

PEERS ON POINT Training Guide

Providing peer support on overdose calls with first responders



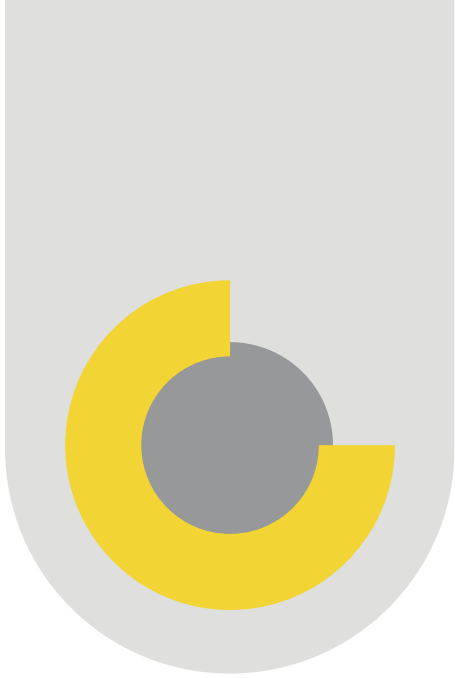


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Peer Support Programming for Reducing Law Enforcement Involvement in Response to Fatal-Overdose Scenes or Persons Experiencing Behavioral Health (mental/emotional) or Substance Use Crises

AN ANALOGY & CASE FOR PEER SUPPORT

If you had a plumbing issue (i.e., a leak) that required immediate attention, would you call a Carpenter to address it?

No. Obviously, you'd prefer a trained and experienced professional Plumber to:

a) respond as soon as possible in order to address the issue before it escalated into something worse, and

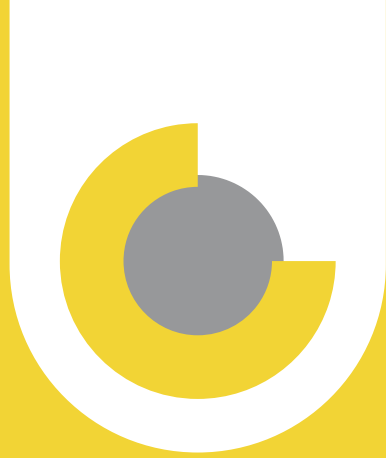
b) appropriately and adequately address the root cause(s) and condition(s) of the issue, so that it might not happen again!

In the same sense, if an individual was experiencing a behavioral/emotional/mental health crisis, would you call law enforcement for help or would you call a mental health professional? Unless there was imminent danger, you'd most likely call the latter for help. Unfortunately, however, police involvement has become the traditional response to such issues across the country. And it makes sense, if you think about it--an emotional/mental crisis fits the criteria for an "emergency;" which is defined as: "a serious, unexpected, and often dangerous situation requiring immediate action." Thus, it seems perfectly reasonable to 'call 911 in case of an emergency.' Yet this method for responding to an individual in crisis is about as effective as calling a Carpenter for your plumbing issue. [Note: Now you can call '988' for these types of "emergencies"].

Another important angle to examine the analogy from: say you know someone who expressed to you that they wanted to learn a trade, like plumbing for example! This person asked if you would connect them with someone who could help them learn about plumbing. You wouldn't offer to connect them with an electrician, would you? Nope, because that'd be a futile effort. Along that same path of logic: let's say you know someone who was experiencing a behavioral/emotional/mental health crisis and has a history of substance abuse. This person asks you for your help. You want to help but you feel ill-equipped to address their specific needs. Do you call law enforcement to assist you in getting this person the help they need? Again, unless danger is imminent, probably not! Ideally, you'd connect that person with someone that could help them navigate through the crisis, towards a healthier and safer outcome—you would seek to connect them with their proverbial plumber. In an effective Crisis Response, a Peer Support Specialist (PSS) is like the 'plumber;' an experienced and trained professional who is capable and equipped to effectively respond to specific 'emergencies' (i.e. a leak) that often grow into much larger issues (i.e., water damage, pervasive mold, Opioid Crisis, etc.) when not addressed immediately. It's the same principle as 'an ounce of planning is worth a pound of cure' because proper planning is a proactive rather than a reactive response to emerging issues or potential barriers.

