NASMHPD

ESTABLISHING FORENSIC PEER SUPPORT SPECIALISTS (FPSS): UTAH (DAVIS COUNTY)

"Forensic peer support specialists (FPSS) rebuild connection and access to resources while empowering individual choice. The adventure starts at the gate, the journey begins with FPSS."

–Brian Neilson, Utah State University's Certified Peer Support Lead Trainer

VISION

Utah Division of Substance Abuse and Mental Health (DSAMH) is using TTI funding to establish a Forensic Peer Support Specialist (FPSS) enhancement and practicum program. Peers with lived experience, particularly those who have been incarcerated, understand the complexity and barriers to receiving care, finding jobs, and affordable housing and can navigate resources and supports that are easier to access. In February, 2020, the Utah Hospital Association released "A Roadmap for Improving Utah's Behavioral Health System" which included the Utah Continuum of Mental Health Care (displayed in Figure 1). FPSS deployed to crisis services provide the lived experience and support needed to divert individuals from incarceration and support recovery.

TTI supported a forensic training enhancement for peer support specialists that addressed the barriers and supports specific to the needs of people who have been arrested in the past or continue to be involved in the justice system. Following the training, a 100-hour practicum was provided to six FPSS in short term stabilization units (24–48-hour stays) to individuals with behavioral health disorders brought there by law enforcement. The project was piloted in Davis County by Davis Behavioral Health.

JAIL DIVERSION APPROACH

While the intent of the project is to ultimately prepare FPSS to support diversion opportunities at every sequential intercept, this project focused on diverting individuals from jail who have been arrested for minor offenses and their charges held in abeyance pending participation in treatment. FPSS provide support services to individuals when they arrive at the receiving center stabilization unit and continue to provide follow up services including emotional support, community connection, system navigation, and referral.

MEASURING PROGRESS

DSAMH is evaluating the impact of specialized training for FPSS on direct service outcomes including recidivism measures, treatment compliance, housing and employment through Electronic Medical Records (EMR).

The project conducted surveys of certified peer support specialists that participated in the training to identify its strengths and weaknesses. Nearly all of them had some involvement with the justice system and a little over half had experienced incarceration. Participants felt most confident with inspiring hope and change, adhering to professional, ethical and legal guidelines, assisting individuals in discovering healthy lifestyle choices, ensuring clients felt understood, and delivering person-centered trauma-

FIGURE 1: UTAH CONTINUUM OF MENTAL HEALTH CARE

SOURCE: Utah Hospital Association

informed support. They were least confident in reducing barriers to employment and housing, identifying required community and correctional programs responsible for post-release services and coordinating transitional behavioral health and forensic services. Among participants those with deeper justice involvement were more confident of relationship building with justice system employees.

INTEGRATION WITH CRISIS SYSTEM

Davis Behavioral Health operates a crisis call center, mobile crisis teams, three short-term crisis stabilization units (stays of 24-48 hours), and one longer term unit (stays averaging two weeks). Both short and longer stay crisis stabilization units are required by statute to include peer support services as do local hospital emergency departments. The project has a relationship to crisis call centers and warmlines. Receiving centers have nursing staff on duty 24/7 and can support most ambulatory detoxification needs. However, individuals with more medically involved detoxification needs are transferred to nearby hospitals.

BEHAVIORAL HEALTH EQUITY

In addition to law enforcement, courts, correctional agencies, and consumer organizations, the project has engaged a broad array of partners representing populations that are oven overlooked and underserved by behavioral health agencies. The Association of Utah/Brain Injury Council[1], LGBTQ+ Suicide Prevention Strategic Plan Committee; Sex Workers Outreach Project (SWOP), Homeless Resource Center, and the Utah Developmental Disability Council assist the project to develop more effective outreach approaches.

PROJECT LEGACY

The success of the project has demonstrated the value of FPSS for DSAMH and its project partners. Davis Behavioral Health will continue to recruit peers with histories of arrest, train them as FPSS, and deploy them to Receiving Centers (crisis stabilization units) and other sites. The training will be expanded to an on-line format to ensure continued availability and access to rural and frontier areas of the state. Mental Health Block Grant funding will support ongoing in-person and virtual training. The Department of Corrections will continue to support placements in jails and fund supervisor and FPSS positions in half-way houses and prisons.

WHAT HAS ESTABLISHING FORENSIC PEER SUPPORT SPECIALISTS TAUGHT US?

DBH's strong relationship with law enforcement and corrections played a significant role in the success of the project. Their established trust allowed organizations to engage in innovative thinking and combine resources. When administrative barriers impeded DSAMH from hiring of a peer with an arrest record for example, a local corrections agency was able to waive restrictions and hire FPSS directly to provide peer services at the jail. Establishing effective forensic peer services in jail demonstrated the value of FPSS to law enforcement, the courts, and other correctional officers, and paved the way to expanding the project. Extensive partnerships with supported employment and supported housing agencies also played a role in demonstrating the interconnection of the people and resources with which each agency is engaged.

For more information on this project, contact Sharon Cook at *sharoncook@utah.gov*, Heather Rydalch at *hrydalch@utah.gov*, Pam Bennett at *pbennett1@utah.gov*, Brett Bartruff at *brettb@dbhutah.org*.

[1] A 2010 meta-analysis estimated the prevalence of traumatic brain injury in the overall offender population at 60.25%. (Shiroma, Eric & Ferguson, Pamela & Pickelsimer, Elisabeth. (2010). Prevalence of Traumatic Brain Injury in an Offender Population: A Meta-Analysis. *Journal of Correctional Health Care. 16.* 147-59.)

This work was funded by the Substance Abuse & Mental Health Services Administration under Contract HHSS283201700024I75S20321F42001, Task 5.4., and the National Association of State Mental Health Program Directors (NASMHPD), Inc.