



# Peer Crisis Innovations

## NYAPRS Executive Seminar

April 28, 2020

New York Association Of Psychiatric Rehabilitation Services

[www.nyaprs.org](http://www.nyaprs.org)



INDEPENDENT  
**LIVING** INC.

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**PeerRX**

A HEALTHY CONNECTION

# Peer Deployment Tool

# ILI's Peer Services

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COVID-19 – Proactive Response

We Introduced *Cross Disability Peer Services* in 1987.

With OMH Reinvestment funding, have several staff embedded at 4 area hospitals providing *Peer Bridging* and *Diversion Services* since 1996.

*Onward Recovery*: two Recovery Community and Outreach Center (RCOC) contracts with OASAS covering a 7 county region: Orange, Sullivan, Ulster, Dutchess, Rockland, Putnam, and Westchester.

*Reach One*: OMH contract for regional partnership with People USA and MHA Rockland.

*Orange County Crisis Call Center* – Peer Response Team

# Development of Peer Rx

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ILI has traditionally received referrals in several ways including faxes, calls, in person, etc.

Without a central method of referring individuals there was no streamlined process for local emergency departments who request our peer services.

Peer RX provides a good way to track data to determine if our hours best meets the needs of the communities we serve (Peer Rx allows us to track data including calls and call times).

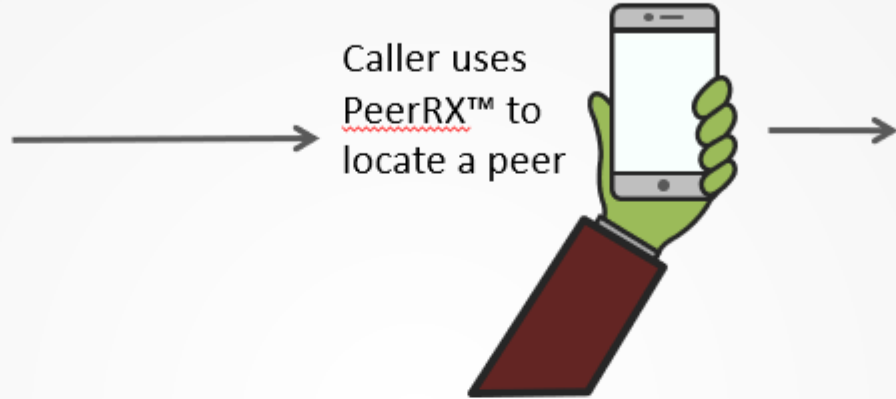
Prior to Peer RX, it was difficult to determine if our staff were meeting the needs of the community. For example, did we have enough bilingual staff?

As an innovator in Peer services, ILI teamed up with a software developer to create Peer Rx. ILI was involved in the beta testing and design of Peer Rx. We tested the functionality and participated in the decision making behind the algorithm.

# PeerRX™ Flow

Peer is needed for a client

- Client can be in a:
- Hospital
  - Drug Court
  - Urgent Care Center
  - Police Station
  - etc.



Area peers receive text request and answer with "Y" or "N"

PeerRX determines "best" match and awards peer the referral



# Benefits of Peer Rx

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**Streamlined training for both peers and locations**

**Quicker response time so interventions for individuals could be more timely.**

**Better matching of peers to individuals requesting peer support.**

**Healthy competition**

**Availability of data**

## **Stakeholder testimonials –**

*“We are able to reach more consumers by using this tool.”*

*“Peer Rx is helping us to streamline our referral processes.”*

*“The reporting enables us to ensure our staff are available at peak times when needed the most.”*

*“After a few weeks we have several success stories with positive outcomes for the individuals serviced.”*

