Center for Behavioral Health Services & Criminal Justice Research

Policy Brief

Forensic Peer Specialists: An Emerging Workforce

Introduction

The delivery of effective and appropriate services to individuals with psychiatric disabilities who have been involved with the criminal justice system continues to pose significant challenges to both the mental health and criminal justice systems. Programmatic initiatives have focused on either early diversion from the criminal justice system or reducing rates of recidivism. Jail diversion efforts, for instance, have used mental health courts and drug courts to reduce or slow the entry of people with behavioral health issues into jails and prisons,[1,2] and there is a renewed emphasis on training local police officers to better manage their interactions with individuals with troubling behaviors.[3] On the other hand, a new generation of reentry programming — and dollars — has sought to meet the complex needs of those released to the community with little planning, preparation, or effective community programming.[4]

To meet the needs of either jail diversion or re-entry programming initiatives, a number of state and local authorities have supported the development of a new 'forensic peer specialist' workforce. This workforce is comprised of individuals with a history of mental illness and/or incarceration, who have achieved a reasonable degree of stability in their own lives and are now employed by local government and nonprofit agencies to provide individualized support to others with psychiatric disabilities and criminal justice involvements. Forensic peer specialists (FPSs) are now working one-on-one with referrals from mental health and drug courts to provide the otherwise unavailable ongoing support consumers may need to avoid incarceration in the future. A few FPSs work with individuals inside jails and prisons to develop reentry plans that ensure a smooth transition to community life. Most FPSs, however, work within community-based reentry programs to provide both personal encouragement and practical assistance in the months following release.

The FPS field is still quite new, with job qualifications and job responsibilities variously defined from site to site, funding cobbled together from varied sources, and evaluation research mostly an afterthought. Currently driven by ideological and financial imperatives, the FPS workforce is likely to expand in the future. This Policy Brief seeks to define what we know at present about this new workforce and to establish a research agenda for the future.

Peer Specialists in Mental Health Environments

The FPS field emerged after a decade or more of work in the mental health field to establish 'Certified Peer Specialists' as a necessary and fundable element in the delivery of community mental health supports. The national mental health consumer empowerment movement had initially made the case for 'consumer-operated' services (such as drop-in centers, residential programs, vocational services, etc.), arguing that many other human service programs have benefited from relying on persons with their own history of troubles to offer support to others like themselves.[5] From the perspective of human services consumers, people who have 'been there' — it is posited — are more readily trusted, more likely to understand and sympathize with one's troubles, and often better able to serve as both guides and advocates.[6]

In 2001, Georgia went a step further than other states, approving Medicaid reimbursement for 'peer support services.' This change created a new 'job title' in the field, in both consumer-operated and more traditional settings, and offered a one-to-one peer support service that had not been available before.[7] Georgia's program was unique at the time in another regard; consumers in Georgia who wanted to work as peer specialists under Medicaid reimbursement were required to undergo specialized training[6] that would qualify them as 'Certified Peer Specialists (CPSs).'

The past decade has seen a rapid increase in the number of CPSs, even in the midst of some uncertainty about what a CPS actually does and whether CPSs are effective. As with other emerging human service initiatives, this new workforce faces its own challenges: (1) there is tremendous variation in the training and supervision available to these new workers; (2) there are reports of high turnover rates in CPS positions, which is comparable to other entry-level mental health jobs; (3) more traditionally-trained mental health professionals have varied in their support for this new element in the workforce; and (4) it is unclear how to measure the impact of a position, which is variously designed to offer emotional encouragement, practical support, a role model for coping, advocacy services, case management, and counseling.[8]

Nonetheless, anecdotal accounts from mental health consumers receiving support from CPSs and from supervisors and systems managers are routinely very positive, and a few studies have suggested moderately positive outcomes.[9] On the strength of the innate appeal of its basic framework — peer support — and the urgent needs of people with psychiatric disabilities in a variety of settings, CPSs have been viewed as a potential asset to more narrowly defined target groups, for instance, those with both mental illnesses and intellectual disabilities or those with both mental illnesses and physical or sensory disabilities.

