



# Crisis Response: Peer Leadership to Develop Community Solutions

*Welcome! We will get started momentarily*

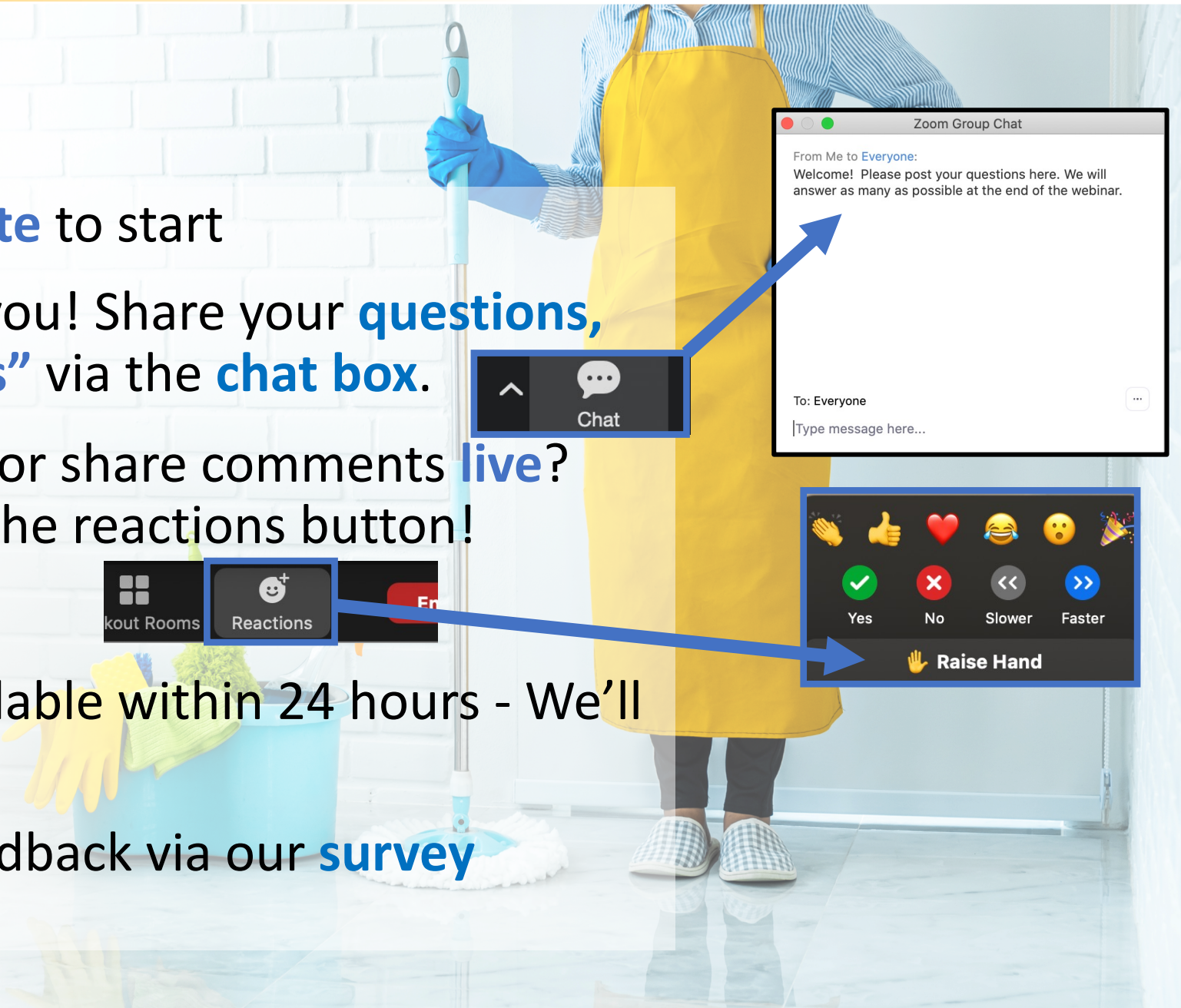
June 30, 2021

7:30am - 9:00am PST / 10:30am - 12:00pm EST

# Housekeeping

- Everyone will be on **mute** to start
- We want to hear from you! Share your **questions, comments** and “**ah-ha’s**” via the **chat box**.
- Want to ask a question or share comments **live**? **Raise your hand** using the reactions button!