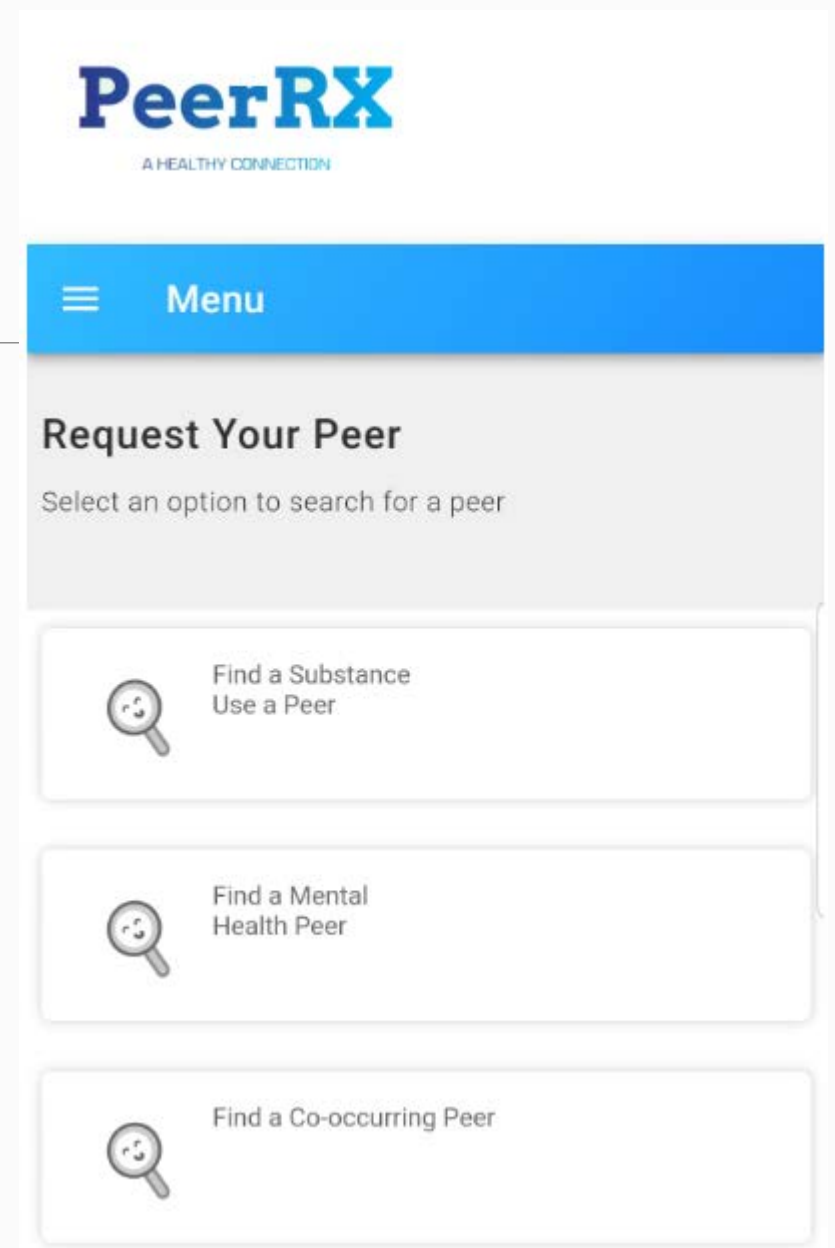
# Process- Location

Locations such as hospitals and clinics can sign up for Peer Rx. Once they are verified by the Peer Rx team, they are able to begin seeking Peers through the system.

The location can make a request for a Peer from Peer Rx at any time. The location specifies if they are looking for a Peer who can support an individual with mental health needs, substance use disorder, or co-occurring.

Optional Fields to request peers of an age range (18-35 or 36+), languages spoken, and gender.

Locations can set preferred agencies which will be taken into consideration in the algorithm.



# Process- Peer Agency

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Agencies who can provide Peers sign up and once validated by the Peer Rx team, are able to enter their Peers.

Agencies enter the hours their Peers are available. Peers and supervisors are able to manually override this as needed.

Peer Training and credentials are entered into the system and are validated by the Peer Rx Team.

Demographics for each peer are also entered (age range, gender, and languages spoken).



# When a Peer is Requested

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A text alert will go out to all Peers marked as available with the location making the request.

