

The Power of Peer Support:

Integrating Peer Support to Expand the Workforce for Individuals with Behavioral Health Challenges

Justin Volpe

Jail Diversion Peer Liaison
Community Health of South Florida
Jail Diversion Program

Justin is a Certified Recovery Peer Support Specialist working with the 11th Judicial Circuit Criminal Mental Health Project, Jail Diversion Program since 2008. As a successful graduate of the program, Justin has firsthand knowledge of the importance of ensuring the availability of timely, high quality behavioral health treatment services in the community. After experiencing a series of psychiatric health care crises several years ago - which lead to a period of unstable living conditions, disruption of family and social supports, and brief involvement in the justice system - Justin became engaged in treatment and support services in the community. Today, he enjoys a full and productive life in recovery, serving as an inspiration and role model for others. Justin has also served as a National Consultant since 2011, and has travelled the country sharing his message of hope and inspiration. Justin has helped train over 2500 CIT Officers in Miami Dade County since 2008 and assisted in getting over 1000 people out of jail. His experiences make him uniquely qualified to speak to the importance of ensuring people have access to care when and where they need it, as well as the unfortunate consequences that can result when they do not. Having overcome significant challenges, Justin is now married with a son and a homeowner.



[The Definition of Insanity –
37th Miami Film Festival](#)

ACCOMPLISHMENTS

Employee of Jail Diversion since 2008

CIT Trainer for Miami Dade County

CRPS-A (2009) CPI Instructor (2019) , WRAP Facilitator (2008)

National Consultant and Advocate

National Published Articles

PBS Documentary: “The Definition of Insanity”

<https://www.pbs.org/show/definition-insanity/>

Miami-Dade County:

The Miami-Dade County jail currently serves as the largest psychiatric institution in Florida and contains as many beds serving inmates with mental illnesses as all state civil and forensic mental health hospitals combined.

On any given day, approximately 2,400 of the 4,300 individuals housed in the county jail (55 percent) are classified as having some mental health treatment need.

The estimated taxpayer cost to house people with mental illnesses in the county jail is \$636 thousand per day, or more than \$232 million per year.

Over a five year, period 97 individuals with serious mental illnesses in Miami-Dade County who were identified as “heavy users” of acute care and institutional services accounted for: nearly 2,200 bookings into the county jail, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms. The cost to taxpayers for these services was conservatively estimated at nearly \$14 million with little impact on reducing recidivism and virtually no return on investment.

City of Miami and Miami-Dade Police Departments Annual CIT Calls

Miami-Dade PD & City of Miami PD	2010	2011	2012	2013	2014	2015	2016	2017	2018*	Total	Rate per 1,000 calls
CIT Calls	7,779	9,399	10,404	10,626	11,042	10,579	11,799	11,799	8,045	91,472	
Arrests Made	4	45	27	9	24	10	19	11	3	152	1.7
Diverted from Jail	1,940	3,563	2,118	1,215	1,871	1,633	1,694	1,860	1,622	17,516	191.5
Transported to Crisis	3,307	4,642	5,527	3,946	5,155	7,417	8,303	8,818	7,898	55,013	601.4
Use of Force	29	75	72	59	79	69	58	67	31	544	5.9
Officer Injuries	-	-	-	11	21	26	12	16	21	107	1.2
Consumer Injuries	-	-	-	127	262	211	203	276	449	1,528	16.7

* CIT data was not collected by City of Miami in 2018. Information reported reflects calls responded to by Miami-Dade Police Department only.

PREVENTING INCARCERATION

Stop Arresting on the front end

Shift spending dollars from incarceration to treatment

Have community organizations involved

Affordable Housing

Hire more peers and alternative placements to jail

Volunteer and support your local NAMI organization

POLL QUESTION

Does your organization have Peer Specialists?

1. Yes
2. No, but we are planning to soon
3. No, but we have discussed it
4. No

Power of Peer Support: Integrating Peer Support to Expand the Workforce for Individuals with Behavioral Health Challenges (Part 2)

How Mentoring and Family Reunification Programs Support Reentry and Recovery

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Jill Mays, MS, LPC

Director, Office of Behavioral Health Prevention
and Federal Grants



D·B·H·D·D

Behavioral Health Coordinating Council Transition Reentry Workgroup



- Joint Chairpersons:
- Terri Timberlake, Ph.D., Director, DBHDD Office of Adult Mental Health
- Jay Neal, Director, Governor's Office of Transition, Support And Reentry

- Initially convened in May 2013 to explore interagency barriers and formulate a plan related to agreements that will better facilitate access to community mental health services and supports for individuals with serious mental illness transitioning from the correctional system back into the community.

Power in Partnership

- Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)
- Georgia Department of Corrections (GDC)
- Georgia Department of Community Supervision (DCS)
- Georgia Mental Health Consumer Network (GMHCN)



Behavioral Health Coordinating Council Transition Reentry Workgroup

- As an action item, the group sought to understand more clearly what specific issues contributed to recidivism for the target population.
- Developed a survey instrument to be completed by Returning Citizens who had returned to prison, which was designed with input from all group stakeholder agencies.
- Spring of 2015, the survey underwent several iterations, including a thorough review of survey items by DBHDD's Office of Recovery Transformation to ensure that language in the tool was person-centered, strengths-based, and recovery oriented.

Behavioral Health Coordinating Council Transition Reentry Workgroup

- With cooperation from mental health counselors at Lee Arrendale and Phillips (men) state prisons/transition centers, in the summer of 2015 the 21-item electronic Re-entry Survey was administered to 100 current inmates at Phillips (male) and 100 at Lee Arrendale (female) who had completed a prior sentence of incarceration and had a level 3, 4, or 5 mental health categorization.
- Information gathered from these 200 individuals was beneficial in learning what might have been helpful in preventing re-incarceration, and will hopefully be useful in facility program development and transition planning.



Behavioral Health Coordinating Council Transition Reentry Workgroup

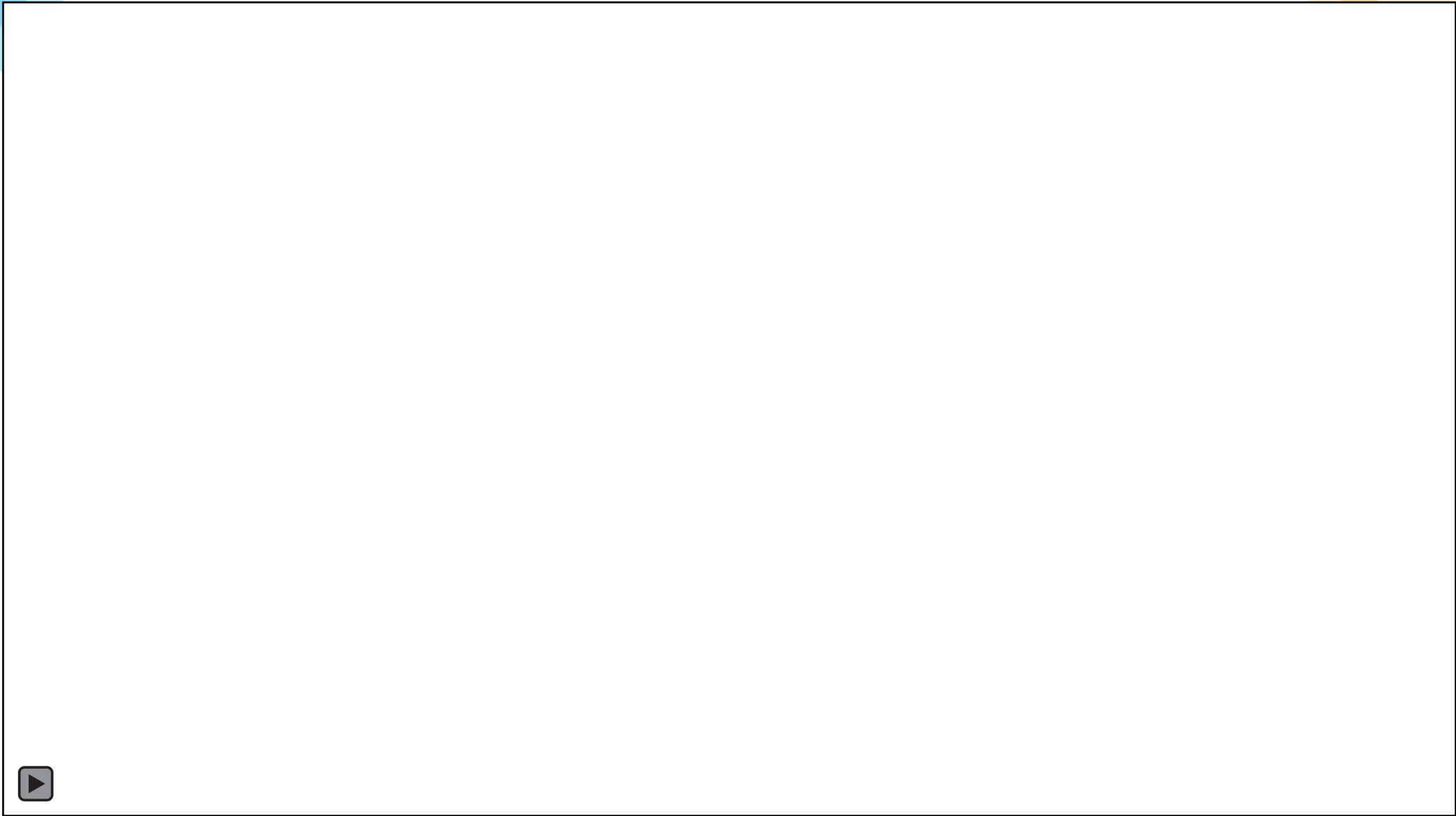
- Based on responses to the survey, key areas of focus include pre- and post-release interventions that:
 1. foster family relationships and support,
 2. improve access to necessary support services
 3. increase employment options
 4. sustain adherence to supervision conditions, and may be strategies for reducing recidivism among the target population.

Behavioral Health Coordinating Council Transition Reentry Workgroup

- Longitudinal and meta-analytic research has amply demonstrated that the probability of recidivism is linked to empirically validated risk factors, including:
 - **disconnection from pro-social support systems**
 - poor impulse control and faulty problem-solving skills
 - **weak or inconsistent family support**
 - difficulties in succeeding in school, work, and leisure contexts

Peer Mentor Movement

- Over the past 20-30 years, peer support has expanded and is now recognized as a vital element in an individual's recovery process.
- Peer support has become increasingly integrated into reentry and diversion programs. States including New York, Ohio, Pennsylvania, Oregon, and now Georgia are successfully using forensic peer specialists/forensic peer mentors.
- **What is a forensic peer mentor?**
 - Individuals with histories of criminal activity and behavioral health needs who help people who are leaving jails or prisons successfully reenter the community
 - Forensic peer mentors are key in interrupting the cycle of recidivism.
 - Unique qualifications: shared, lived experience, credible models of recovery, engagement skills