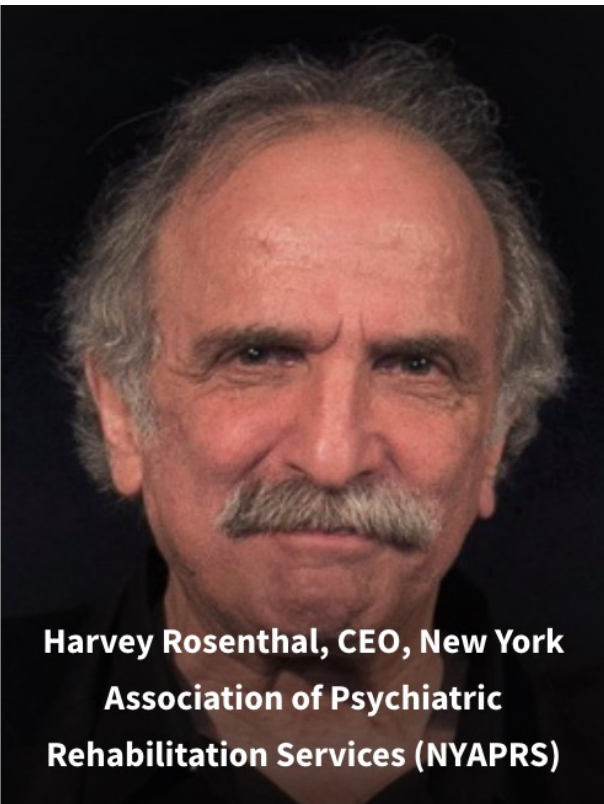
- A **recording** will be available within 24 hours - We'll email you.
- Please provide your feedback via our **survey**



# Our Time Today

- Introductions
- Panel Presentation (60 minutes)
  - Setting the Stage
  - Examples of Peer-Led Crisis Response & Prevention
- Audience Q&A / Moderated Discussion

# Our Panelists





# Crisis Response: Peer Leadership to Develop Community Solutions

College for Behavioral Health Leadership

June 30, 2021

Harvey Rosenthal, CEO, NYAPRS

Lisa St. George, Recovery Innovations

Steve Miccio, People USA

Mark Clarke, Baltic Street AEH



# NYAPRS Mission

*NYAPRS serves as a state and national change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness, rights and recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.*

**ADVOCATE**

**EDUCATE**

**INNOVATE**

**CELEBRATE**

*We make services more hopeful and successful; fight stigma and discrimination, and advocate for human rights and dignity.*

# The Nexus of Peer Crisis Innovations, Criminal Justice Reforms and Racism

Advancing Human Rights and Social Change

Fighting Discrimination, Promoting Dignity

**out&EQUAL**  
Workplace Advocate

I would like to see every gay doctor come out, every gay lawyer, every gay architect come out, stand up and let the world know. *That would do more to end prejudice overnight than anybody would imagine.*

Harvey Milk,  
taped statement,  
November 18, 1977



# Peer Support is About Social Change

- *As peer support in mental health proliferates, we must be mindful of our intention: **social change**.*
- *People who have seen themselves as powerless and **the other** suddenly find that they are not alone in their perceptions.*
- *Through shared experience, people find validation and acceptance.*
- *They find voice. And with voice, **power**.*

# Four Tasks of Intentional Peer Support

- **1. Connection.** We pay attention to "magical moments" when we seem to "get" each other. We look for areas of shared energy, interest and engagement. We cultivate this fertile ground. We negotiate the ebbs and flows.
- **2. Worldview.** We listen to understand and explore. We're curious how we've made sense of experience. We wonder about "the untold story." Together, we question our assumptions: How did we come to "know" what we are so sure we "know"?
- **3. Mutuality.** We share power and responsibility. We hold space for each other. We welcome all sincere contributions. We create vibrant synergies that work for all of us.
- **4. Moving Toward.** We focus on what we can create together. We invite energy and inspiration. We dare to dream and envision. In good company, we prosper toward the relationships, communities and world we want to live in.
- <https://www.facebook.com/notes/ips-learning-community/the-tasks-and-principles-of-intentional-peer-support-practicing-ips-together/520719854690142/>

# Shery Mead: Intentional Peer Support



# Peer Experts in Outreach, Engagement and Activation

- **We try to see the world through the eyes of the people we support**, rather than viewing them through an illness, diagnosis and deficit-based lens.
- **We start where people are....**and offer encouragement for people to define and move towards the goals and the life they seek

**Hospitals**

**Emergency  
Rooms**

**Clinics**

**Homeless  
Shelters**

**Courts, Prisons  
and Jails**

**Crisis Centers**

**Medicaid  
Health Homes**

**Detox and  
Rehab Centers**

**Where the  
People  
Are**

# Where the People Are

**Recovery  
Community  
Organizations**

**Recovery  
Residences**

**Drug and Mental  
Health Courts**

**Hospital  
Emergency  
Departments**

**Child Welfare  
Agencies**

**Homeless  
Shelters**

**Behavioral Health  
And Primary Care  
Settings**

# Peer Engagement and Transitional Support Models

- Community Peer Bridgers: Outreach, Engagement and Diversion *breaking the cycle*
  - [https://assets.healthfirst.org/api/pdf?id=pdf\\_2f57898c3a&key=e0934da3b7a30c9393f8e424a831ead3978658b5&v=0629154023](https://assets.healthfirst.org/api/pdf?id=pdf_2f57898c3a&key=e0934da3b7a30c9393f8e424a831ead3978658b5&v=0629154023)
- INSET
  - <https://mhawestchester.org/our-services/treatment-support/intensive-and-sustained-engagement-and-treatment>
- Transitional Services: Hospital, Adult Home and Forensic Peer Bridgers
  - Innovative Models of Peer Support Services in Behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions HHS 2015  
<https://aspe.hhs.gov/system/files/pdf/205411/PeerSupServ.pdf>