No Protected Health Information can be exchanged over the app.

Peers who are able to respond, text back “Yes” in order to be considered.

After ten minutes, the algorithm will select the most qualified, best matched Peer.

- If no one has replied for 10 minutes, the opportunity remains open for 30 minutes and the first person to reply will be designated for the case.
- After 30 minutes, the call is expired and the location needs to resubmit the request.

Once a Peer is selected, the location gets an alert with the Peer’s name.

# Reporting

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As an agency using Peer Rx, we are able to run reports to see:

- How many requests were placed in a given time
- How many requests each location made
- What types of situations peers are being requested for: Mental Health, Substance Use Disorder, or Co-occurring
- What the characteristics of the requested peer were
- How many of our available peers staff responded
- What competing priorities existed that prevented staff from responding
- If we are staffing our programs during the highest needs days/ times.

# Barriers/ Areas of Improvement

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The demand for Peers often is outweighed by the workforce available. While the app is a great tool for Peer deployment, it does not solve the problem of not having enough Peers who are mobile and available to respond to these referrals.

Peer Rx is not HIPAA protected so only limited information can be shared.

At present we can only surmise if expired or canceled calls are for the same individuals based on anecdotal evidence but nothing to confirm that. This is targeted to be addressed in future releases.

# Next Steps

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ILI was involved in the beta testing and design of Peer Rx. We tested the functionality and participated in the decision making behind the algorithm.

We have seen excellent outcomes for individuals connected with Peers via Peer Rx. The app has allowed us to connect with individuals at critical times such as right after overdoses.

We are working with the developer to add in a place for staff to document specific outcomes after connecting with individuals so that we can run reports in the future.

# Questions?

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**Alison Heidemann, Regional Director of Peer Services**

**[aheidemann@myindependentliving.org](mailto:aheidemann@myindependentliving.org)**

**Shannon Zawiski, Chief Operating Officer**

**[szawiski@myindependentliving.org](mailto:szawiski@myindependentliving.org)**

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# Powerful Partnerships:

## Peer Approaches for Engagement and Recovery During Challenging Times

*Mental Health Association of Westchester*

*Raquelle Bender LMHC – Coordinator of Integrated Services*

*Cindy Peterson-Dana LMHC – Vice President for Peer and Recovery Services*

# Peer-Professional Services offered through MHA

- MHA of Westchester integrates peer services throughout the agency. We also have several programs which are specifically focused on the development and provision of peer support and integrated peer-professional services. These include:
  - Sterling Community Center (SCC)
  - Westchester Recovery Network (WRN)
  - Peer Training (PT)
  - Intensive and Sustained Engagement and Treatment (INSET)

# What is INSET?

- Started in May of 2018, INSET is a peer professional program that provides mobile services to individuals who have not engaged in and/or adhered to prior programs and plans for treatment and support. Criteria for participation: must be AOT (Assisted Outpatient Treatment) involved or meet criteria for AOT eligibility.
- INSET helps to bridge the gap for people who are currently in the hospital, jail, or have recently been discharged/released by providing intensive and integrated services with an emphasis on both peer support and building collaborative connections with treatment services and natural supports.
- As of April 22<sup>nd</sup>, 2020, INSET has received a total of 130 unduplicated referrals and has served 105 unduplicated participants.



# Person-Centered, Recovery Oriented and Trauma Informed Care Through Autonomy and Choice

- While criteria for participation in INSET mirrors those associated with court mandated treatment orders associated with Assisted Outpatient Treatment (AOT), we feel that our voluntary, collaborative and integrated peer-clinical approach is the primary reason for our success.
- INSET services aim to increase a sense of self-agency for participants from our first contact with a dialogical approach to engagement and support. Staff have a rich combination of disclosed peer and clinical skills with a focus on mutuality and shared decision-making with participants. Service plans are developed collaboratively with the intention to maximize participant voice and choice.