Author

Richard Baron
Network Director
Center for Behavioral Health Services & Criminal Justice Research
and
Director of Knowledge Translation
Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities
rcbaron@temple.edu

About the Policy Brief

The policy brief series is produced monthly and highlights a policy issue under study at the Center. Policy topics include reentry, diversion, sentencing, recidivism, employment, treatment, and recovery. For more information, see the News page on the Center's website.

The Center is a research unit in the Institute for Health, Health Care Policy, and Aging Research.

Center for Behavioral Health Services & Criminal Justice Research
176 Ryders Lane
New Brunswick, NJ 08901
Tel: 732.932.1225
Fax: 732.932.1233
www.cbhs-cjr.rutgers.edu

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Forensic Peer Specialists

FPSs differ from CPSs in that they exclusively engage a population of individuals with psychiatric disabilities who have had contact with the criminal justice system. There is no national data set that tracks the use of FPSs. However, an informal telephone survey undertaken for the Center for Behavioral Health Services and Criminal Justice Research in the Fall of 2010 used key informant interviews and a 'snowball' sampling strategy to identify programs around the country making use of FPSs. We gathered information from 20 agencies out of 24 settings that we were able to identify as having funding for, provide training to, and offering supervision of FPSs. There are undoubtedly, at minimum, as many agencies providing forensic peer support that the survey was unable to identify. The settings identified, however, were evenly divided between those primarily sponsored by and embedded in the criminal justice system and those primarily sponsored by and embedded in mental health systems. All were based in community-based non-profits. The telephone interviews explored organizational aegis, funding patterns, staffing and training activities, roles and responsibilities, and outcomes. All the programs contacted strongly supported the fundamental tenets of peer support.[7] According to the survey, the underlying strength of the program comes from the belief that people who have experienced mental illnesses and have faced the challenges of returning to community life after contact with the criminal justice system have a unique ability to: (1) relate positively to others like themselves; (2) offer personal encouragement and model appropriate behaviors; (3) serve as practical guides in managing recovery; and (4) offer the day-to-day supports persons with mental illnesses, who have been released from prison, need to live successfully in the community.

As is true of CPSs generally, much of the contact between FPSs and the consumers they serve is on a one-on-one basis.[8] Mental health and drug courts may assign FPSs to a particular consumer as a condition of their avoidance of incarceration. In addition, jails and prisons may ask for the services of a FPS to assist someone still incarcerated in beginning planning for release. Finally, a mental health agency or reentry program in a community setting may receive requests from case managers or parole officers to have FPSs focus on individual cases. Initial meetings often focus on the establishment of a trusting relationship and planning the work that the FPS and consumer will do together; over time, the emphasis often shifts both to more practical concerns (e.g., finding appropriate housing, looking for work, applying for Social Security Administration [SSA] benefits, grappling with psychiatric emergencies, etc.) and then to more long-range recovery and community integration goals. Although these services are by design a form of long-term support, the newness of these programs means there are no reliable data on the average length of engagement.

Considering semantics: "Forensic"

Dr. Jeffrey Draine, Social Work Professor at the University of Pennsylvania, argues for a reconsideration of the word "forensic" especially when discussing peer support for individuals with psychiatric disabilities reentering communities after jail and prison sentences. According to Draine (in a personal interview with the author), the term "forensic," by definition, is related to court procedures, competency assessments and judgments about culpability, and is an inappropriate term to use in characterizing the use of peer support and reentry. FPSs typically do not deal with the front end of the criminal justice process, particularly court-related procedures.

Program Characteristics

While the portion of the workforce serving individuals with psychiatric disabilities who have been involved with the criminal justice system is likely to expand in the years ahead, there are few national or professional guidelines governing its current composition, training, wages, or supervision.

Composition. There is no consistency, at present, with regard to the kind of person who can best fill the role of a FPS. In some instances a program requires applicants to demonstrate both a mental illness and prior contact with the criminal justice system, while in others only a history of mental illness is necessary. Some agencies hesitate to hire people with histories of incarceration as FPSs for two reasons: 1) there are multiple prohibitions against human service systems hiring people with felony convictions and 2) people on probation or parole may not be able to gain access to jails and prisons where their clients are serving sentences.[10] There are few programs with specific educational requirements. FPSs range from those without a high school diploma to those who have completed college; academic achievement is not considered to be central to the FPS's ability to connect to the consumer or to provide the supports individual consumers may require. Specific work histories are also not considered as a primary requirement. Because many forensic peer specialists have struggled with mental illnesses and/or criminal justice involvement, it is often the case that their experiences with work have been limited, short-term, or unsuccessful. In many instances — often due to the unavailability of strong vocational supports for mental health consumers — the FPS position may be the first 'regular' job held in a very long time. In one example, an agency staff member who was contacted for the survey noted she sought candidates who had "a great story to offer." When hiring FPSs, life experience and personal perspective seem to influence the hiring process more than traditional or standard job requirements.

