

# ADVANCING AN ALTERNATIVE: PEER-LED, COMMUNITY-BASED SERVICES THAT PROMOTE EQUITY AND SAFETY FOR ALL

Legal Defense Fund

Kiva Centers

Bazelon Center for Mental Health Law

# DISCLAIMER

- ▶ This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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This webinar is part 2 of a 2-webinar Learning Community hosted by the Bazelon Center for Mental Health Law and National Disability Rights Network (NDRN) that addresses SAMHSA's priorities of crisis stabilization, mobile crisis, and children. The learning community will focus on leveraging federal funding & policy to increase best practice community-based services that are voluntary, evidence-based, and trauma-informed.

1. **Leveraging Federal Funding and Policy to Increase Community-Based Services and Reduce Dependency on Institutions**, presented by NDRN on April 24, focused more specifically on youth residential & crisis services.
2. Today's webinar, **Advancing an Alternative: Peer-led, Community-Based Services that Promote Equity and Safety for All**, zooms out to the full framework/menu of community-based services for all ages.

# SPEAKERS

- ▶ **Vesper Moore:** Chief Operating Officer, Kiva Centers (they/elle)
- ▶ **Kristina Roth:** Senior Policy Associate, Legal Defense Fund (she/her)
- ▶ **Ashley Sproul:** Peer Facilitator Coordinator, Kiva Centers (she/her)
- ▶ **Monica Porter:** Policy & Legal Advocacy Attorney, Bazelon Center for Mental Health Law (she/her)

# LEARNING OBJECTIVES

- ▶ **Understand** the disproportionate negative impacts of traditional crisis response systems on communities and people with disabilities, including people with serious mental illness (SMI) or emotional disturbance (SED), and how solutions must be responsive to these disparities.
- ▶ **Learn** how peer-led, community-based services and supports improve wellness, support communities, and protect civil rights, drawing from real-world examples of programs that have been successfully implemented.
- ▶ **Examine** current trends in state and federal policy, including challenges and opportunities to advance peer-led, community based services for people with SMI or SED.