In context of Public Safety and Public Health, where there are no small 'leaks,' sending a Peer Support Specialist (plumber) to respond to a crisis alongside law enforcement is effectively an early intervention strategy, a proven method for producing results and improving outcomes. In fact, it is recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Dept. of Health and Human Services (HHS) whose vision is to see that "people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing." SAMHSA defines peer support programming as a pillar in a comprehensive crisis response system.





Knowing the vital role of Peer Support

What is Peer Support?

Peer Support is an evidence-based model of care that consists of qualified peer support specialists (PSS) who help individuals navigate crises and foster their recovery from addiction and/or mental health conditions. A PSS will tap into their similar lived-experience(s) in order to help facilitate this transformation in another individual. With shared lived-experiences, the PSS can empathize and connect with an individual right where they are, oftentimes in the midst of crisis. They are specially trained to utilize trauma-informed approaches that emphasize physical, psychological, emotional and spiritual safety to create opportunities to rebuild a sense of control and empowerment for the individual in crisis. This allows for better outcomes and simultaneously addresses some of the most common barriers to public health and safety enhancements (i.e., lack of trust between law enforcement and the community, barriers to access to/gaps in services, stigmas, etc.).



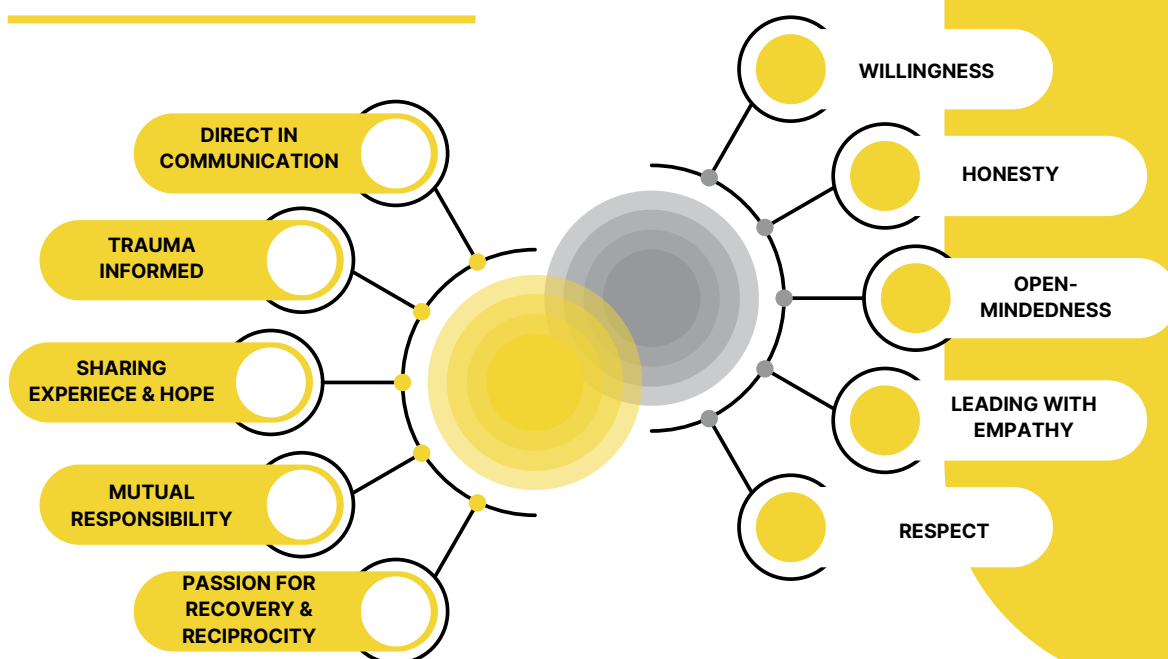
Events, Experiences, and Effects

In criminal justice settings, peer support programs can act as intervention/diversion/deflection programs (depending on which intercept point peer support is implemented)--which are proven to be a valuable crime prevention tool. Peer-delivered services are supportive rather than directive; understanding, reciprocity and empathic human relationships are central components. Peer Support Specialists are intimately familiar with the “3 E’s” of trauma (Events, Experiences, and Effects).