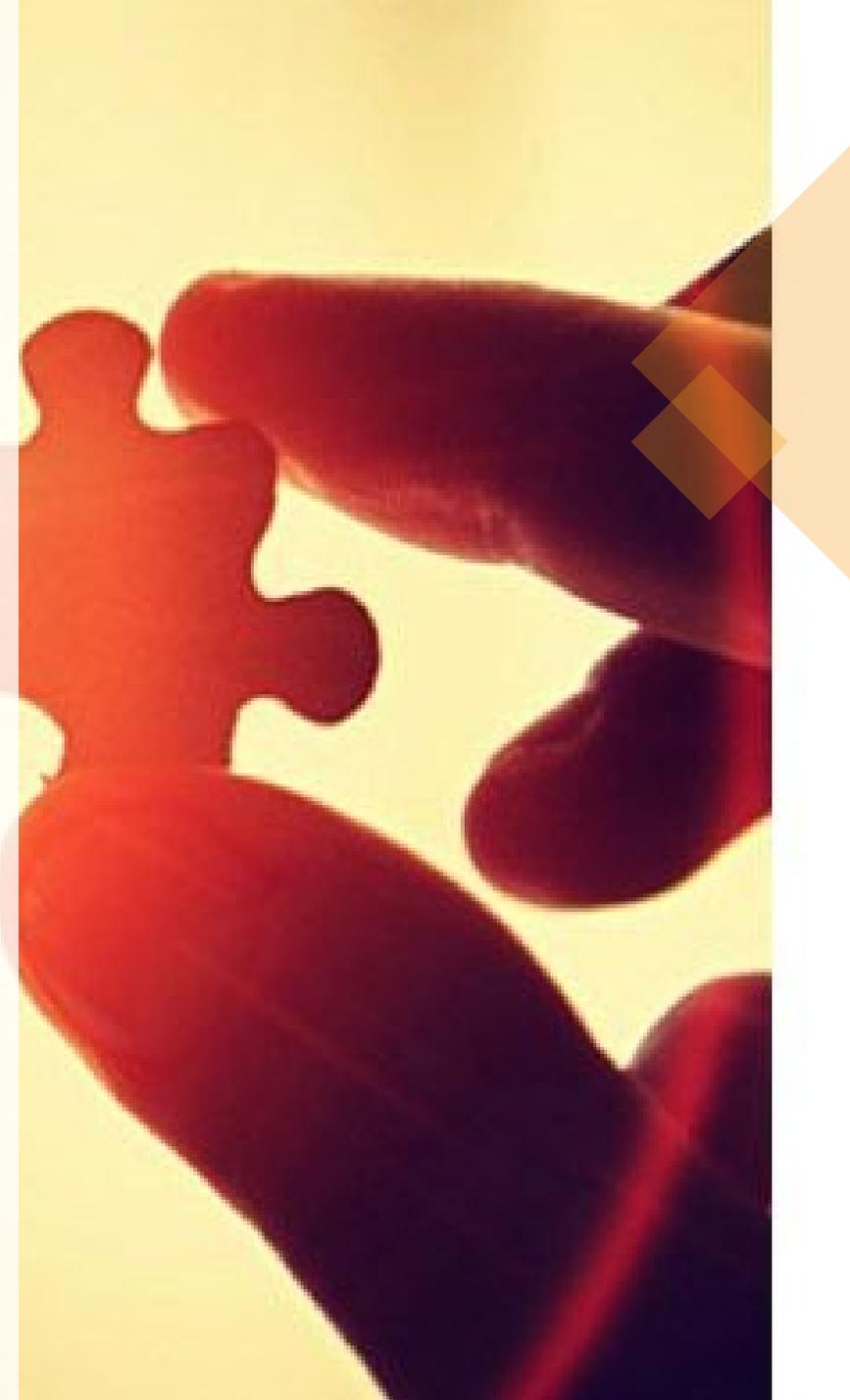
Training

- Certified peer specialist (CPS)/certified addiction recovery empowerment specialist (CARES) + lived experience in the correctional system
- **5 full days of training**
 - Sequential Intercept Model: how to interface with the criminal justice and mental health systems
 - Effective engagement
 - Boundaries
 - Orientation to the GDC and DCS systems
 - Overview of community resources for mental health and substance abuse



FPM Program Framework & Goals

- **Support people throughout stages of involvement with the criminal justice system; Assist individuals with understanding and navigating the criminal justice system**
- **Promote recovery principles, including self-advocacy**
- **Advocate for recipients of behavioral health care when they are unable to advocate for themselves**
- **Educate all stakeholders in the criminal justice system about behavioral health recovery**
- **Inspire hope through shared life experiences**
- **Develop positive relationships that facilitate reintegration**



FPM Program Framework & Goals

- Participate in transition planning
- Mentor, incorporating wellness tools (crisis plans, WRAP, etc.)
- Small caseload (1:20)
- Bridge between returning citizen and community
- Link participants to services and supports
- Reduce recidivism
- Reduce psychiatric hospital re-admission

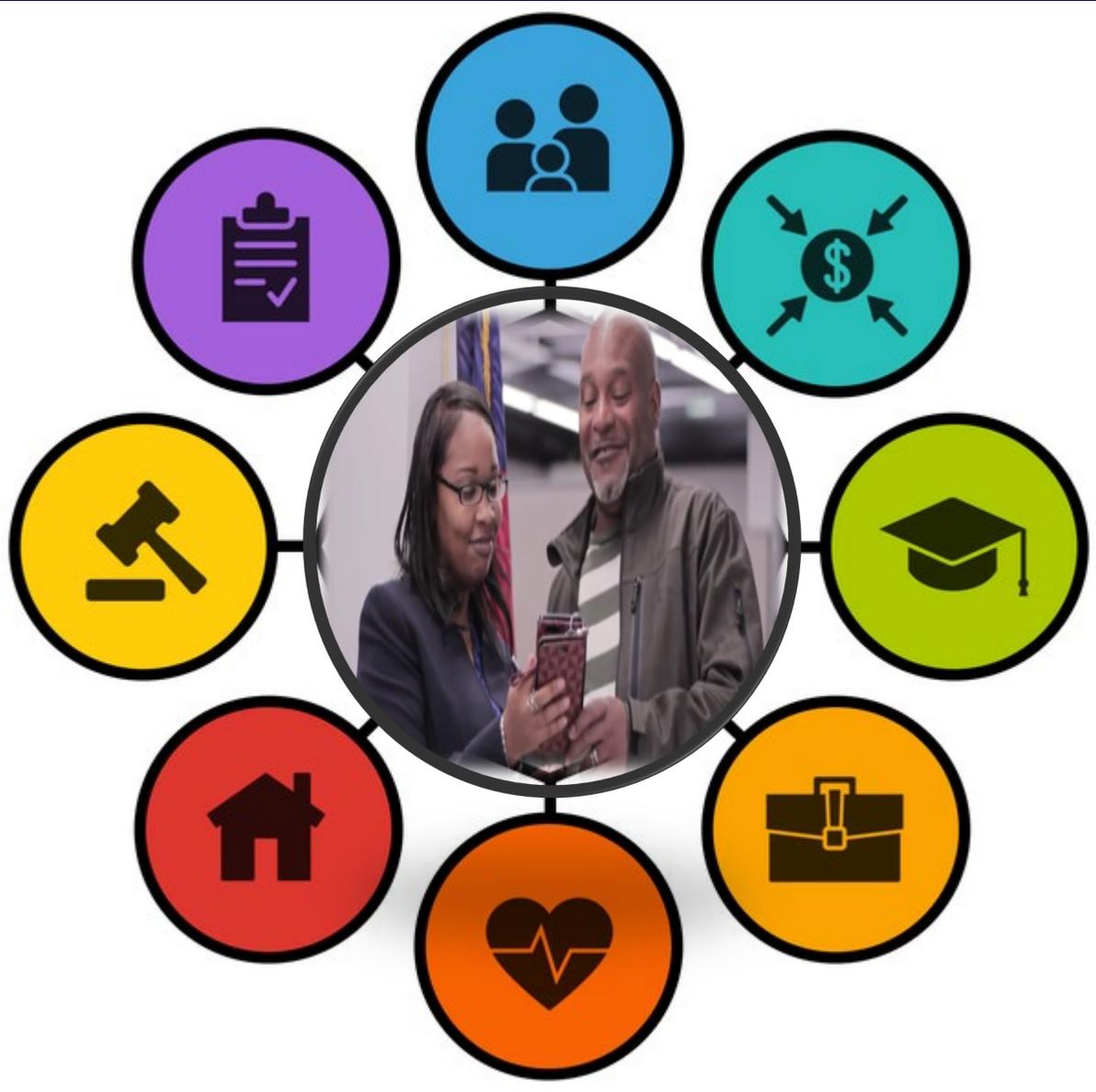


Forensic Peer Support

- Aid in finding and using resources to support behavioral health needs
- Educate individuals about recovery
- Aid individuals to complete parole/probation requirements
- Reduce the time behavioral health consumers stay in jail/prison due to the lack of community supports, housing options, and resources
- Focus on the needs of individuals with serious psychiatric disorders and/or co-occurring challenges
- Offer an effective base of services provided by competent, supportive staff
- Incorporate wellness tools (crisis plans, WRAP, etc.)

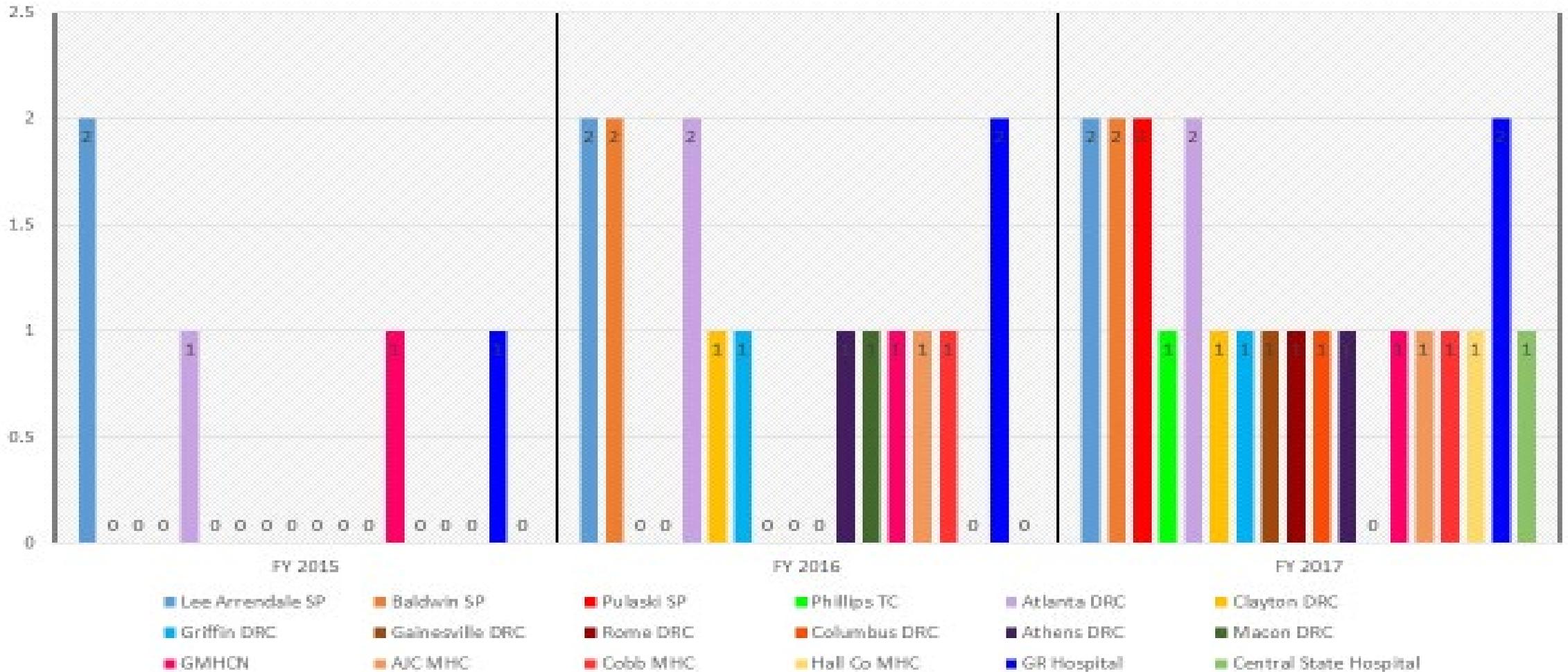


PROGRAM OUTCOMES



Forensic Peer Mentor Workforce

Forensic Peer Mentor Worksites



Forensic Peer Mentor Program 2020

PLACEMENT OF FORENSIC MENTORS

6 State Prisons

- Lee Arrendale State Prison
- Pulaski State Prison
- Baldwin State Prison
- Phillips State Prison
- Rutledge State Prison
- Metro Atlanta Re-Entry Prison

6 Day Reporting Centers

- Atlanta DRC
- Griffin DRC
- Morrow DRC
- Gainesville DRC
- Columbus DRC
- Rome DRC