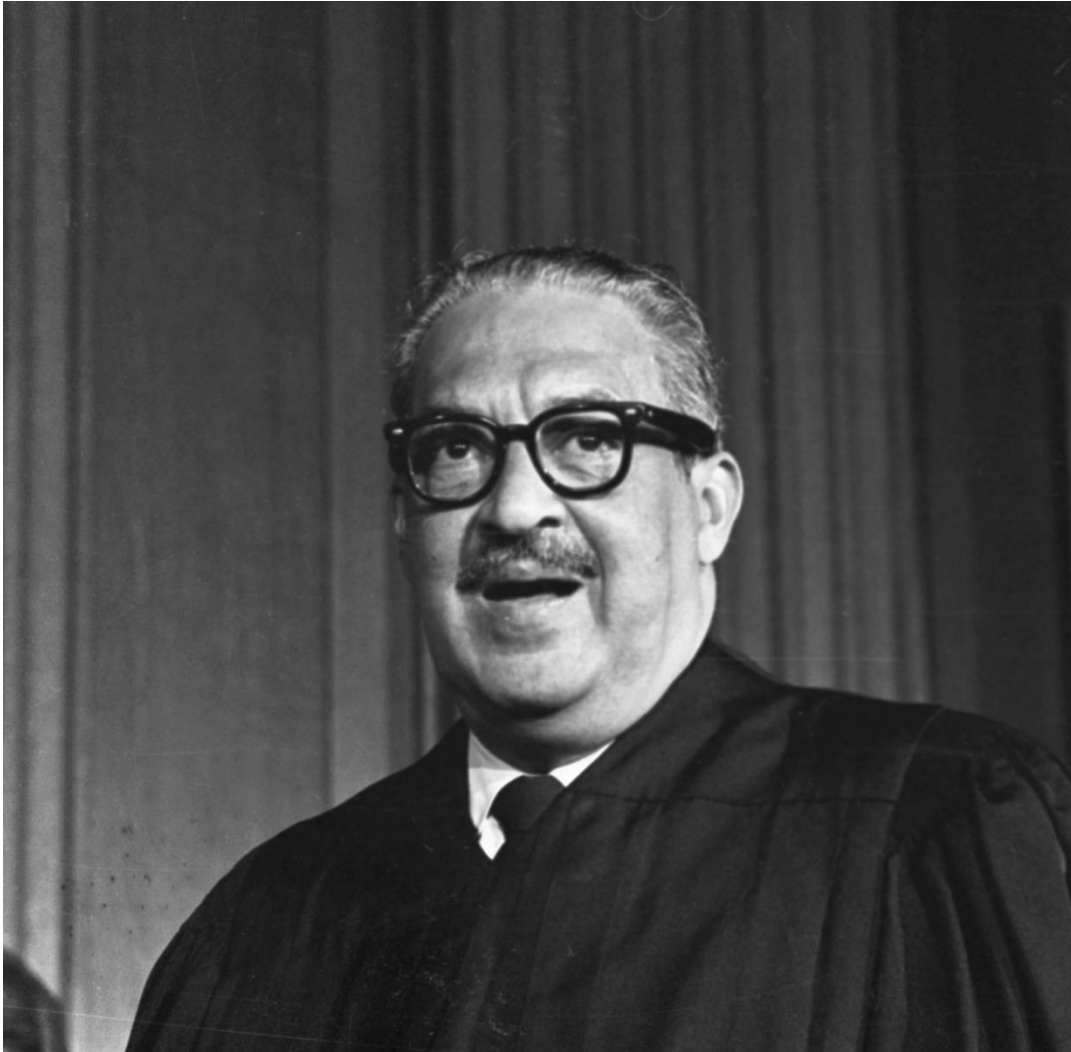
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# PEER-LED, COMMUNITY-BASED SERVICES THAT PROMOTE EQUITY AND SAFETY FOR ALL

Kristina Roth, Senior Policy Associate  
NAACP Legal Defense and Educational Fund (LDF)

# About LDF

The Legal Defense Fund (LDF) is the country's first and foremost civil and human rights law firm. Founded in 1940 under the leadership of Thurgood Marshall, who subsequently became the first African-American U.S. Supreme Court Justice, LDF was launched at a time when the nation's aspirations for equality and due process of law were stifled by widespread state-sponsored racial inequality. From that era to the present, LDF's mission has always been transformative: to achieve racial justice, equality, and an inclusive society.





# AGENDA

- Examine how people with a SMI or substance use disorder (SUD) have been harmed by police response
- Understand the risk of arrest, incarceration, and fatal harm by law enforcement
- Look towards transformative solutions that better support marginalized communities

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# LEARNING OBJECTIVE

Understand the disproportionate negative impacts of traditional crisis response systems on Black and Brown communities that are disparately harmed by police, including people with serious mental illness (SMI) or emotional disturbance (SED), and how solutions must be responsive to these disparities.

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- People with a serious mental illness comprise only 4-5% of the U.S. population, yet they make up about 15 and 20% of the prison and jail population.
  - Contrary to public perception, people with mental illness, or serious mental illness, are not more violent than the population at large.
  - Moreover, people with mental illness do not engage in criminal behavior more than people without mental illness.

▪ Sources: *Community-Based Services for Black People with Mental Illness, Advancing An alternative to Police*, Judge David L. Bazelon Center for Mental Health Law and NAACP Legal Defense and Educational Fund, Inc., (Jan. 2023), <https://www.bazelon.org/wp-content/uploads/2023/01/Community-Based-Services-for-Black-People-With-Mental-Illness.pdf>.

# THE IMPACT

- Two million people with a serious mental illness are booked into jails each year, and the risk of confinement is particularly high for Black people with mental illness.
- People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement.
- According to a Cornell study, people with disabilities are nearly 44% more likely to be arrested by age 28, while those without disabilities had a 30% probability of arrest.

