Peers Across the Crisis Continuum

Authors:

Amy Brinkley, CRS/CHW, CAPRCII, Recovery Support Systems Coordinator, National Association of State Mental Health Program Directors

Justin Volpe, CRPS-A, Peer Support Coordinator, National Association of State Mental Health Program Directors

NASMHPD

Highlights

1) National and federal resources often mention peers but do not focus on the practical integration of peers within the full crisis continuum.

2) There is a need for national standardization of Peer Support training, certifications, or competencies for Peer workforce.

3) Peer Support workers in the crisis continuum should equitably reflect the community they are serving.

4) A clear need for standardized data collection showing where peers are engaging in the crisis continuum is an identified need.

NASMHPD

Crisis Peer Paper Sections

Paper is structured into 8 different sections with 8 recommendations scattered throughout each section.

1. Introduction
2. National Perspective – Peers in Crisis Services
3. Peer Support History and Evolution
4. Current Utilization of Peer Support in Crisis Services
5. Realizing the Potential for Peer Roles within the Crisis Continuum (largest section)
6. Co-Responder Models and Alternative Approaches
7. Funding for Peer Services
8. Conclusion

NASMHPD

Peer Support Worker Defined

Peer Support Workers are defined in accordance with SAMHSA's definition:

'Someone who has been successful in the recovery process who helps others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse.'

In terms of addressing recovery needs for people in crisis and following up post-crisis, the definition's focus on meeting people's needs beyond the clinical setting and helping people reduce their risk of relapse points to the need for peer support workers to have a significant role in crisis services.

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

NASMHPD

Local/State/Federal Peer Representation

- **Local** - People with lived experience/Peers are currently employed in crisis settings, behavioral health traditional treatment spaces, peer run organizations, re-entry courts, and emergency departments (non exhaustive list).

- **State** – People with lived experience/Peers are currently employed in State Mental Health Authorities housed within Recovery Offices/Office of Consumer Affairs (various titles) within 99% of States and Territories as of May 2023.

- **Federal** – People with lived experience/Peers are currently employed within the executive branch and beyond at SAMSHA.

The lived experience leadership is imbedded at the local, state, and federal level within behavioral health as of May 2023.

https://www.samhsa.gov/about-us/who-we-are/offices-centers/or

https://nasmhpd.org/content/division-recovery-support-services

NASMHPD

SAMHSA Crisis Peer Advisory:
Examples of Where Peers are Employed Within Crisis Eco System

- Peer warmlines
- Peer-run respites
- Peer Support Workers in Schools
- Peer Support Workers throughout the Criminal Justice system
- Peer Support Workers in community-based treatment settings such as CCBHCs
- Peers on Mobile crisis teams
- Peers in Emergency rooms, crisis receiving facilities, Living Room, etc.
- Peers in Inpatient settings
- Peer support workers in Crisis Lines
- Peer Led Step Up/Step Down Programs

https://www.samhsa.gov/resource/ebp/advisory-peer-support-services-crisis-care

NASMHPD

SAMHSA Advisory
Peer Support Services in Crisis Care

What Peer Support Workers Should Do	What Peer Support Workers Should Not Do
• Serve as a role model. • Provide support during a crisis. • Help with goal setting and wellness planning. • Make connections with other services and supports	• Perform work that does not meaningfully contribute to care. • Act as a sponsor, therapist, or clinician. • Assess, diagnose, or treat an individual. • Assimilate into other roles.

SAMHSA Advisory
Peer Support Services in Crisis Care (Key Considerations)

Here are the key considerations of SAMHSA's Advisory on Peer Support Services in Crisis Services:

Key considerations listed were:

❑ Role Integrity

❑ Stigma

❑ Recruitment and Retention of Peer Support Workers

❑ Sustainability and Funding of Peer Support Services

❑ Certification and State Requirements

https://www.samhsa.gov/resource/ebp/advisory-peer-support-services-crisis-care

NASMHPD

The Data

- On May 18, 2023, NASMHPD sent a feedback form to 44 state and territory recovery leads in state government roles through the NASMHPD Division of Recovery Support Services (DRSS).

