The GAINS Center’s Focus on Justice-Involved Consumers

The GAINS Center:

- SAMHSA-funded technical assistance center
- Provides technical assistance to a wide variety of SAMHSA-funded programs
- Committed to ensuring the meaningful participation of justice-involved consumers in grant activities
- Committed to ensuring the availability and integration of recovery support services in behavioral health/criminal justice initiatives
- Committed to ensuring the development of a peer workforce
The GAINS Center website:
- http://gainscenter.samhsa.gov

GAINS Center ListServ:
- http://gainscenter.samhsa.gov/forms/join_listserv.asp

The GAINS Center Virtual Learning Community:

PeerShare on the GAINS Center VLC
SAMHSA’s GAINS Center for
Behavioral Health and Justice Transformation

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http://gainscenter.samhsa.gov/
Hiring Peers with Histories

Presented by:
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Building a Competitive Edge

Hiring and retaining qualified employees is the number one staffing issue cited by employers—a concern that will become more pressing as we begin to feel the crunch of a shrinking and aging workforce.

To remain competitive, employers are looking beyond the traditional labor sources to access skilled, qualified candidates. This includes focusing their recruitment efforts on alternative sources of available job candidates, including those who are traditionally under-represented.
Why Should We Care?

- Participation in self-help groups has been found to lessen feelings of isolation, increase practical knowledge, and sustain coping efforts (Powell, 1994; Kurtz, 1997)

- For people with mental illnesses, participation in self-help groups increases knowledge and enhances coping (Borkman, 1997; Trainor et al., 1997)

- Various orientations include replacing self-defeating thoughts and actions with wellness-promoting activities (Murray, 1996), improved vocational involvement (Kaufmann, 1995), social support and shared problem solving (Mowbray & Tan, 1993), and crisis respite (Mead, 1997)
Improved Outcomes

Study of former mental patients, Luke (1989) found that those who continued to attend self-help meetings at least once per month over a period of 10 months were more likely to show improvement on psychological, interpersonal, or community adjustment measures than those who attended less frequently.
Reduced Hospitalizations

Through a case study, which included focus groups and interviews, Lieberman and colleagues (1991) found a consumer-run support group to improve members’ self-confidence and self-esteem and to lead to fewer hospitalizations.
Reasons for Hiring a Person with a “History”

- Affirmative Hiring / Employment Creation
- Role Modeling
- Unique Perspectives and contributions to the team
- Employees with disabilities have higher retention rates thereby reducing turnover (Unger 2002)
- Credibility with population served
- Development of Self-Help / Peer Support
NYS Fingerprinting Requirements

- Unique concerns for peers
- Understanding the process
- Preparing a review package
Evidence of Rehabilitation and Good Conduct

- A Certificate of Relief or a Certificate of Good Conduct.
- Letter(s) of recommendation from your prospective employer.
- Letter(s) of recommendation from any other individual who may be able to attest to your rehabilitation and/or good conduct.
- Letter(s) or document(s) showing your participation in an ex-offender program.
- Letter(s) or document(s) showing any of your educational and/or training achievements.
- Letter(s) or document(s) showing any of your professional achievements.
- Letter(s) or document(s) showing your participation in any community service programs or showing any community service achievements.
- Letter(s) or document(s) showing your participation in, and completion of, a drug and/or alcohol treatment or rehabilitation program.
- Letter(s) or document(s) showing your participation in, and completion of, an anger management or similar program.
- Letter(s) or document(s) showing your work experience.
Creating the positions

- Clear understanding and defined expectation of the unique role of the peer
- Consideration of the advantages of having a peer and maximizing the utilization of the uniqueness
- Consideration of the potential need for ongoing peer support
- Supervision
20 year history with the involvement of consumers/peers in our system

- early 1990’s Commissioner Richard Surles
- Established Office of Recipient Affairs reporting directly to Commissioner. The Office continues reporting to each of the succeeding commissioners

1999 Surgeon General of the United States Report of Mental Health

2002 President George W. Bush’s President’s New Freedom Commission on Mental Health (Commissioner Hogan was chair)

New Freedom Commissioner Report emphasizes mental health systems founded on evidence based practices and involvement of consumers and family members
Evidence Based Practices in Criminal Justice

