

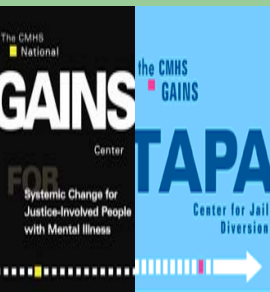
The CMHS National GAINS Center for Systemic Change for Justice Involved Persons with Mental Illness

“How Forensic Peer Specialists Can Help Your Program”

**Net/Teleconference
Thursday, September 20, 2007
2:00-3:30 pm Eastern Time**

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Forensic Peer Specialist***



Welcome!

“People who have ‘been there’ can offer the most relevant perspective on how systems fail and what meaningful alternative(s) should be in place.”

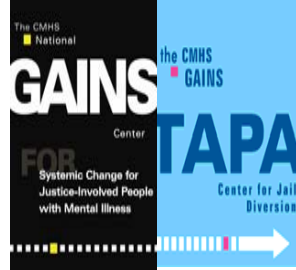
(Bazelon Center for Mental Health Law, 2003)



Goals of Net/Teleconference

- Introduce participants to emerging practice of training and employing Forensic Peer Specialists
- Discussion of continuum of roles and activities for program participants
- Overview of training, placement and support model
- Placement outcomes
- Challenges
- Overcoming challenges
- Next steps
- Questions

Roles for Consumers with Forensic Histories

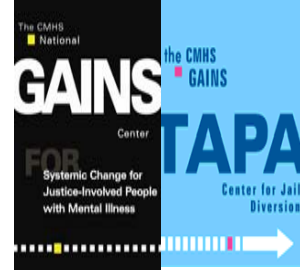


- Task force participant
- Jail diversion program oversight
- Focus or dialogue group participant
- Speaker's bureau
- Program evaluation
- Peer Specialist/Forensic Peer Specialist/Recovery Support Specialists
- Human services career: clinical, case management, housing, entitlements...

What is a Forensic Peer Specialist?

- A Forensic Peer Specialist (FPS) is a specialized position for trained peer staff with a history of mental illness and incarceration
- A FPS provides recovery-oriented, direct services to other peers with similar histories
- A FPS assists other peers in becoming fully integrated into all aspects of community life

Forensic Peer Specialist vs. Peer Specialist



Forensic Peer Specialist

- Previous experience of incarceration in jail, usually prison
- Special support around identifying and modifying adaptive prison behaviors and attitudes
- Special support around trauma histories and confronting impact of incarceration
- Specialized training on navigating the CJ system
- Intense exploration of transferable skills
- Prepared to work with consumers with significant histories of incarceration and usually substance abuse

Peer Specialist

- Incidental and minimal involvement in CJ system
- Special support around identifying and modifying adaptive behaviors to medical model
- Special support around trauma
- Generalized training on navigating the CJ system
- Intense exploration of transferable skills
- Prepared to work with consumers with minimal criminal justice involvement and no current involvement with community supervision

Training/Placement Models

Several Emerging Training and Placement Models

- ❑ PS/FPS; Training/ Placement provided by program
- ❑ PS/FPS; Training/ Placement provided by locality or state
- ❑ PS/FPS; No Specialized Training/Program directly recruits staff
- ❑ State/City/Agency Collaborate with Consumer run program developing training to meet specific need /Consumer Program makes placements, coordinates program and supervises staff

Note: Models may be driven by funding for training and payment and supervision of peer specialists

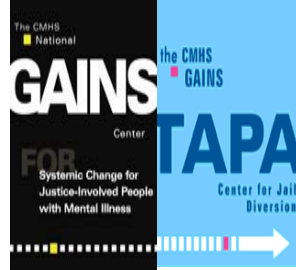
Employment Models

Peer staff generally fall into two categories:

- Work in positions strictly designated for consumer staff and interact with other consumers in delivering services that are uniquely consumer driven (Salzer, 2005)
- Work in positions delivering services that involve both consumer and non-consumer staff (Salzer, 2005)

Why Develop a Separate Training Program for FPS?

- Forensic peer stakeholders requested a separate training program
- Benefits of creating a separate program outweighed the potential costs (e.g. stigma and discrimination)
- Necessary to address the unique needs of peers with histories of incarceration:
 - Culture of incarceration and need to confront histories in a safe and supportive environment
 - Histories of trauma
 - Specialized needs for service coordination with providers, parole, probation and other types of community supervision



Overview of the HTH Program

- Founded in 2001 with funding from the New York State Office of Mental Health to provide human services training, internship, placement and post placement support services
- Targeted Population: Individuals with an Axis I diagnosis and a history of incarceration; most applicants have a history of substance abuse
- Meet the anticipated need and demand for trained peer staff in newly funded jail diversion and jail reentry programs