- Out of the 44 states and territories who received the request to provide their feedback, a total of 17 states provided responses.

- The settings were listed across Pre-Crisis Care, Sub-Acute Care, Acute Care, Stabilization, and Post-Crisis Care within the SAMHSA Crisis Advisory which the feedback form modeled.

Crisis Continuum	SAMHSA's Recommendations for Integration of Peers	In a Sample of 17 States How Many Had These Integrations
Pre-Crisis Care *Services Intended to avert a crisis*	Outreach	14
	Warmlines	14
	Crisis Planning	14
	Linkage of Resources	16
	Individual and group digital support	10
	Harm Reduction	13
	Peer Run Organizations	16
	Mobile Recovery Centers	6
	Outpatient	13
	Rehabilitation Programs	10
	Homeless Outreach	12
Sub-Acute Care *Services provided to those who experience a mental and/or substance use disorder crisis, but do not require acute care*	Inpatient hospitalization care	14
	Partial hospitalizations care	5
	Short term Intensive Treatment	9
	Linkage to Resources such as 23-hour stabilization units/bed, inpatient hospitals, and partial hospitalizations, Hospital diversion houses	14
Acute Care *Services Provided to de-escalate a crisis and/or when acute BH is required:*	Crisis Hotlines	11
	Emergency Department care/advocacy	15
	Intensive treatment and services	10
	Linkage to resources such as Emergency Department, Mobile Crisis Teams, Crisis Intervention and response teams, Police and Correctional Diversion	15
Stabilization *Services designed to assist with symptoms stabilization before returning to community.*	Residential Stabilization	9
	Step-down services	11
	One-on-one services	12
	Linkage to Resources such as crisis receiving and stabilization facilities, Crisis Respites, Recover Residences, and Living Rooms	15
Post-Crisis Care *Services aimed to support the individual after the crisis has subdued*	Post crisis supports groups	12
	Recovery supports	16
	Social inclusion and structure	10
	In home peer companionship	4
	Self-care supports and digital support such as Peer run organizations, ACT teams, other outpatient and rehabilitative settings	16

NRI Workforce Report (November 2022)

Out of 44 states who responded to the survey, the following number of states reported Peer Support Workers as being short staffed as well within the categories identified below:

NRI Workforce Report

- 17 States Reported a Shortage of Peer Support Workers within Call Centers
- 24 States Reported a Shortage of Peer Support Workers within Mobile Crisis Teams
- 23 States Reported a Shortage of Peer Support Workers within Crisis Stabilization
- 18 States Reported a Shortage of Peer Support Workers within Crisis Residential
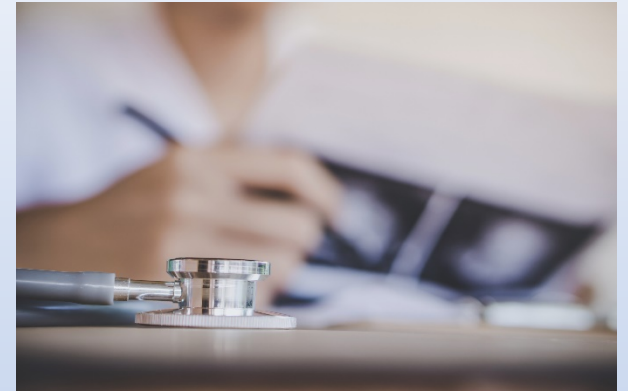
Of the 44 states that responded, 75% indicated that they were actively recruiting peer support workers.

https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf

Medicaid Rates for Peers

- The Medicaid rate for both peer and group peer support services largely varies between states.

- Among 23 SMHAs reporting individual Medicaid reimbursement rates, the average reimbursement rate is $13.26 per 15-minutes (ranging from $7.83/15 minutes to $24.27/15 minutes).