Training. Due to the lack of academic and experiential requirements for the position, pre-service training for FPSs is required in most settings, although the training required varies from site to site. Some sites do not see training as a pre-requisite for employment and will hire FPSs with the expectation that the FPS will complete the appropriate training upon employment. In those few settings where Medicaid reimbursement has been negotiated (e.g., Georgia, Pennsylvania), FPSs are required to graduate successfully from general 'CPS' training programs,[6] which are available in many states. Graduates of these programs have completed between one and three weeks of full-time training emphasizing the principles of mental health consumer empowerment, mental health recovery, the use of Wellness and Recovery Action Plans (WRAPs), and other job readiness skills (e.g., work habits, paperwork, benefits, etc.). These general CPS programs have no specific focus on the issues faced by individuals with psychiatric disabilities who have been involved in the criminal justice system, although efforts are underway in a few sites to develop specific training on these topics.[11]

Among all settings providing peer support trainings, we only found two programs specifically designed to integrate a knowledge base and skill set related to forensic peer support. For the past 15 years, New York-based Howie the Harp Peer Advocacy and Training Center has provided specifically forensic-based peer support job readiness training that incorporates, among the more common work skill development tools, wellness planning and counseling techniques.[12] In Pennsylvania, recent funding opportunities contributed to the development of a training program for forensic peer specialists. The training, while still limited in geographic scope, appears to be a reliable resource for local programs using forensic peer specialists. Most forensic peer specialist programs that do not have access to this specific training, however, attempt to fill this gap with in-service training and supervision. The lack of academic and experiential pre-requisites for the job as well as the 'once-over-lightly' nature of current pre-service and in-service training programs leave both CPSs and FPSs without well defined career paths. It is unclear what the 'next job' is likely to be without some additional academic exposure and certification process, raising fears that peer specialists may well turn out to be a new variant of 'dead-end jobs.'

Wages and Benefits. Forensic peer specialist programs must be sensitive to two competing compensation issues central to the decisions of people with psychiatric disabilities who choose to return to work. On the one hand, both CPSs and FPSs have been offered salaries comparable to those of other entry-level professionals (e.g., new case managers or job coaches). Full-time wages run in the $25,000 - $35,000 range, along with the usual benefits for full-time employees. On the other hand, while most agencies would prefer full-time employees in these roles, consumer wariness of working at a wage that would make them ineligible for continuing Supplemental Security Income/Social Security Disability Income (SSI/SSDI) payments and Medicaid eligibility has forced many programs to offer part-time employment opportunities, so that valued employees in these positions can both work and remain SSI/SSDI recipients. The FPS workforce at present appears about equally divided between full-time and part-time employees.

Supervision and Support. While both the mental health and criminal justice systems recognize the importance of supervision and support if this emerging portion of the workforce is to be able to function effectively, there is currently no standard model for supervision and support. Because most programs employ a small number of FPSs (i.e., most settings employ no more than three FPSs), supervision generally falls to a program director in a nonprofit agency. Program directors may or may not have much clinical supervisory experience or time for providing the support FPSs are likely to need, especially given FPSs' often troubled work histories, psychiatric disabilities, and personal experiences with the criminal justice system.

There are sources of support to supplement this gap. The National Association of Peer Support (NAOPS) was established in November 2004 and provides a national network of peer specialists (*http://www.naops.org/*) who provide support to one another. Smaller versions of this organization also exist on state local levels. The absence of support networks, it has been noted, is especially acute in rural communities,[13] where individual FPSs are more likely to be professionally and geographically isolated. It is also true, however, that FPSs work as part of a team — which may involve a case manager, parole officer or other court official — that can provide some measure of ongoing guidance and support.