# Peer Self-Help Activation Tools

## Wellness Recovery Action Plans

- Mary Ellen Copeland

## 8 Dimensions of Wellness

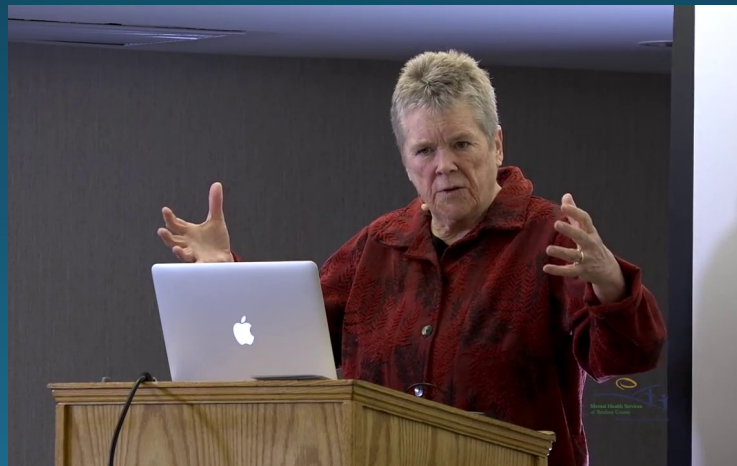
- Peggy Swarbrick

## Whole Health Action Management

- Larry Fricks

## Personal Medicine

- Pat Deegan



# Continuum of Peer Crisis Services

- 9-8-8 peer counselors, Peer run Hot and Warm Lines
- Peer Mobile Outreach
- Crisis Stabilization Centers
- Living Room Programs
- Crisis Respite

# Peer Criminal Justice Innovations

- Peer/EMT First Responder Programs
  - Correct Crisis Intervention Today <http://www.ccitnyc.org/>
- CAHOOTS (Crisis Assistance Helping Out On The Streets) created in Eugene, Oregon
  - <https://whitebirdclinic.org/what-is-cahoots/>
- People USA's Forensic Mobile and Response Teams, Police Collaborations
  - <https://people-usa.org/>

# Criminal Justice Reforms and Peer Supports

- **Alternatives to Solitary Confinement: Treatment not Torture**

- Segregated rehabilitation units: 7 hours out of cell time
- Ban for people with disabilities, pregnant and new moms, youth and seniors
- <http://nycaic.org/>

## **Medicaid Re-Entry : restarting Medicaid 30 days before discharge**

- <https://tonko.house.gov/news/documentsingle.aspx?DocumentID=816>

- **Forensic Peer Mentors : Ready4Rentry**

- <https://www.gmhcn.org/peer-mentoring-forensic-peer-mentor>

# Peer Re-Entry Initiative Hands Across Long Island 2016

- Served 198 Individuals Post Release
- 89% Continue Engagement and have Remained Successfully Living in the Community
- 95% Requested Ongoing and Additional Assistance
- 90% Followed Up with Appointments
- 82% Decreased Police Involvement
- 93% Decreased Hospitalizations
- 90% Physical Conditions Improved
- 84% Drug/Alcohol Use Decreased, or Stopped Completely

# Peer led Homeless Outreach and Linkage Mobile Shower Unit HALI 2016

- Served 278 Individuals since November 2016
- Led to 92% Returned; 73% Requested Assistance; 42% Followed Up with Appointment
- Results: Decreased Police Involvement, Hospitalization, Illness and Drug/Alcohol Use

# Racism in the Criminal Justice System

- Black men comprise 13% of population, 35% incarcerated
- Black women comprise 13% of population, 44% incarcerated
- 1 in 3 black men are incarcerated in their lifetimes, 1 of 17 Latinx, 1 of 17 white
- 1 in 18 women are incarcerated in their lifetime, 1 in 45 are Latinx and 1 in 111 are white
- Black men are incarcerated in state prisons 5.1 times more often than white men
- Police search black and Latinx people 4 times as often as white people
  - <https://www.vera.org/publications/for-the-record-unjust-burden>
  - [https://www.prisonpolicy.org/blog/2020/07/27/disparities/?gclid=CjwKCAjwieuGBhAsEiwA1Ly\\_nSpmBbWVnCqIWqGAfIXrLdC6c4yvv2ixoyFQivwUBOZCwhxgqaoUDxoCPJkQAvD\\_BwE](https://www.prisonpolicy.org/blog/2020/07/27/disparities/?gclid=CjwKCAjwieuGBhAsEiwA1Ly_nSpmBbWVnCqIWqGAfIXrLdC6c4yvv2ixoyFQivwUBOZCwhxgqaoUDxoCPJkQAvD_BwE)

# Reducing Racial Disparity in the Criminal Justice System: A Manual for Practitioners and Policymakers

- Law
- Pretrial
- Prosecution
- Defense .
- Judiciary
- Probation
- Jail and Prison Custody
- Parole and Reentry