As such, a PSS is often the person best suited to intercept and address an individual experiencing a behavioral health/substance use crisis because of their ability to make the individual feel heard, understood and accepted. The PSS can then partner with the individual, as well as with first-responders, to arrive at a desirable resolution to the problem that generated the call for service in the first place. Therefore, a PSS allows first responders to more effectively intervene in deleterious cycles of crises, and thereby more effectively diffuse or prevent volatile and potentially dangerous situations. By engaging a PSS in such cases, Officials can mitigate the chances of repeat incidences as the PSS will not only help those involved contemplate healthier resolution(s) but healthier decisions in the future.

The PSS also focuses on providing resources to the individual, such as offering connections to recovery (i.e., detox, treatment, MAT, sober living, AA meetings, Sponsorship, Mentors, service work, etc.) or to mental and primary health care providers. Exposing individuals to resources is essential in preventing an individual from re-offending, being re-victimized and/or re-traumatized. Expanding access to resources and educating individuals on them is also a life-saving approach, particularly when serving someone suffering from substance use disorder (SUD). In most cases, the PSS will perform an on-site assessment of an individual’s specific and immediate needs and then offer to escort that individual from scene to a provider who can meet those needs (i.e., crisis stabilization center, detox/treatment center). By connecting individuals experiencing crises with the appropriate level or resource/care, the PSS relieves the already overburdened first-responders from the responsibility of case resolution so that they can focus their time and energy on public safety rather than public health matters. In this way, the PSS directly bolsters both public safety and public health.

The **CORE** Principles and Values of Peer Support



Peer Support Specialists don't just help individuals navigate volatile situations or work to stabilize crises, they continue to walk alongside peers long after an incident--often carrying the vision and hope of a life that has Purpose for the individual(s) they serve. Peers often act as the bridge and/or liaison between Public Health/Safety Officials (i.e., Law Enforcement) and the communities they serve. Thus, understanding key elements of a trauma-informed approach in law enforcement and criminal justice settings is essential to provide peer support programs that better administer justice as well as enhance public safety.

It is equally important to understand that the peers providing services have also experienced trauma and may be susceptible to re-traumatization. Therefore, integrating a trauma-informed approach should include steps to prevent re-traumatization, to recognize secondary/vicarious trauma, and to build upon the resiliency of peers. A trauma-informed approach should include support for the PSS by others who understand the impact of trauma and how to support peers in recognizing their needs. A PSS is equipped with particular tools, specialized training, and unique experience(s) that have built enough character and resiliency for them to work through traumatic events to healthier outcomes. This is part of what empowers them to be strategically positioned to respond to traumatic events, and their respective impact(s).

Acquiring and sharing the necessary tools with others, tools that promote recovery and healing from trauma, mental illness and/or addiction, is a core strategy, and principle, in peer support. In fact, it is generally considered necessary for long-term/permanent recovery (service work).

A PSS displays the relevant tools to the individual(s) they serve and demonstrates how to use them. Utilizing such a pragmatic approach allows an individual to grasp and apply the concepts much easier; and the sustained connection between peers forges a camaraderie that boosts the probability of ascertaining and achieving positive transformation. It's important to note that this goes both ways.

