

Integrating Behavioral Health Peer Support Specialists into Crisis Response

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Featuring:

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Welcome and Introduction



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Today's Moderator



Mike Hatch, MPA

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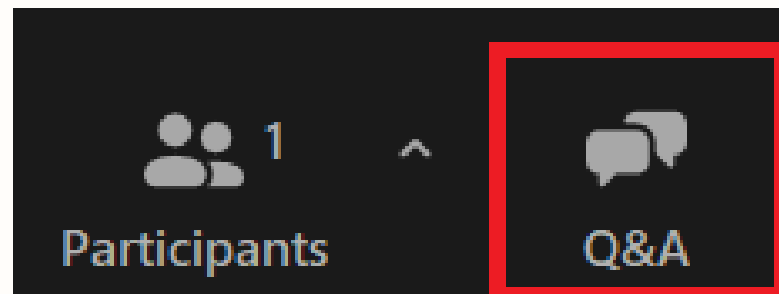
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Reminders



Questions

Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits at the end of the presentation.



Reminders, cont.



Recording

This webinar is being recorded.

Slides will be disseminated in the days following the webinar.

ASL Interpretation



- We have arranged for ASL interpretation services during this webinar.
- The ASL interpreters for this meeting are:
 - Dave Gratzer
 - Dwight Godwin
- Live transcription from Zoom is available.
 - Click Live Transcript CC and then select Show Subtitles.
 - Subtitles can be moved within the window and resized.

Introducing Today's Presenters



Chanson Noether, MA

- Chanson Noether is a Director at Policy Research Associates (PRA). In this capacity, Mr. Noether oversees a portfolio of criminal justice and behavioral health-focused training and technical assistance initiatives for PRA.
- In his primary role, Mr. Noether serves as the Director of SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, where he oversees all training and technical assistance activities for the Center.
- Mr. Noether also serves as PRA's Director for the BJA-funded Academic Training to Inform Police Responses National Initiative to Enhance Police Engagement with People with Behavioral Health Conditions and Developmental Disabilities.

Introducing Today's Presenters



Patricia McIntosh, LCSW, MPH

- Patricia McIntosh is the Director of Community Safety and Wellness for the City of Hartford. In this capacity, she is responsible for leading projects aimed at improving the interrelated systems that serve the City's most vulnerable residents.
- The Office of Community Safety and Wellness is responsible for collaborative partnerships with community-based organizations, state and federal agencies, healthcare providers, and community members. These projects address issues of mental health, justice involvement, violence, housing insecurity, access to education, and more.
- In late 2020, Ms. McIntosh began working with the City of Hartford to support the development of a civilian crisis response team for non-violent 911 calls for individuals experiencing emotional distress.
- In 2022, the HEARTeam launched, providing a tiered response, using both co-response and community response models. Deployment of the innovative community response model started in April 2022 and continues to expand and develop.

Introducing Today's Presenters



Stephanie Perez

- Bilingual and Bicultural, Ms. Perez is a Community Renewal Team (CRT) employee who serves as a Peer Recovery Specialist on the Hartford Emergency Assistance Response Team (HEARTeam). She has served on the HEARTeam since it began in December 2020.
- Most recently, Ms. Perez has been certified as a Community Health Educator and a Recovery Support Specialist.
- Ms. Perez exemplifies the role of a Peer Recovery Specialist. She provides clients with a real-life understanding of what living in crisis and dealing with substance use is all about. Happily, she has been in recovery since Mother's Day 2016. Additionally, Ms. Perez is a survivor of child exploitation, domestic violence, and human trafficking.
- Impassioned by this job, Ms. Perez believes the CRT model works well because of the strong connections made with clients. Ms. Perez meets the clients where they are, inspires hope, and shows that recovery is possible by sharing her lived experiences.