Sources: *Community-Based Services for Black People with Mental Illness, Advancing An alternative to Police*, Judge David L. Bazelon Center for Mental Health Law and NAACP Legal Defense and Educational Fund, Inc., (Jan. 2023), <https://www.bazelon.org/wp-content/uploads/2023/01/Community-Based-Services-for-Black-People-With-Mental-Illness.pdf>. Susan Kelley, *People with Disabilities More Likely to be Arrested*, Cornell Chronicle (Nov. 2017), <https://news.cornell.edu/stories/2017/11/people-disabilities-more-likely-be-arrested>. *People with Untreated Mental Illness 16 times More likely to Be Killed by Law Enforcement*, Treatment Advocacy Center, (2018), <https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness/2976-people-with-untreated-mental-illness-16-times-more-likely-to-be-killed-by-law-enforcement->.

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- Law enforcement responses to people with SMI/SUD should be avoided whenever possible. Through minimizing trauma, connecting people to resources, and diverting them from arrest/incarceration, community-based, peer-led responses are more likely to diminish the risk of harm to an individual.
  - Local, state, and federal officials can all take steps to support:
    - (1) trained call takers who can redirect 911 calls involving people with mental illness or in crisis to the mental health system;
    - (2) alternative responders such as a mobile support team that can quickly resolve the situation (e.g. CAHOOTS uses a medic and social worker to resolve most situations); and
    - (3) on-going community based services (supported housing/ employment, peer support, ACT)

Sources: VERA INSTITUTE, *Behavioral Health Crisis Alternatives: Shifting from Police to Community Responses*, (Nov. 2020), <https://www.vera.org/behavioral-health-crisis-alternatives> . Position Statement 59: Responding To Behavioral Health Crises, MENTAL HEALTH AM., [https://www.mhanational.org/issues/position-statement-59-responding-behavioral-health-crises#\\_ednref2](https://www.mhanational.org/issues/position-statement-59-responding-behavioral-health-crises#_ednref2) . *Community-Based Services for Black People with Mental Illness, Advancing An Alternative to Police*, Judge David L. Bazelon Center for Mental Health Law and NAACP Legal Defense and Educational Fund, Inc., (Jan. 2023), <https://www.bazelon.org/wp-content/uploads/2023/01/Community-Based-Services-for-Black-People-With-Mental-Illness.pdf> .

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# *IN SUM...*

1. Re-direct requests for police intervention
2. Develop the services needed for a non-police response
3. Implement on-going community-based services

Not only are these alternatives safer and more effective, they avoid incarceration, institutionalization, and coercion.

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# THANK YOU.

**LDF** Legal  
Defense  
Fund

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# Learning Objective #2

Learn how peer-led, community-based services and supports improve wellness, support communities, and protect civil rights, drawing from real-world examples of programs that have been successfully implemented.





# KIVA CENTERS: PEER RESPITES



# KIVA CENTERS HISTORY

**Our organization was born from the civil rights movement.**

Kiva Centers was established as a direct result of the early consumer/survivor/ex-patient 'ex-inmate' movement. We started as a mental health advocacy organization called M-POWER (Empowerment Sponsoring Committee) a member-run organization of people who identified as mental health consumers and current and former psychiatric patients. With the mission of advocating for political and social change within the mental health system.

Cohen, N. L., & Derrig, D. (2006). Voices of hope: A Massachusetts organization builds community-based alternatives to hospitalization. *Psychiatric Rehabilitation Journal*, 30(3), 186-190. doi: 10.2975/30.2006.186.190.



# *THE MEANING OF THE WORD KIVA*

Kivas are the ancestral chambers of the Hopi people. Generally these chambers are tunnels underground or in the side of a mountain. Kiva is symbolic of going deep within yourself and re-emerging healing yourself.