Though the goal of prioritizing peer support in law enforcement settings is to diffuse and prevent volatile situations which elicit police response, it does not matter if the person experiencing the crisis responds to the peer-delivered services in the desired manner because the public benefit is still being achieved by deploying a peer support program. This is because the psychological, emotional and spiritual benefits of delivering the services to a peer is a major boon to the Peer Support Specialists' own recovery and transformation. Remember, a Peer Support Specialists' experiences are useful in intercepting individuals involved in the criminal justice system because they're usually similar (if not identical) experiences. For example, many a PSS have been arrested and processed through the prison and court systems at one point or another--systems that can be traumatic in and of themselves.

By providing support to a peer trudging the same or similar path, they ultimately decrease the likelihood of re-offending, themselves. In helping someone arrive at a healthier or safer resolution to a familiar issue, the PSS is simultaneously helping themselves re-process adverse memories/experiences that were once the driving forces of their behavioral health/substance use conditions. A lot like an alchemist, the PSS transforms their hurt so they no longer transfer it. This is actually a crucial part of the process, transforming painful experiences into something useful, because if 'hurt people, hurt people' then it stands to reason that healed people can heal people. In so doing, what was once the biggest liability in the Peer's life becomes one of their biggest assets, if they put it to good use (i.e., engage in peer support). Thus, peer support programming is of paramount importance in "making people part of the solution rather than the problem."

Ultimately, peer support programs engage populations that have significantly higher-risks of interacting with law enforcement, EMS, hospitals, jails/prisons, courts and other public assistance systems. Thus, by engaging those populations in peer support programs, Officials ameliorate the burden on these systems while simultaneously improving public safety/health.

SOLUTION CENTERED

WHY a Peer Support Specialist?



Read any best practices toolkit promulgated by nearly any authoritative or regulatory Public Safety/Health entity over the last few years and you'll see many references to "trauma-informed" and "peer support" programs. This is due to a number of reasons including, but not limited to:

- Known linkages between substance abuse, trauma, mental illness and an increased propensity for criminal behavior;
- An estimated 65% of the prison population in the U.S. suffering from SUD [<https://nida.nih.gov/publications/drugfacts/criminal-justice>]
- The Opioid Crisis (Epidemic) has been a declared public health emergency since 2017 and has continued nearly unabated [<https://www.cms.gov/about-cms/agency-information/emergency/epro/current-emergencies/ongoing-emergencies>], not to mention that it is now an economic crisis as well as the U.S. Congress Joint Economic Committee (JEC) recently estimated the cost of the opioid epidemic to be \$1.5 trillion, annually [<https://beyer.house.gov/news/documentsingle.aspx?DocumentID=5684>]
- A profusion of research revealing how people with serious mental illness are more than 50% more likely to serve a jail sentence [Hopper K, Jost J, Hay T, Welber S, Haugland G. Homelessness, severe mental illness, and the institutional circuit. *Psychiatr Serv.* 1997 May;48(5):659-65. doi: 10.1176/ps.48.5.659. PMID: 9144820.], and to remain incarcerated twice as long [<https://www.samhsa.gov/sites/default/files/safe-policing-safe-communities-report.pdf>];
- Substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes" [<https://www.prainc.com/resources/peer-support-roles-sim/>]
- It is incumbent upon Public Health & Public Safety Officials to ensure public health & safety, placing the responsibility to address the Opioid Crisis or individuals suffering from mental illness squarely on those systems

If Executive Orders have the force of law (they do), then according to Section 4 of Executive Order (E.O.) No. 13929 of June 16, 2020 – Safe Policing for Safe Communities, peer support programming is pretty much mandated by law. More specifically, in Sec. 4, subsections (a-d), the E.O. talks about how "ineffective policies have left more individuals with mental health needs on our Nation's streets, which has expanded the responsibilities of law enforcement officers." Therefore, "it is the policy of the United States to promote the use of appropriate social services as the primary response to individuals who suffer from impaired mental health." It goes on to say "we must take steps to safely and humanely care for those who suffer from mental illness and substance abuse in a manner that addresses such individuals' needs and the needs of their communities." Read that last part again: "in a manner that addresses such individuals' needs." Think of the plumber/plumbing analogies given herein. Only a 'plumber' could have addressed your issue "in a manner that addresses such [plumbing] needs."

