

Peer Crisis Navigators
Final Summary Report
For
MHMRA of Harris County

Prepared by
Prosumers International
February 1. 2010

Initial Meeting and Background:

Harris County MHMRA received monies attached to Crisis Services from the State of Texas. Because Harris County MHMRA was in the enviable position to have many crisis services already available, they asked the State for permission to develop Peer Support Crisis Services. Peer support is an evidence based approach that leads to wellness and recovery. Harris County decided to bring this evidence based approach to their service delivery system through the crisis dollars thereby creating positions for Peer Crisis Navigators.

Harris County brought together stakeholders from all areas of the community to discuss how this could work, how to structure the job and how did the community see the MHMRA utilizing these positions. They then contracted with a consumer organization, Prosumers International in Texas, to help facilitate this group.

The first meeting held on August 19, 2008, was an overview of the current crisis services offered by Harris County MHMRA. The list of services is impressive in Harris County and cannot compare to what is being offered elsewhere in the State. The workgroup then began talking about where Peer Crisis Navigators could fit within this crisis service delivery system. The staff present at this first meeting was very excited about the possibility of having additional peer staff within their units.

The Lit Review:

One of the next meetings, by teleconference, consisted of examining a lit review for the participants of the work group. This review looked at what was already being done in the world and what research had been done in this area. What showed up in the lit review was telling as there was very little information on peer support specialists, especially in the area of crisis.

Some of the key elements that were learned from the lit review were that Peer Support workers are an addition to staff and should be seen as bringing added value and they are not taking over any other staff workers rolls. Peer workers are not a replacement for other workers.

Peer support should have a focus on recovery, bringing an environment of hope and high expectations. They should bring a sense of the person in crisis feeling like they are not alone through building mutuality and connection. This is the single most important aspect of fostering a healing relationship.

It is essential to know that Peer Support people need to maintain a rigorous self awareness of their own as it is human nature to feel the need to fix it, do it right and/or unilaterally determine the outcome without having the person in crisis discover solutions for themselves.

Through the sharing of similar experiences, peers help break down people's sense of isolation and supports conversations toward moving past traditional constraints.

The lit review showed that peer intervention with someone in crisis can give rise to empowerment. Through conversations with a peer the pattern of behavior leading up to crisis and during a crisis can be seen as a coping mechanism that is not working for them any longer, reducing the habitual use of crisis services. By identifying it as a coping mechanism, individuals can develop new coping mechanisms that lead to recovery, thus giving them back their power. It is a learned reaction that is no longer, good or bad, right or wrong, just a method we have adopted and now we can adopt something different to promote our own wellness and recovery.

The two possible pitfalls, according to the lit review, was possible re-traumatization of peer support workers and the need for clear, well defined job descriptions. Without the clear, well defined job descriptions, there was the possibility of peers being put to work in other areas that needed immediate attention (answering phones, filing, etc.) and not working with peers.

The Job Description:

The group agreed that the lit review gave them a good foundation to go forth and begin creating the job description for the Peer Crisis Navigators.

The qualities that the group identified as important for the Peer Crisis Navigators to have were the ability to listen to their peers, identify their own tools to keep their recovery, identify local resources to share with peers, coach peers about recovery, obtain supports that suit the individual's recovery needs, and develop empowerment skills through self-advocacy,

The group then also decided that these could be both full time and ½ time positions to allow for the possibility of qualified applicants who might not have worked before or who may not be ready for a full time position. There was recognition among participants that crisis does not happen Monday through Friday 9-5 and that these positions could require coverage of all the days of the week and evening time as well.

Although the individual unit requirements could vary there was consensus about the job duties of a Peer Crisis Navigator. Those job duties included:

- To respect the rights and dignity of everyone at all times.

- To take responsibility for personal recovery at all times.
- To model self-responsibility.
- To encourage consumers to attend consumer meetings/support groups and support them in their efforts.
- To attend Peer Crisis Navigator group sessions as determine necessary.
- To help identify activities as personal medicine for their peers and to encourage utilization of these activities on a regular basis.
- To be conscious of the language used to describe life and how to recreate troubling events using language that offers more options
- To coach partners when necessary
- Assist the consumer in taking action against the problem instead of being controlled
- Facilitation of groups possible
- Develop relationship and providing/offer support relatedness
- Encouragement
- Sharing of experience
- Advocate
- Team participation
- Attending meetings as required

There was a lively discussion about the experience needed to be a Peer Crisis Navigator. The person would need to self identify as a user of mental health services, have a high school diploma or a GED, be familiar with and have navigated the MH system, had some experience of being in crisis and have a Texas ID. Computer literacy as well as any group affiliations such as NAMI, DBSA, AA, NA, etc. and being bi-lingual were considered optional desired qualifications for applicants.