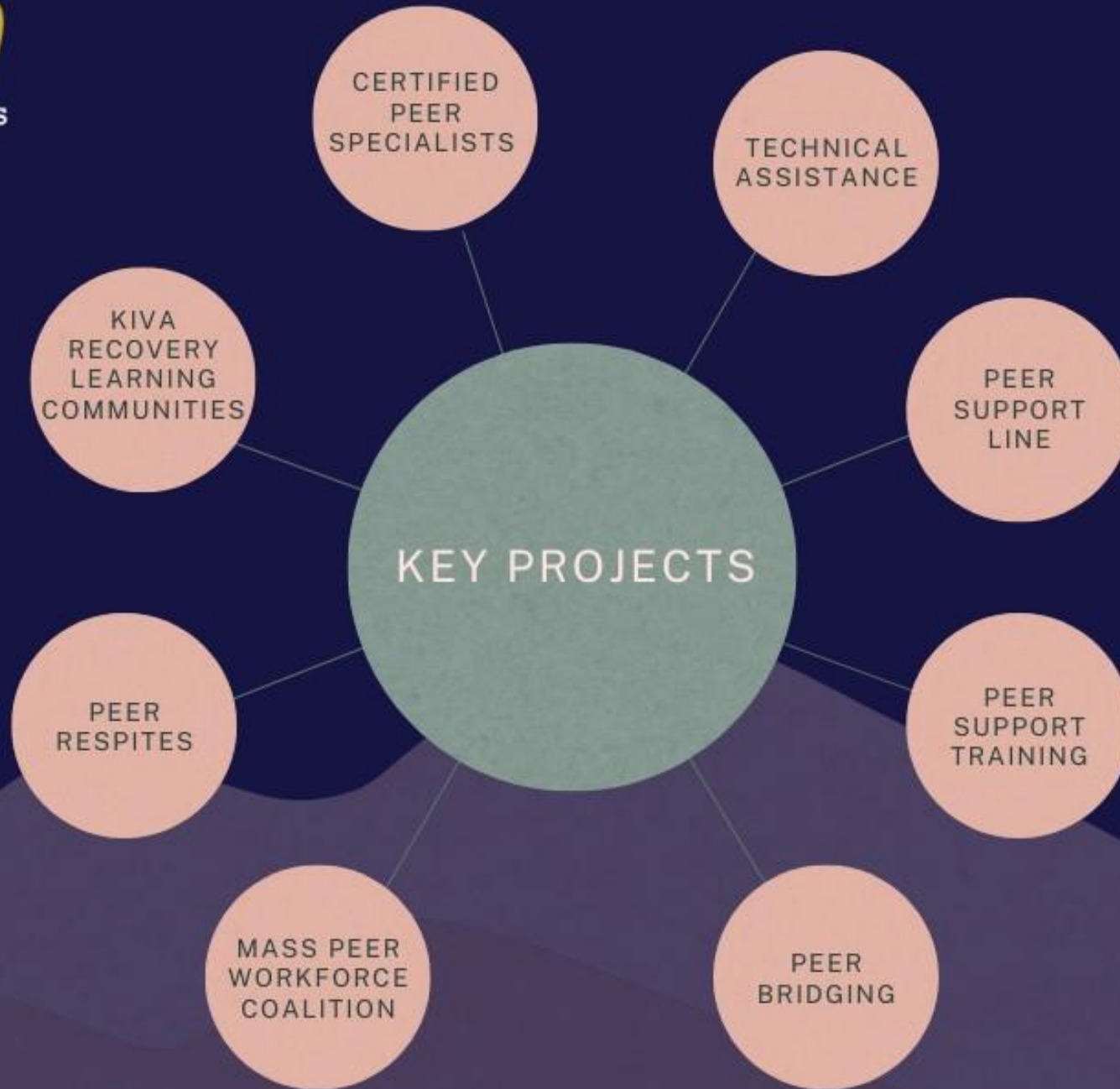
The turquoise "K" in our logo is a feather which in many different tribes represents freedom and liberation.





