

INTEGRATING PEER SERVICE PROVIDERS WITHIN A MEDICALLY ORIENTED MENTAL HEALTH SETTING

BALTIC STREET AEH, INC.

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BALTIC STREET ADVOCACY, EMPLOYMENT AND HOUSING, INC.

Baltic Street is New York City's only peer run agency with a long, nationally acclaimed record for providing a broad array of innovative, peer bridger, employment, advocacy, housing, geriatric, and wellness services

BALTIC STREET AEH, INC. – A PEER-RUN AGENCY

Peer Initiatives are defined as **peer-run** when:

- The program is staffed by a majority of peers, including leadership and management positions
- All personnel decisions are made solely by the peer program
- All program decisions are made solely by the peer program
- All financial decisions are made solely by the peer program

BALTIC STREET AEH INC. INNOVATION



BALTIC STREET AEH, INC.

- provides services and supports that improve and sustain the overall health, wellness and life quality of people with behavioral health conditions through:
- peer support,
- health literacy,
- acquisition of essential self-management skills,
- access to desired housing, educational and employment supports and resources, and
- inclusion in full community living

PRINCIPLES OF PEER SUPPORT

- Opportunities for connection and knowledge
- Building mutually responsible relationships
- Changing patterns and getting 'unstuck'
- Willingness to challenge each other
- Willingness to take risks
 - The dignity of risk and the right to fail Dr. Patricia Deegan



BALTIC STREET PROGRAMS & SERVICES

- Baltic Street AEH, Inc. provides services in a partnership between individuals labeled with mental illness and peers that have dedicated themselves to helping people accomplish their recovery goals
- Through our comprehensive self-help and advocacy, bridger, housing, supported education and employment services, our mission is to be a part of the person's wellness team
- We work to help the individual develop a life in the community of their choosing: an apartment, a job, a support system, a skill, and education of other tasks the person has identified as their goals toward a satisfactory life
- All our services are offered through a person-centered, strengths-based, recovery-oriented lens

PROJECT RE-ENTRY

Currently, Project Re-Entry, is on-site at Maimonides and at Interfaith Medical Center in Brooklyn. We plan to expand to other Brooklyn based sites: Wyckoff, Kingsbrook Jewish and Brookdale Medical Center.

In March of 2018 Baltic Street partnered with Community Care of Brooklyn, to provide peer services to patients living with mental illness. Peers work throughout the CCB network, meeting patients both at Medical Centers and in the community.

Peers provide recovery-oriented services; such as referrals for social supports, education, vocational training. Also, linkage to medical, mental health and obtaining entitlement benefits.

The program has reached out to 585 individuals and has enrolled 193 in the program to date.

- Provide one on one and /or group support during hospitalizations continued short-term-support services following discharge.
- Work with individuals during hospitalization and continuing through discharge to identify and engage with a range of community-based services and support.
- Teach community adjustment and wellness self-management skills
- Provide education and resources that support wellness self-management, self-determination and self-advocacy
- Assist Clients with developing a Wellness Recovery Plan
- Assist Clients with identifying and engaging in community-based support services to sustain them post-hospital discharge

STAFF SELECTION:

Discussion of job candidate selection process.

Diversity of staff- Cultural and Linguistic

Gender and Sexual Orientation Diversity

Include staff reflecting culture and language of clients

Certification includes New York State Peer Certification and also includes intensive, on going, in-house training

Comprehensive supervision is provided to all Staff and Management

During the past fiscal year: July 2018 until July 2019:

Number of Individual Contacts with clients: 1,727

Number of Client Intakes: 585

Number of Clients admitted to the program: 193

What do you think might be challenging about introducing Peers as service providers in a traditional, *peer naïve*, medical model oriented setting?



MYLES' STORY

Steps in Prep

Internal

Pick the right staff who can work as a "guest in a host agency"

Staff Preparation-

General Baltic Street Orientation-agency specific policies and procedures, issuing hardware-phones, tablets, computers

Program specific Orientation- Staff undergo several weeks of Project Re-Entry specific orientation. Involves education about our electronic documentation system, Community Resources.

Most Important:

Medical Environment Preparation



Preparing the Hospital:

- Meet with the Staff before you start working in the hospital
- 2. Meet with the Staff before you start working in the hospital

And most important of all.....

1. Meet with the Staff before you start working in the hospital

Meetings between with hospital staff should be conducted well before operations begin at the facility.

Meet with Administrators of all levels as well as all line staff.

Never assume that "buy in" from administration results in "buy in" from line staff.



Create environment where Hospital Based Peer Bridgers are comfortable and feel safe to share work related issues, compare notes and look to other peers for collaboration and support.

Each Hospital Has Onsite Senior Peer Counselor who supervises the work of the staff assigned to them and play a major role in staff support.

MORNING CHECK IN



WHAT GIVES PEER BRIDGERS WORK SATISFACTION?

- "I feel satisfaction of helping people achieve things that you wouldn't have if not for my showing them a way. I wish I had this kind of help when I was in the hospital."
- "I like bringing advocacy to the people"
- "I'm proud of the client outcomes and that I contributed to them"
- "It's great to be part of people making positive changes"



PEER BRIDGER FRUSTRATION:

- "Lack of Respect for what we do. Some hospital staff are just Clinical and don't value wellness"
- "We are an afterthought. Some hospital staff make referrals to us the day that a client is being discharged"
- "Some of them [hospital staff] don't know what we do. They refer to us just to check off a box"



CHALLENGES



- •Large Homeless Population
- Some Hospital Staff Skepticism
- Programs with Overlapping Services at hospital sites.
- Low expectations of Client's potential

Group Activity

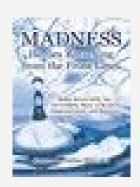
Scenario – You are a Peer
 Counselor working with a client
 who wishes to live with a friend
 in the community post-discharge .

The clinical staff feels that your client "needs" to live in a supervised community setting post discharge.

How might you proceed?

CLIENT TESTIMONIALS

- "I was satisfied with all your services. I like the support and everything. I would recommend Tina [Senior Peer Bridger] to other patients"
- "I'm very thankful for the help I received from Baltic Street. From the time I was admitted, I was happy to see the face of my peer specialist. I looked forward to the week at home for the visit and calls. It perks me up and my specialist was like a friend! Thank you"
- "I love the fact that they helped me with school and help with finding a job"



ARTICLES & RESEARCH ABOUT BALTIC STREET AEH, INC.

- Crazy Enough to Care The American Scholar Brad Edmondson 2012
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- Lessons Learned in Peer Workforce Development Behavioral Health Executive Lori Ashcraft, PhD and William Anthony, PhD – Feb 2012
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- Characteristics and Service Use of Participants in a Large Consumer-Operated Service Agency Philip T. Yanos, PhD et al Psychiatric Rehabilitation Journal Mar 2014, Vol. 37 Issue 1, p58-61
 - https://www.ncbi.nlm.nih.gov/pubmed/24490767
- "Just Be a Light": Experiences of Peers Working on Acute Inpatient Psychiatric Units T. E. Smith et al Psychiatric Rehabilitation Journal Oct2016
 - https://www.ncbi.nlm.nih.gov/pubmed/27736114
- Madness: Heroes Returning from the Front Lines: Baltic Street AEH, Inc.: An Unlikely Story of Respect, Empowerment, and Recovery Joanne L. Forbes

REFERENCES

• Deinstitutionalization Toolkit – National Council on Disability

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