Lunch and Learn:
Peers in the Crisis Care Continuum

July 23, 2024

CalHHS
California Health & Human Services Agency

Virtual Meeting Guidelines

Thank you for joining us today for this informational Lunch & Learn!

- This meeting is being recorded and will be available for viewing post-meeting
- American Sign Language interpretation is provided in pinned video
- Live captioning is provided – Select show/hide
- Participation: Following the presentations, as time permits, please use the Q&A section or the hand raise to get into queue to ask questions or share your thoughts

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Agenda

- **Welcome and Overview – *5 mins***
- **Presentations: Peers in the Crisis Care Continuum – *1 hour***
    - **Victoria Ramirez**, Peer Supporter, Hacienda of Hope, Project Return Peer Support Network
    - **Nze Okoronta**, Executive Director of SOAR, Solstice House Peer Respite & Warmline, Wisconsin
    - **Keris Myrick**, Vice President of Partnerships and Innovation, Inseparable; Podcast Host, Unapologetically Black Unicorns
    - **John Travers**, Project Director, Project Return Peer Support Network
- **Questions and Discussion**
- **Closing & Adjourn – *5 mins***

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Welcome & Overview

Stephanie Welch, MSW. Deputy Secretary of Behavioral Health, CalHHS

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Peers in the Crisis Care Continuum

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Peers in the Crisis Care Continuum

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Innovative Approaches to Delivering Quality Care: The Power of Peer and Community Supports

Ms. Jacki McKinney, MSW
Founding Member,
National People of Color Consumer Survivor Network