## OUR MISSION

We are a peer-run organization that support people with social impacts like trauma, mental health, and substance use. Kiva Centers fosters community environments for trauma-healing, advocacy, self-determination and mutual empowering relationships.



# FACTS ABOUT PEER RESPITES

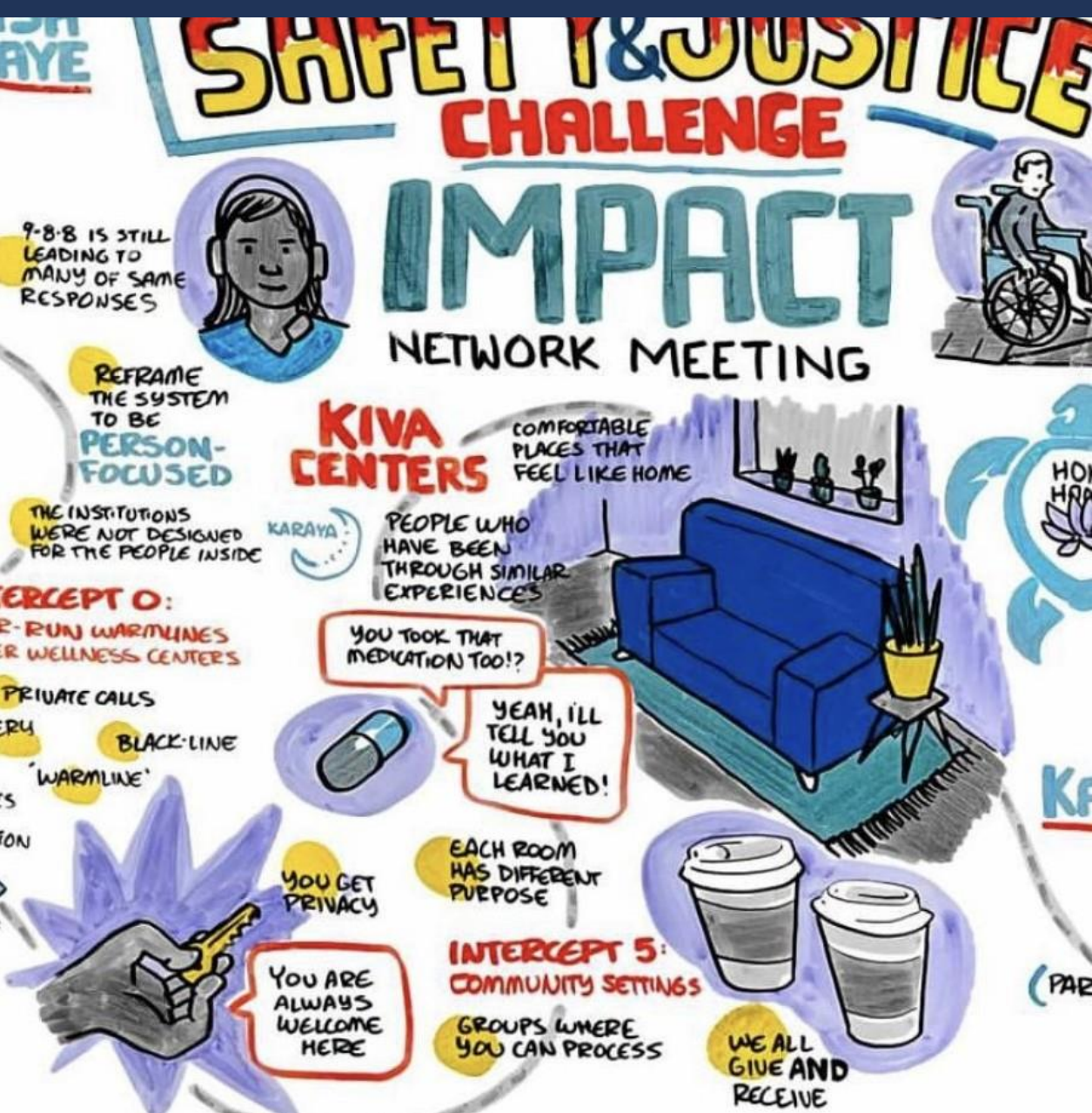
DID YOU  
KNOW?