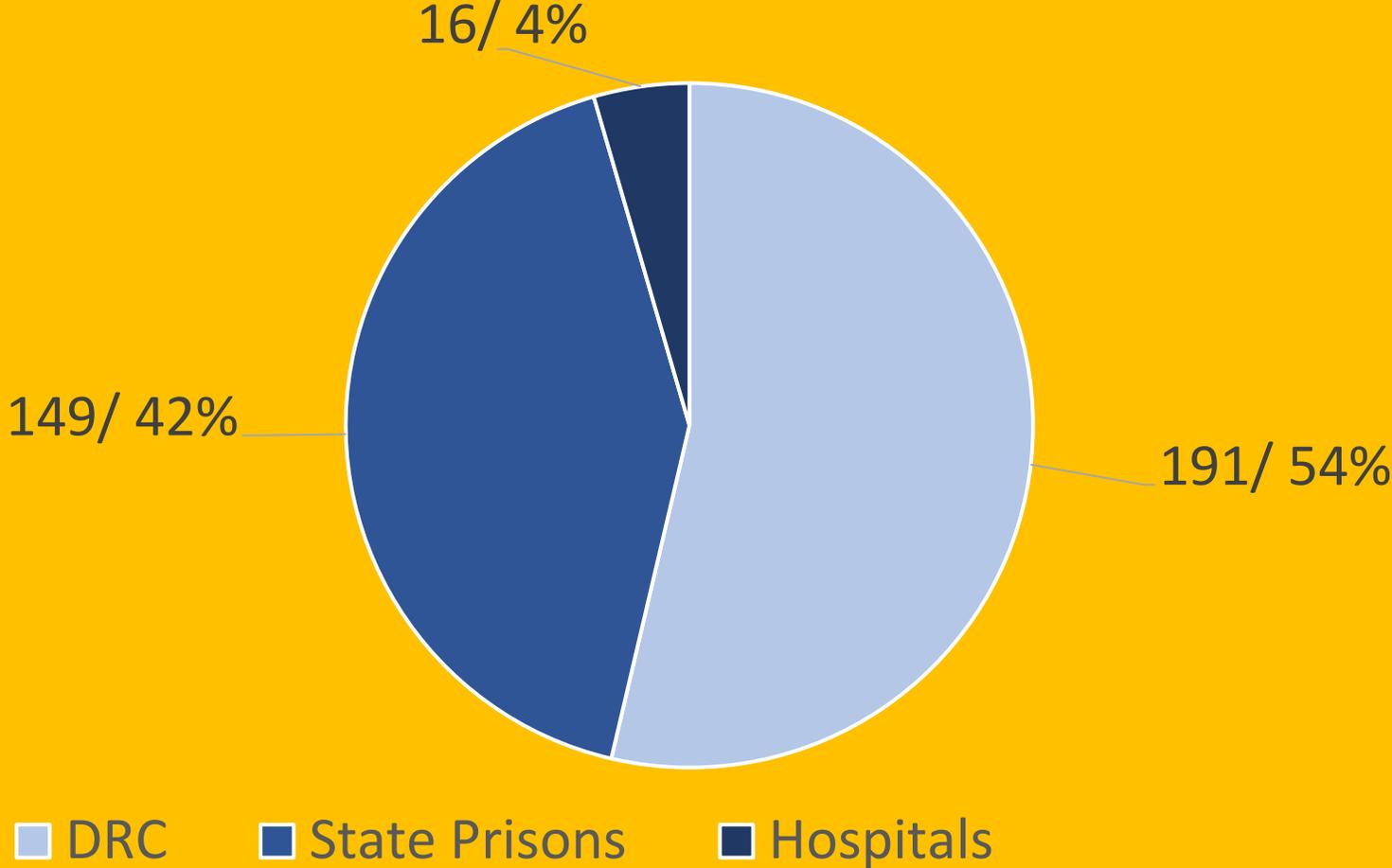
2 State Hospitals

- Georgia Regional-Atlanta
- West Central State Hospital

6 Accountability Courts

- Appalachian Judicial Circuit
- Cobb County
- Hall County
- Dawson County
- Macon-Bibb
- Spalding County

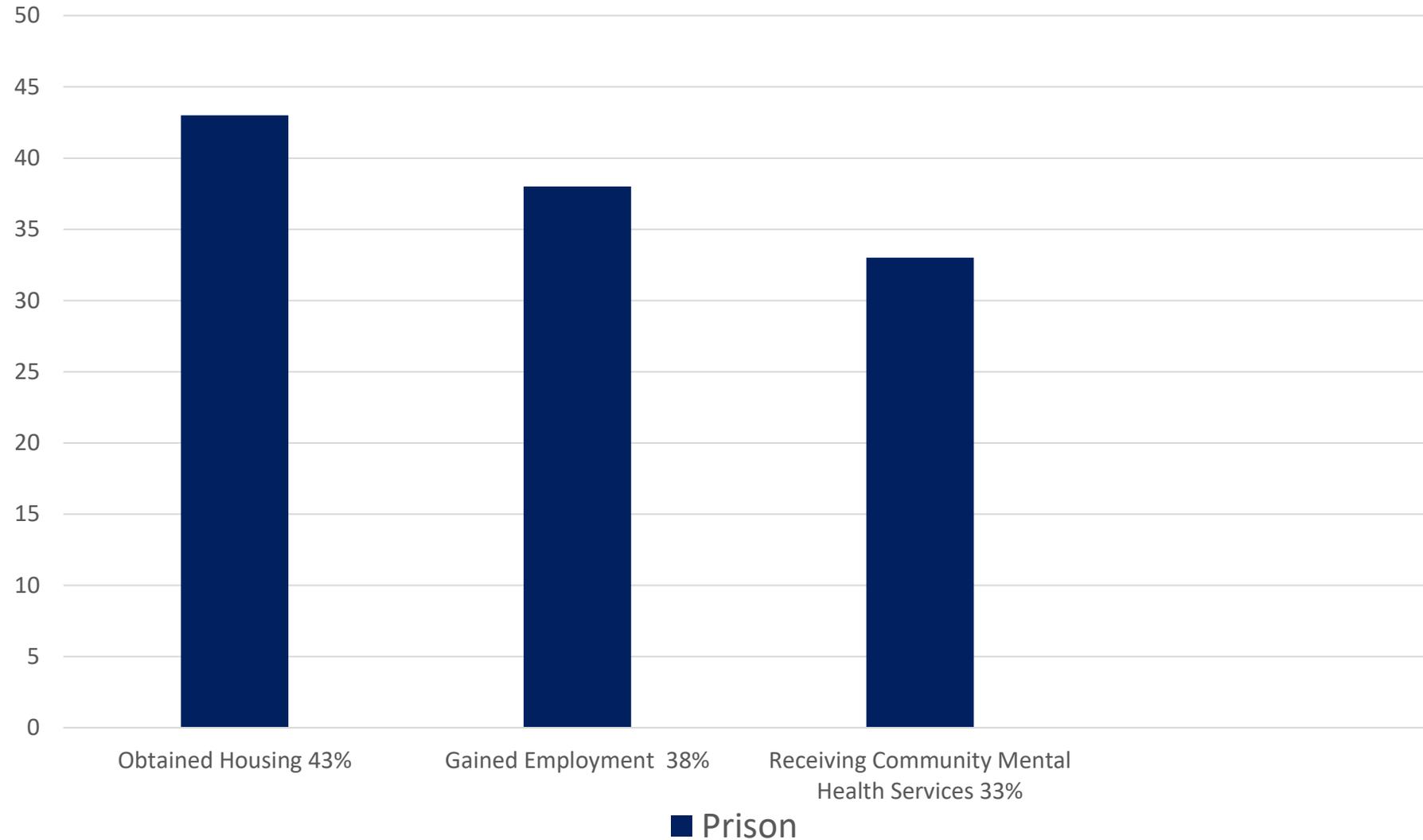
Enrollment FY20 Prison/DRC/GRH



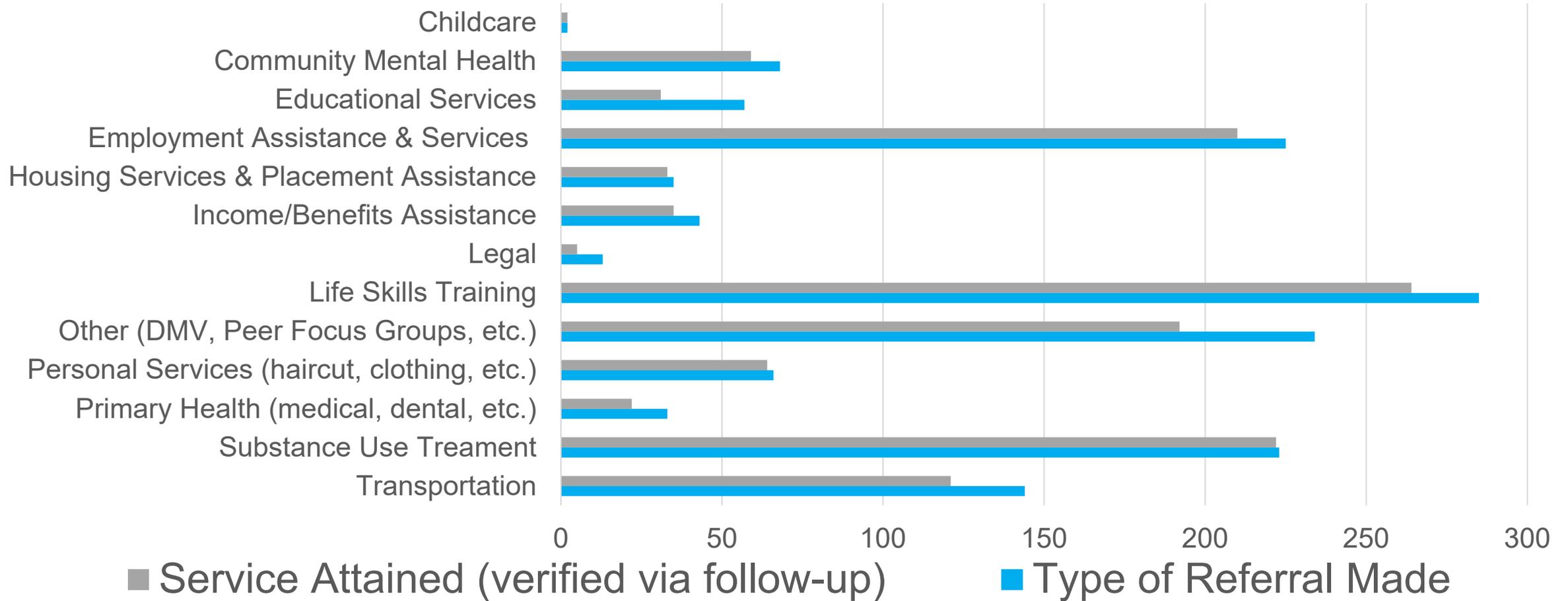
Total FYTD: 359

Essential Elements for Successful Re-entry

FYTD Prison: Post-Release



Post-release Referrals & Linkages





Significant Incidents FYTD Prison: Post- Release





Family Reunification Program

Families' Impact on Recidivism

- A study conducted by Naser and Visser (2006), indicated that families are indeed important to offenders successfully achieving their goals, including reduced recidivism.
- The more contact adult offenders have with their families while they are incarcerated the less likely they are to recidivate.
- Family members and supportive partners can best support offenders when they are aware of the work offenders are undertaking and the skills they are developing, and can support offenders as they practice these new skills in their natural environments.



Who Will Deliver Services?

Forensic Peer Mentor

- Facilitate curriculum, individual sessions as needed
- Follow up after release

Certified Peer Specialist-Parent

- Facilitate curriculum, individual/family sessions as needed
- Follow up after release

CSB Staff Clinician

- Facilitate family sessions via telehealth following completion of curriculum
- Follow up after release



Goals of the Family Reunification Program

1. Family members will be able to be a positive support to their loved one without the added costs of travel, loss time at work, and expensive phone calls

2. Family members will acquire an increased knowledge of mental illness and substance use disorders and available treatment strategies

3. Family members will learn effective communication skills and strategies that can be used in multiple relationships and interactions

Program Timeline

Introduction

- RC applies to program
- Family members/support persons invited to participate
- Family/Support Person orientation session
- Initial video session with RC and approved family/support person
- Baseline data gathered
- 6 session psychoeducational/skill-building curriculum begins



Key Program Points

1. Georgia's Community Service Boards will aid the Returning Citizen and his/her family member or social support partner in obtaining easy access to video visits.
2. Licensed Clinicians will facilitate these video based sessions and will be co-facilitated by a Forensic Peer Mentor and Certified Peer Specialist-Parent
3. Family members will learn to identify dysfunctional communication patterns, practice new, effective communication strategies; and receive support to address personal issues.
4. Returning Citizen will maintain connection to the services at the Community Services board for continuation of care
5. The Forensic Peer Mentor and the Certified Peer Specialist-Parent will continue to follow and support the Returning Citizen and the family member

12 Week Curriculum

What is Mental Illness and Addictive Disease?