# Services Offered

**Engagement:** Peer recovery specialists work with individuals to address immediate concerns, provide support, foster trust and build connection

**Intensive care management** linked with traditional care coordination services

**The Eight Dimensions of Wellness**, especially housing and financial stability, e.g. assistance with benefits or vocational support

**Family support and (re-)engagement:** we provide support services to the participant's family and offer social network meetings that use a Peer Supported Open Dialogic (POD) approach.

**Relapse prevention (including mental health, substance use, legal and other life challenges), crisis support and hospital, rehab and jail diversion**



# **How INSET Supports and Engages Individuals During Challenging Times**

# Alison

## From High Hospital Use to Permanent Housing

- Prior to INSET, she had lengthy hospital stays in 2018, from April to July and again from July to December
- INSET became involved in July 2018 at the hospital. At the time, she said, “I am going to be here forever.” INSET staff continued to visit with her over the course of her hospitalization and met with her and the treatment team in the hospital.
- After discharge to a homeless shelter, she ended up back in ER, in large part due to the stress from a lack of housing. She contacted us from the ER. We arrived to find that she had nowhere to live, had no winter clothing or any means of communication.
- INSET helped her obtain clothing and purchase a prepaid cellphone. We also waited with her until drop in hours at the nearest shelter, where she stayed.<sup>20</sup>

# Alison

- We had contact with her over the following weekend and provided her with phone support as she was adjusting to being in the shelter.
- While in the hospital she declined services from the ACT team. INSET assisted her in reconnecting with the ACT team, and she had her first meeting with them at the INSET office where she felt more comfortable. She has agreed to continue working with them and receiving medical assistance from them.
- She has expressed extreme gratitude for INSET services and continues to engage on a daily basis.
- INSET has also been providing support to participant's sister, as this has been a difficult time for her as well. We have had three POD social network meetings in recent months with she and her sister together to help support the re-construction of lost family connections
- Since mid - July 2019, had Alison continued to stay in the hospital, her cost of care would have been \$708,708, instead, with INSET's assistance, it has been \$39,186 for assisted living.

**Approximate inpatient cost savings with INSET services: \$669,522**

# Brenda

## Decreased Contact with the Legal System and Family Re-connection

- History of numerous arrests and incarcerations and medical and behavioral health hospitalizations
- First engagement with INSET peer recovery specialist was while incarcerated
- Continued to actively engage with INSET team after being released
- Since being released from jail, no psychiatric hospitalizations or reported legal issues
- Has been out of jail for 17 months
- Attends the Sterling Community Center
- Consistently participates in both medical and psychiatric treatment services and adheres to service plans
- After 4 POD social network meetings, has reconnected with her mother and young son

# Carl

## Providing Peer Work

- Prior to engaging with INSET, participant had been incarcerated, and then hospitalized for 2 weeks
- After 8 months of working with INSET became interested in peer work
- Completed MHA's Peer Training Course and is working with MHA Employment Services to find a job and work on becoming a NYS Certified Peer Recovery Specialist
- Has not had any hospitalizations or legal issues for over a year

# Challenges During COVID -19 Crisis

- Impact on both participants and staff in real time
- Loss of structure and loss of routine
- Loss of ability to make mobile visits
- Privacy and HIPPA
- Technological issues for both staff and participants
- Practical issues for staff such as difficulty working from home
- Things we would normally be able to help with immediately take longer now:
  - Going with someone to the doctor who wants additional support
  - Providing a safe and comfortable environment at our touchdown office for face to face engagement
  - Assisting someone with getting a cell phone or internet connection
  - Providing food through our agency food pantry or clothing from our agency clothing exchange



# Adaptations We Have Made

- **Mobile food pantry**- We have adapted our food pantry at the community center (where our INSET touchdown space is also located) to a mobile pantry and use no-contact delivery to provide weekly food and supplies to individuals and families in need
- **Expanded our 24/7 Peer Support, Hospital Diversion Phone Line** to all of Westchester
- **Running Zoom groups** based on what participants have requested
- **Daily virtual check in's with staff**
- **Allowing for more flexible work hours while working from home**
- **Encourage staff to use paid time off and set work-life boundaries.**