Introducing Today's Presenters



Leigh Ann Davis, MSSW, MPA

- Leigh Ann Davis is Director of Criminal Justice Initiatives at The Arc of the United States. She directs The Arc's National Center on Criminal Justice and Disability[®] (NCCJD[®]).
- She oversaw the development of NCCJD's signature training: *Pathways to Justice*[®] and passionately works to establish NCCJD and The Arc's 650-chapter network as the go-to place for information and training on justice and disability.
- As The Arc's SME on the topic of justice and IDD, she provides consultation to federal and non-profit agencies and has provided guidance to White House officials.
- Her mission is to ensure that people with IDD have a platform and the training they need to advocate for themselves, especially as citizens who are overrepresented in the criminal justice system.

Introducing Today's Presenters



Jordan Smelley

- Jordan is a Mental Health Peer Support Specialist and a person in long-term recovery from intellectual and developmental differences with co-occurring mental health challenges.
- Jordan defines his own recovery in relation to the opportunities available to present and educate the community on topics around supporting individuals with IDD. He prioritizes his ability to advocate for himself and others, as well as find robust resources to address ongoing issues that may present.
- Jordan has created and delivered various presentations and is involved in IDD Peer Support projects throughout Texas, including the honor of being selected to present at the NAMI Texas 2022 Conference this November. Jordan is passionate about ensuring individuals with IDD can get peer support services necessary when they are ready to receive them.

Overview of Peer Support Across the Sequential Intercept Model (SIM)

Chanson Noether, MA

Director, Policy Research Associates



Peer Support Overview



- Peer support is an evidence-based practice that has been proven highly effective in supporting the recovery of individuals with behavioral health conditions who are involved in the criminal legal system.
 - Increase engagement in treatment and recovery
 - Promote a sense of hope and self-empowerment
 - Improve social functioning and overall quality of life
 - Decrease hospitalizations – frequency and duration
- Critical components to peer support involve the belief that recovery is possible for individuals with behavioral health conditions, and in the mutually beneficial relationship between individuals with similar life experiences.

Peer Support Overview



- Peer support “requirements”
 - General peer support – self-identify as a person in recovery from mental illness, substance use, or trauma
 - Veterans support – military service as shared experience
 - Family support – family member in recovery as shared experience
- Criminal legal system settings – many different peer support roles
 - In addition to the other listed experiences, individuals may/should also have shared experience of having been involved in the criminal legal system.
 - Community peer support services that help deter criminal legal system involvement or ease reentry after incarceration differ significantly from peer support services within incarcerated settings.

The Evidence



- Reduced rehospitalization rates
- Reduced days inpatient
- Lower overall cost of services
- Greater utilization of outpatient treatment
- Increased engagement rates
- Increased quality of life outcomes
- Improved whole health outcomes

The Evidence



- Better able to engage people in caring relationships
- Improve relationships between clients and outpatient providers, increasing engagement in non-acute and less costly care
- Decrease substance use, unmet needs, and demoralization
- Increase hope, empowerment, self-efficacy, social functioning, quality of and satisfaction with life, and activation for self-care

Larry Davidson, Chyrell Bellamy, Matthew Chinman, Marianne Farkas, Laysha Ostrow, Judith A. Cook, Jessica A. Jonikas, Harvey Rosenthal, Sue Bergeson, Allen S. Daniels, and Mark Salzer, 2018, "Revisiting the Rationale and Evidence for Peer Support," Psychiatric Times 35(6), 11–22.