Traumatic Effects of Incarceration

Effective Communication

Self-Esteem and Confidence Building

Identifying and Expressing Feelings

Expressing Anger and Conflict Resolution

Setting Boundaries

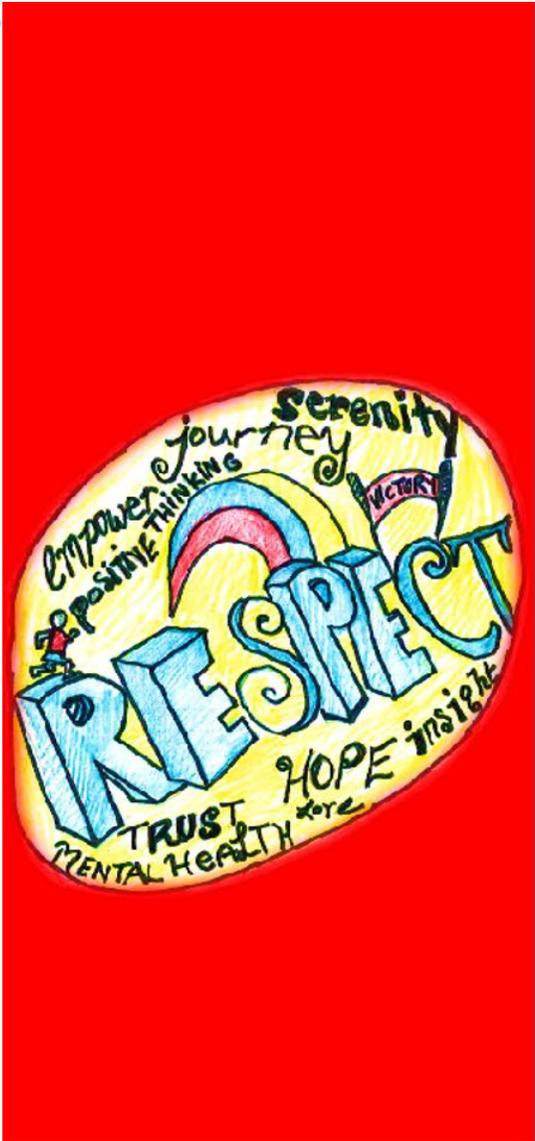
Rebuilding Relationships

Managing Stress and Self-Care

Relapse Prevention

Identifying, Building and Using Natural Supports

Reentry Plan and Goal Setting



Respect in Recovery 5K Race/Walk

Thank you for helping to end stigma!

Interagency Partnership



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



DBHDD



Georgia Department
of Human Services



GEORGIA VOCATIONAL REHABILITATION AGENCY



Q & A

The image features three large, three-dimensional blue characters: a capital letter 'Q', an ampersand '&', and a capital letter 'A'. They are arranged horizontally from left to right. The characters have a smooth, glossy finish and are set against a plain white background. Below the characters is a dark, reflective surface that creates clear, inverted reflections of each character. The lighting is soft, highlighting the rounded edges and the depth of the characters.

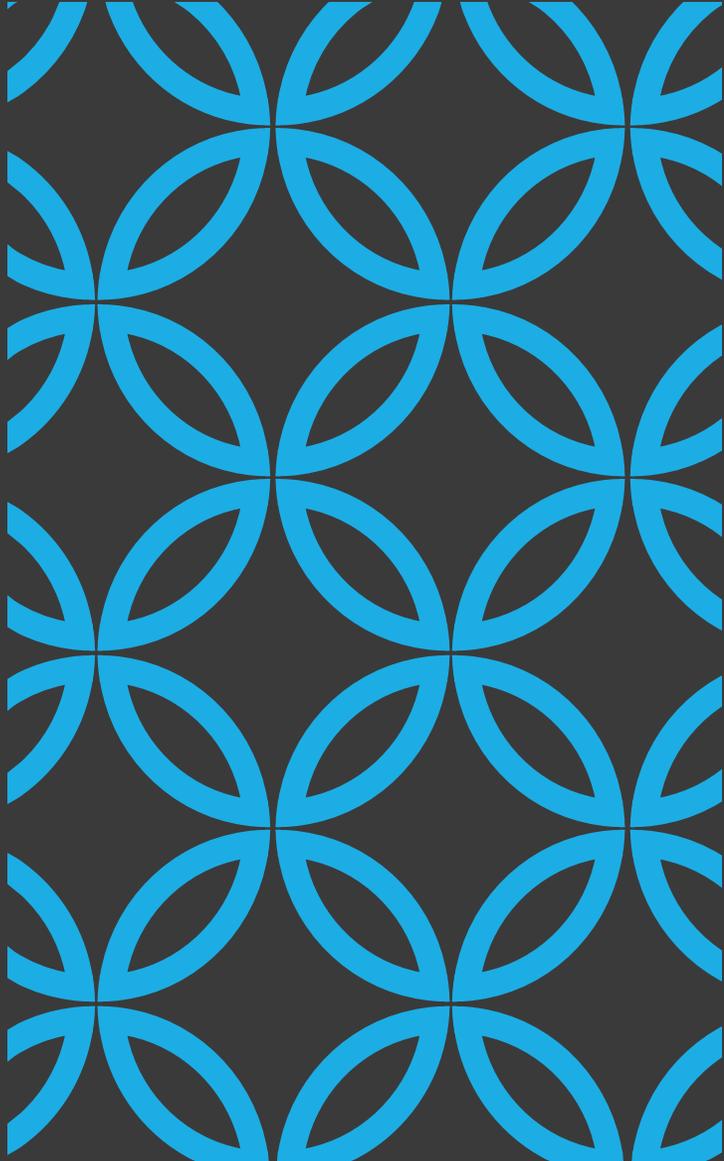


BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Contact: jill.mays@dbhdd.ga.gov





A UNIQUE PARTNERSHIP OF MENTAL HEALTH PEERS, LAW ENFORCEMENT AND THE NEBRASKA DEPARTMENT OF CORRECTIONS

Lincoln, Nebraska

PARTNERS

Mental Health Association of
Nebraska

Lincoln Police Department

Community Health
Endowment of Lincoln

Nebraska Department of
Correctional Services



NEBRASKA

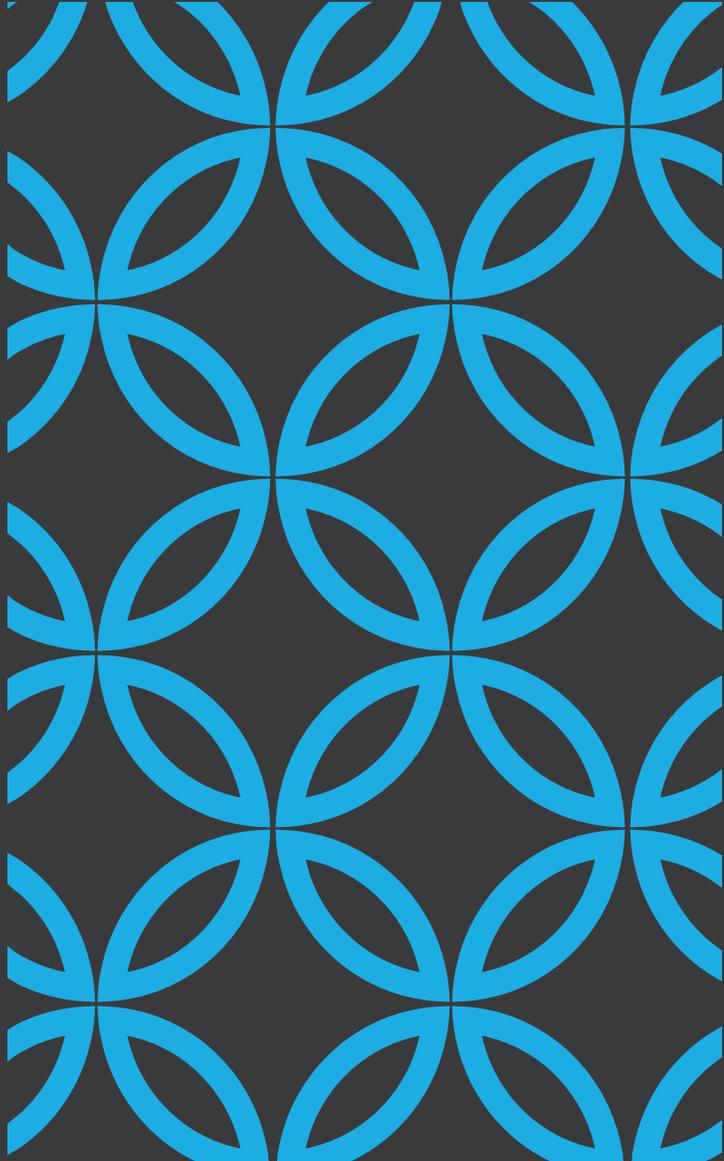
Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES



Community Health
Endowment of Lincoln



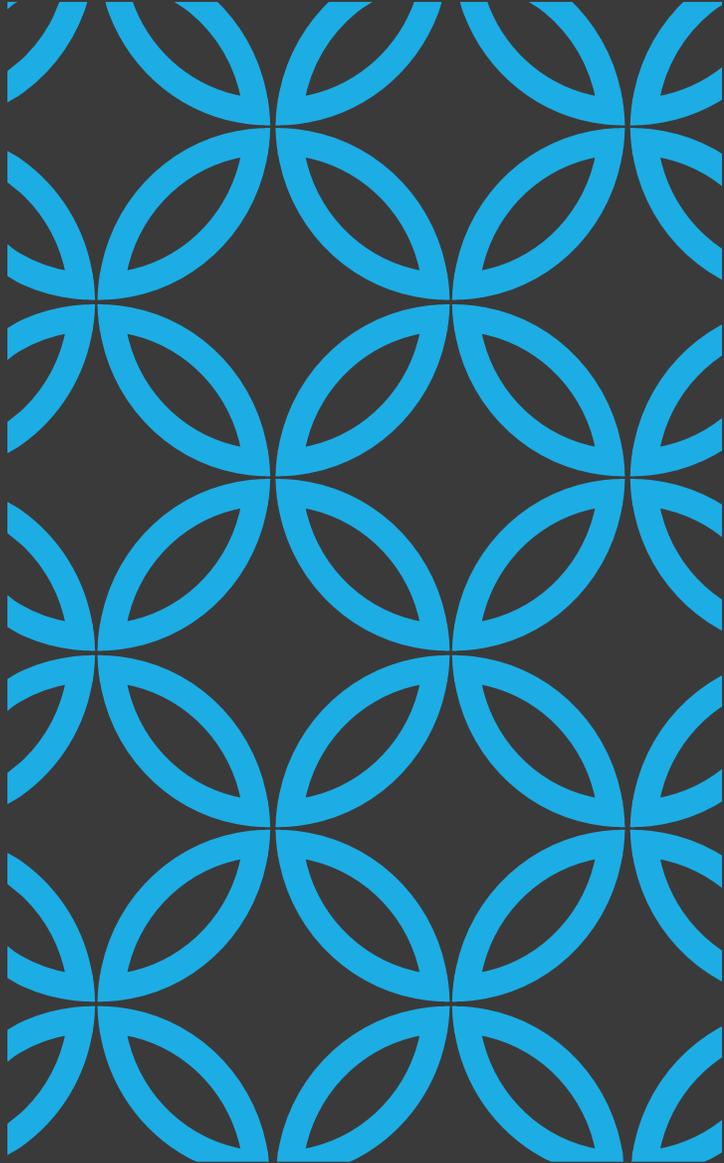


MENTAL HEALTH ASSOCIATION OF NEBRASKA

MHA-NE

MHA-NE

- Founded in 2001 with only 2 staff
- Currently have 48 staff
- Peer-Developed
- Peer-Implemented
- Peer-Operated
- Person Driven!