inseparable

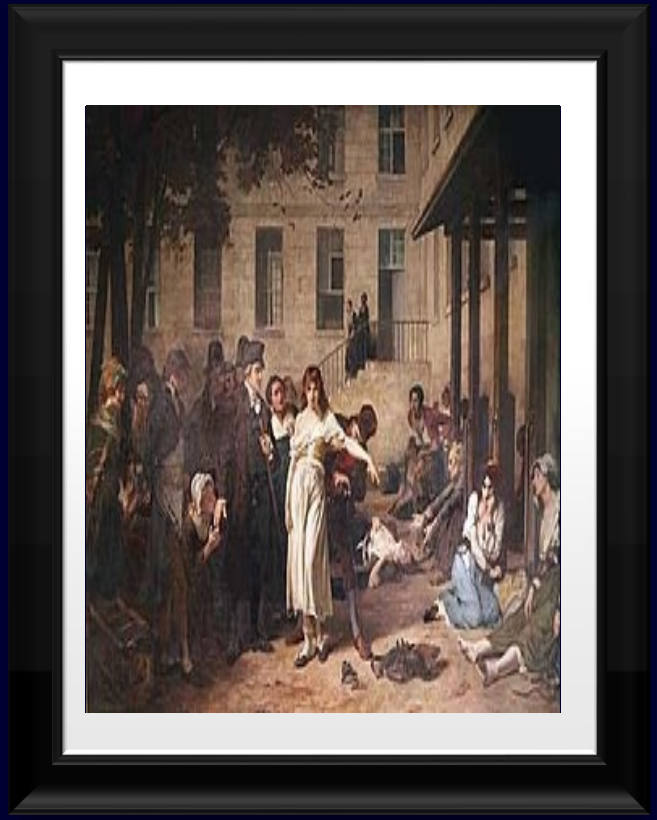
Gallery Walk

A Short History of the Peer Movement

Curated by Keris Jän Myrick, MBA, MS

Jean- Baptise Pussin

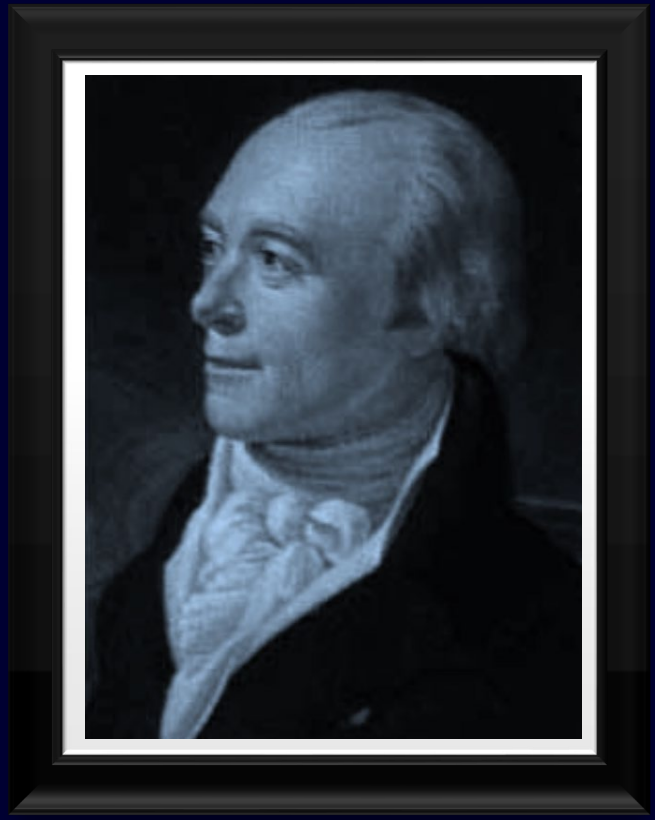
Many people track the beginning of the behavioral health peer movement to the early 1800s when Jean-Baptiste Pussin noticed significant improvements when hospital inmates were helped by other inmates. He hired and advocated for the hiring of peers in the treatment of mental illness.



Curated by Keris Jän Myrick, MBA, MS

John Perceval

In1838 Richard Paternoster, a former civil servant in the East India Company, was discharged after 41 days in William Finch's madhouse at Kensington. He had been detained following a disagreement with his father over money. Once free, he published a letter in the Times announcing his release
He was contacted by John Perceval, son of the assassinated Prime Minister Spencer Perceval, who had also spent time in two private asylums
The Alleged Lunatics' Friend Society was formally created on July 7th 1845

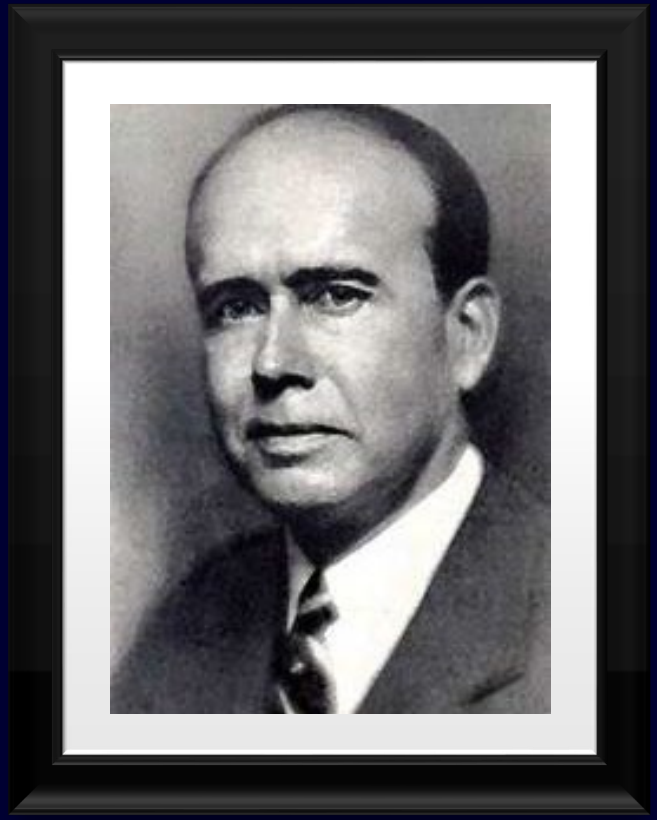


Prime Minister Spencer Perceval

Curated by Keris Jän Myrick, MBA, MS

Clifford Whittingham Beers

It sprang to life again when in the early 1900s, Clifford Beers, a scion of a wealthy and prominent family was placed in an asylum and found his fellow patient of greatest help as he moved to wellness. He started a group that grew in prominence becoming what is now known as Mental Health America. The MHA bell was created from the shackles of patients who had been chained to walls, floors and beds.