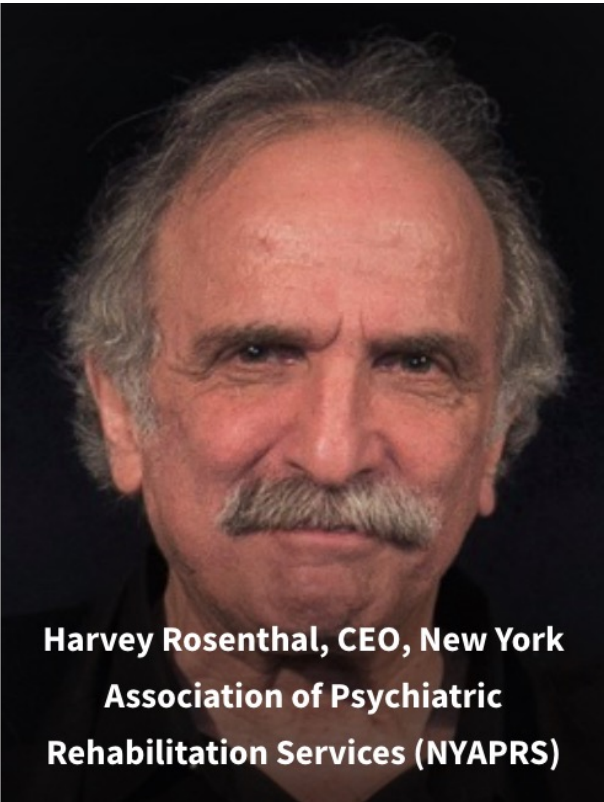
<https://www.sentencingproject.org/wp-content/uploads/2016/01/Reducing-Racial-Disparity-in-the-Criminal-Justice-System-A-Manual-for-Practitioners-and-Policymakers.pdf>

# Rohan and Coleen

## Trust, Support, Persistence, Success



# Our Panelists





# The RI Way

**Providing crisis recovery services in a person-centered manner that focuses on hope, recovery, and peer support!**

***Lisa St George, MSW, CPRP, CPRSS***

***Vice President of Peer Support and Empowerment***

# CrisisNow! Model of Emergency Psychiatric Care

## Crisis Now Academy Three Core Services



Technology Platform

*Crisis Care Traffic Control*



Crisis Call Center Hub

*Someone to Call*



Crisis Mobile Teams

*Someone to Come to You*



Crisis Receiving Center

*Some Place to Go*



# VITAL CORE ELEMENTS

- To accept everyone
- To accept people at all times 24/7-365
- To be able to help crisis teams, police, and other first responders by-pass the Emergency Department – by conducting medical clearance
- Integrated teams of doctors, nurses, clinicians, peer supporters (if qualified, it is preferred peers fill all of these roles)

# RI International Crisis Recovery Centers

5



Durham, North Carolina (2015)



Newark, Delaware (2016)



Riverside, California (2015)



**TRANSFORMING CARE**

November 1, 2019

lots of natural light



# The Living Room

**RI developed the first Living Room in 2002 because we said to ourselves, “Where do we go when we have a cold, or the flu? We go to our living room, a safe and comfortable space to recover.”**

**Then, we said, “We can create this kind of comfort even in an urgent psychiatric care center.” So, we did!**

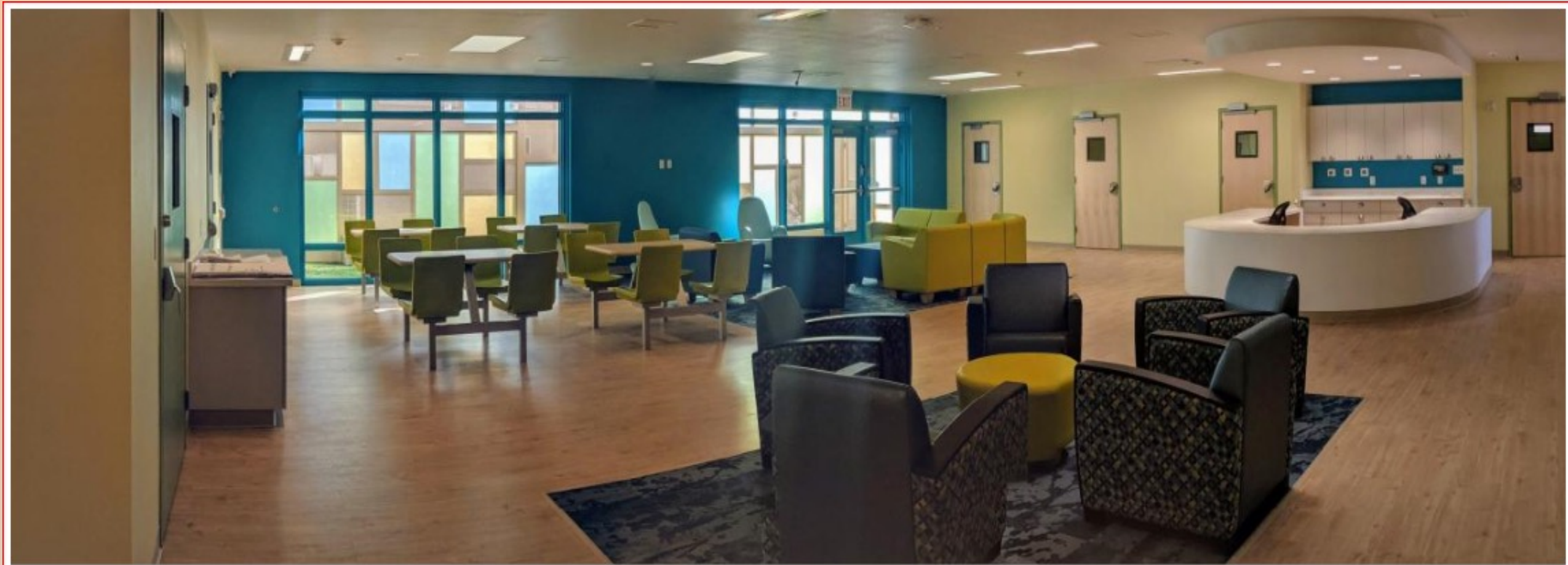
We said, “No nurses bubble, we want our team to be in a process of engagement with every individual.” So, we took away the glass bubbles!