PEER STORIES

MELISSA'S STORY

- Schizophrenia and PTSD
- Many hospitalizations
- Psychosis and suicidal ideation
- No employment history

TODAY.....

- Full-time Peer Specialist
- Management Team at MHA-NE
- Married
- Homeowner
- No public assistance

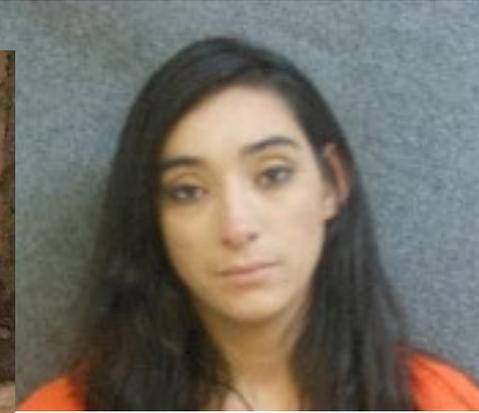


TESSA'S STORY

- Trauma and Domestic violence both as a child and as an adult
- History of mental health struggles and state hospital stays
- 20yr struggle with addiction starting at 13
- Several county incarcerations as well as well as a prison sentence

TODAY.....

- Met MHA while in prison in 2016
- Regained custody of all 5 of her children
- Currently works as an outreach worker with our LPD referral program(and I like them)
- Advanced level wrap facilitator and an Nation IPS facilitator
- Currently working towards a bachelors in business



Tony's Story

I am a member of the Isanti Dakota Nation located in Santee, Nebraska. Both of my parents were indigenous to Turtle Island, my mother was Isanti and my father was a member of the Northern Ponca Nation—he was a descendant of Chief Standing Bear. Most of my life I struggled with alcohol and drug addiction, this addictive behavior eventually led to experiencing a psychosis and many years of prison incarceration. I embraced sobriety November 1, 1991 and I continue to remain clean and sober to this day.

The Mental Health Association of Nebraska, MHA, was an unexpected blessing that came into my life after I graduated from Southeast Community College about 1-year ago. I was having a difficult time securing employment because I was an ex-felon and I was on parole. I had contacted MHA to sign up to do volunteer service with their organization, this led to an offer of an interview and subsequently I was given a position as a Peer Support Specialist. MHA's blessing wasn't just in giving me employment, the organization also exposed me to a group of people that practice and live the Peer Support philosophy as a lifestyle. In essence I had found my urban tribe and continue to learn and grow both personally and professionally as a result of being involved with MHA.



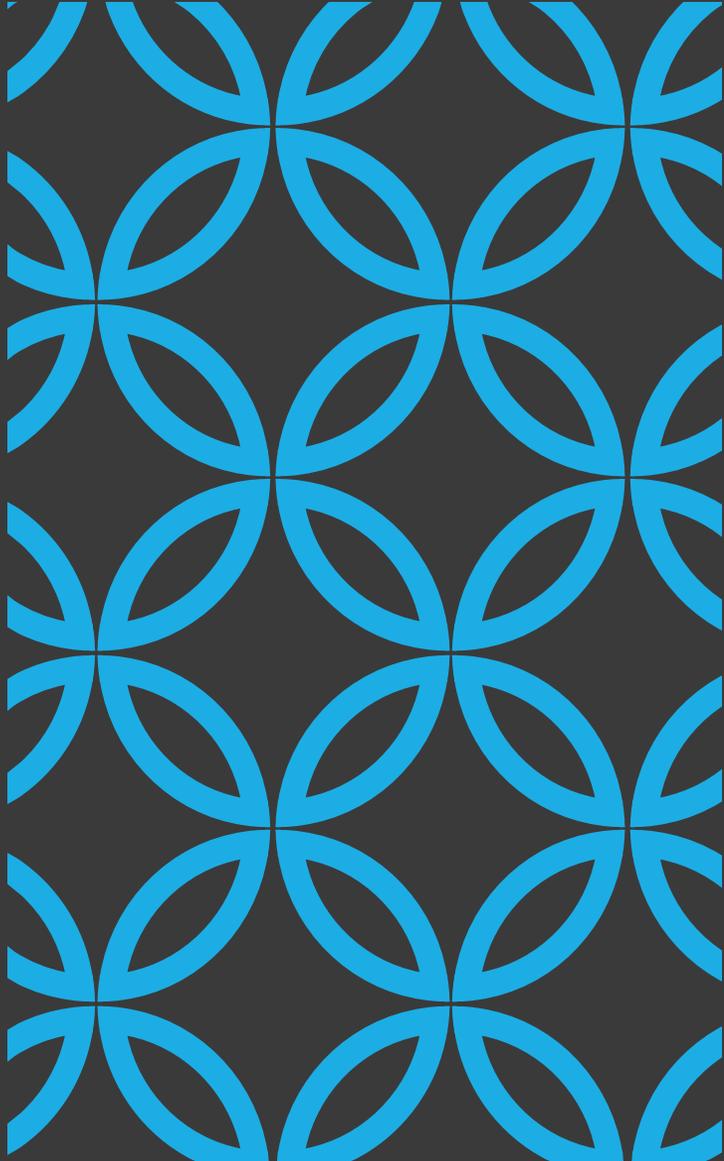
AIMEE'S STORY

- First drink of alcohol at age 12
- Started doing meth at 19
- 56 criminal convictions
- Mental health psychosis

TODAY.....

- Full-time Peer Specialist
- Clean
- Housed independently for first time in 8 years
- Reunited with children/family
- Works as a Peer Specialist inside the state prison where she was previously housed





LINCOLN POLICE DEPARTMENT

LPD

LINCOLN POLICE DEPARTMENT

2019

Commissioned Personnel:
350 (+11 Recruits)

Total Personnel: 518

Calls for Service: 121,079

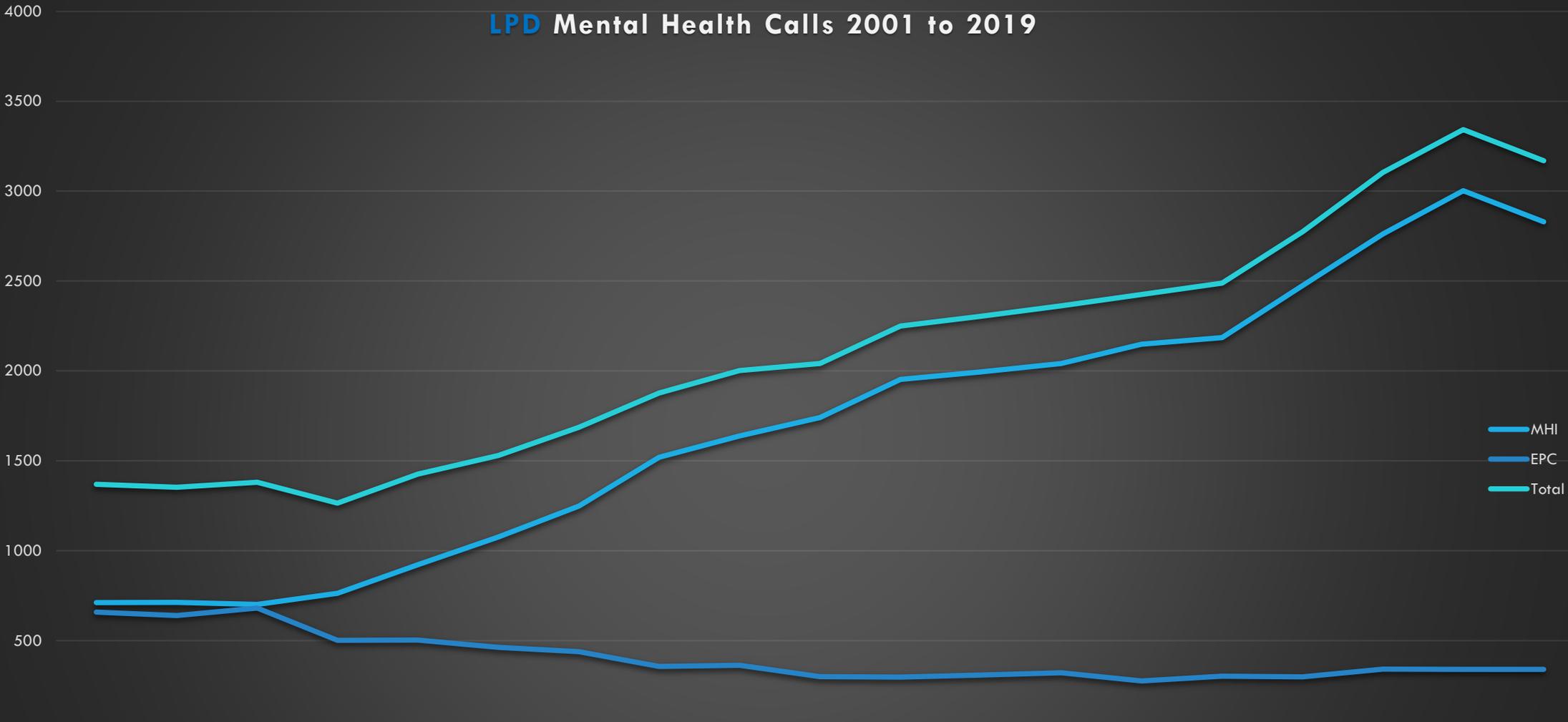
Mental Health Investigations: 3,169
(-4.42%)

Investigations With EPC – 340
(+9.71%)

No EPC – 2,829 (-6.12)



LPD Mental Health Calls 2001 to 2019



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
MHI	711	713	701	763	923	1077	1248	1520	1639	1741	1953	1995	2041	2149	2186	2475	2761	3002	2829
EPC	658	640	681	502	503	463	439	357	363	300	297	309	321	276	302	299	342	340	340
Total	1369	1353	1381	1265	1426	1530	1687	1877	2002	2041	2250	2304	2362	2425	2488	2774	3103	3342	3169

THE R.E.A.L. PROGRAM

- LPD refers people with mental illness for voluntary help provided by trained Peer Specialists who have lived experience with mental illness and/or substance abuse.
- 3,000 referrals since 2011
 - Currently 5-6+ referrals per week from LPD
 - Other referrals from physicians, bus drivers, landlords, elected officials, other law enforcement, family, self.
- More than 320 (Over 90%) LPD officers have referred to MHA
- Recovery model
- Diversion from higher levels of care