The issue that engendered the most discussion was the length of time a person had been out of a hospital or had used crisis services. Ultimately the decision was made that the applicant could not have used any crisis service including hospitalization within a year of application. There was some leeway given if a person had had one stay in a hospital if it was of a short duration, like a med change. Given the nature of the work for Peer Crisis Navigators, it was clear that anyone hired must have a high degree of recovery so that they would not be re-traumatized doing their job.

The one barrier that was presented was that of background checks. In Texas all workers for a public system that work with vulnerable populations, requires a background checks. We recognized that we wanted people whose lived experience may have resulted in a police record. House Bill 8 and Senate Bill 199 (80th Regular Session), which were signed into law by the Governor on June 15, 2007, contained provisions adding new offence categories to Section 250.006 of the Health and Safety Code which has an impact on hiring consumers within the MHMR system. Section 1 of Senate Bill 199 amended Section 250.006(b) of the Health and Safety Code, adding the following offense of Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct) effective September 1, 2007, Disorderly conduct includes many provisions that a person in a psychiatric crisis might be charged with. For the purposes of this report, only those offenses that are commonly used to incarcerate people with mental illness are listed. These include being charged with Disorderly Conduct if a person commits an offense intentionally or knowingly using abusive, indecent, profane, or vulgar language in a public place, and the language by its very utterance tends to incite an immediate breach of the peace; making an offensive gesture or display in a public place, and the gesture or display tends to incite an immediate breach of the peace; creates, by chemical means, a noxious and unreasonable odor in a public place (urinating); abuses or threatens a person in a public place in an obviously offensive manner; makes unreasonable noise in a public place; fights with another in a public place; enters on the property of another and looks into a dwelling on the property through any window or other opening in the dwelling; while on the premises of a hotel or comparable establishment, looks into a guest room not the person's own through a window or other opening in the room; or while on the premises of a public place, looks into an area such as a restroom or shower stall or changing or dressing room that is designed to provide privacy to a person using the area.

S.B. 199 by Nelson for Health & Human Services 7/3/2007 amended Section 250.006, Health and Safety Code as follows; (b) Prohibits a person from being employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of an offense under Section 37.12, Penal Code (false identification as peace officer) or an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct). There was concern that this Senate Bill could prevent some qualified applicants from being hireable.

The Possible Trainings:

An extensive look was given to the training that the Peer Crisis Navigators should receive. Looking nationally at what was being offered to peers, we examined what would be most useful for the Peer Crisis Navigators. Among the trainings looked at were the Wellness Recovery Action Plan (WRAP), The Georgia Peer Specialist Training, the Depression Bipolar Support Alliance (DBSA) Peer Specialist Training, the Intentional Peer Support Training, Psychiatric First Aid Training and the Focus for Life Training.

There were pros and cons to all the trainings. Houston already had in place the Psychiatric First Aid trainer along with all the other training requirements that the MHMRA of Harris County requires. People liked the Georgia model, the WRAP and Focus for Life. There was consensus that the initial training requirements, which included Psychiatric First Aid and the new employee training requirements, would be sufficient and that other trainings would be added after some experience was gained on the job.

The group also agreed to continue the workgroup of stakeholders to ensure the fidelity of this project.

Selection of Peer Crisis Navigators:

The selection of the Peer Crisis Navigators was a long process. The job description was posted and people began responding. The first interview panel consisted of the consultant from Prosumers International, a person from the Human Resources Department, and two staff members, one who identified as a Peer Specialist. Everyone who applied for the position participated in the initial interview.

It was an interesting process. Some people clearly did not read the requirements and did not self identify as a consumer of mental health services. Some people did not have the level of recovery required for the position. In the end, we sent ten names on to the second interview. Prior to being invited to the second interview, Human Resources did the required background check.

The second round of interviews included Unit Supervisors, a person from Human Resources and the consultant from Prosumers International. While the first interview was to determine the level of recovery, the second was looking at job skills such as ability to engage, ability to listen, level of relate-ability to peers, and other such skills. It was amazing to see people who had scored so well in the first interview, fall short in the second interview. The group did agree from the onset, that we would not recommend anyone for hire if they did not meet our qualifications. We were not going to lower our standards to meet a number. Fortunately, that was not the case. In fact, we recommended one more than the number of positions available and requested that an additional part time position be added to the project. That was approved. In the end, there were 2 full time positions filled and five half time positions; resulting in a total of 4.5 FTE's.

Trainings:

The seven Peer Crisis Navigators went through extensive training through the MHMRA of Harris County's Staff Development Department. Additionally, they all had the Psychiatric First Aid as part of their initial training.

Because of a grant from the NAMI STAR Center, Prosumers International had money to do a Focus for Life® Training in Harris County. Although not a part of this project, Harris County was selected as a site for this training due to the hiring of the Peer Crisis Navigators. Many of the Peer Crisis Navigators, the Consumer Council, consumer staff and other consumers from the Center participated in the training. The feedback from the Peer Crisis Navigators was that this training had a positive impact on their lives and in their positions.