Program in Spotlight:

Community Access in New York is an early and progressive example of consumer-run services. One of the programs offered at the agency is the Howie The Harp Peer Advocacy and Training Center (HTH), a forensic peer support service. HTH was founded in 1995 and uses peer-to-peer learning as a fundamental means to help men and women who have experiences with mental illnesses, homelessness, substance abuse and incarceration find and keep jobs. Using classroom instruction, HTH relies on a variety of learning tools, including role-playing and counseling, to achieve their goals through peer support.

For more information on HTH, please visit: *http://community-access.org/what-we-do/hth-peer-advocacy-ctr*

Research

While there is a small but growing literature on the effectiveness of CPSs within the broader mental health community,[14] there are no studies yet with regard to the effectiveness of the work of FPSs. Anecdotal evidence from the array of responses to our survey is routinely positive: (1) consumers are reported to be very satisfied with the availability of a FPS; (2) the FPSs, despite staff turnover rates roughly comparable to the turnover rates of entry-level human service workers generally, report being delighted to have the opportunity to work and particularly thankful to do so in an arena that allows them to 'give back;' and (3) most program managers report that they would be happy to expand these programs.

However, no empirical data exist to suggest positive impacts on the lives of the individuals receiving peer support. In part because of the newness of these programs and the 'testing' of the concept underway in most settings, there has been little effort to identify impact metrics beyond consumer satisfaction ratings. We do not know if those who receive FPS support are more likely than those who do not to avoid returning to jail or prison, to improve their community living standards or general level of functioning scores, to work, to live independently, to re-establish family relationships, or to develop new social connections to people in their communities. In addition, we do not know much about the impact that serving as a FPS has on the peer specialists themselves.

Spotlight on Research:

Dr. David DeMatteo, Assistant Professor of Psychology and Co-Director of the JD/PhD Program in Law and Psychology at Drexel University, is directing Pennsylvania's Statewide Forensic Peer Support Specialist Program, which provides specialized training in Forensic Peer Support. The program uses the "train the trainer" approach, which trains a cadres of peers throughout the region who then train peers more locally. The project, which began on July 1, 2010, is funded by the Pennsylvania Commission on Crime and Delinquency and is a collaborative effort. Dr. DeMatteo and his team at Drexel are simultaneously studying outcomes of the trainings, including measures of FPS employability and FPSs' impact on the client population.

For more information: *David.DeMatteo@drexel.edu*

Dr. Seth Kurzban, Assistant Professor of Social Work at the University of Southern California, is studying a Peer Assisted Reintegration (PAR) project for women on the mental health unit of the Los Angeles County Women's Jail. Similar to the aims of forensic peer support, the project is a peer-based system for women with histories of mental illness and incarceration. This particular program is focused on the unique reentry needs of women leaving jails.

For more information: *kurzban@usc.edu*

The Future for the Field

The use of FPSs may have a variety of benefits: (1) it may provide a quality and intensity of support to people with psychiatric disabilities who have been in the criminal justice system that is simply not otherwise available; (2) it may provide employment opportunities and a career direction for mental health consumers that allow both a measure of economic independence and a degree of personal satisfaction that is not readily available otherwise; and (3) it may relieve economic pressure on local, state, and federal human services budgets while still allowing public service providers to meet their fundamental obligations to these consumers.

Nevertheless, we currently have no idea whether these benefits actually occur, and, thus, the field could use more solid information before it expands dramatically, as it well might. We need more information about how to structure these positions, including: what job roles and responsibilities are most appropriate; what types of academic and experiential requirements for the position are most beneficial for future performance on the job; and what level of supervision and support is required for optimal performance. Also, more research is needed on the types of service environments that can support forensic peer support. Some agencies noted that FPSs were incorporated into already existing programs and interventions (i.e., Forensic Assertive Community Treatment teams): but, on a broader level, what are the intervention settings that can best support this largely ideologically-based program?

More importantly, however, we need to develop the capacity to measure a variety of the outcomes beyond consumer satisfaction. That is, we need to examine the effects of FPS support on consumers and on providers. This is a demanding research agenda, and while it would be unreasonable to hold back the expansion of FPS services until the research agenda has been achieved, we might do more to insure that programmatic expansion and an evaluation capacity go hand in hand.

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