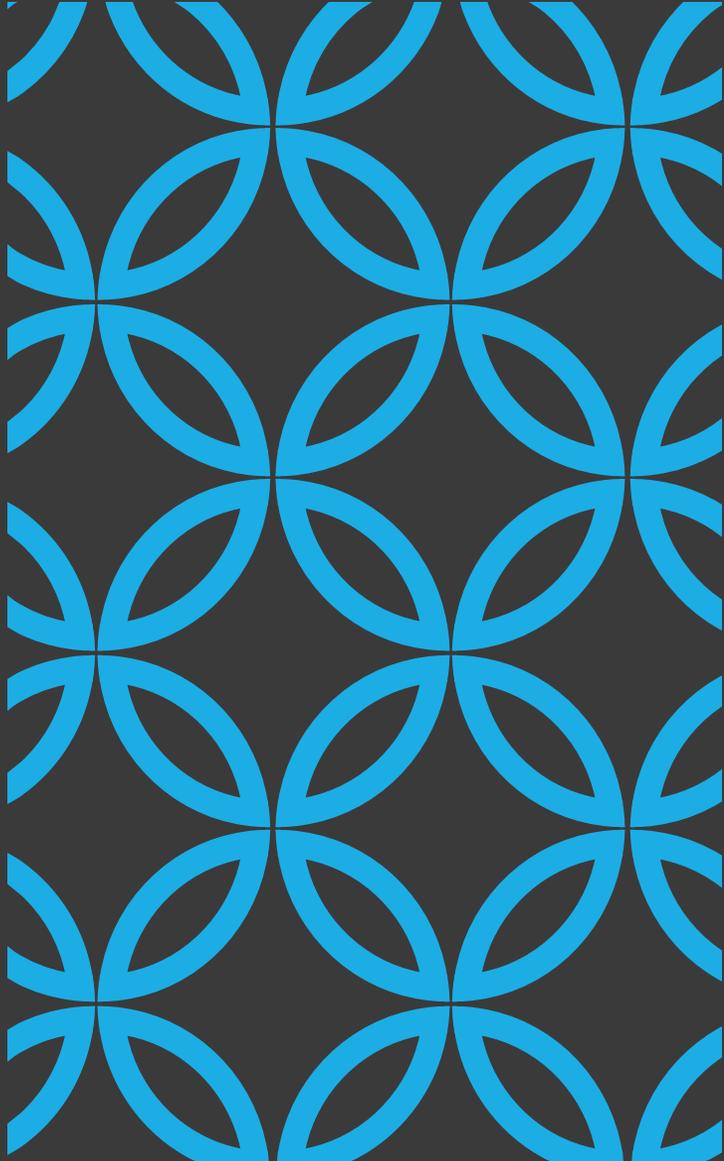
Hello, On 6-20-18 I had contact with [REDACTED] after he tried to complete suicide by overdosing on pills. He said he has tried completing suicide in the past and is diagnosed with depression and anxiety for which he takes medication. [REDACTED] is upset by a recent break up with a girlfriend and believes he has lost his job. He returned to Nebraska to see his mother and complete suicide. [REDACTED] robbed a pharmacy to get some of the pills he took and is currently in the Lancaster County jail. He was definitely in crisis and if his mother hadn't found him he probably wouldn't have lived. His mother can help you get in contact with him. His dob is [REDACTED]. His mother's phone and address is [REDACTED]. He will stay with his mother if he gets out of jail and both of

Subject: Referral

On 6-21-18 officers conducted a welfare check of Cathy [REDACTED] at her residence at [REDACTED]. She made some suicidal comments at a doctor's office. Cathy was found to be depressed and stressed out but not an immediate danger to herself or others. I suggested an MHA referral and she was agreeable. Cathy is stressed because of pressure from her daughter who wants her tested for Alzheimer's disease. Cathy said she suffers from PTSD from sexual abuse as a child and physical abuse from her previous husband. Cathy said she has been crying for the past 2 days and would appreciate someone to talk to and help her navigate through her stressors. Cathy has a cat

- LPD determines that a R.E.A.L. Program referral is appropriate.
- Responding officer e-mails a referral to MHA-NE that briefly describes contact, explains relevant mental health issues, and provides contact information

HOW IT WORKS



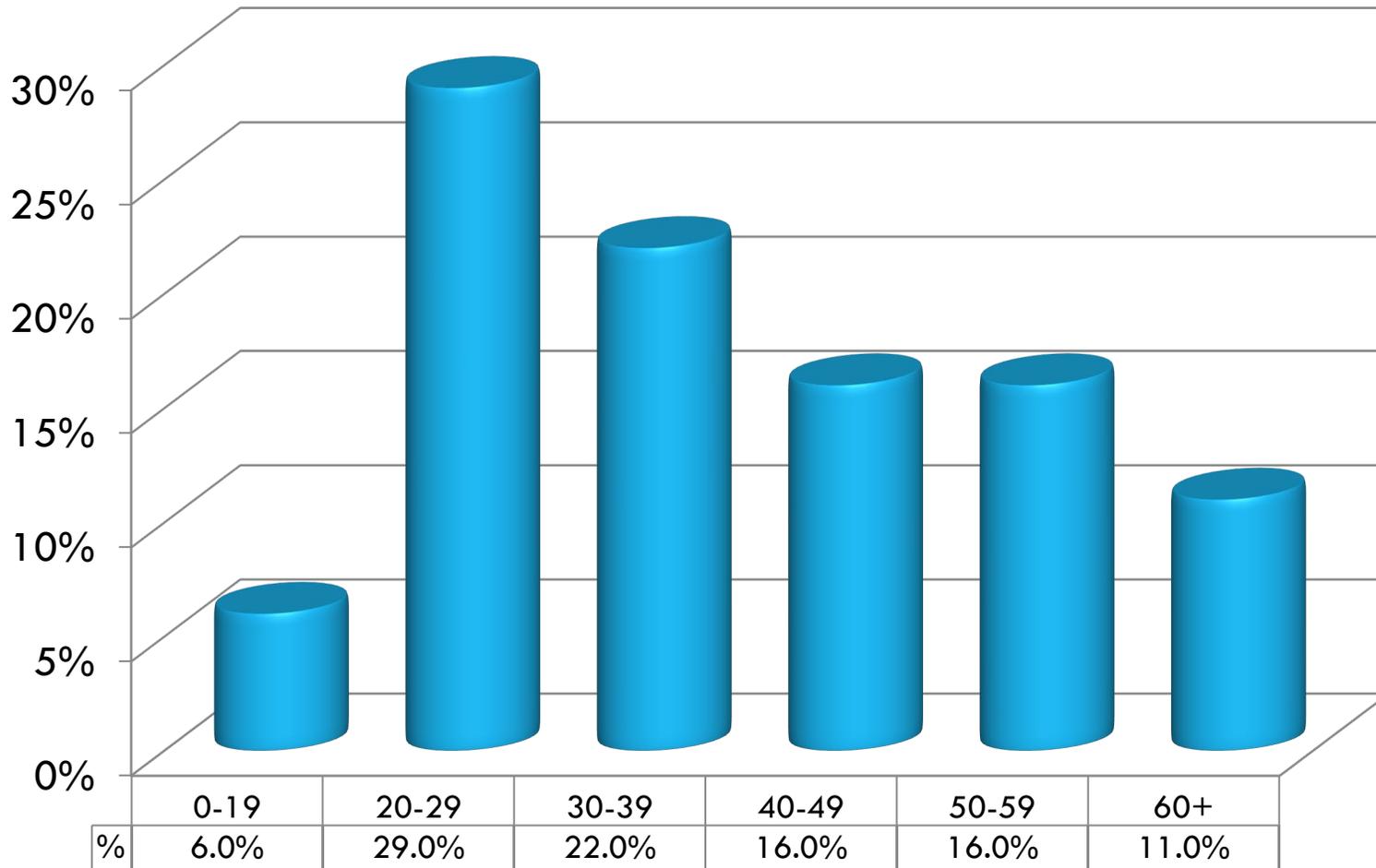
DOES IT WORK?