- Among eight SMHAs reporting group Medicaid reimbursement rates, the average reimbursement rate is $6.12 (ranging from $1.61/15 minutes to $13.20/15 minutes)

https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf

NASMHPD

State Strategies to Increase Peer Support Reimbursement in Medicaid

In recognition of the need to increase reimbursement for peer support services through Medicaid, SMHAs:

- Conducted or plan to conduct a rate study (Georgia, Maine, Montana, and Washington). The rate study in Montana suggests that wages should be $2 higher.

- Use specific formularies when reviewing rates that include data from stakeholder input, current utilization, and comparison of rates with other similar state (Texas).

- Observed increases in Medicaid rates during Medicaid Expansion (Utah).

- In Virginia, the Department of Medical Assistance Services shall increase Medicaid rates for peer recovery and family support services in private and public community-based recovery services settings.

https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf

NASMHPD

Maintaining peer support values in crisis service settings

- The rollout of 988 has advocates voicing concerns that could put peers in situations where they are forced to make a moral decision on whether to keep their position/job or honor their peer role, integrity, and ethics that define Peer Support.

- The practice of involuntary commitment and involuntary transport is common in the crisis services space, and peer support workers working in these settings may be involved or complicit in these practices against their will and/or best judgment by virtue of their employers' practices and policies.

- SAMHSA's Peer Core Competencies that are guiding peer certification trainings, standards, and best practices nationally specifically point out that peer support services should be Recovery Oriented, Person-Centered, Voluntary, Relationship Focused, and Trauma-Informed. Considerations for how Peer Support workers in crisis service settings can maintain these competencies in all situations should be taken into account.

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

NASMHPD

Bridging Gaps in Underserved Communities

- Communities that have experienced historical trauma caused by emergency response systems, including Black, Indigenous, and People of Color (BIPOC), may have mistrust of behavioral health crisis response systems and providers.

- It is crucial to expand the crisis response system to meet the unique needs of people of color. Without trust in the services provided, individuals in these communities may be less likely to seek help during a crisis.

- It is essential to establish a crisis response system that is culturally competent, responsive, and inclusive to build trust and increase accessibility for communities that have been historically underserved.

 NASMHPD

Working with Diverse Populations

- Due to national workforce shortages, crisis service providers serving more than one specialized population will require peer support workers to adapt to serve diverse populations.

- Peer support workers need training and experience to be able to interact with all people in crisis, including Veterans, LGBTQI+ individuals, racially and ethnically diverse populations, immigrant populations, neurodivergent individuals, people with criminal and Juvenile Justice System involvement, older adults, Youth, children and young adults, and linguistically diverse populations.

- Specialized training for people without the lived experience of the target population is difficult but can be achieved in environments that are trauma-informed, in which employees are aware of their own implicit biases, and in which there is a positive and open and welcoming organizational culture.

T McGilloway A, Hall RE, Lee, et al.: A systematic review of personality disorder, race and ethnicity: prevalence, aetiology and treatment. BMC Psychiatry 10: 1–14, 2010.

NASMHPD

Role of Family and Youth Peer Support

- With the youth mental health crisis growing, crisis response systems that engage with youth and young adults should include youth peer support specialists. Youth peer support follows the same definition of adult peer support but focuses on a younger age group and ideally utilizes peer support workers who are younger. Organizations hiring youth peer support worker specialists must consider the needs of hiring and retaining a younger population.

- Family peer support initially involved a peer support worker who has lived experience as a family member or caregiver of a child, youth, or young adult who has engaged in one or more child-serving systems. In recent years, this definition has expanded to include family members and caregivers of adult children. Given that family members can play a critical role in providing support to a loved one in a mental health crisis, family peer support should be part of the crisis services offering.

Family Peer-to-Peer Support Programs in Children's Mental Health: A Critical Issues Guide. Rockville, MD, National Federation of Families for Children's Mental Health

Welch MB, Caitlin Baird, Celeste L. Seibel: What Is Peer Support and What is NOT Peer Support? Portland State University. , 2017

NASMHPD

Trauma Informed Practices for Peer Support

- Trauma-informed peer support is essential in crisis services because individuals who are in crisis may be experiencing or re-experiencing trauma, which can impact their mental, emotional, and physical well-being. Trauma-informed care recognizes that traumatic experiences can affect a person's thoughts, behaviors, and emotions and that they may require specialized care and support to heal.

