

NO. 6: WHY PEER-OPERATED? AN ESSENTIAL INGREDIENT TO INNOVATIVE CRISIS ALTERNATIVES

Partnering with consumer- and peer-operated services programs provides a unique opportunity for states to honor and uphold the role of peer support in crisis alternatives as a complement to clinical services.

Background

Peer support occurs naturally in communities throughout the world. Every person who has received support from someone else with shared experience can understand the power of peer-to-peer relationships. When facing challenges, a connection with someone who can offer wisdom, “lessons learned,” and non-judgmental support can be affirming – helping to make the experience more hopeful and less lonely. Many states are examining ways to leverage peer support services to broaden the array of trauma-informed and person-directed care within their behavioral health crisis continuum. A first step is to ensure a comprehensive understanding of the values, roles, and expectations of peer support, including what makes it distinct from any other service or setting in behavioral health. Partnering with consumer- and peer-operated services programs (COSPs) provides a unique opportunity for states to honor and uphold the role of peer support in crisis alternatives as a complement to clinical services.

Models/Structures for Peer Support Services

There are three structures to the organizations that typically provide peer support services:

PEER STAFFED/ INTEGRATED	PEER-RUN PROGRAMS	PEER-OPERATED ORGANIZATIONS (Consumer-Operated Services Programs)
<ul style="list-style-type: none"> Behavioral health agencies employing peer support specialists All leadership, authority, and finances lie within the clinical agency. 	<ul style="list-style-type: none"> Programs operated under or through a behavioral health organization. Program directors and staff are peer supporters Directors have some decision-making authority but finances and ultimate decisions lie within the clinical agency. 	<ul style="list-style-type: none"> Ensure individualized crisis plans and utilize <u>WRAP</u> to enhance support, promote wellness, and mitigate crisis. Peer-run organizations that are independent of clinical agencies Staff, leadership and boards are primarily persons with lived behavioral health experience All decisions and finances are made by staff and board with lived experience Operate through peer support values and often utilize the Fidelity Assessment Common Ingredients Tool (FACIT) fidelity tool



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While there are benefits and challenges in each of these structures, there are distinct advantages to states in supporting standalone peer-operated organizations. For instance:

- Peer-operated agencies operate with authenticity to peer support and place intentional value on mutuality, low or no barriers to access, minimal power imbalances, and support for personal determination and voice. These programs are designed to advance recovery and promote healing from trauma.
- Peer-operated agencies are unlikely to co-opt peer supporters into pseudo-clinical roles such as case management, monitoring, or advising people receiving services.
- Peer-operated organizations are highly connected and led by the community. This allows them to view mental health and substance use challenges through a broader lens; to co-design innovative and culturally relevant healing alternatives; and to attract and engage individuals who might not otherwise seek out or receive behavioral health services (e.g., individuals with previous traumatic experiences in the behavioral health system, older adults who use substances, BIPOC, and Veterans experiencing homelessness).

Peer-Operated Innovations for Crisis Prevention, Diversion, and Alternative Responses

Peer support provides the healing power of connection and supports recovery and wellness that can [de-ter the need for clinical intervention](#). There are several examples of peer-operated approaches that have proven to be effective in preventing and diverting individuals from the “traditional” clinical crisis system.

1. **Peer Respite** is an alternative crisis environment centered in healing, wellness, connection, and recovery, and has been shown to increase empowerment, promote recovery and hope, and [reduce rehospitalizations](#). Key features of respite include:
 - An alternative to emergency departments, inpatient admission, and involuntary commitment
 - Voluntary and noncoercive
 - Provided in a safe and homelike environment in a house in the community (not on a unit or at a center)
 - Operates 24/7
 - Provides short-term non-clinical crisis support that is focused on supporting people to find a new understanding of crisis and ways to “heal forward.”
 - Staffed and operated completely by individuals with lived experience of behavioral health conditions, psychiatric histories, trauma, and/or extreme states
2. **Peer Lines/Warmlines** provide crisis prevention and diversion, serving as a non-clinical alternative for individuals experiencing extreme distress or crisis:
 - All calls are answer by trained peer support staff
 - Ideally available 24/7
 - Provides an affirming, validating, and confidential connection for individuals experiencing distress and crisis
 - Accessible through chat, text, and call



Recommendations for States to Support and Enhance Peer Support Services

1. Identify and meet with currently active standalone peer-operated mental health and substance use organizations and recovery community organizations to understand their scope and capacity.
2. Identify gaps in your state's existing Medicaid- and state-funded array.
3. Identify start-up, pilot, and sustainable funding for capacity-building and operations of standalone peer-operated agencies.
4. Invest in capacity-building for peer-operated agencies.
5. Close the equity gap through intentional investment in traditionally under-resourced peer-operated agencies and by investing in leadership development.
6. Ensure collaboration between crisis continuum providers and peer-operated alternatives and take steps to ensure crisis provider networks have an understanding of the role of peer support staff.