- There is a more recent study based on a 2015 RCT diversion from ED/Hospital to Peer Respite for individuals who were indicated to need hospital level of care. 70% lower likelihood of later hospital inpatient or ED use in two years after respite stay - Average of 84 fewer hospital hours for respite guests who stayed at least 9 days.

Croft, B., & Isvan, N. (2015). Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatric Services (Washington, D.C.)*, 66(6), 632–637.

<https://doi.org/10.1176/appi.ps.201400266>

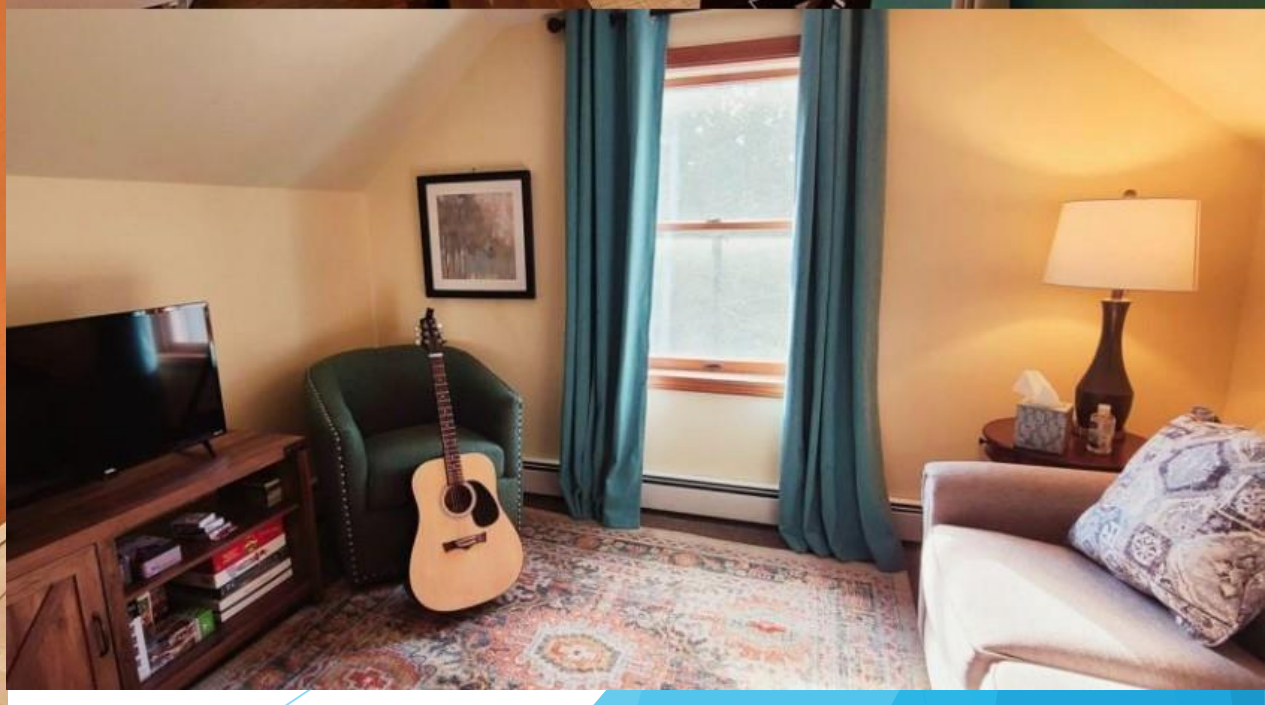




# OUR PEER RESPITES

► Our Karaya and Juniper Peer Respite offers rest and reflection for all people experiencing emotional distress. We support people through what is called 'crisis' to find healing. Kiva Centers Peer Respite are a statewide Massachusetts-based initiative.