ENGAGEMENT



# ENGAGED ENVIRONMENTS





## Hopeful words embedded in murals



**JACKSONVILLE CRC**

November 2019



**healing spaces in healing places**





# Peer Supporters are Core Team Members

- **Peer Supporters at all levels, preferred in every position, and certainly working in blended and integrated, interdisciplinary teams throughout RI International's call centers, warm lines, crisis services, and respites.**
- **When people exit the crisis recovery centers options are:**
  - hospital for further care,
  - Living Room for a short (3-5 days) crisis care stay,
  - RI's Peer-Run Respites,
  - another community respite provider,
  - or home, family, friends, and community for outpatient follow-up for housing, recovery education, job training and employment support...

# Thank You!

[Lisa.St.George@riinternational.com](mailto:Lisa.St.George@riinternational.com)



# From Advocacy to Innovation

Creating, Providing, and Promoting Peer-Led  
Crisis Response & Wellness Services

People USA, June 2021

peopleUSA

# About People USA

## Who We Are

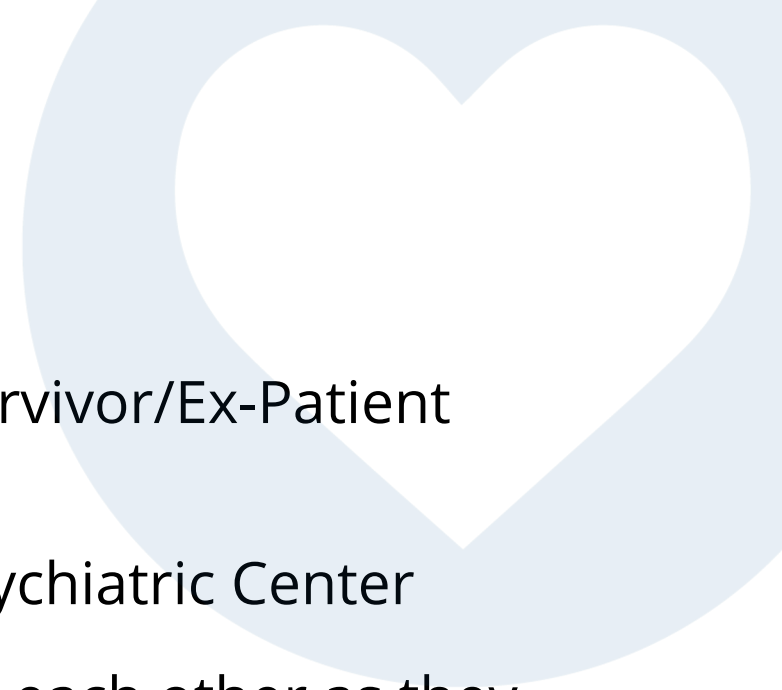
- Peer-run mental health nonprofit
- Create, provide, and promote our own crisis response & wellness services
- Built on unbreakable foundation of customer engagement, comfortable environments, empathy, and positive expectations for people's futures
- Significantly reduce hospital utilization, incarceration rates, and overall healthcare spending
- Models studied and replicated across the United States & Europe.
- Mission: To educate, support, and empower people and communities to understand, manage, and overcome mental health, addiction, and social determinant of health challenges.