If that isn't enough, the E.O. drives the point home by making HHS responsible for surveying models across the country that seek to address mental health, homelessness and addiction, and then requires HHS to provide "specific recommendations" to the President "regarding how appropriated funds can be reallocated to support widespread adoption of successful models." These 'successful models' are defined by HHS within their National Guidelines-best practices toolkit as well in their report to the President, both which are promulgated by SAMHSA. [<https://www.samhsa.gov/sites/default/files/safe-policing-safe-communities-report.pdf>].

WHY a Peer Support Specialist?



In its report to the President, SAMHSA spells out the problem first-thing with the following opening remarks: “Our healthcare and criminal justice systems are facing increasing challenges from the growing numbers of individuals experiencing behavioral health (mental health and/or substance use disorder) crises. Unfortunately, there are few options available for a person experiencing a true behavioral health crisis. In most of the nation, when 911 receives a call about someone experiencing a behavioral health crisis, it is law enforcement (LE) that responds. LE, emergency departments (ED) and jails have become the safety nets for behavioral health crises. Behavioral health disorders should logically solicit a public health response, but due to the lack of adequate and organized crisis services, the responsibility has defaulted to a response from LE.” It continues, “over 2 million people with serious mental illness (SMI) are booked into jail each year, often for non-violent “nuisance” or “quality of life” crimes such a loitering or vagrancy. Not surprisingly, the prevalence of mental illness and substance use disorders (SUDs) in jails and prisons are three to four times that of the general population. Once in jail, people with mental illness are incarcerated twice as long, and few receive needed treatment. Upon release, with Medicaid benefits interrupted and a criminal record, they are likely to be unemployed, homeless and arrested. Thus, the cycle continues.” Later in the report, SAMHSA prescribes peer support programming as an integral part of the solution.

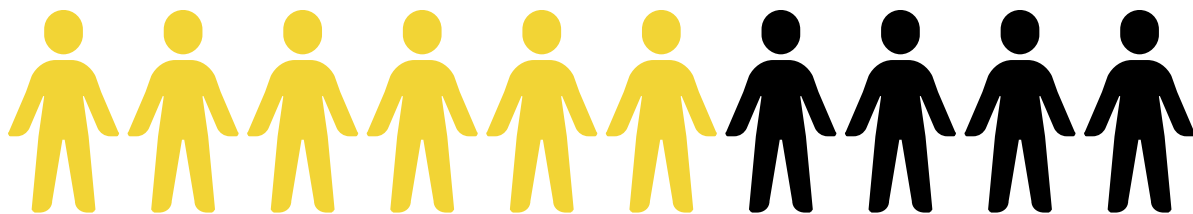
SAMHSA emphasizes the necessity of peer support programs in its “specific recommendations” to the President. It proposes that peer support programs are “models which address mental health [and substance use] that can reduce the need for Law Enforcement involvement.” SAMHSA even goes so far as to specifically reference “the presence of peer support” in its definition of ‘Crisis Response’ and considers it an essential element in the criteria “for an effective crisis response system.” This is because, as the report explains, “in order to reduce police contact with individuals experiencing a crisis related to mental health, substance use, and/or homelessness, a no-wrong door comprehensive crisis system should be put in place. Based on the National Guidelines, there are three major components to a comprehensive crisis system, and each must be in place in order for the system to be optimally effective.” One of those three pillars mentioned is a “mobile crisis response team,” a strategy that’ll dispatch a crisis team alongside (or in lieu) of law enforcement when a 911 call is received for a person experiencing a behavioral health crisis. When describing the key ingredients for an effective “mobile crisis response team,” SAMHSA notes that “ideally, peer support professionals would be integrated into this response.” When the team mobilizes and gets to a scene “assessments should take place on site, and the individual should be transported to the appropriate level of care, if needed, as deemed by the response team.”