# KARAYA PEER RESPITE







**KARAYA PEER RESPITE**



KARAYA PEER RESPITE

# FACTS ABOUT PEER RESPITES

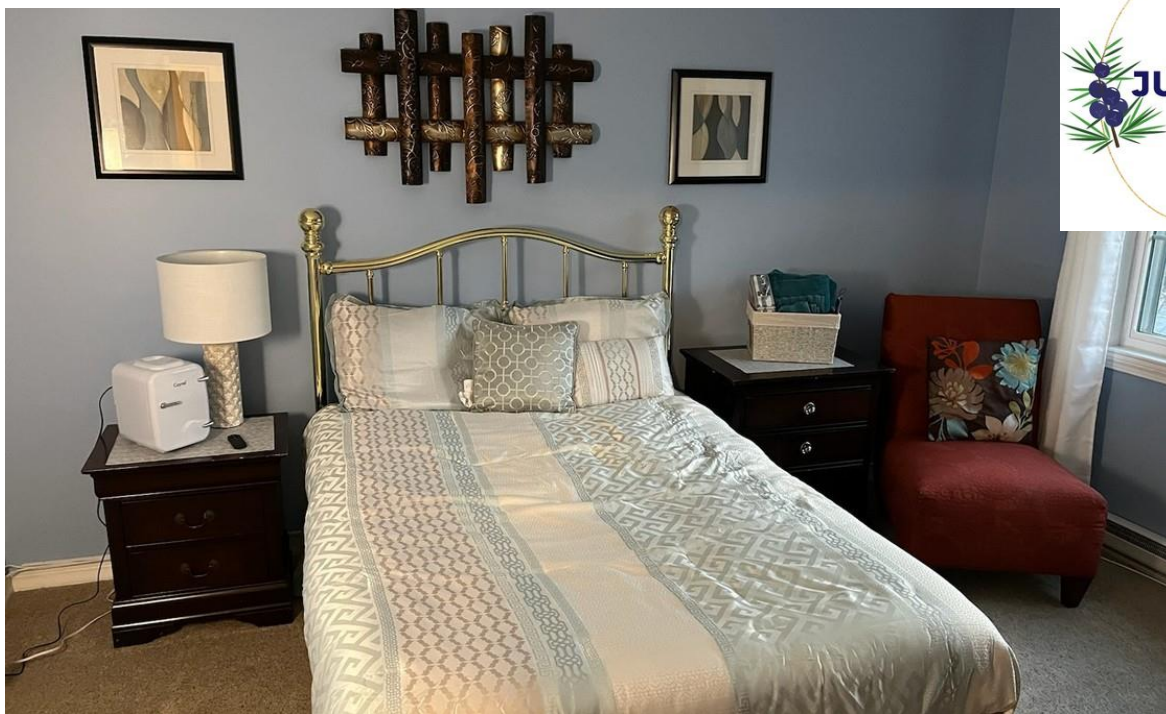
DID YOU  
KNOW ?

- Not for nothing, 2018 study demonstrated using peer respite saved on average \$22,000 per/person (with caveats)

Bouchery, E. E., Barna, M., Babalola, E., Friend, D., Brown, J. D., Blyler, C., & Ireys, H. T. (2018). The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization. *Psychiatric Services*, 69(10), 1069–1074.

<https://doi.org/10.1176/appi.ps.201700451>







# WHAT GUESTS SAY ABOUT OUR PEER RESPITES



"The caring and compassion I received here both this time and last time was more healing than every other program I've been in."

Vezina, B. (n.d.). Karaya Guest Survey - Quality Improvement Data. Kiva Centers . Retrieved March 24, 2023, from <https://kivacenters.jotform.com/report/22340422987205207>

*[Sample size from our quality improvement team was 450 guests over a two year period. Response rate was a total of 450 responses out of 654 individuals, for a total of 69% of individuals took the survey.]*



# WHAT GUESTS SAY ABOUT OUR PEER RESPITES

How was the quality of the support you received?