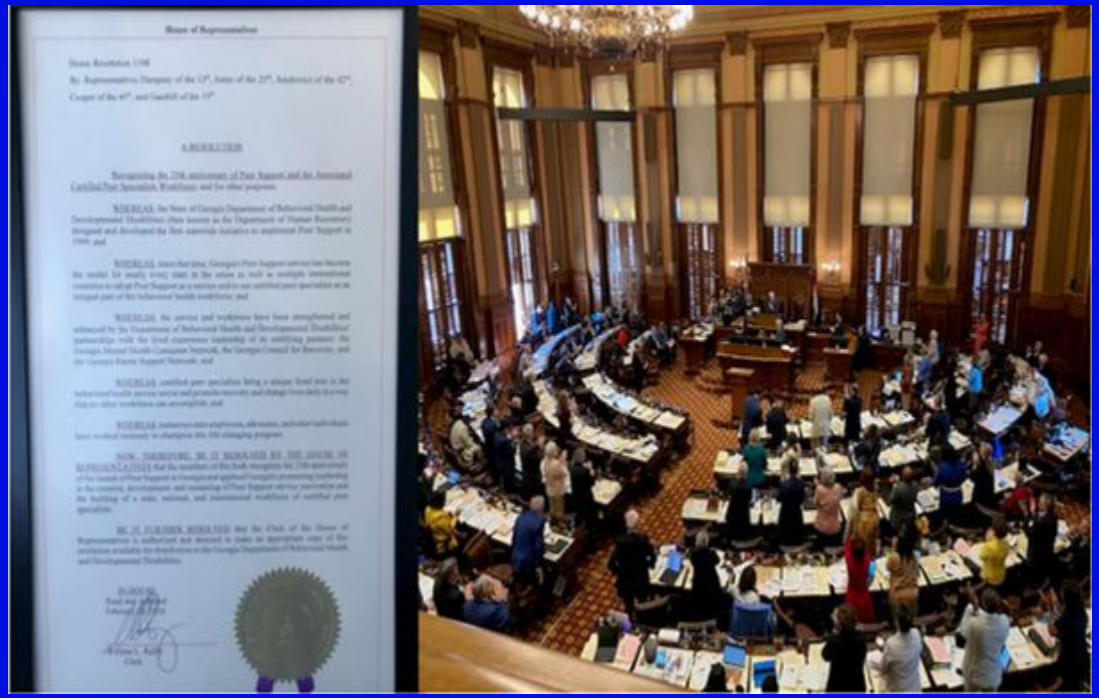


Curated by Keris Jän Myrick, MBA, MS

Evolution of Certified Peer Specialists

- 1999: First Medicaid billable Peer Support Service
- 2001: Georgia first to develop Certified Peer Specialists (CPS) Program
- 2007: CMS letter to State Medicaid Directors endorsing Peer Support
- 2012: Georgia first to bill for peer support in whole health
- 2013: CMS expanded peer support services for mental illness and substance use disorders
- 2014: 36 states known to bill Medicaid for peer support services
- 2016: 41 states and the District of Columbia have established programs to train and certify peer specialists
- Today: GA has approximately 2500 CPSs (with 2024 being their 25th Anniversary)
- Other agencies engaged in peer workforce efforts