WHY a Peer Support Specialist?



In addition to providing these recommendations, the E.O. also directs HHS to coordinate with a) the Attorney General (AG) to provide “guidance regarding the development and implementation of co-responder programs, which involve . . . mental health professionals (i.e., a PSS) working alongside law enforcement officers so that they arrive and address situations together;” and b) with the AG and the Office of Management and Budget (OMB) to “prioritize resources, as appropriate and consistent with applicable law, to implement community-support models as recommended in the report.” Once again, in context of Public Safety/Health systems, the E.O. seemingly places the duty and burden of effectively responding to crises, facilitating better outcomes in those cases, and reducing law enforcement involvement in those types of public health matters on local Public Safety/Health Officials. This demand inevitably requires these systems to augment their traditional/institutional roles in order to respond appropriately to such issues. [<https://www.federalregister.gov/documents/2020/06/19/2020-13449/safe-policing-for-safe-communities>]

All this pressure on Officials to implement peer support programs as a fundamental element in carrying out their obligations to ensure public safety/health is due to the evidence which continues to suggest that peer support programs add exponential value to Public Health and Public Safety initiatives, alike. One such report commented on the efficacy of peer support programs in criminal justice settings, noting that “the wounded healer or ‘professional ex’ role is related to desistance and can transform formerly incarcerated persons from being part of ‘the problem’ into being part of ‘the solution’ to reduce crime and recidivism.” (Lebel, Richie, & Maruna, 2015). Peer support programs inside justice settings have proven to reduce risky behaviors, improve emotional well-being, and ultimately reduce rates of recidivism among both peers (the one giving and the one receiving support). Recent crime research reveals that prisons which engage incarcerated individuals in peer support programs have experienced significantly better relationships between staff and prisoners, and have been shown to fill gaps in services which ultimately decreases the demand on public assistance (i.e., 911 calls). This, in turn, reduces the demand on public assistance (i.e., Police response, Hospital visits). (insert citation) [https://www.cossapresources.org/Content/Documents/Publications/Altarum_PRSS_in_Correctional_Settings.pdf].



CORE Competencies & Responsibilities of a Peer Support Specialist



SAMHSA, in collaboration with other peer-focused organizations such as the National Association of Peer Supporters, devised the following standards for peer support. This is an important step in advancing public health and safety because, as noted by the working-group: “Peer recovery specialist core competencies bring core recovery values to life.” Below is a chart that illustrates the competencies and responsibilities of a PSS.

Table 1. Important PSS Competencies by Role—Examples Across the Sequential Intercepts.



Though exhaustive, the table shown is not a comprehensive list of attributes that a PSS must possess. The very nature of peer support requires flexibility, adaptability and innovation. And the nature of reality is that change is inevitable. As such, a PSS shall continuously pursue and acquire new skills, trainings and information, as with any other discipline that the public relies upon.