The Evidence



Some research has found that those who receive peer support are more likely than those who do not to:

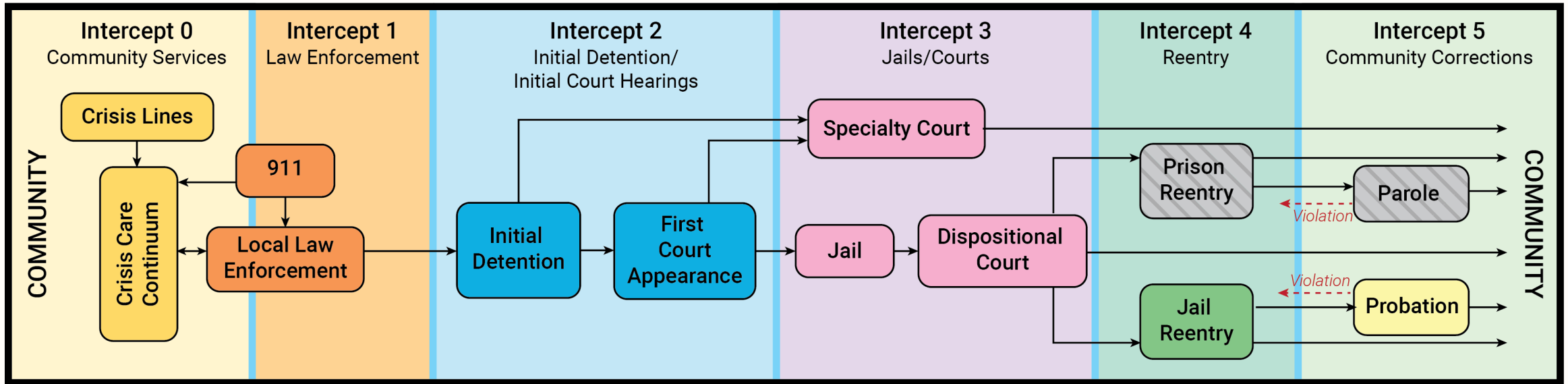
- Avoid returning to jail or prison
- Improve their community living standards or general level of functioning
- Re-establish family relationships or develop new social connections to people in their communities
- Live independently
- Work

R. Barron, 2011, Forensic Peer Specialists: An Emerging Workforce. New Brunswick, NJ: Center for Behavioral Health Services and Criminal Justice Research, Institute for Health, Health Care Policy, and Aging Research.



Peer Roles Across the Sequential Intercept Model (SIM)

Sequential Intercept Model (SIM)



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Depicts how adults with behavioral health needs move through the criminal legal system.

Intercept 0: Community Services



Role of Behavioral Health Peer Support Providers

- General and targeted public outreach and engagement efforts
- Operating warm lines and crisis lines
- Serving on mobile crisis outreach teams
- Working in crisis stabilization units and respites
- Working as a navigator or bridger in hospital emergency departments
- Serving on Assertive Community Treatment (ACT) teams
- Facilitating support groups and other community-based services

Intercept 1: Law Enforcement



Role of Behavioral Health Peer Support Providers

- Involvement with Crisis Intervention Teams (CIT) and related training
- Co-responding with law enforcement and emergency services
- Coordinating outreach and engagement efforts to follow up with individuals identified as being at risk for involuntary hospitalization and/or further involvement in the criminal legal system



Role of Behavioral Health Peer Support Providers

- Help individuals process what has happened and prepare for what is coming next
- Explaining the arrest, detention, and arraignment processes
- Helping to ensure that the individual feels safe and respected
- Giving the individual hope that they can recover from mental and/or substance use disorders and cope with criminal legal system involvement

Intercept 3: Jails/Courts



Role of Behavioral Health Peer Support Providers

- Providing peer support services on treatment court teams
- Providing peer support services on Forensic Assertive Community Treatment (FACT) teams
- In jails and prisons, peer support, particularly mentoring and facilitating support groups, is increasingly being made available to support individuals with mental and substance use disorders

Intercept 4: Reentry



Role of Behavioral Health Peer Support Providers

- Provide peer support around reducing relapse and recidivism
- During reentry, peer support specialists provide assistance with treatment planning and system navigation (accessing housing, employment, benefits, etc.)
- When begun prior to release, peer support activities include preparing individuals in jails and prisons to develop plans and identify resources to ensure uninterrupted treatment and connection with a recovery community