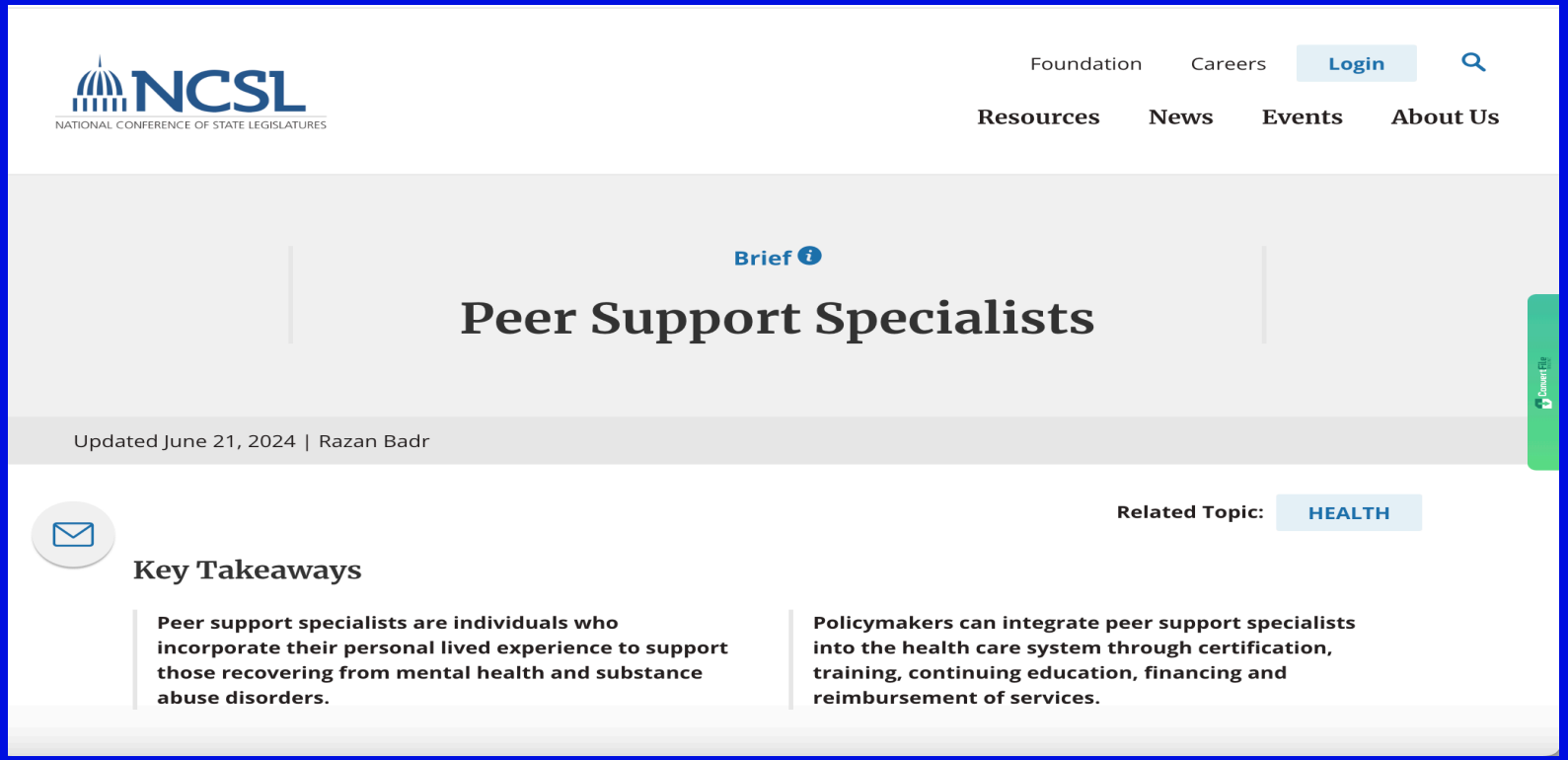
Source: Chapman, Blash and Chan (2015); Kaufman, Kuhn and Manser (2016)



Last Thursday, the 25th Anniversary of Peer Support and its early leaders were recognized in a resolution by the Georgia House of Representatives. The Georgia Department of Behavioral Health and Developmental Disabilities team, especially Commissioner Kevin Tanner and Michael Polacek led the team effort for the recognition. We are especially grateful to Representative Katie Dempsey, Speaker of the House Jon Burns, and all the member of the House for this extraordinary recognition and for their standing ovation, saluting the work of Georgians delivering Peer Support.

Sandy White –Tiegreen, MSW
Georgia BH Medicaid Director
April 4, 2024

National Conference of State Legislatures Brief on Peer Support



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Brief

Peer Support Specialists

Updated June 21, 2024 | Razan Badr

Related Topic: HEALTH

Key Takeaways

Peer support specialists are individuals who incorporate their personal lived experience to support those recovering from mental health and substance abuse disorders.