**We do NOT give up**  
(INSET is persistent but always voluntary and not coercive)

**INSET in Action: Peer Connections  
and Collaborative Approaches to Engagement**

# Dennis

- Dennis was discharged from the psychiatric hospital less than a month before COVID 19 crisis
- He lived independently in a single room occupancy, with some difficulty – prior to quarantine we had been working to connect with him, assist him with his daily needs, apply for SSI, etc.
- We had been in the process of obtaining a cell phone for Dennis as well as applying for Medicaid transportation
- He had difficulty with organization, so his INSET peer-recovery specialist would go to his home and knock on his door in order to assist him in getting to medical and other appointments.
- When we were no longer able to go out into the community due to COVID, we were unable to get in contact with Dennis through in person visits.

# Dennis

- We reached out to the landlord of the single room occupancy on numerous occasions when we were not able to reach Dennis. At first the landlord would not check on him due to insufficient PPE. After repeated calls from us, they eventually did a wellness check and found him to be ok in his room.
- We continued to request check in's, as we were unable to have direct contact with him. During this time, we worked on getting his phone charged and activated. After more of our requests, the landlord checked to see how he was doing a second time, he was found in his room. Dennis had not been eating and had reported chest pain
- Dennis was taken to the medical hospital and admitted that same day. He is still being monitored for his ongoing health condition.

# Erik

- Erik lives in an adult home which was impacted by Covid 19. This has led to heightened anxiety among residents who were unable to social distance due to living in close quarters, often sharing a room.
- INSET was in daily contact with Erik. We provided support via telehealth, food from our mobile food pantry and at his request, used self directed funds to purchase him a magazine subscription.
- Four weeks ago, Erik called his INSET recovery specialist, in great distress, and stated that he was having serious physical symptoms, for which he felt needed immediate assistance.
- Due to COVID systemic overload that impacted both residential and EMS staff, Erik was having a hard time getting medical help. When INSET received the call from Erik, we contacted EMS and stayed on the phone with him until he was brought to the local hospital where he received necessary medical treatment.

# Peer Tele-Health Services

Dr. Kirsten Vincent  
Interim CEO  
Housing Options Made Easy Inc.

2020 Housing Options Made Easy Inc. ©

# In Light of the Times

- In 2018 Housing Options created their Virtual Respite/Virtual Warmline as an addition to our warmline and text lines programs
- Access to peer services in many areas is limited
- The idea was to provide respite services virtually for people who live in rural areas or who have mobility issues.
- The second part of the model involved providing Warmline support to people via our telecommunication system
- We also use the virtual line to give tours of the respite and allow people to meet the respite staff prior to a visit to support a more comfortable stay at the respite.

# How The Program Works

- People call into a central intake line, and speak to a Peer Specialist
- The peer will set up a virtual meeting room for the called and a virtual peer specialist
- A link for a Zoom meeting is sent to the caller, and the begins once the caller enters the room. The central intake line is also available for tech support to assist a caller to access the meeting.
- On average, Peer support meetings last for an hour
- The staffing pattern is to have one person running the central intake line and then 4 operators to take the meetings.
- The virtual line currently runs 24/7
- This program is funded by 2 MCO



# How is it going?

- Current engagement is picking up, as with any new program it took awhile to get off the ground, but is now operating successfully
- The most notable outcome is that our callers feel that they can “see” someone and that makes people feel comfortable and safe.
- Our peer specialists say they feel a stronger connection to our callers because they can “see” them. Sometimes on the phone it is hard to make as strong as a connection.
- Our callers feel the same, that peer support feels even more connected when all parts of the communication equation are present.

# Peer Services in the time of COVID-19

- During these unprecedented times, providing peer services is an evolving process.
- PPE has been in short supply, but for our crisis intervention staff it is imperative. Our respites and engagement centers have remained open 24/7.
- Morale was low at the beginning of the pandemic, but it appeared to be mostly related to concern and the unknown. Morale has improved as we have all learned and created our “current normal”
- Moving many workers to remote “work from home” was a challenge, but we rose to the occasion.