Intercept 5: Community Corrections



Role of Behavioral Health Peer Support Providers

- Assist people who are placed on probation/parole with understanding and adhering to the provisions and conditions of their probation/parole
- Balance such responsibilities with sustaining treatment and recovery
- Peer support providers work with both the individual as well as community corrections officers to access resources and services including housing, employment, and benefits

Hartford Emergency Assistance Response Team

***** HEARTeam *****

Patricia McIntosh, LCSW, MPH

*City of Hartford, CT
Director, Community Safety and Wellness
Office of the Chief Operating Officer*

Stephanie Perez, RSS, CHW

*Community Renewal Team, Inc. (CRT)
Peer Recovery Specialist
Community Health Worker*



Purpose



The City of Hartford commits to creating a safe, humane and comprehensive response to non-violent emergency calls for service for individuals with emotional distress.



Hartford Emergency Assistance Response Team

How We Got Here



Fall 2020

- City of Hartford Mayor and City Council approved and allocated \$5M to the development of a crisis response program for calls placed to 911 in lieu of or in collaboration with the Hartford Police Department. An advisory board and project manager position were established and set to exploring options that fit the culture and demographics of the City of Hartford.

2021

- Recommendations were submitted to the Mayor; a tiered response was determined to be the best fit and an RFP process identified a vendor. The process of integrating the Public Safety Department and the service agencies unfolded.

2022

- A co-response collaboration with youth crisis services began in February 2022.
- The launch of a community response program using a clinician and a peer, without dispatching police, occurred in April 2022.

The Unique Approach



- The **City of Hartford 911 Call Center** dispatches the HEARTeam, just as they dispatch other public safety services (Police, Fire, EMS).
- The **HEARTeam** delivers tiered responses to 911 calls for youth and adults in emotional crisis. Co-response, community response, and mobile crisis teams are systemic approaches available for persons in crisis in the City.
- The City is also home to a plethora of social service agencies for care across the spectrum of needs.

The Tiers: Adult Co-Response



Capitol Region Mental Health Center: Mobile Crisis Team

Targeted Client Group:

- Adults with severe and persistent mental illness and/or co-occurring substance use; adults in behavioral health crisis

Response Model:

- Under the auspices of DMHAS, MCT provides services to all adult residents regionally; a longstanding partner with Hartford Police Department utilizing a Crisis Intervention model; deploys a team of clinicians to conduct community crisis evaluations independently or in conjunction with HPD

Areas of Focus:

- Long-term relationship with residents, HPD, city hospitals; access to statewide service history; able to manage complex care needs

The Tiers: Youth Co-Response



Wheeler Clinic: Mobile Crisis Intervention Services

Targeted Client Group:

- Children and youth (under 18 years of age) experiencing a behavioral health crisis

Response Model:

- Deploys clinicians with expertise in working with youth

Areas of Focus:

- Able to provide follow up care; existing partnerships with 211, DCF, Hartford Public Schools, and Connecticut Children's Medical Center.

The Tiers: Community Response



Community Renewal Team (CRT), Inc.: Community Response Services

Targeted Client Group:

- Adults in less acute emotional distress.
- Initial call types included indecent exposure, loitering, intoxicated persons, and calls for assistance. Calls expanded to include wellness checks, trespassing, panhandling, EDP, and homelessness. Current plan to expand to include substance use and overdoses.

Response Model:

- Clinicians and peer responders are deployed by dispatch and conduct independent outreach.

Areas of Focus:

- Crisis de-escalation and connection to other services, including basic needs, employment, housing and other health services. Wrap around case management and transition to other service agencies, which can include transportation of client.

HEARTeam CRT – The Dispatch Process



- The 911 Call Center Dispatchers are pivotal to assigning the right resource.
- Calls from dispatch are placed directly to the HEARTeam CRT through a dedicated phone line.
- HEARTeam CRT utilizes a police radio for communicating when they are en route to a call, on scene, and terminating a call. The radio also provides direct access in the event of an emergency.