- Trauma-informed peer support is critical in crisis services as it provides a unique form of support that is sensitive to the needs of individuals who have experienced trauma and can help them on their path to healing and recovery.

- To have a trauma informed lens Peer Specialist needs to be in healing place in their own recovery to understand their own issues. They must also understand the trauma of the person they serve, and the trauma from a systemic level and how systems have failed to serve the community.

NASMHPD

Co-Responder and Alternative Model Approaches

- Nationally there is increasing interest in adopting co-responder models to improve engagement of people experiencing a behavioral health crisis.

- Co-responder models vary in practice but typically involve law enforcement and behavioral health clinicians (sometimes peers) working together in responding to a person in a behavioral health crisis.

- There is no consensus on which model is most effective and programs should be adapted to the local context as pointed out in the August 2020, NASMHPD Paper on 'Cop, Clinicians, or Both?'.

- A co-responder model identified in the paper includes (but is not limited to) the RIGHT (Rapid Integrated Group Healthcare Team) Care model which operates out of Dallas Texas and deploys a three-member team consisting of a clinician, Law Enforcement Officer, and a paramedic.

- There are also co-responder model variations to consider as well as is highlighted in a January 2020 Policy Research Inc. (PRI) Publication titled 'Responding to Behavioral Health Crisis via Co-Responder Models'. In this PRI publication it is noted that 'co-responder teams fall into Intercepts 0 and 1 within the commonly used Sequential Intercept Model[1] to inform community-based responses to the involvement of people with mental health and substance use disorders in the criminal justice system.'

NASMHPD

Co-Responder Models (may include)

- Law Enforcement Calls for After-event Support

- Fire Department and/or Emergency Medical Services Join Law Enforcement and Clinicians

- Multi-Professional Teams, Especially for Substance Abuse Intervention

- Law Enforcement Calls for Non-Clinical Support

- Peer Support Workers Join Law Enforcement

- Clinical Staff Advise from Dispatch Centers

- Behavioral Health Navigators Join Law Enforcement at Point of Reentry

NASMHPD

Alternatives to Co-Responder Model Approaches

- **Crisis Assistance Helping Out On The Streets (CAHOOTS)**, **launched in 1989 in Eugene, Oregon.**[lx] - CAHOOTS provides mobile crisis intervention 24/7 in Eugene and is dispatched through the Eugene police-fire ambulance communications center. CAHOOTS dispatches a nurse or EMT alongside an experienced mental health worker for calls concerning situations such as welfare checks, mental health episodes, public intoxication, psychological crisis, assessment, information, referral, or advocacy.

- **Olympia Washington Crisis Response Unit**[lxi] - Olympia's Crisis Response Unit (CRU) launched in April 2019. CRU is contracted by the Olympia Police Department and is on call daily from 7am to 9pm. CRU partners with 'Familiar Faces' program which uses peer specialists to help identify and assist individuals with complex health and behavioral health problems who frequently and persistently have contact with the Olympia Police Departments' Walking Patrol.

- **STAR, Denver Colorado**[lxii] - In June of 2020, Denver, CO launched its Support Team Assisted Response (STAR). The program provides person centered mobile crisis response to community members who are experiencing problems related to mental health poverty, homelessness and/or substance use issues.

Alternatives to Co-Responder Model Approaches (continued)

- **New Mexico Call Centers** – Statewide peer to peer warmlines staffed by peer workers who partner with the crisis access line to conduct warm handoffs to peer-to-peer warmlines which are Medicaid reimbursable.

- **Minnesota Mobile Crisis Teams** – Peers provide services during all phases of the crisis response (Crisis assessment, crisis intervention, crisis stabilization, and community intervention).