Data Evaluation

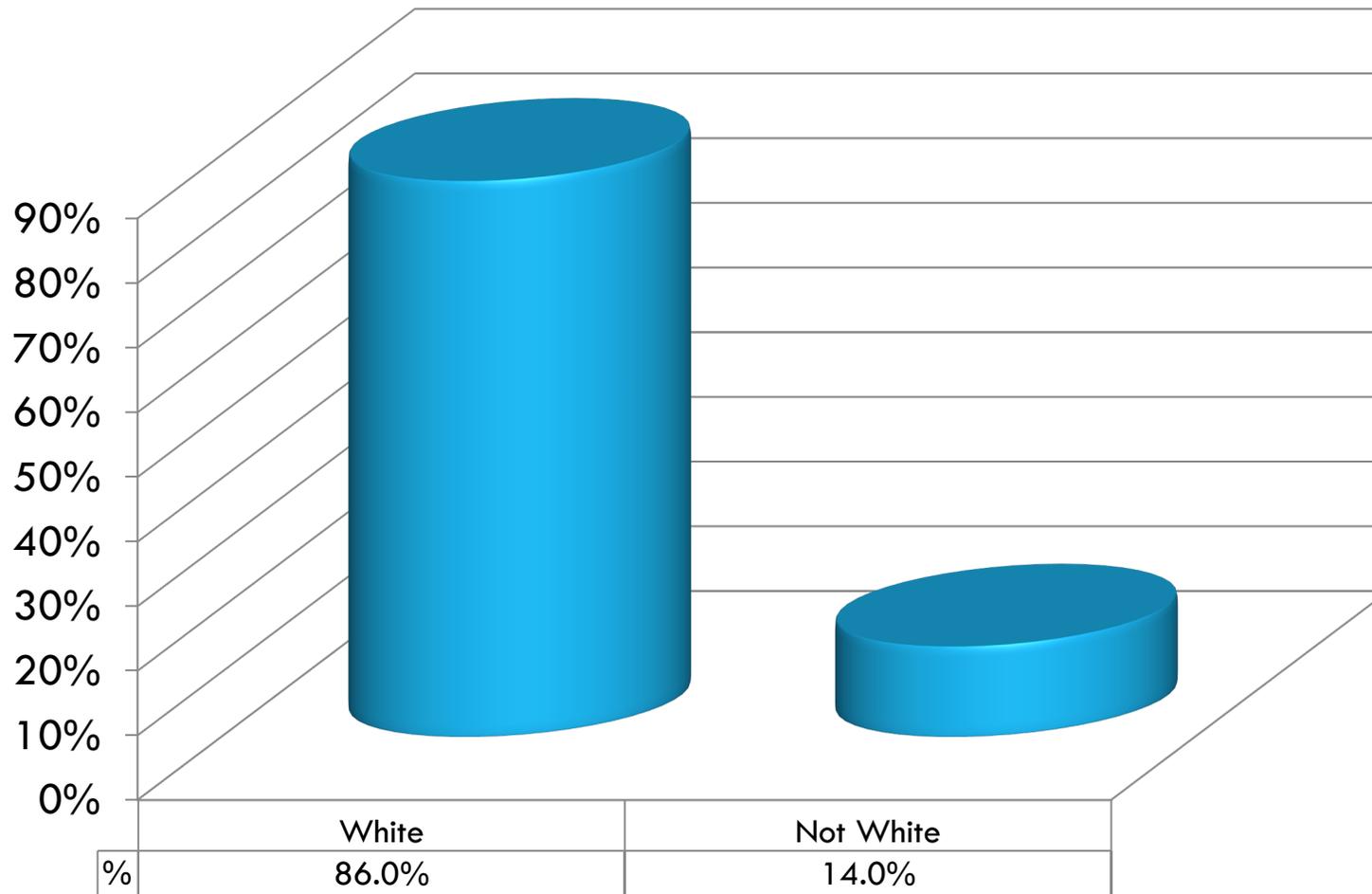
GENDER

Gender	%
Female	46%
Male	54%

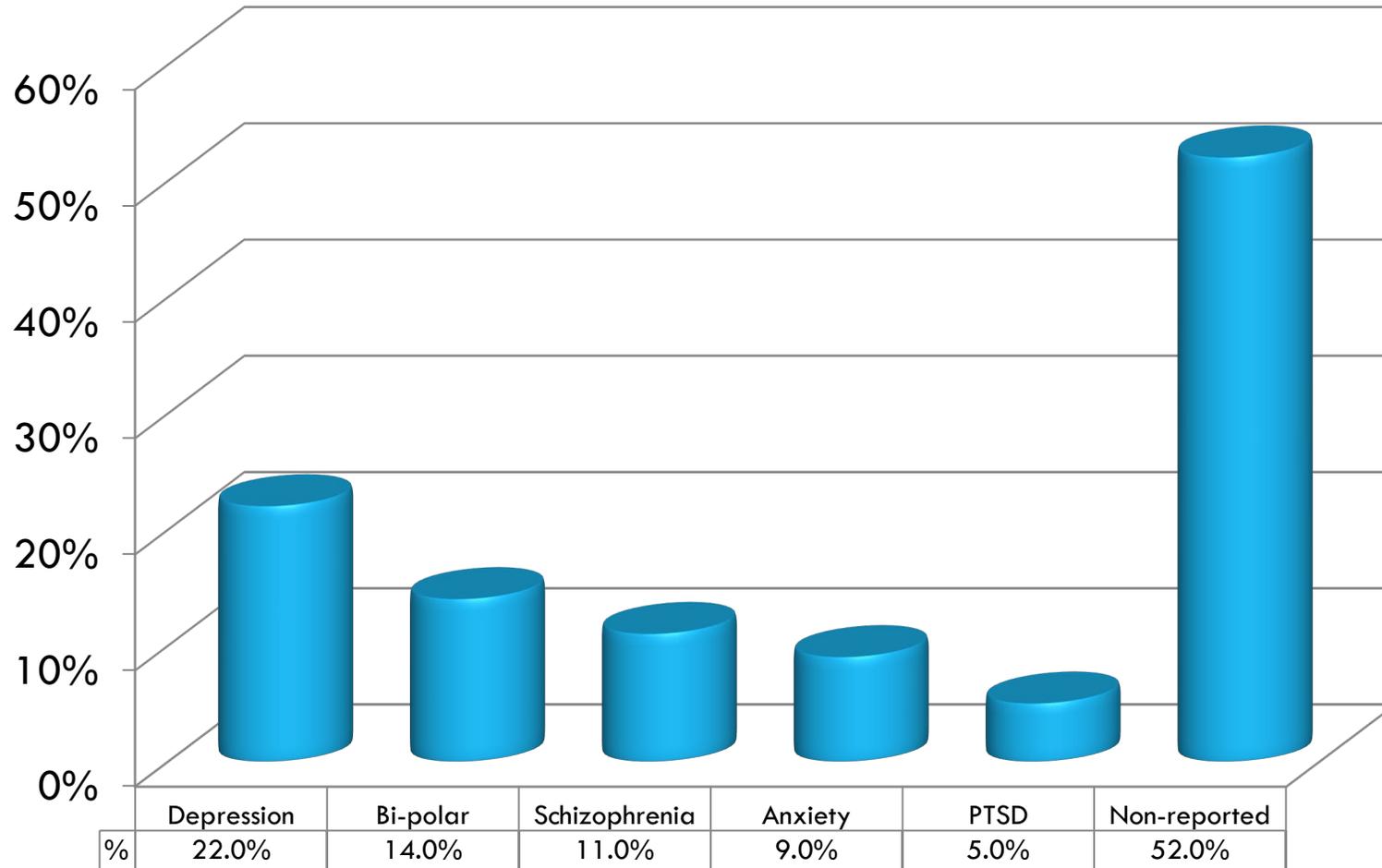
AGE GROUPS



RACE/ETHNICITY



SELF-REPORTED MENTAL HEALTH CONDITION



SUCCESSFUL CONTACTS

Out of all referred individuals about 50% are contacted

(This number has significantly increased with additional staff and shorter response time)

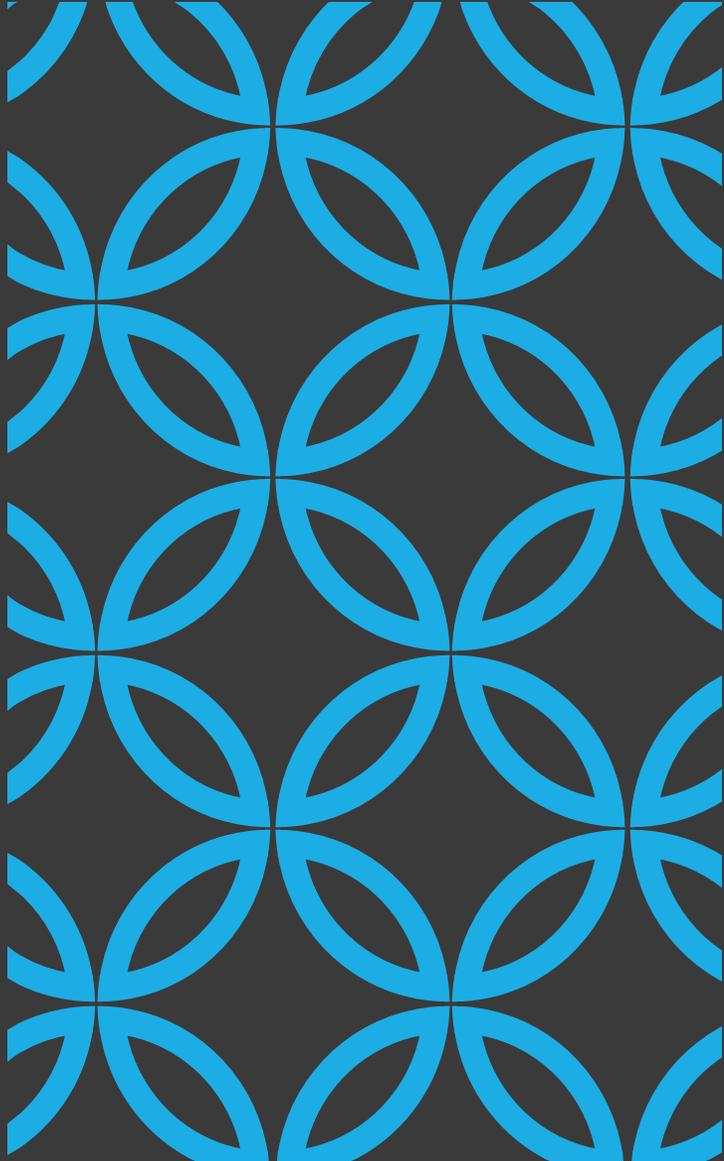
Reasons we are unable to make contact:

- Homeless
- Couch surfing
- No phone - phone dies
- Unable to locate them
- Secure buildings / No access

*** 85% of those contacted accept services

3 KEY TAKEAWAYS — R.E.A.L. PROGRAM

1. It is critical for law enforcement agencies to collaborate with mental health workers and advocates to assist people with mental illness.
2. It may take over a year before the individuals reap the benefits of post-crisis assistance program. Anecdotally we do see benefits earlier than one year.
3. Jurisdictions truly committed to aiding their most vulnerable citizens must consistently fund collaborative mental health response programs. The other option -already in full force - is to simply continue spending money cycling and recycling people living with mental illness through jails, hospitals, homeless shelters and other costly ineffective alternatives.



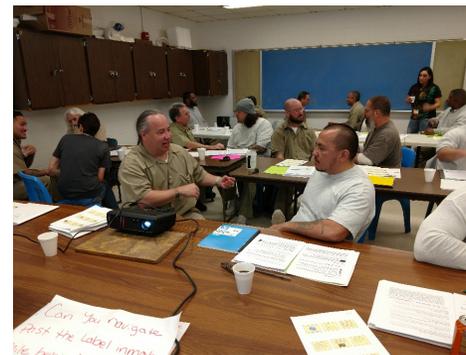
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

PEER SUPPORT: INSIDE THE WALLS

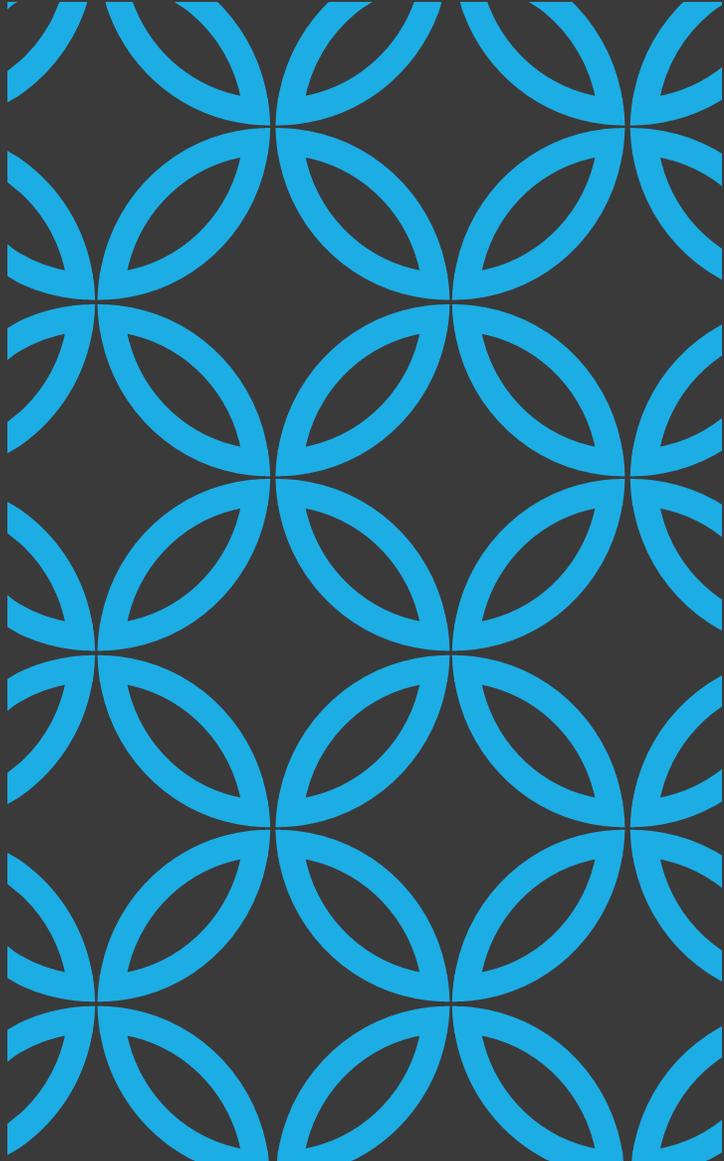
- Inside all state correctional facilities, including maximum security
- Re-entry planning
- WRAP plans
- Peer support



- Peer mentoring by long-time inmates who have received 40 hours of training



PEER SUPPORT: INTENTIONAL



PEER REENTRY SUPPORTIVE SERVICES

Programs of MHA-NE

HONU HOUSE

- Peer-Operated Respite 24/7
- New facility opened Summer 2018
- Serves peers within 18 months of release from Dept. of Corrections, Parole, Post-Release, or Probation.
- Peers who live with significant mental health or substance abuse issues who do not wish to live on their own.
- 20 individual bedrooms/14 baths
- 157 stays with average stay of 90 days
- NOT a group home, half-way house, or treatment program.
- Open to Peer who are ready to take charge of their lives.
- 9 Police Calls for Service in 2018 – 3 Narcotics Related



H.O.P.E: HIGHER OPPORTUNITIES THROUGH THE POWER OF EMPLOYMENT

- Re-entry services provide assistance to approximately 160 individuals being released per/month
- 456 individuals in employment
- 73% success i.e. employed for 90+ days
- Among MHA Peers Specialists.....
 - 14 released from Department of Corrections
 - 10 released from Jail Diversion and Drug Court
 - 3 were on a Mental Health Board Commitment
 - 4 are Veterans



PEER SUPPORT: OUTREACH

- Re-entry planning for persons released from incarceration
- “Meet them at the door”
- Housing, Furniture, Food, Medical Appointments
- No. Served: 441
- No. in Progress: 25
- No. Housed: 66
- No. of Prevented Evictions: 6



KEYA HOUSE & WARM LINE

- A comfortable, clean and furnished four bedroom home in a quiet and safe neighborhood.
- Self help and proactive recovery tools to regain and maintain wellness.
- Staffed 24/7 with trained Peer Specialists
- Must be 19 years and older
- 800 unduplicated guests
- Average stay: 5 days
- Average no. of calls to warm line per month: 375
- 8 Police Calls for Service in 2018 (4 mental investigations)