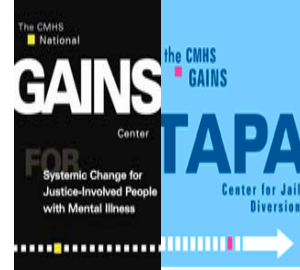
HTH Program Outcomes

- Since 2002, 193 individuals admitted to program and 163 have graduated (84%)
- 81 graduates placed in competitive employment positions to physical disability (70% placement rate, excludes graduates currently completing internships)
- 57 graduates working 1 year or more (63%)
- 3 graduates in senior supervisory positions
- 1 graduate hired as program manager

Breakdown of Placements

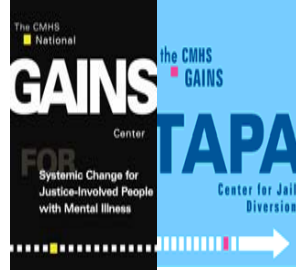
- 40% Jail re-entry and diversion programs
- 44% MH housing Programs
- 5% Vocational Programs
- 8% Substance Abuse Programs
- 3% Administrative

Training and Ongoing Support: A Recipe for Success



- Training and support provided by the Center integrates two models for working with adults:
 - ✓ Adult Based Learning Strategies
 - ✓ Supported Employment

Chronological Movement Through Program

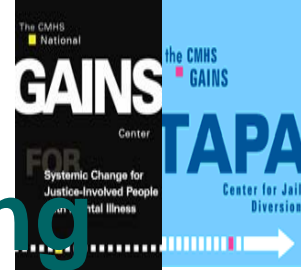


- July to December - Permanent placement for previous cycle and the recruitment/admission of next cycle
- January to April - Intensive Classroom Training
- March to July - Internship
- July to December - Permanent Placement

Training and Employment Services Provided

- Intensive in class training
- 3-6 month supervised internship
- Placement
- Post placement services
 - ❑ Career Club
 - ❑ Employment Counseling
 - ❑ Job Coaching
 - ❑ Career Development

Movement through program, like recovery, is not necessarily a linear process. There must be ease of entry and re-entry to the program.



Forensic Peer Specialist Training Program Goals and Objectives

Goal: Prepare graduates to successfully obtain and retain employment providing services to peers with histories of incarceration.

Objective 1: Assist trainees in coming to terms with and recovering from mental health, criminal justice and trauma histories (Personal Transformation and Change). Allow trainees to grieve their losses in a safe and supportive environment.

Objective 2: Provide human services skills that prepare graduates for employment in entry- and mid-level positions in human services.

Objective 3: Acquisition of work readiness and job retention skills.

Objective 4: Assist trainees in identifying and utilizing transferable skills (e.g. street smarts).

Objective 5: Resolution of all outstanding criminal justice and personal issues impacting on potential employment and job retention.

Core Disciplines of Curriculum

- Self-help and Recovery
- Human Services Roles and Responsibilities
- Work Readiness
- Navigating the Criminal Justice System
- Professional Ethics

Supporting Forensic Peer Specialists

The HTH Service Delivery Model

- Peer-provided psychiatric rehabilitation services
- Strength Based Model emphasizing assets vs. deficits
- Peer Support Services
- Service Coordination between all service providers (mental health, criminal justice and housing)

Supporting Forensic Peer Specialists

Supported Employment Strategies

- Follow-along supports from mental health and vocational specialists to maintain job or transition to another one
- Competitive jobs based on preferences for type and amount of work
- Integrated work settings

Harmonizing Supported Employment with Community Supervision

- Biggest challenge for staff and trainees is harmonizing the value of consumer choice with the limitations frequently placed on individuals on parole, probation and other types of community supervision.
- Staff role is to assist trainee/graduate in successfully meeting all conditions and serving as boundary spanner between criminal justice and employment program.

Job Retention Services and Strategies

Center provides on-going support to all
working graduates

- Staff provides job coaching services
- Staff will mediate conflicts at the request of the employer or graduate
- Staff will assist consumer in requesting reasonable accommodations

Challenges

- Continued stigmatization and discrimination
- Need to create a Center of Wellness providing wide range of social and educational activities
- Staff preparedness for integration of consumers along a continuum of activities, e.g. advisory to staff
- State employment and licensing practices proscribing the hiring of ex-offenders in direct service positions
- Collaboration between MH/CJ and SA providers
- Need for trauma informed services
- Identifying and resolving often complex civil issues impacting on employment; credit history, family court custodial issues

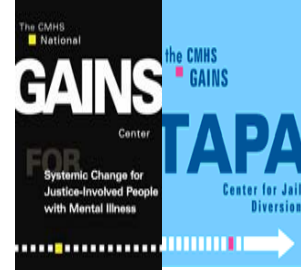
Potential Funding Sources

- State VR Programs
- Community Support Programs
- Local, state and federal crime reduction programs
- SAMHSA Peer Support and Workforce Development Initiatives
- Foundations (key words: jail re-entry, diversion, women in prison, domestic violence)

Recipe For Developing A Peer Specialist Training Program

- Identify key stakeholders in your community including consumers, families, victims rights organizations, mental health care providers, criminal justice agencies and peer run programs
- Convene focus groups assessing the potential demand for the training and job opportunities for graduates
- Identify and contact potential funding sources; state VR agencies, local and state departments of health

Just Do It!



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