

Integrating Peer Support: Enhancing Crisis Services with Lived Experience

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New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED/
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

What Is a Warmline?

Telephonic

Follow up and/or
call back
services

Peer-run or
Integrated

No SLAs

Often connected
to face-to-face
services

Hotlines vs Warmlines

Hotlines

- Usually connected with crisis and/or suicide prevention
- Typically include screening and assessment
- Typically include emergency interventions with 911
- May not work with people pre/post-crisis

Warmlines

- May use a voicemail/call back service
- Typically do not include clinical screening or assessments
- May refer people in crisis to other services
- Typically work with people pre/post-crisis

Hot vs Warm Calls

Hot Calls

- Suicidal or Homicidal Thoughts
- Rape, Incest, or Assault
- Domestic Violence
- Child & Elder Abuse
- Grave Disability

Warm Calls

- Existential or spiritual crisis
- Navigating services or systems
- Pre/Post-crisis
- Leaving hospitalization or other treatment
- Needing community or support

Peer-Run Warmlines

Autonomously run by peer/recovery support service organizations

Typically do not have clinical oversight or protocols

May refer to independent crisis services

Often operate outside of the formal mental health service system

Support peer values

Often struggle with funding

Clinically Embedded Warmlines

Delivered alongside, in conjunction with, or secondary to other crisis services

May include screening or other clinical protocols

Often connected to a series of other clinical interventions

Often considered a powerful addition to clinical intervention

More risk of compromising peer values

Less struggle with funding because of the equipment and space sharing with clinical interventions

Funding Warmlines

Medicaid Billing

Community Support

Foundation Support

Government Support

Technology, Data, & Documentation

Pros & Cons of Documentation

Web Based vs Traditional Phone Systems

Recording Calls

Online Emotional Support

Dispatching Services

Evidence Base

- Data shows that peer support services cut hospitalizations in half, increase engagement in self-care and wellness, and decrease negative experiences with extreme states.
- The Georgia Department of Behavioral Health & Developmental Disabilities found that using peer support services in treatment saved an average of \$5,494/person for the state.
- Crisis Now found that warmline and hotline presence decrease ED utilization for psychiatric emergencies

Staffing Models

Volunteer
Staff

Paid Staff

Certification

COVID-19

Increasing demand for no-contact services (telephonic and online emotional support)

Concerns about privacy in online work from home environments

The Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced that it will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

SAMHSA now allows for the disclosure of health needs to another health provider without written consent under the medical emergency exception under 42 CFR, part 2.

Shown us the diverse ways support can take place and increased access to disabled call takers

Peers Under 988

Mandate and guidance include peer services

Each state is defining these services right now

Consider contracting or sub-contracting

Potential to change the funding and landscape of peer support

Resources

- <http://warmline.org/>
- <https://www.nascod.org/>
- <https://www.nasmhpd.org/content/creating-and-developing-peer-warm-lines>
- <http://peersforprogress.org/take-action/start-a-program/>
- <https://vikkireynolds.ca/>
- <https://suicidology.org/training-accreditation/crisis-center-accreditation/>
- <http://www.contact-usa.org/accreditation.html>
- <https://www.westernmassrlc.org/alternatives-to-suicide>
- <https://www.intentionalpeersupport.org/?v=b8a74b2fbcbb>
- https://suicidology.org/wp-content/uploads/2020/03/988_final.pdf

Questions?

Contact Us

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