Policymakers can integrate peer support specialists into the health care system through certification, training, continuing education, financing and reimbursement of services.

https://www.ncsl.org/health/peer-support-specialists?utm_source=national+conference+of+state+legislatures&utm_term=0_-e5fbb121cd-%5blist_email_id%5d&utm_medium=email/maptype/tile&utm_campaign=ad2cd84674-health-link-july-16-2024/maptype/tile#undefined

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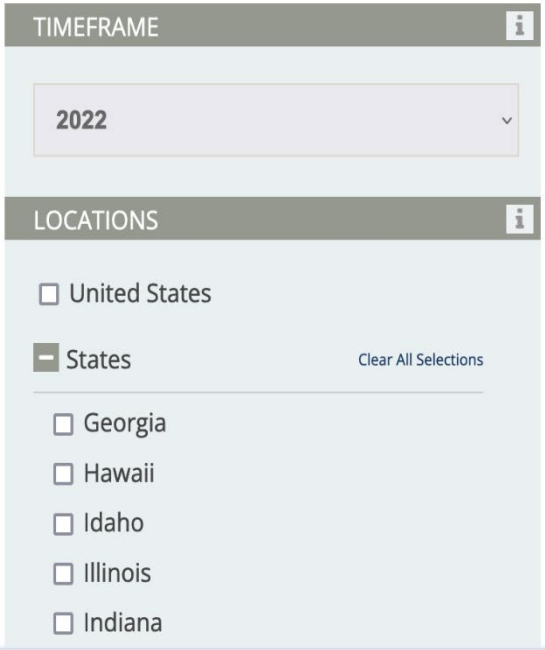
Medicaid Behavioral Health Services: Peer Support Services



Location	Service Covered?	Copayment Required?	Limits on Services?
United States	**Yes - 40; No - 5; NR - 6**	**Yes - 3**	**Yes - 16**
Alabama	Yes	Yes - not specified [1]	No
Alaska	Yes	No	100 hour limit for any combination of individual services; 180 limit for group services
Arizona	Yes	NR [2]	No
Arkansas	NR	NR	NR
California	Yes [3]	No	No
Colorado	Yes	No	No
Connecticut	No		
Delaware	NR	NR	NR
District of Columbia	Yes	No	Yes - not specified

https://www.kff.org/other/state-indicator/medicaid-behavioral-health-services-peer-support-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Medicaid Behavioral Health Services: Peer Support Services

Location	Service Covered?	Copayment Required?	Limits on Services?
Arkansas	NR	NR	NR
Illinois	No [1]		
Montana	Yes	No	Yes - not specified [2]
New Mexico	Yes	No	No
Pennsylvania	Yes	$.65 per unit of service [3]	No
Washington	Yes	No	No
Wisconsin	Yes	No	Limited to programs that include peer supports in the State Plan (psychosocial rehab, residential SUD treatment, SUD health home)

NOTES

FOOTNOTES

1. Illinois' approved behavioral health Section 1115 waiver has a pilot project to deliver peer recovery support services to customers with a substance use disorder. State legislation requires that peer recovery support services be added to the State Plan effective January 1, 2023.
2. In Montana, available as individual services (adults only).
3. In Pennsylvania, there are no copays for this service under managed care.

"To assure that Outpatient Behavioral Health Services (OBHS) which are allowable and delivered by a Peer Support Specialist, a Family Support Partner, and a Youth Support Specialist comply with applicable laws, which require, among other things, that all care reimbursed by the **Arkansas Medical Assistance Program (Medicaid)** must be provided efficiently, economically, only when medically necessary, and is of a quality that meets professionally recognized standards of health care."

https://www.kff.org/other/state-indicator/medicaid-behavioral-health-services-peer-support-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

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States' Use of Peers in the Mental Health Crisis Continuum

This chart highlights the policy components of these four states' approaches to including peers in providing services across the crisis continuum.

State	Funding and Payment Authority	Service Design	Peer Certification & Supervision Requirements	Managed Care Billing Guidance
New Mexico: Call Centers	Community Mental Health Services Block Grant 24/7 Crisis Access Line services, including warm handoffs to peer-to-peer	• Statewide peer-to-peer warmline is staffed by Certified Peer Support Workers and Family Peer Support Workers. • Staffers assess callers and give them a choice between speaking with clinician or peer, and then triage as appropriate. • All peers staffing	Certified Peer Support Worker: **Education:** High school diploma or equivalent **Exam:** State exam **Training and Experience:** • 5-day training • 40 hours of	Contract requires that core services agencies have 24/7 crisis services available. The state's Medicaid behavioral health provider manual also