- **Pennsylvania Peer Run Crisis Residential** - Provides temporary services to support individuals experiencing emotional distress and/or emergent crisis. Employed by peers who use their lived experience to assist others. Services are voluntary, short term, overnight, 24/7 days a week and available to Columbia, Montour, Snyder, and Union county residents 18 or older experiencing a psychiatric crisis or emotional distress.

A list of studies demonstrating the efficacy of peer run crisis services can be found online at the National Empowerment Center website. Also located on the National Empowerment Center website is a directory of peer respites.

Directory of Peer Respites - National Empowerment Center (power2u.org)
States' Use of Peers in the Mental Health Crisis Continuum - NASHP

NASMHPD

NAMI/MHA Policy Stances:
Alternatives to Co-Responder Model Approaches

NAMI (National Alliance on Mental Illness) Policy Statement

- According to the NAMI (National Alliance on Mental Illness) 44% of people incarcerated in jail and 37% of people incarcerated in prison have a mental health condition — and people with mental illness are booked into the nation's jails around 2 million times every year.

- Millions more end up in emergency departments that are often ill-equipped to address mental health crises, often waiting hours or days to access care.

- Communities that currently have robust crisis services estimate that more than 80% of crises are resolved on the phone, and mobile crisis teams, staffed by behavioral health professionals, are dispatched when an in-person response is needed — with most dispatches resolved in the community.

Mental Health America Policy Statement

- Mental Health America (MHA) National issued a policy statement calling out the need for alternatives to calling 911 and the dispatching of law enforcement personnel in response to mental health and substance use crises. The cited reasoning for alternative approaches to behavioral health Crisis was that 'non-behavioral medical emergencies, such as heart attacks, strokes and non-vehicular accidents are often handled by the 911 system. But rather than dispatching a police officer, an ambulance is sent.

- 'A law enforcement response to a mental health crisis is almost always stigmatizing for people with mental illnesses and should be avoided when possible.' Peer crisis services are considered an alternative to psychiatric ED or inpatient hospitalization. Peer crisis services are operated by people who have experience living with a mental illness (i.e., peers) (Ostrow and Fisher, 2011). Peer crisis programs are designed as calming environments with support for individuals in crisis.

Position Statement 59: Responding to Behavioral Health Crises | Mental Health America (mhanational.org)
Criminalization of People with Mental Illness | NAMI: National Alliance on Mental Illness

NASMHPD

Funding for Peer Support Services

What we know is that each state is funding peer support workers with a diversity of funding streams. States are using Block Grant dollars, General Revenue dollars, Medicaid dollars, Federal, State, and Local dollars to varying degrees.

Federal Funding Opportunities Available for Peer Services
(not crisis specific necessarily)

1. Substance Abuse Block Grants
2. Mental Health Block Grants
3. SAMHSA Grants
4. Building Communities of Recovery Grants (BCOR) - SAMHSA
5. Recovery Community Services Program (RCSP) Grants
6. Statewide Family Network Grants (SAMHSA)
7. Statewide Consumer Network Grants (SAMHSA)
8. Harm Reduction Grants (SAMHSA)
9. State Opioid Response (SOR) Grants – States Only
10. Treatment, Recovery, and Workforce Grants
11. Bureau of Justice (BJA) COSSAP Grants
12. Human Resources and Services Administration (HRSA)

Medicaid Options for Funding Peer Support Workers

1) State Plan Rehabilitation Service Options
2) Health Home State Plan Option
3) Section 1915 (I)
4) Section 1115 Demonstration Waivers
5) Certified Community Behavioral Health Clinic Demonstrations