HEARTeam CRT – Quick Data Overview



From April through October 2022 (7 months):

- Responded to 389 calls
- 78% were without co-response
- Average response time to call is under 15 minutes
- Follow ups are arranged for 35% of calls
- 73% of encounters are under 20 minutes
- 10% are repeat clients
- 7% escalate on scene

Services provided:

56% SUD/MH
15% Homelessness
30% Other

Client demographics:

47% Female
43% Male
37% Black
30% White
25% Latino

Staff demographics, N=9

89% Female
33% White; 67% Non-White
34% Spanish Speaking



Why Peers?

- Help to reduce barriers to interventions and supports
- Complement the role of the clinician
- Positive role modeling
- Reflect the demographics of the community being served
- Broaden the pool of responders to eliminate equity concerns by bringing in more representation

HEARTeam CRT – Peer Training



- Peers are known as Peer Support Specialists and also known as Recovery Support Specialists. Certification is available through several community service agencies. State Certification is available in Connecticut through the CT Certification Board (CCB).
- The unifying skill of Peers is their use of their own lived experiences to engage, support and empower clients on their own recovery journey.
- Recovery is not only specific to substance use. It can refer to mental health, domestic violence, human trafficking and other challenging life experiences.

HEARTeam CRT – Peer Training



My lived experience helps me to:

- Inspire hope
- Bring awareness
- Meet clients exactly where they are
- Show that recovery is possible
- Allow connection
- Break the stigma
- Reduce judgement

HEARTeam CRT Response Teams



CRT dispatches a **clinician** and a **peer**:

- The **peer** engages the client, asks questions, builds rapport, shares lived experiences, inspires HOPE, and reassures the client that they are not alone.
- The **clinician** conducts a brief bio-psycho-social assessment to gauge the client's overall functioning, identifies their needs, and works collaboratively with the peer to provide immediate safety planning. On scene, a provisional plan of care is created with connection to immediate resource needs.
- On scene intervention is not where it ends. HEARTeam CRT also utilizes Community Health Workers (CHW) to provide ongoing case management and link to community resources. After just 7 months, a major goal for HEARTeam CRT is to have all Peers dually certified as CHWs to further enhance the care provided to the client.

HEARTeam CRT – Success 1



Presenting problem:

- 911 call for a Hispanic male, laying down and loitering, requesting assistance. Once on scene, the HEARTeam CRT found the client in distress because he was homeless and felt there was no support for him.

Intervention:

- Peer responded; client connected with peer who provided a next day appointment
- Client followed up next day, but client was adamant that recovery was not in his future. He was very guarded and challenging to engage
- Peer continued to build rapport and demonstrate empathy
- Peer helped secure basic needs, including mail, phone, insurance, food assistance

Outcome:

- Peer provided encouragement, connections, hope and motivation
- Client missed follow up appointment one week later
- After 2 weeks, client called to thank peer for being so persistent and humble. He felt inspired by her story and enrolled in detox in a facility 1 hour away. Client was linked to methadone treatment and placed in a shelter bed within 2 weeks.

HEARTeam CRT – Success 2



Presenting problem:

- 911 call for a wellbeing check for a 35 y.o. woman. Adult nieces called with concern for her safety as she had not been heard from in 3 days. 3 days prior, neighbors saw her in a verbal argument with BF that escalated to physical abuse. Concern also due to recent relapse x 2–3 months, now using heroin and cocaine. Recent removal of child by DCF. Nieces report aunt is very depressed.

Initial Intervention:

- Requested co-response due to domestic violence concerns.
- Peer connected to family, sharing lived experience with abuse, addiction, and history with DCF.
- Landlord contacted; police entered home; client not found inside. Police intervention ended.
- Peer engaged neighbors to identify where client seeks drugs; encouraged family members to search at those locations.

