶ Peer support specialists have proven to be highly effective in providing a sense of safety, respect, and personal agency for people experiencing a crisis in the community.

Montana

Partnership with Law Enforcement CIT teams

▶ respond as needed and when appropriate to those in "crisis"

▶ activated by CIT only

▶ coordinate with community resources/stakeholders to reduce high cost impacts of crisis on community system

▶ weekly 1:1 follow ups

Peer roles in crisis settings

Changing the trajectory through peer support

Virginia

Peers making a difference

- direct face to face peer support
- group facilitation
- data collection
- medical record documentation
- skills training
- Post-crisis transition planning

Peer roles in emergency departments

Support when needed most

Poll #2

DO YOU CONSIDER YOUR PEER WORKFORCE CO-OCCURRING CAPABLE?

New Jersey

Bringing needed supports for those living with opiate use disorders

▶ The purpose of Opiate Overdose Recovery Program is to respond to individuals reversed from opioid overdoses and treated at hospital emergency departments because of the reversal

Collaboration

Contract model with peer-run organizations

- ▶ Non-clinical assistance,
- ▶ recovery supports
- ▶ appropriate referrals for assessment and treatment

Georgia

Northeast Georgia Medical Center

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

Georgia Council on Substance Use (GCSA)

- ▶ CARES in the Emergency Department (CARES stands for Certified Addiction Recovery Empowerment Specialists)

- ▶ Peer support workers are not asked to perform any duties that are outside of their scope or role

- ▶ Connect to recovery communities and post -crisis transition

Peer roles in criminal justice settings

Not everyone can do it

Oregon

Washington County

Peer support for individuals who are incarcerated

- ▶ Emotional support through empathy
- ▶ Inreach to jails
- ▶ Assistance with post-release transition to community
- ▶ Navigating CJ systems, including community corrections

Outcomes and Impact of Peer Programs

Snapshot of outcomes

▶ Peer respite

  ▶ significant savings compared to inpatient psychiatric admissions

  ▶ Improvements in self-reported recovery measures

  ▶ Cost savings ~ $350/day for respite; ~$800 for IP admission

Snapshot of outcomes

▶ Peers as mobile responders

  ▶ Reductions in psychiatric IP admissions

  ▶ Lower cost

  ▶ Improved linkage to community resources, including peer support

▶ Peers in emergency departments

  ▶ Reductions in re-admissions

  ▶ Better engagement in post-discharge services and supports

Poll #3

ARE YOU USING TECH-ENABLED SOLUTIONS FOR PEER SUPPORT?

CHOOSE THE ANSWER THAT BEST REFLECTS YOUR CAPABILITIES.

Opportunities for tech-enabled & tech-assisted peer support solutions

Channels for tech-enabled support

▶ **Telephonic**

▶ **Telehealth platforms (audio and video capable, synchronous)**

▶ **Mobile apps**

▶ **Web-based resources and information; health education and health literacy**

Factors Impacting Digital Access

▶ Access to devices

▶ Access to internet; "digital divide" and how to overcome it

▶ Digital literacy and digital health literacy

▶ Limitations for Lifelink/Safelink phones (minutes, data plans)

▶ Digital engagement requires additional skills to be effective

Thank you!

QUESTIONS AND ANSWERS

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