RESPONSIBILITIES	COMPETENCIES
Recovery Interventionist/ Crisis Interventionist	
Provide support and guidance to a person at a critical intercept point along the recovery support continuum, linking a person to treatment or other recovery support services requested by the person being supported.	<ul style="list-style-type: none"> • Supports personalized recovery planning that helps participants to manage crises and take steps toward more healthful behavior • Links to resources, services, and supports • Develops tools for effective outreach and continued support • Addresses stigma • Supports collaboration and teamwork
Recovery Coach	
Serve as a guide and mentor for a person seeking or already in recovery. Help identify and remove obstacles and barriers, support connections to the large recovery community and other resources useful for building recovery capital, and respect the path to recovery chosen by the person seeking support.	<ul style="list-style-type: none"> • Engages peers in collaborative and caring relationships • Provides personalized support: <ul style="list-style-type: none"> = Practices a strengths-based approach to recovery/wellness = Tailors services and supports to meet preferences and unique needs • Provides concrete assistance to help accomplish goals and tasks <ul style="list-style-type: none"> = Assists individuals in identifying support systems = Applies principles of individual choice and self-determination = Assists individuals to identify and build on their strengths and resiliencies • Supports holistic, ongoing recovery planning • Provides information about skills related to health, wellness, and recovery • Promotes leadership, advocacy, growth, and development
Peer Specialist-Treatment and Recovery Courts	
Support criminal justice-involved individuals as a mentor, guide, and/or resource connect or while they are engaged with the court and beyond.	<ul style="list-style-type: none"> • Supports personalized recovery planning and positive engagement in the criminal justice system <ul style="list-style-type: none"> = Assists and supports participants in setting goals related to adherence to court requirements = Proposes strategies to help participants accomplish tasks or goals • Links to resources, services, and supports = Addresses barriers to housing and employment = Assists to identify, select, and use resources and services • Provides information about skills related to health, wellness, and recovery • Advocates for individuals while supporting compliance • Support collaboration and teamwork
Peer Advocate-Reentry	
Provide assertive advocacy on recovery-related issues that transcend personal, professional, and institutional interests. Reduce/eliminate service disparities, reduce/eliminate stigma/discrimination, and make addiction treatment more responsive, effective and efficient.	<ul style="list-style-type: none"> • Supports personalized recovery planning focused on positive engagement in the criminal justice system • Advocates for individuals while supporting compliance = Addresses the relationship between incarceration and trauma = Addresses stigma, discrimination, and exploitation that individuals face within society as a result of their criminal justice involvement • Links to resources, services, and supports <ul style="list-style-type: none"> = Addresses barriers to housing and employment = Assists to identify, select, and use resources and services • Helps participants to manage crises • Supports collaboration and teamwork

Dispatching a PSS / Callouts & Ride-Alongs with LEO's



Opioid and Mental Health Crises in our Community

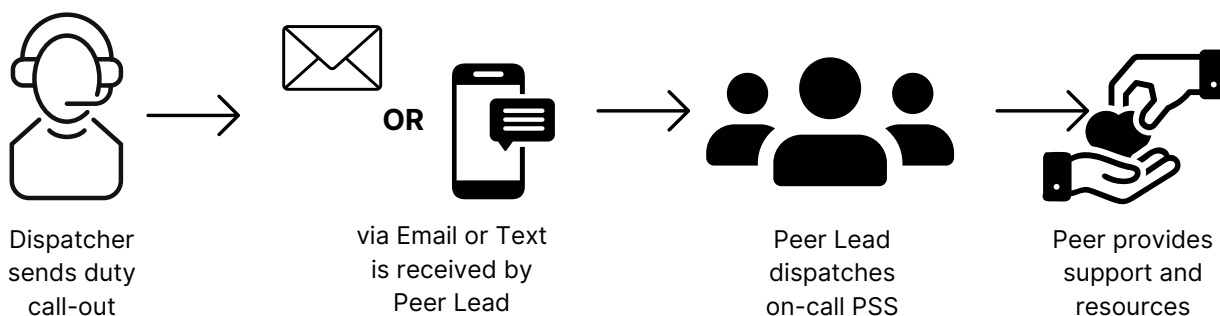
A PSS is most often a person in recovery from addiction and mental illness. This makes them intimately familiar with the realities of the Opioid and Mental Health Crises that are ravaging our communities. This, in turn, makes a PSS a major asset not only in crisis response, but on overdose crime scenes as well. Because the PSS is particularly useful they can uniquely assist officials in stabilizing a scene or situation, or in securing cooperation from victims/witnesses. A PSS can also serve as liaisons between investigators and victims, witnesses, family members, friends, etc. all while on scene, and beyond. The PSS will help assuage the fears and concerns victims or witnesses may have about cooperating with law enforcement. This will then allow for better investigative and prosecutorial outcomes as it addresses one of the biggest barriers in overdose cases: lack of victim/witness cooperation. At a minimum, the PSS will establish an open line of communication between law enforcement, prosecutors, victim assistance coordinators, social workers, and victims/witnesses which may later produce actionable intelligence and/or investigative leads related to the supply of deadly drugs.