https://nashp.org/states-use-of-peers-in-the-mental-health-crisis-continuum/

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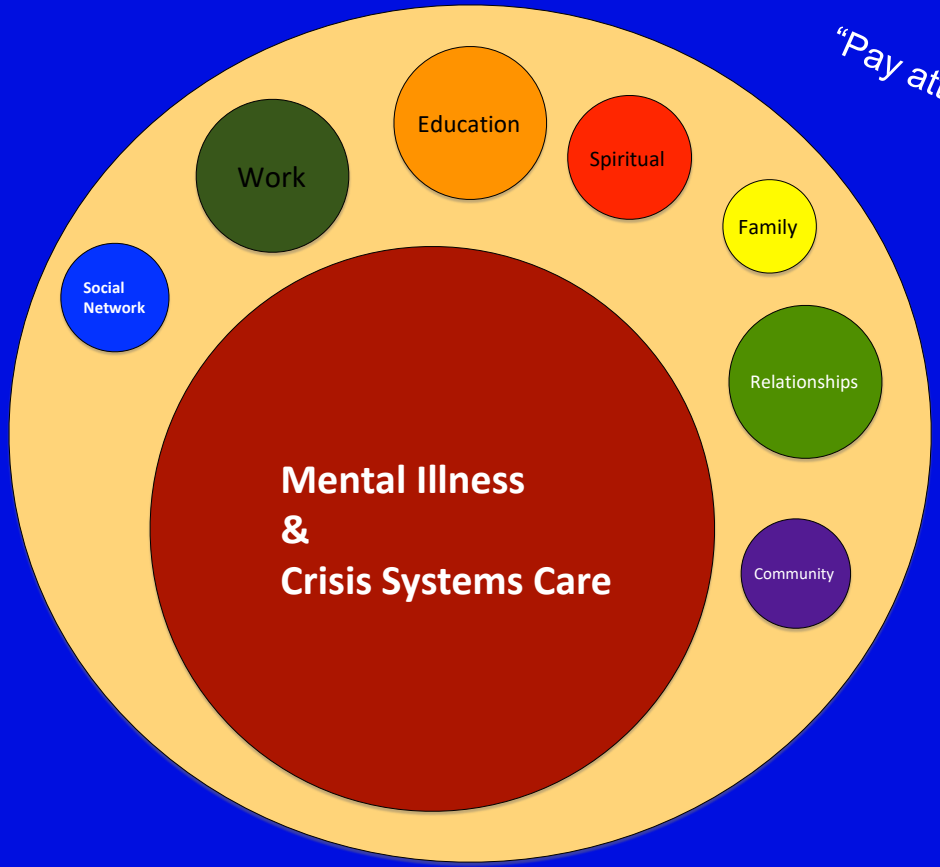
"I'm not in the mood"

"Pay attention to the quiet students"

"Los Trapos Sucios Se Lavan en Casa"

"Gurl Bye!"

"I'm tapped out"



Graphic: Keris Jän Myrick, MBA, MS

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The Peer Respite: Behavioral Health Recovery and Crisis System Design

Unapologetically Black Unicorns Podcast Episode 91: Nze Okoronta
https://podcasts.apple.com/us/podcast/unapologetically-black-unicorns/id1568804071?i=1000600968430

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What is a Peer Respite??

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

- Operate 24 hours per day in a homelike environment.
- Psychiatric Hospital Diversion to support people experiencing or at risk of psychiatric crisis
- Community based support that is supportive and non coercive that maximize autonomy and self-determination
- Mutual trusting relational based on shared respect and responsibility

https://livelearninc.net/peer-respites

Peer Respite Outcomes

- Medicaid expenditures were an average of $2,138 lower per month, and there were 2.9 fewer hospitalizations for peer respite guests than for the comparison group. (Bouchery,E; et al, 2018)

- 70 percent of respite guests were less likely to use emergency or hospital inpatient services than those in the comparison group.
- Conclusions: Peer respites could lead to a reduction in overall service costs as well as decrease the reliance on more coercive modes of treatment. (HSRI 2021)

https://legislativeanalysis.org/wp-content/uploads/2021/02/Peer-Respites-as-an-Alternative-to-Hospitilzation-FINAL.pdf

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HOW MANY PEER RESPITES ARE THERE IN THE UNITED STATES?

A. 10
B. 25
C. 45
D. 100
E. ?????

HOW MANY PEER RESPITES ARE THERE IN CALIFORNIA?