EBP in criminal justice field

- There are criminal justice evidenced based practices from parole and probation to correctional settings

- The concept of consumer (parolee, probationer, inmate) participation in the criminal justice system is new

- Participation of consumers with criminal justice backgrounds is counterintuitive

- Infusing consumers with criminal justice backgrounds into program development and implementation of diversion programs is a difficult task
OMH Program Examples

Key Points:
- Everyone’s history starts somewhere
- Leadership: belief and commitment to introduce and implement peer support in systems
- Peer support in the mental health and criminal justice system are cultural changes which requires vision, beliefs, attitudes and persistence

Examples of OMH Programs
- Community Orientation and Re-entry Program (CORP)
- Project Caring Community (PCC)
- Project Connect
Community Orientation and Re-Entry Program

- 30 bed unit in Sing Sing Correctional Facility established in 2001

- 90 day program for seriously and persistently mentally ill inmate/patients (males) returning to the New York City and surrounding counties

- Collaboration between OMH, Department Of Correctional Services and Division of Parole

- Providers Project Renewal and Hands Across Long Island (HALI)

- HALI – peer run agency which provides in-reach, peer bridger and drop in center services for individuals
Project Caring Community

- former SAMSHA funded program modified and now funded by OMH (started in late 1990’s)

- In-Reach and Transitional Intensive Case Management program for Bedford Hills Correctional Facility (women’s secure)

- Heritage Health and Housing provides ICM program and Howie T. Harp Advocacy Center provides 2 part/time Forensic Peer Specialists

- Forensic Peer Specialists provide in-reach services at Bedford Hills CF and are members of the ICM team in the community
Project Connect

- A training and technical assistance program to support collaboration of mental health and probation at the local level - started in 2002 – a collaboration of OMH, Division of Probation and Correctional Alternatives (DPCA), and New York Association of Rehabilitative Services (NYAPRS)

- NYAPRS engaged to provide Wellness and Recovery component to each of the 20 counties involved (counties engaged over a 4 year period)

- NYAPRS participation evolving and role increasing at local level – inclusion of Recovery Facilitation Consultants in local planning groups

- NYAPRS and OMH have sponsored Connect county probation officers, mental health staff and consumers to attend the annual NYAPRS Conference
Contact Information

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Hiring Peers with Criminal Justice Histories

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**Sing Sing**: work with inmates with a mental health diagnosis for 3 months, prior to release – follow in community for 3 months

**Bridging**: Meet released men and accompany them to the city (meet their case manager, parole officer and bring to shelter)

**Drop In**: On reporting day, staff run a Drop In with Parole’s permission (waiving the rule of being in the company of other felons)
Background Checks & OMH

- Mandatory Background Checks
- OMH refuting hiring of individuals with forensic histories
- Convincing OMH to allow the hiring
An Agency Hiring Policy

When two applicants are evenly qualified, the individual who has lived experience is inherently more qualified.
Hiring the Skilled Person with Lived Experience

Not just the Lived Experience

Does the individual possess the skills to meet the demands of the Position Description?

Do not hire history alone.
Supervisory Issues

- Understanding that individuals with lived experience may be hyper vigilant in NOT disclosing their histories.
- Understand that people may not realize that their responses are based in their incarceration experience, not their community experience.
- Trust in the employee
Persons Hired with Criminal Justice Histories report the following:

- **Red Flags:** stop talking with supervisor, stop going to support groups; difficult to find employee in the field.

- **Staff Needs:** Regular and focused supervision including asking if anything is creating recovery problems. (history of staff running into participants who they “ran” with)
Worried about being “found out” that they could not do the job – stops people from reaching out for support

Poor Me’s: allowing “stinking thinking” fill up thoughts and shutting down
Let’s Make a Deal!

- Agree to scheduled, routine supervisor meetings
- Make supervisor aware of Red Flags
- Supervisor will support activities of recovery i.e. needing time off for appts. Etc.
- Understand what the staff need if Red Flags are raised.
- Understand the consequences of “old behaviors”