Lessons Learned:

The MHMRA of Harris County is to be commended on the implementation of a visionary use of peer support specialists in crisis settings. This was a developmental and learning process for everyone involved with the project and from what has been learned the program can improve and grow to ensure quality recovery based services for the residents of Harris County. ee major themes stood out during the follow up interviews with Peer Crisis Navigators and their supervisors. These themes were consistent across the board from both groups.

The first theme that was unanimously echoed by all participants is the value of a peer in working with people in various stages of psychiatric crisis. All agreed that the Peer Crisis Navigators could connect at a different level with people served than other providers and that they were then able to convey the needs of people served to case managers and clinicians. Additionally, all agreed that the Peer Crisis Navigators serve as role models, giving people recovering from a crisis the living evidence that recovery is possible.

The second theme was around peer integration as staff on the units. Many of the comments pointed to a need for cultural change at the level of unit to assimilate peer workers as full team members. In retrospect, orientations for all of the staff on the units, concurrent with the orientation and training the Peer Crisis Navigators received, could have made the integration process smoother. Additionally, clearer defined job duties would have made a big difference in the initial experience the Peer Crisis Navigators encountered when entering their work environment.

In future, prior to introducing Peer Specialist into an established workgroup, working with the existing team to address any concerns and misconceptions about peer

workers, their competencies, their benefits and their roles would have legitimized the peer role in a full recovery model. Orientation and training for clinicians on the role of Crisis Peer Navigators and expectations on how they are to be assimilated into the units would have ameliorated the concerns clinicians had.

The third theme can be summed up on clear lines of communication and supervision. Both the Unit Supervisors and the Peer Crisis Navigator were not sure who they were supposed to report to for what areas of their work. Unit Supervisors were not empowered to supervise the Peer Crisis Navigators as full team members on their unit, and the Peer Crisis Navigators did not know who they answered to for daily activities, such as calling in sick or requesting time off. This resulted in Peer Crisis Navigators being seen as irresponsible when they did not show up for work, having notified the wrong supervisor that they were ill, or whatever led to their absence. They would communicate, but it would not always get to the unit. Another issue that could have been addressed with clear lines of communication concerned Peer Crisis Navigator progress notes. Because of the role the Peer Crisis Navigators have, they are able to gain information from the people they serve that a non-peer generally would not have been able to. And although they were taking excellent progress notes on this obtained information, these notes did not end up in the client's charts for the benefit of the entire treatment team. These notes were going to the Program Supervisors and not the Unit Supervisors. Not knowing who they answered to, and the Unit Administrators not knowing who the Peer Crisis Navigators answered to, left the Peer Crisis Navigators without clear lines of communication and supervision.

Although met with some resistance, most supervisors could see an added benefit to having a Peer Crisis Navigator. However, it seemed to be quite a cultural change to see the Peer Crisis Navigators as staff rather than as clients, especially since some of them are still clients at MHMRA of Harris County. Added to this mix was the uncertainty of what they would be doing, how to utilize the additional staff to maximize the benefit of peer workers and how they could be supervised. Addressing these issues from the onset would have avoided some of the steep learning curves everyone experienced.

It is a testament to the caliber of the Unit Supervisors and the Peer Crisis Navigators that the program continues to provide excellent peer services to a population that clearly can benefit from knowing that recovery is possible.

Recommendations:

The recommendations for ongoing growth and development of the program fall in two categories: a) recommendations for expanded use of Peer Crisis Navigators, and b) recommendations for ongoing training and development for the Peer Crisis Navigators, although some of the training is beneficial for all staff as well.

First, recommendations for expanded use of Peer Crisis Navigators...

Schedule the Peer Crisis Navigators for maximum exposure to people served. Some of the Peer Crisis Navigators stated that their shifts are during times when there are very few people on the units. Having the Peer Crisis Navigators available during maximum traffic on the unit will maximize their impact.

Include the Peer Crisis Navigators in staffing as full members of the team. The Peer Crisis Navigators bring a unique perspective to the issues raised by the people served. They also have extensive knowledge of resources available to the people served. Having the Peer Crisis Navigators as a resource during staffing is an invaluable asset. Additionally, as full members of the team, the Peer Crisis Navigators need to know the concerns the team has about specific individuals so that they can intervene and support as necessary, as well as report anything that they are to be on the lookout for to the rest of the team. Many times, people served will open up to a peer before they will to a clinician, allowing for better treatment for the individuals.

Utilize Peer Crisis Navigators as system navigators, orienting people served to the processes on each unit. This could include a needs assessment of basic needs once a person is stabilized, such as toiletries, clothing, glasses, concerns they may have about responsibilities outside of the treatment setting, such as children, pets, family concerns, bills, rent, etc.