# History

## Where We Come From

- Born directly out of struggle for civil rights – Consumer/Survivor/Ex-Patient Movement
- 1980s: Mass discharges from New York's Hudson River Psychiatric Center
- People came together to educate, advocate for, & support each other as they built or re-built their lives.
- Needed a place to call their own - truly promoting their interests
- In 1990, Sally Clay, a seasoned leader in the broader movement, organized these local peer groups into PEOPLE, Inc. (Projects to Empower and Organize the Psychiatrically Labeled) in Poughkeepsie, NY.
- What they did: Advocacy, Advocacy, Advocacy



# Advocacy

## What is it

Supporting or defending people, side-by-side, to help make sure their voices are heard, and their decisions are understood & respected. Key areas include:

- Access
- Quality of Care
- Benefits
- Housing
- Other Basic Needs
- Rights
- Stigma & Discrimination



# The Challenges We Face

## Multiple Issues

- De-Institutionalization
- Opioid Epidemic
- Social Determinants of Health
- Trauma
- Suicide
- Chronic Underfunding



# As we advocated, we witnessed increased concerns

## What we learned

- Hospitals (inpatient and capacity issues)
- Jails (exponential population growth)
- Community-Based Service Providers / Integration (inconsistent)
- Overall System Culture (Illness vs. Recovery)
- The Triple Aim:
- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

# Moving from Advocacy to Innovation

## Crisis Stabilization Centers

- Crisis Stabilization Centers are 24/7 community crisis response hubs where people of all ages can connect immediately with an integrated team of clinical counselors, peer specialists, health care professionals, and community service providers, to address any mental health, addiction, or social determinant needs.
  - Significantly reduce hospital utilization & incarceration rates
  - Improve local crisis response services & coordination
  - Create a more welcoming gateway to local health, human, and social services systems.

# Moving from Advocacy to Innovation

Crisis Stabilization Centers

peopleUSA

## Dutchess County Stabilization Center in Poughkeepsie, NY peopleUSA



# Moving from Advocacy to Innovation

## Rose Houses (Peer-Operated Crisis Respite)

- Rose Houses are 24/7 short-term crisis respites (1-7 days) that are home-like alternatives to hospital psych. ERs and inpatient units, where guests can work with highly skilled and trained peer staff on a full, customizable menu of services designed to help them understand, manage, and overcome the underlying causes of their crises, now and in the future.
  - Reduce hospital ER visits, inpatient admissions, and readmissions
  - Superior emergency mental health services
  - Engaging, trauma-informed, empathetic, hopeful, and proven to produce better health & quality of life outcomes.

# Moving from Advocacy to Innovation

Rose Houses (Peer-Operated  
Crisis Respite)

peopleUSA

Rose House in Glens Falls, NY peopleUSA



# Moving from Advocacy to Innovation

## Forensic Mobile Crisis & Response Teams

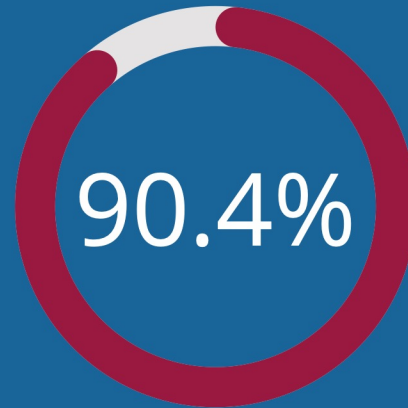
- Forensic Mobile Teams can help you to reduce incarceration rates, improve your police responses and court treatment options, and ensure that people presenting with behavioral health issues receive immediate care and connections to services, so that they can stay out of the criminal justice system whenever appropriate and possible.
  - Reduce incarceration rates
  - Improve police responses & court treatment options
  - Immediate care & connections to services
  - Alternatives to incarceration

# Moving from Advocacy to Innovation

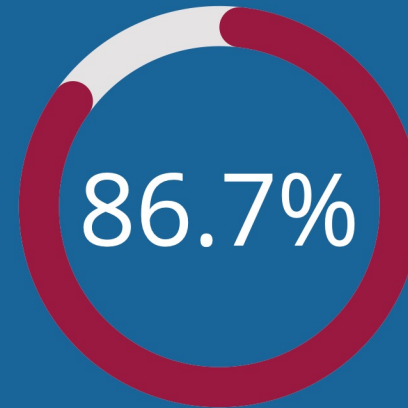
Forensic Mobile Crisis &  
Response Teams

peopleUSA

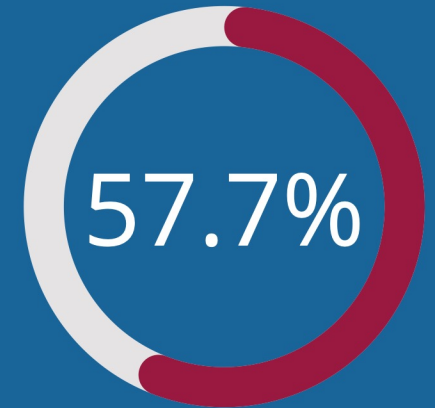
**People USA's Westchester  
Forensic Mobile Team helps  
people with behavioral issues stay  
out of the criminal justice system.**



**Total Jail  
Diversion  
Rate**



**Reduction  
in Avg.  
Jail Days**



**Total Charges  
Lessened**

peopleUSA



# Contact Us

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# Prevention and Crisis Response

The importance of Peers for Sustainability

Mark Clarke – Adult Home Initiative

# Adult Homes



Baltic Street Peer Bridgers are tasked with assisting the class members of the O'Toole vs Cuomo Class Action Lawsuit to identify & achieve success in community integration.