LAW ENFORCEMENT TRAINING

New Recruits

New Dispatchers

BETA Training

10 Years

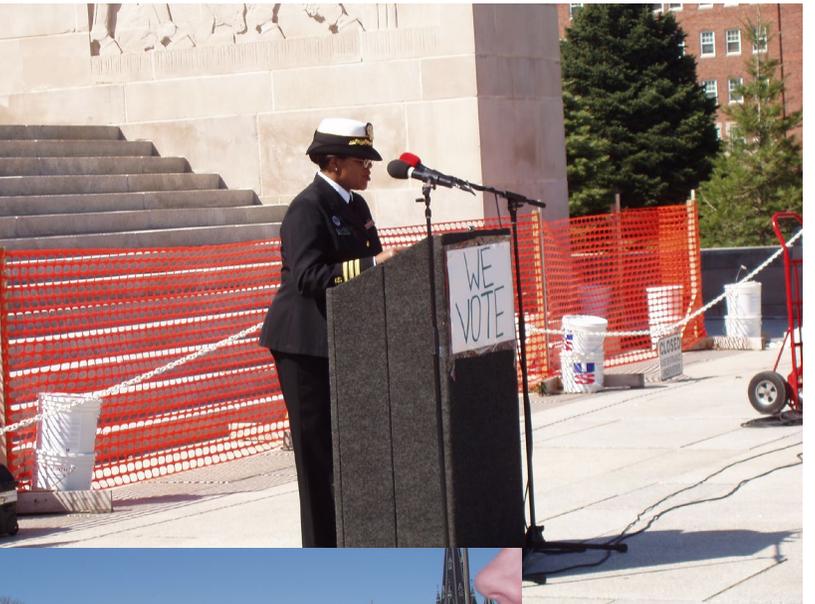
Average of 65 per training

New Youth BETA Training 1st Annual -
December 2018

Kristin Nelson Region V Systems



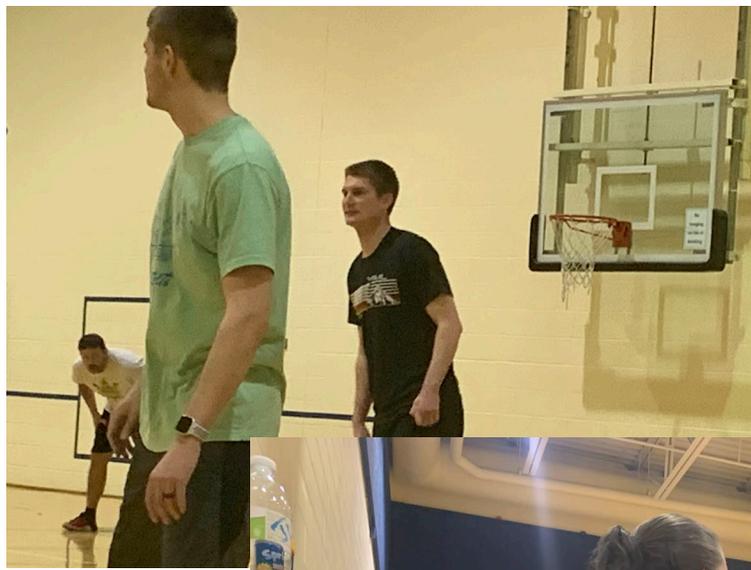
ADVOCACY AND LEGISLATION

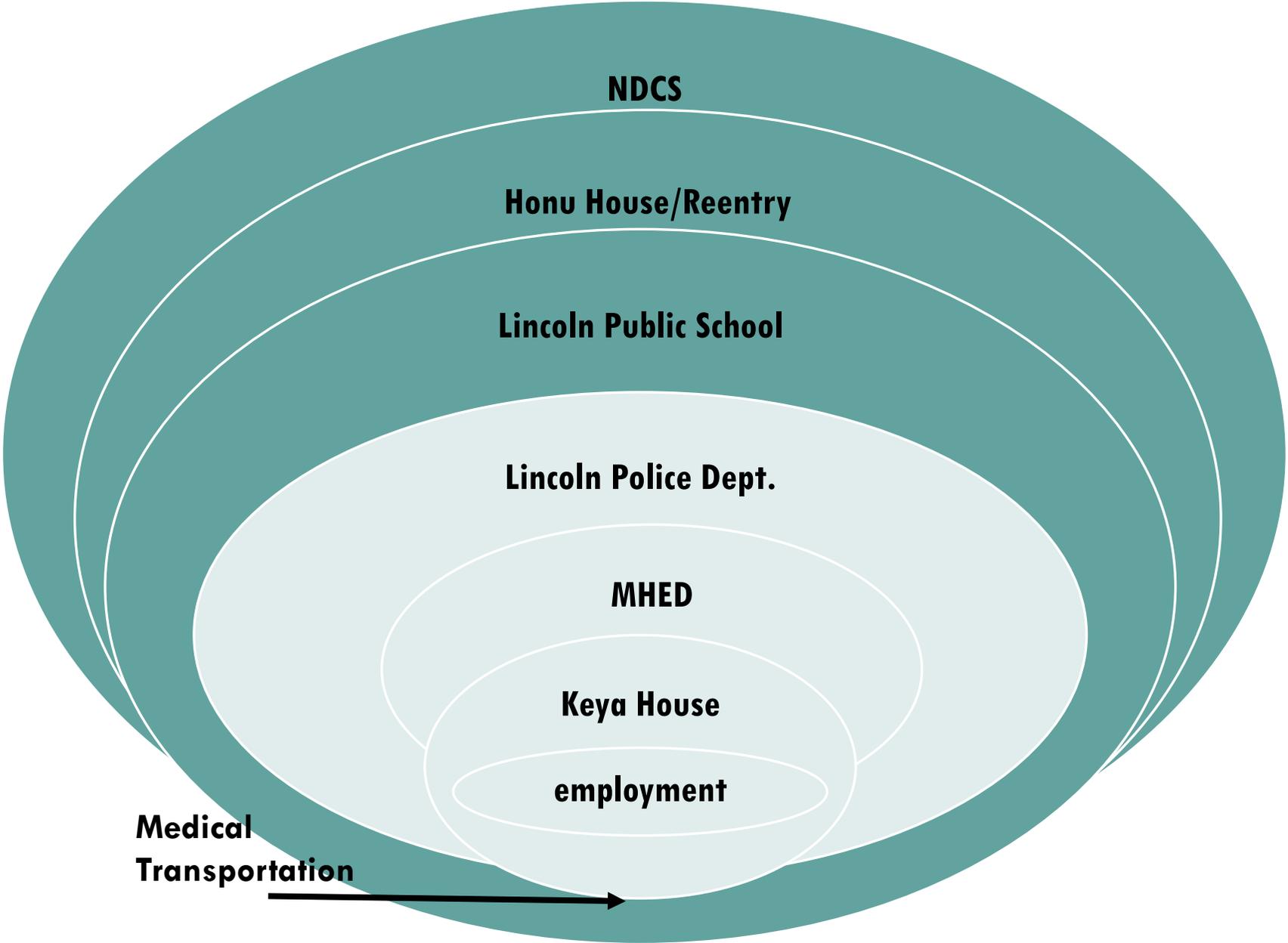


Community Integration/ Pro- Social Activities

MHA sponsored Parks and Rec Sports Teams.

- Kickball
- Softball
- Teams consist of MHA peers, participants, community providers and DOC Staff





NDCS

Honu House/Reentry

Lincoln Public School

Lincoln Police Dept.

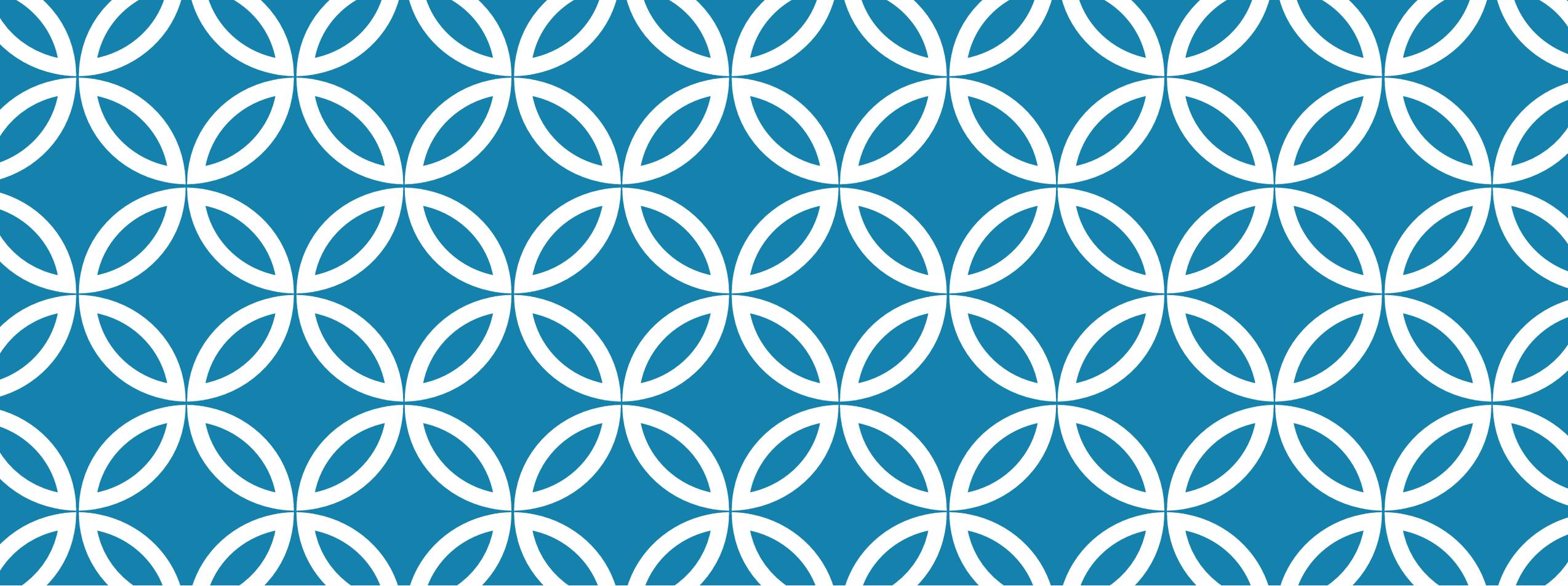
MHED

Keya House

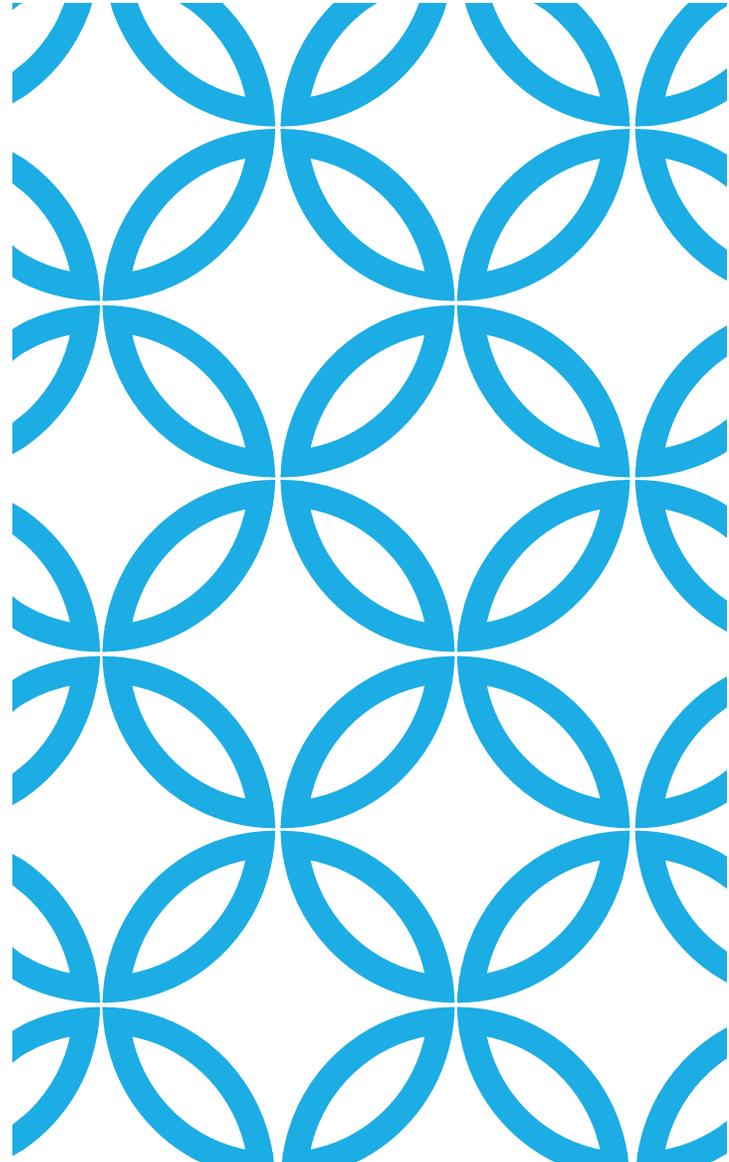
employment

**Medical
Transportation**





**WHY IS THIS PARTNERSHIP UNIQUE?
SHOULD THIS BE UNIQUE OR THE NORM?**



QUESTIONS?



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NEBRASKA

Good Life. Great Mission.

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