# Give Us a Call!

- Housing Options Made Easy Phone/ text and Virtual support
- The Peer Support Warmline (24 hours a day/ 7 days a week)
  - 844-749-3848 or 716-749-3848
  - 844-421-1114 or 716-241-4605
- The Peer Support Texting Line (24 hours a day/ 7 days a week)
  - 716-392-2221 or 716-392-0252
- The Virtual Peer Support Warmline (24 hours a day/ 7 days a week)
  - 833-361-6130

# Respite and Renewal Center

- The Respite are **open**, and stay is there ready to work with people
- Refreshing Waters Respite (24 hours a day/ 7 days a week) (Erie County)
  - 844-588-8427 or 716-248-2886
- Eagles Nest Respite (24 hours a day/ 7 days a week) (Chautauqua/ Cattaraugus County)
  - 844-421-1114 or 716-241-4605
- The Renewal Center (3pm-11pm/ 7 days a week)
  - 327 Elm St, Buffalo, NY 14203 716-245-4200
- Our Peers are providing phone support to all of our participants

# Where Do We Go From Here?

- While this has been an extraordinary time, there are some takeaways that will impact our services moving forward
- While we would always rather be face to face, the pandemic has allowed peer services to prove they are extremely effective in the telehealth realm.
- Telehealth options has allowed peer specialist to engage with people who they may not normally be able to reach because of distance and mobility issues.
- We learned effective strategies relating to moving staff members to remote work.

# What Have We Learned?

- I have learned not to take the small things for granted.
- I have learned to truly appreciate every moment with my family.
- I have learned that all of the things I have complained about in the past are not that important.
- I learned I can live without many things that I really thought were important.
- And I learned there is nothing worse than watching someone you really care about lose a loved one and seeing the anguish they went through because they could not go say good-bye.
- Without the peer community and the love of my family and friends, it would have been so difficult to make it through this time.
- As peers... we are never alone.



people USA

**Creating a crisis  
response system that  
works:  
Psych Rehab, Peers, &  
Integration**

people USA

# About People USA

- People USA - est. 1990 as PEOPLE Inc.
- 100% Peer-run
- From grassroots peer advocacy and support org.
- To one of the most recognized and respected behavioral health organizations in the U.S.
- We have spread our unique models and best practices across the U.S. and internationally



# Our Qualifications

- Created the Dutchess County Stabilization Center, the Northeast's first crisis stabilization center, in Poughkeepsie, NY.
- Created the Rose House model: peer-run crisis respites / hospital diversion houses.
- Opened Rose Houses in Alaska, California, Georgia, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, North Carolina, Pennsylvania, Vermont, Washington, Wisconsin, and in Europe: The Netherlands.
- First agency in the U.S. to embed peers in a hospital setting - blazing the way for a best and evidence based practice today.
- Created transitional care programs that achieve major reductions in avoidable hospital use and Medicaid spending.

## ***What to do***

Train & Grow a Recovery-Focused Crisis Response Workforce:

Innovate with Peer-Run Crisis Response Services:

Integrated Local Crisis Response System:

## ***How to do it***

**Certified Psychiatric Rehabilitation Practitioners (CPRPs)**

**Case Study - People USA's Rose Houses**

**Case Study - Dutchess County Stabilization Center**

## ***What to do***

Train & Grow a Recovery-  
Focused Crisis Response  
Workforce:

## ***How to do it***

**Certified Psychiatric  
Rehabilitation Practitioners  
(CPRPs)**

## ***What to do***

Innovate with Peer-Run Crisis  
Response Services:

## ***How to do it***

**Case Study - People USA's  
Rose Houses**



**Rose House:  
Walden, NY**

# What is Rose House?

- Created by People USA in 2001
- Short-term Crisis Respite
- Home-like Alternatives to Hospital Psych ERs & Inpatient Units
- 100% Peer-run
- Open & immediately accessible 24/7/365 for hospital diversion.
- Full customizable menu of services.
- Crisis Response services that are engaging, trauma-informed, empathetic, and hopeful.