A group of adult homes were identified for violating class members' Olmstead Act rights by restricting their ability to leave the adult homes. Adult homes were meant to be a short term stay for class members.

Class members who transitioned into the community independently before the lawsuit faced little support and lived in unfavorable conditions. These unfavorable conditions lead class members to return to the adult home and in some situations lives were lost.



# Who we serve

We serve over 1,700 Class Members, in 3 boroughs who are in the Class Action from the following affected Adult Homes.

## Brooklyn

Brooklyn Adult Care Center

Brooklyn Terrace (closed 12/2020)

Garden of Eden

Kings Adult Care Center

Mermaid Manor

Oceanview Manor

## Staten Island

Harbor Terrace

Mariner's Residence

Lakeside Manor

## Queens

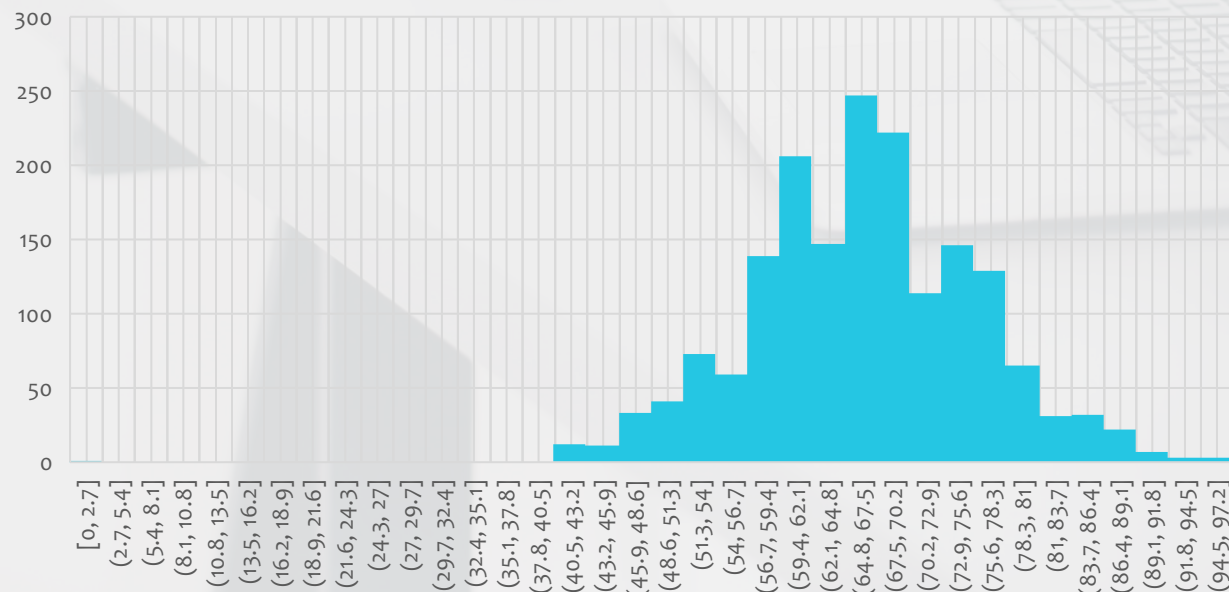
Queens Adult Care Center





# Who we serve

Adult Home Initiative age range



Average age of the Class Members is 66.33 years old. The youngest Class Member being 21 years old and the oldest 98 years old. (as of June 2021)

# Crisis in the Adult Homes

In order to work on solution for Class members, we must Identify the challenges class members face throughout the community integration process.



## In the Adult Homes

- Class members sometimes face undue pressure from adult home administrators that discourages them from leaving. (Dissuasion tactics)
- Misallocation of entitlement funds by adult home administrations.
- Slow responses to health issues until they become emergencies, which are further exacerbated by lack thorough in-house medical support.
- Environments not conducive to proper wellness because of the lack of effective adult home administration support. (hostile and unsafe habitation)

## Assessment and transition process

- Class Members can feel intimidated by the direct assessment process which causes them to have a change of heart and abandon the process.
- Lack of housing in communities they desire to integrate into or housing with the level of support they desire.
- In some situations , the slow speed of the process to move them into the community

# Crisis in the Adult Homes (continued)

In order to work on solution for class members, we must Identify the challenges class members face throughout the community integration process.



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## Transitioning into the Community

- Class members become hesitant about the move and change their minds because of influence from adult home .
- Lack of information and advisement about the steps of the moving process give better understanding of the process.
- Insufficient follow-up within the crucial first week of the move by housing and care managers.
- Insufficient training of amenities available to class members within their new communities.
- Lack of support of crucial supplies, utilities and follow up.



# Crisis Response

# Addressing The Challenges.

Each Class Member has different needs and desires. Working with Class Members with person centered approaches will help to alleviate challenges.