East Baton Rouge Parish

In East Baton Rouge Parish (EBR), every fatal overdose scene is treated as a homicide scene. Upon a call for service (911 call) related to a known or suspected fatal overdose and/or a related behavioral health crisis, the current response from Officials includes life-saving measures by Fire/EMS as well as investigative measures from local law enforcement (i.e., Baton Rouge Police Dept., EBR Sheriff's Office), investigators from the Coroner's Office, and sometimes investigators from the DA's Office or other local, State and/or Federal agencies. Local Officials and community leaders in EBR have a robust history of collaborative crime fighting efforts. Consequently, the public safety/health ecosystem operating in EBR is Nationally recognized. Adding more peer support programming to these initiatives, utilizing the sequential intercept model (SIM) as a framework, will produce significantly better outcomes and create sustainability for all existing and/or new public safety and public health efforts.

Also in EBR, there are few if any organizations that staff and dispatch peers, with resources, into crisis areas or areas data shows to be overdose "hot spots." In EBR, Set Free is the organization championing peer support efforts, particularly as it relates to overdose and addiction. They have laid the groundwork for adoption of more community-based and community-wide collaborations aimed at reducing crime and fatalities. However, as mentioned before, there is no small "leak." Therefore, this policy offers a replicable process for dispatching a PSS alongside law enforcement and first-responders, in response to a 911 call for a known or suspected behavioral health/substance use crisis and/or overdose.

Dispatch process to **OVERDOSE / CRISIS** Scene



Our Response Team Process

A “duty call-out” will be initiated by dispatch via mass email or text system once a call for service (CFS) is received requesting assistance related to a behavioral health and/or substance use disturbance. The message will be sent to the on-call PSS and their supervisor, noting location and other necessary details for response. The uniformed PSS will travel in immediately to the scene and, before doing anything, make first contact with lead coroner investigator and/or law enforcement investigators. The PSS shall not enter on to a crime scene until advised to do so. The PSS may, however, use their professional and expert discretion to stabilize a situation. Once the PSS has checked-in with investigators, they shall enter the scene alongside law enforcement (LE) and first-responders. Together, the PSS shall first focus and assist LE and first-responders stabilize a situation utilizing their specialized skills, experience and training. On site, the PSS shall provide the necessary services to all on site, prioritizing those persons in crisis. Creating harmony among all involved is the main goal, thus communication and collaboration with LE, first-responders and victims/witnesses is critical. The PSS shall remain sensitive to the dynamics of a situation and respond proactively in a manner that diffuse a volatile situation and encourages better outcomes.

The PSS will log their activities while on scene, being careful to protect personally identifiable information (PII) and law enforcement sensitive information. Any intelligence gleaned by the PSS when interacting with witnesses/victims shall be directed to the lead investigators on-scene. Discretion is a pillar in peer support and all PSS will remain always mindful of keeping a confidence and only sharing information pertinent to health and safety.

Upon completion of each call-out and delivery of services, the PSS shall complete a call-out log form and submit to their supervisor in a timely manner.

PSS are required to be in uniform at all times while on duty.

On-Going Training

All Peer Support Specialist are required to take a 72-hour crisis and response training.

Meet Our Team



Tonja Myles, Executive Director



Jon Daily, Peer and Data
Support Specialist



Ebonie Farlow-Edwards,
Project Manager and Team
Support




Michelle Graffeo
Peer Support Specialist Lead



HOPE CENTERED

Contact Information :

 225-288-1044

 www.nojudgmentnostigma.com | tonja@setfreeindeedministry.com

 Zachary, Louisiana