# Warm Line

- Each Rose House has a built-in Warm Line:
  - Warm lines are a direct education, support, and empowerment service delivered via telephone by a peer who provides a person in distress with a confidential venue to discuss their current status and/or needs. Warm lines are for situations that are not considered emergencies but could potentially escalate if left unaddressed.
  - If a Rose House is a hospital diversion service, then the Warm Line can be considered a Rose House diversion service.
  - Each Rose House Warm Line ends up fielding thousands of calls per year.



***What to do***

Integrated Local Crisis  
Response System:

***How to do it***

**Case Study - Dutchess  
County Stabilization Center**



# Dutchess County Stabilization Center *Poughkeepsie, NY*



# What is the Stabilization Center?

- Crisis Response Hub for people of all ages
- Integrated team of clinical counselors, peer specialists, and health care professionals
- 100% voluntary walk-in or drop-off (for law enforcement)
- Stays up to 23 hrs & 59 min
- Immediate access, without any barriers, to services
- Raising the bar on connections to services in community

## Reasons people come

- Acute Psychiatric Symptoms
- Suicidal Ideation
- Adverse Thought or Behavior Patterns
- Trauma
- Addiction and Chemical Dependency
- Intoxication (sobering space available)
- Living with Chronic Health Issues
- Strained Relationships (family, friends, etc.)
- Social Isolation
- Poverty and Economic Stress

# Stabilization Center - Internal Integration

- The Stabilization Center is operated internally as a partnership between:
  - People USA
  - Dutchess County Dept. of Behavioral & Community Health
  - MHA of Dutchess County
  - Astor Services for Children & Families
- Westchester Medical Center

# Stabilization Center - External Integration

- When people leave, we have confidence knowing they're entering an ongoing, preventative care system that is guided by shared values:
- This is what allows a 23-hour resource like the Stabilization Center to work so effectively.

## Integration Standards

- Availability
- Customer Engagement
- Trauma-Informed Care
- Whole Health Oversight
- Person-Centered Care
- Collaboration & Teamwork
- Community Integration
- Prevention & Wellness

# About the Westchester Crisis Stabilization Team (CST)

- Westchester Crisis Stabilization Team (CST) is a Forensic Mobile Team
- Works directly with law enforcement and courts
- Ensures that people presenting with BH issues stay out of the criminal justice system whenever possible and appropriate
- Hybrid model: combines elements of Stabilization Center and People USA's Transition of Care Wellness (ToCW) Team (transitional care) model
- Engagement generally lasts 30-45 days.

# About the Westchester Crisis Stabilization Team (CST)

- **Psych Rehab in Action**
  - Focuses on helping individuals to develop skills, build supports, and access resources
- **Peer-Run**
  - Ensures that services are engaging, trauma-informed, empathetic, and hopeful; Triple Aim focused
- **Integration**
  - Integrated team of traditional mental health professionals and peer / family supports

# Police Departments We Work With

- White Plains
- Scarsdale Village/Town
- Mamaroneck Town
- Larchmont Village
- Mamaroneck Village
- Greenburgh Town\*\*
- Ardsley Village
- Dobbs Ferry Village
- Elmsford Village
- Hastings-on-Hudson
- Irvington Village
- Tarrytown
- City of Rye
- Rye Brook Village
- Port Chester Village
- Westchester County Dept. of Public Safety (Sheriff's).

*\*\* Due to an extensive amount of referrals from the Town of Greenburgh Police Dept., we now have office space there, providing immediate and direct co-response with their road patrol on behavioral health / crisis calls.*

# The Courts

- The CST also assists all local courts within the catchment area
- Courts utilize the Westchester County Dept. of Community Mental Health's Alternatives to Incarceration (ATI) system to activate CST services
- Also on-call – 24/7/365 – if any magistrates need us to engage immediately with people during the arraignment process.