## In the Adult Homes

- Peers work with class members and in-reach staff to gain a better understanding of what their potential outcomes would be if they choose to integrate back into the community independently.
- Work with class members to learn wellness techniques through the 8 Dimensions of Wellness.
- Build rapport with Class Members and assisting them with crafting person centered goals.
- Supporting class members by advocating for their needs and wants.

## Peer Support In The Transition Process

- Work closely with in-reach team to address class members' concerns about the assessment process before and after. In some situations, peers have met with class members directly before the assessment.
- Support class members on tours of housing while working in collaboration with housing and care managers to advocate for class members' needs and desires.
- Utilize asset-based mapping to help class members familiarize quicker with their potential independent lives in the community.

# How we work to address challenges (continued)

Each Class Member has different needs and desires. Working with Class Members with person centered approaches will help to alleviate challenges.



## Transitioning into the Community

- Peers collaborate with class members, housing managers and care managers to show support on the move in day.
- Peers follow up with class members to address issues as they arise with housing managers.
- Peers work with class members to better acclimate into their new communities. (travel training, asset-based mapping)
- Work with care managers during times of crisis to ensure that their issues are corrected.
- Utilized 8 Dimensions of Wellness to ensure long-term wellness routines and practices.

## Peer COVID-19 Supports

- During the pandemic, Baltic Street helped provided over 3,000 N95 masks to class members in the designated Class Action Adult Homes.
- In June 2020, with support from OMH , Baltic Street was able to provide smartphones and service to 275+ identified class members in need to communications devices for an 8 months period.



# Peers for Sustainability

# Peer for sustainability

Supporting those with lived experiences achieve their person-centered goals.



## Peers are sustainable

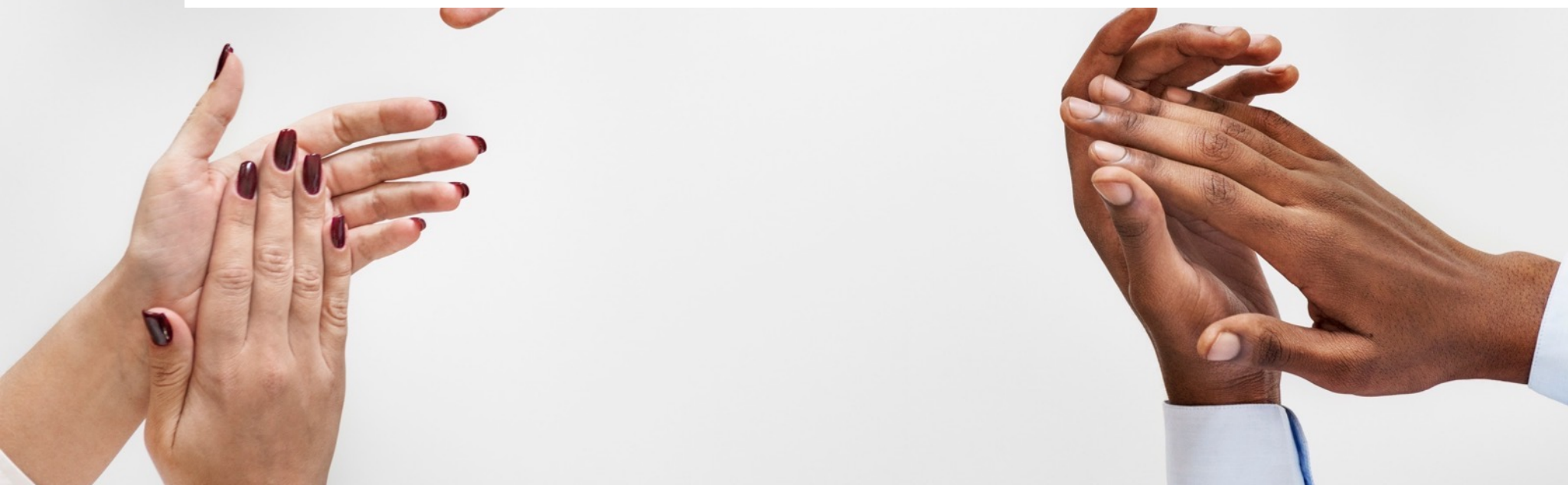
- Advocating for those with lived experience to have a voice.. Their voice !!
- Encouraging the utilization of wellness techniques such as the 8 Dimensions of Wellness, WRAP plans while growing to innovate our work in wellness and person-centered mental health.
- Support participants thrive in the changing health and societal landscape.
- Currently we have 1000 class members that are living in the community successfully with the support of peer specialists provided by Baltic Street and Community Access.

## Ensuring Peers work stays sustainable

- Ensuring the viability of peer work through peer-to-peer support.
- Identifying burn-out amongst staff and creating policies and procedures to continue wellness throughout our industry.
- Working to continue to create opportunities so those with lived experiences and continue to provide support to others in recovery.



# Peers Are the Present & the Future!!





# Thank You

On behalf of Taina Laing , CEO, Baltic Street AEH, Inc

Presented by: Mark Clarke, Project Director

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[www.Balticstreet.org](http://www.Balticstreet.org)

# Questions?





# Contact Us!

**The College for Behavioral  
Health Leadership**

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