A. 5
B. 7
C. 10
D. 15
E. 20

CT bill creates mental health peer-run respite centers

Play

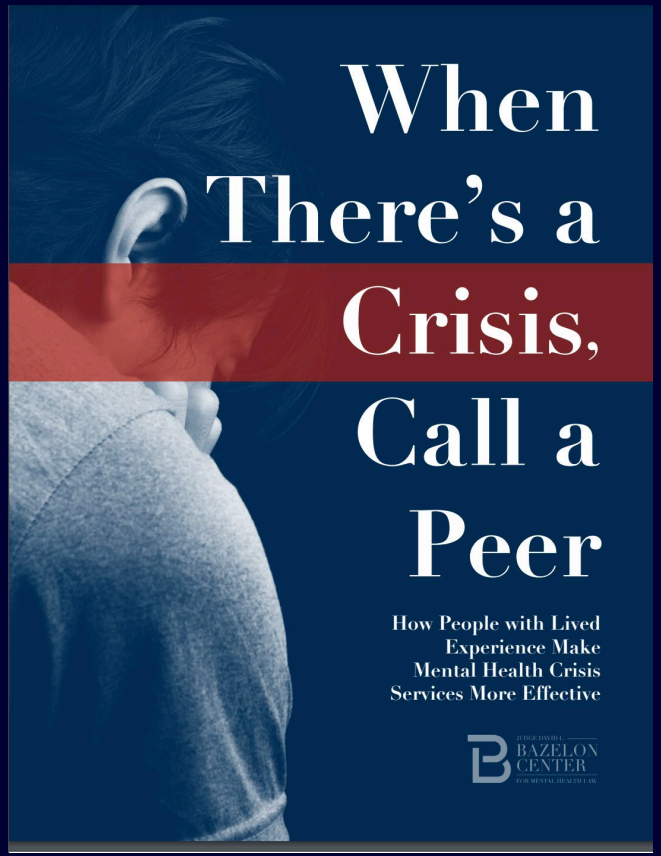
Research shows inpatient emergency services drop by 70% after a stay in a peer-run respite center. (Adobe Stock)

Wednesday, April 3, 2024

A Connecticut bill under consideration in the Legislature would establish peer-run respite centers to help people with mental illness. Senate Bill 370 would establish eight centers,

NOTE ALSO OREGON - The program, established under House Bill 2980, will distribute $6 million in grants to operate up to four peer-run centers in four geographic regions: The Portland-Metro area, central or eastern Oregon, southern Oregon and the Oregon coast. At least one of the centers must offer culturally specific services.

https://www.publicnewsservice.org/2024-04-03/mental-health/ct-bill-creates-mental-health-peer-run-respite-centers/a89619-1#



https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf

Supporting Peers Working In Crisis Services

The federal government has endorsed models for crisis services, including mobile response teams and peer-led respite homes and apartments, in which people with lived experience working as peers provide significant support.[76] Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) have done so because peer delivery, and peer leadership, of these services has been shown to improve effectiveness and to be cost-effective.[77] Importantly, building crisis interventions on peer-to-peer support has been demonstrated to provide significant benefit to the persons receiving supports, including by reducing risk of hospitalization and law enforcement involvement.[78]