HEARTeam CRT – Success 2 continued



Secondary Intervention:

- Family found client at one of the locations provided by neighbors and connected client to the peer
- Peer supported client initially by phone, sharing lived experiences
- Client broke down and agreed to engage with detox and inpatient treatment

Outcome:

- Referrals for detox provided
- Complex drug use made it necessary to have medical clearance prior to detox
- HEARTeam CRT provided transportation to hospital for medical detox prior to inpatient treatment

HEARTeam CRT – Success 3



Presenting problem:

- 911 call for a male party wearing a hospital wristband, outside asking for money. Once on scene, man in the area identified apartment in the building where the client resides and let HEARTeam CRT into the building. Client's mother explained client's struggle with alcohol. Mother concerned about homicidal remarks towards mother made while intoxicated.

Initial Intervention:

- HEARTeam CRT canvassed the area in search of client
- Peer connected with family by sharing lived experience
- Spanish-speaking peer able to connect linguistically and culturally with family and provided interpretation on scene
- Client found and receptive to treatment
- Referral and screening completed on site for detox and inpatient treatment
- Immediate recovery support plan made
- Harm reduction plan made with client to reduce alcohol intake



Secondary Intervention:

- Ongoing connection for coaching, mentoring and anticipating next steps
- Peer support to mother, to remain involved in treatment planning, at son's request
- Peer contacted a local detox
- Client picked up and transported to office, then sent by Uber to detox
- Peer remained involved to assist in coordinating care after detox

HEARTeam CRT – Success 3 continued



Outcome:

- Client noted to be unstable; transported back to hospital
- Peer called for ambulance transport for possible TBI or head injury
- Ambulance recognized client from assault a few weeks prior with acute head injury
- Paramedic advocated for CT Scan at hospital
- Client detoxed in hospital
- Peer identified treatment facility and coordinated transition from hospital to treatment
- Peer stayed connected with client's family
- Client completed treatment successfully and was discharged home

HEARTeam CRT – What lies ahead?



- Increase in hours and access from 7 hours, Monday – Friday, to 13 hours, Sunday – Saturday.
- Professional development for Peers and CHWs, dual certification for this role
- Ongoing skill development for all team disciplines
- Expansion of call types
- Continuing to promote services as part of the emergency response teams in the City of Hartford

Looking to the Future: Incorporating people with IDD into Crisis Response

Leigh Ann Davis, MSSW, MPA

Director of Criminal Justice Initiatives

The Arc of the United States

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Mental Health Peer Support Specialist

Association of Person's Affected by Addiction (Dallas, TX)



What is Intellectual and Developmental Disability (IDD)?



- Developmental disabilities: a group of conditions due to an impairment in physical, learning, language, or behavior areas; these conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime
- Intellectual disability: a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22

How can People with IDD be Incorporated into Crisis Response?



- No examples yet, but people with IDD are increasingly involved in peer support roles
- There is no billing structure for people with IDD in peer supports; challenge of relying on Medicaid and fear of losing benefits if they take on additional work
- Typically, people with IDD can become a peer support specialist only if they have a co-occurring or dual diagnosis, and there is no certification process for people with IDD to become Peer Support Specialists (PSS)
- A standardized and sustainable model of supporting people with IDD in PSS and other crisis response roles is needed

Including People with IDD in Crisis Response: Interviewing Jordan



- How did you become a Peer Support Specialist (PSS)?
- As a PSS that has an IDD, why do you think it is important to include people with IDD in peer support?
- How does having IDD make you more effective in your current job as a PSS?

Including People with IDD in Crisis Response: Interviewing Jordan



- What challenges can people with IDD face in trying to become a PSS?
- Once there is more opportunity for people with IDD to become a PSS, how might they be integrated into crisis response or co-response teams?
- If you could become part of crisis response or co-response team, would you want to try it?



Please submit your questions in the Q&A pod. We will answer as many audience questions as time permits.

Access resources

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