NASMHPD

Funding Options for Peer Support Recovery Support Services Beyond Medicaid

- **SAMHSA Grants -**
  - SABG Block Grant - https://www.samhsa.gov/grants/block-grants
  - Mental Health Block Grant - https://www.samhsa.gov/grants/block-grants/mhbg
  - SAMHSA 2022 Grant Overview - https://www.samhsa.gov/grants
  - BCOR Grants - https://www.samhsa.gov/grants/grant announcements/ti-19-003
  - RCSP Grants - https://www.samhsa.gov/grants/grant-announcements/ti-17-006
  - Statewide Family Network Grants - https://www.samhsa.gov/grants/grant-announcements/sm-15-001
  - Statewide Consumer Network Grants - https://www.samhsa.gov/grants/grant-announcements/sm-15-002
  - Harm Reduction Grants - https://www.samhsa.gov/grants/grant-announcements/sp-22-001
  - SOR *States Only - https://www.samhsa.gov/grants/grant-announcements/ti-22-005
  - Treatment, Recovery, and Workforce Grants (already awarded) - https://www.samhsa.gov/grants/grant-announcements/ti-20-013
- **Bureau of Justice Affairs Grants (COSSAP)** - O-BJA-2022-171280 | Office of Justice Programs (usdoj.gov) - https://www.bja.ojp.gov/program/cossup/about
- **Human Resources and Services Administration (HRSA)** - https://www.hrsa.gov/grants/find-funding/HRSA-21-090
- **MACPAC Recovery Support Services -**
  https://www.medicaid.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html

NASMHPD

Key Recommendations

1. **State/Federal Behavioral Health Leaders** Identify and develop easy to access toolkits, resources, organizational readiness scales, and best practice guides specifically focused on peer support services delivered within the crisis continuum for local community stakeholders. This should include (but not be limited to) model training curricula, core competencies for peer support workers in crisis settings, and organizational readiness scales to be shared with states, territories, and providers.

2. **Peer Support Leaders** should continue to seek out and create leadership opportunities in local, state, and federal government spaces.

3. **States and Federal Partners:** Should consider adding peer/recovery data collection measures to the Mental Health and Substance Use Block Grant (BG) recipients that provide peer recovery support with Block Grant monies.

4. **Crisis Service Providers and Funders (Local, State and Federal)** should track data about where and how peers are being used across all settings, counties, and states, will help with standardization, best practices, and expansion efforts for peer support workers in these spaces.

Key Recommendations

5. Treatment Providers and Crisis Service Delivery System Leaders should incorporate clear communication with staff (peer and non-peers) into standard operating procedures regarding the role of peer support staff and ensure transparency on the role of peer support workers in all settings and adequate supervision by trained supervisors for peer support workers.

6. **Peers, Stakeholders, and Treatment Providers**: Should provide access to adequate training for peers to ensure competency in reaching all communities and to ensure hired peer workers represent the communities they serve in both demographic backgrounds and lived experiences.

7. **Local, State, and Federal Funder**s should require peer support inclusion via contracts with vendors providing crisis services to help with expansion of peer support workers in all crisis settings. Funders should increase funding for peer run respites, warmlines, step-up, step-down programs and other peer-led services in the crisis system.

8. **Local, State, Behavioral Health Providers and Leaders:** Increase the amount of Peer Respites and non-clinical settings for people in crisis. Expand mobile crisis and diverse peer outreach to underserved communities.

NASMHPD

Resources

1) https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

2) https://www.samhsa.gov/about-us/who-we-are/offices-centers/or

3) Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)

4) https://www.samhsa.gov/resource/ebp/advisory-peer-support-services-crisis-care

5) https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf

6) https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

7) Family Peer-to-Peer Support Programs in Children's Mental Health: A Critical Issues Guide. Rockville, MD, National Federation of Families for Children's Mental Health

8) Welch MB, Caitlin Baird, Celeste L. Seibel: What Is Peer Support and What is NOT Peer Support? Portland State University. , 2017

9) https://www.mhanational.org/issues/position-statement-59-responding-behavioral-health-crises

10) https://nami.org/Advocacy/Policy-Priorities/Stopping-Harmful-Practices/Criminalization-of-People-with-Mental-Illness#:~:text=About%202%20million%20times%20each%20year%2C%20people%20with,federal%20prisons%20and%2044%25%20held%20in%20local%20jails%29.

NASMHPD

Thank You!

Contact:

Amy Brinkley: amy.brinkley@nasmhpd.org

Justin Volpe: justin.volpe@nasmhpd.org