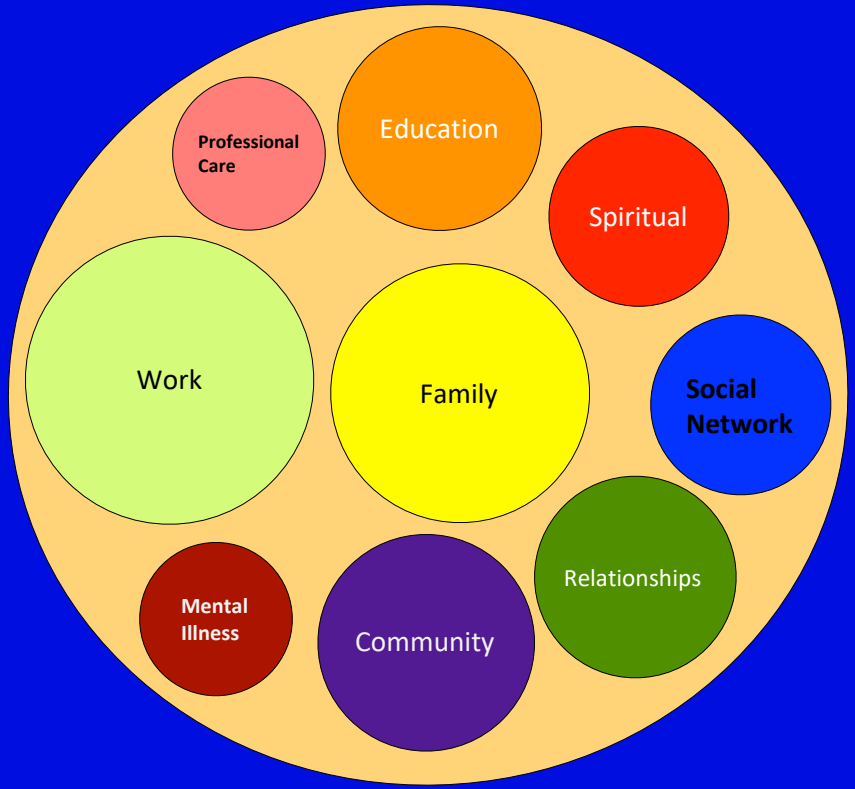
SAMHSA ADVISORY

SAMHSA Advisory: Peer Support Services in Crisis Care

Figure 2. Peer Support Services and Settings for Crisis Care by Intensity of Need

	Pre-Crisis Care	Sub-Acute Care	Acute Care	Stabilization	Post-Crisis Care
Purpose	• Services intended to avert a crisis, or, if a crisis occurs, alleviate the need for more acute services.	• Services provided to those who experience a mental and/or substance use disorder crisis, but do not require acute care.	• Services provided to de-escalate a crisis and/or when acute behavioral health care is required.	• Services designed to assist with symptom stabilization before returning to the community.	• Services aimed to support the individual after the crisis has subsided.
Settings	• Peer-run organizations, such as recovery community organizations and drop-in centers. • Mobile recovery centers. • Outpatient and rehabilitation programs. • Homeless outreach.	• 23-hour stabilization units and beds. • Inpatient hospitals and partial hospitalization programs. • Hospital diversion houses.	• Emergency departments. • Mobile crisis teams. • Crisis intervention and response teams. • Police and correctional diversion.	• Crisis receiving and stabilization units and facilities. • **Crisis respite**. • Recovery residences. • Living rooms.	• Peer-run organizations, such as recovery community organizations and drop-in centers. • Assertive community treatment teams. • Other outpatient and rehabilitative support settings.
Services	• Outreach. • Warm lines. • Crisis planning. • Linkage to resources. • Individual and group digital support. • Harm reduction.	• In-patient and partial hospitalization care and advocacy. • Short-term crisis residential services. • Short-term intensive treatment and services. • Linkage to resources.	• Crisis hotlines. • Emergency department care and advocacy. • Intensive treatment and services. • Linkage to resources.	• Residential stabilization. • Step-down services. • One-on-one support. • Linkage to resources.	• Post-crisis support groups. • Recovery supports. • Social inclusion and structure. • In-home peer companionship. • Self-care supports. • Digital support.

https://store.samhsa.gov/product/advisory-peer-support-services-crisis-care/pep22-06-04-001



Graphic: Keris Jän Myrick, MBA, MS

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Presented by:

Keris Jän Myrick, M.B.A., M.S.,
Certified Personal Medicine Coach, CPMC

**Vice President of Partnerships and Innovation-
Inseparable**

**Podcast Host –
Unapologetically Black Unicorns**

keris@inseparable.us

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Peers in the Crisis Care Continuum

John Travers, Project Director, Project Return Peer Support Network

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Questions & Discussion Time

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Next Steps & Closing

Stephanie Welch, MSW. Deputy Secretary of Behavioral Health, CalHHS

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Next Steps

- August 28th Hybrid Behavioral Health Task Force Quarterly Meeting, in Sacramento: 10 a.m.-3 p.m.
- Email BehavioralHealthTaskForce@chhs.ca.gov to sign up for the BHTF listserv and send any questions/comments

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Thank you for joining us today!

For information about the Behavioral Health Task Force, please visit the CalHHS website at https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/

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