Possible structure or mechanism to staff people served from unit to unit as they work their way through the system, at the Peer Crisis Navigator level. In other words, have the Peer Crisis Navigators communicate issues, concerns, and strengths of individuals as they pass out of one unit and in to another for the receiving Peer Crisis Navigator.

Utilize Peer Crisis Navigators in assisting people served with navigating the larger system, literally. That would include assisting with bus routes, accessing services in the community, navigating other social services and community supports outside of the treatment setting.

Running Peer led groups. Topics that were recommended include:

⇒ Gardening program

⇒ Exercise program

- ⇒ Life skills
- ⇒ Groups designed to get out and give back to their community
- ⇒ Laughing classes
- ⇒ What can you expect when you walk out the door, what is out there in the real world after crisis
- ⇒ Finding meaning and meaningful things in your life
- ⇒ Healthy cooking on a budget
- ⇒ Budgeting for independent living.

Some of the Peer Crisis Navigators may need some initial training themselves on these topics, but many of them already have excellent skills in these areas.

Second, recommendations for ongoing training and development of Peer Crisis Navigators, and as appropriate, all staff:

- ⇒ Peer specialist ethics and standards of conduct.
- ⇒ How to take correction and implement it; expect it and request it.
- ⇒ Setting boundaries in work setting, professionalism and policy.
- ⇒ Verbal self defense.
- ⇒ How to tell your story, appropriate self-disclosure.
- ⇒ Job readiness, job toughness, worker responsibility.
- ⇒ Group facilitation training.
- ⇒ Training in listening skills and communication.
- ⇒ Setting the stage for cultural change for all staff on the units.
- ⇒ Focus for Life®.
- ⇒ Intentional Peer Support
- ⇒ Substance abuse and street drugs, their effects, especially inhalants.
- ⇒ Psychiatric medications, their usage and side effects. What to look for.

- ⇒ How do deal with an acute crisis, including in a public setting.
- ⇒ Dealing with conflicts.
- ⇒ Knowledge about diagnoses.
- ⇒ How do you work with someone to instill hope?
- ⇒ How to deal with other people's stories and not get triggered.
- ⇒ How to engage and empower people.
- ⇒ Role play vignettes with clients and with staff.
- ⇒ Training for staff that recovery is possible, not stereotyping consumers.

Summary:

MHMRA of Harris County can be commended for looking to the future for the treatment of people with psychiatric diagnosis. The growing trend in many treatment modalities of any long term chronic illness is to bring peer support into systems as an added value for helping those consumers of services. Peer support has been shown through many research studies to be an effective and cost efficient treatment modality. Several of the Federal agencies such as Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Agency (SAMHSA) and the Veterans Administration (VA), have begun putting monies into utilizing peer support. In Texas, through the Federal Transformation Grant, Via Hope has been created to help Texas with a Peer Certification Program to bring qualified peers as peer specialists to the mental health system of Texas.

Within the MHMRA of Harris County Crisis Programs, the added benefit of having Peer Crisis Navigators has already been seen. The Unit Supervisors and the Navigators have reported that as consumers see that they are being served by other consumers, they have hope that they could too have a job where their illness is seen as a benefit rather than a detriment. The Peer Crisis Navigators have become mentors to their peers and are role modeling recovery to others while growing in their own recovery.

From the perspective of risk management, having the Peer Crisis Navigators has shown that in the crisis waiting room of the NPC, they have brought a calming effect for clients who have been upset by long waits. This alleviates the need for take downs or physical altercations which can result in people being hurt. Having a Peer Crisis Navigator in the waiting room of NPC, on one occasion, resulted in bringing staff's attention to the fact that a client was having seizures.

This program unwittingly has also had staff begin to question their expectations of what consumers are capable of. A new day is dawning as clinical staff see that consumers can and do recover. As peers begin interacting more with staff and becoming colleagues, the stigma that mental illness carries begins to diminish. This will result in clinicians seeing the person sitting in front from a different view.

With any new program there will be areas of growth and development continually needed. There is the natural molding and adjustment utilizing the peers to the unit's best advantage and to add the value to the clients served at those units.

I am confident that MHMRA of Harris County will continue to be a leader in Texas in the area of Crisis Intervention and Treatment, and the utilization of peers in this process.

The leaders have begun emerging in Harris County. Through education, empowerment and the recognition that they can make a difference within their community center, with their peers and within the state, these leaders are the future of the consumer movement in Texas.

As you can see, this project has created so much more than mere jobs for consumers. This project is creating a cultural shift and bringing the conversation of recovery to the forefront. As the nation struggles to bring transformation to mental health systems, MHMRA of Harris County has taken action to bring it to those they serve. Job well done!