**people**USA

# PEOPLE USA GROUPS

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## Monday

### Peer Support & Community Resources

**Note:** Peer Support for all; Ulster Focus for Resources  
**Mondays:** 11:00am – 12:00pm  
**Zoom Address:** <https://zoom.us/j/424208102> **Meeting ID:** 424 208 102  
**Telephone:** 1 (646) 558-8656

### Double Trouble in Recovery

**Mondays:** 3:00 – 4:00pm  
**Zoom Address:** <https://zoom.us/j/234690482> **Meeting ID:** 234 690 482  
**Telephone:** 1 (646) 558-8656



## Tuesday

### Self-Empowerment & Wellness

**Tuesdays:** 10:00 – 11:00am  
**Zoom Address:** <https://zoom.us/j/444721835> **Meeting ID:** 444 721 835  
**Telephone:** 1 (646) 558-8656

### Peer Support & Community Resources

**Note:** Peer Support for all; Warren/ Washington Focus for Resources  
**Tuesdays:** 12:00 – 1:00pm  
**Zoom Address:** <https://zoom.us/j/899433974> **Meeting ID:** 899 433 974  
**Telephone:** 1 (646) 558-8656

### Positive Transformation

**Tuesdays:** 3:30 – 4:30pm  
**Zoom Address:** <https://zoom.us/j/113949027> **Meeting ID:** 113 949 027  
**Telephone:** 1 (646) 558-8656

\* If using Zoom for the first time, you'll be prompted to download and install the Zoom App.

Updated: 04.15.2020

## Wednesday

### Peer Support & Community Resources

**Note:** Peer Support for all; Dutchess Focus for Resources  
**Wednesdays:** 11:00am – 12:00pm  
**Zoom Address:** <https://zoom.us/j/508806988> **Meeting ID:** 508 806 988  
**Telephone:** 1 (646) 558-8656

### Peer Support & Community Resources

**Note:** Peer Support for all; Ulster Focus for Resources  
**Wednesdays:** 1:00 – 2:00pm  
**Zoom Address:** <https://zoom.us/j/620915450> **Meeting ID:** 620 915 450  
**Telephone:** 1 (646) 558-8656

### Creative Arts Wednesdays

**Wednesdays:** 3:30 – 4:30pm  
**Zoom Address:** <https://zoom.us/j/139085657> **Meeting ID:** 139 085 657  
**Telephone:** 1 (646) 558-8656

### Peer Support & Community Resources

**Note:** Peer Support for all; Mid-Hudson Region Focus for Resources  
**Wednesdays:** 6:00 – 7:00pm  
**Zoom Address:** <https://zoom.us/j/311848796> **Meeting ID:** 311 848 796  
**Telephone:** 1 (646) 558-8656

## Thursday

### Peer Support & Community Resources

**Note:** Peer Support for all; Warren/Washington Focus for Resources  
**Thursdays:** 12:00 – 1:00pm  
**Zoom Address:** <https://zoom.us/j/899433974> **Meeting ID:** 899 433 974  
**Telephone:** 1 (646) 558-8656

### Benefits & Employment Counseling

**Thursdays:** 2:00 – 3:00pm  
**Zoom Address:** <https://zoom.us/j/612997009> **Meeting ID:** 612 997 009  
**Telephone:** 1 (646) 558-8656

### Creative Writing Thursdays

**Thursdays:** 3:30 – 4:30pm  
**Zoom Address:** <https://zoom.us/j/602030945> **Meeting ID:** 602 030 945  
**Telephone:** 1 (646) 558-8656



## Friday

### Practicing Wellness at Home

**Fridays:** 1:00 – 2:00pm  
**Zoom Address:** <https://zoom.us/j/481742441> **Meeting ID:** 481 742 441  
**Telephone:** 1 (646) 558-8656

### Creative Writing Fridays

**Fridays:** 3:30 – 4:30pm  
**Zoom Address:** <https://zoom.us/j/602030945> **Meeting ID:** 602 030 945  
**Telephone:** 1 (646) 558-8656

### Peer Support & Community Resources

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