94% Reported receiving a great quality of support

6% Undecided

Vezina, B. (n.d.). Karaya Guest Survey - Quality Improvement Data. Kiva Centers . Retrieved March 24, 2023, from <https://kivacenters.jotform.com/report/22340422987205207>



# WHAT GUESTS SAY ABOUT OUR PEER RESPITES



"The Peer Respite advocates first and foremost. There aren't enough words to describe these people - they are life savers. I also love the welcoming environment, the cleanliness, the groups."

Vezina, B. (n.d.). Karaya Guest Survey - Quality Improvement Data. Kiva Centers . Retrieved March 24, 2023, from <https://kivacenters.jotform.com/report/22340422987205207>





# WHAT GUESTS SAY ABOUT OUR PEER RESPITES

Did you feel safe at our peer respite?

94% Felt Safe  
6% Undecided



Vezina, B. (n.d.). Karaya Guest Survey - Quality Improvement Data.  
Kiva Centers . Retrieved March 24, 2023, from  
<https://kivacenters.jotform.com/report/22340422987205207>



## *WHAT GUESTS SAY ABOUT OUR PEER RESPITES*

"It's very welcoming here, and it's not like an oppressive uncomfortable setting. I feel genuinely supported and cared for here. I feel like all mental health treatment should be like this because it's the only thing that makes sense. A safe and relatable community is what I've always needed. In the past I got the opposite disguised as mental health care. so this was like a breath of fresh air. I hope to bring the sense of safety I've gathered here with me in the future. This place is a gift."

Vežina, B. (n.d.). Karaya Guest Survey - Quality Improvement Data. Kiva Centers . Retrieved March 24, 2023, from <https://kivacenters.jotform.com/report/22340422987205207>



# Learning Objective #3

Examine current trends in state and federal policy, including challenges and opportunities to advance peer-led, community-based services for people with SMI or SED.

# About the Bazelon Center for Mental Health Law

- ▶ **Mission:** To protect and advance the civil rights of adults and children with mental illnesses or developmental disabilities.
- ▶ [www.bazelon.org](http://www.bazelon.org)
- ▶ **Follow us on:**
  - ▶ LinkedIn: <https://www.linkedin.com/company/the-bazelon-center-for-mental-health-law/>
  - ▶ Facebook: <https://www.facebook.com/bazeloncenter>
  - ▶ Twitter: @BazelonCenter



JUDGE DAVID L. ———  
**BAZELON  
CENTER**  
—————  
FOR MENTAL HEALTH LAW

# Legal Framework: Americans with Disabilities Act

- ▶ **Applies to:** Employers, State & local governments, Public accommodations
- ▶ **Covers:** People with disabilities, including people who have a history or record of a disability, and people who are perceived by others as having a disability
- ▶ **Prohibits:** Discrimination on the basis of disability
- ▶ **Requires:** Equal opportunity to benefit from all programs, services, and activities (e.g., transportation, healthcare, social services, courts)
- ▶ **Requires:** Reasonable modifications to policies, practices, procedures

# Legal Framework:

## Section 504 of the Rehabilitation Act

- ▶ **Applies to:** Programs & activities that receive Federal financial assistance or is conducted by an Executive agency
- ▶ **Covers:** Qualified individuals with a disability
- ▶ **Prohibits:** Discrimination on the basis of disability, including excluding someone or denying someone the benefits of a program or activity
- ▶ **Note:** Each Federal agency has its own set of Section 504 regulations that apply to its programs

# Legal Framework:

## *Olmstead v. Lois Curtis*

- ▶ **Community Integration Mandate** requires states to provide services in the most integrated setting appropriate
- ▶ **Olmstead array of services includes:**
  - ▶ Assertive Community Treatment
  - ▶ Supported Employment
  - ▶ Peer support services
  - ▶ Qualifying community-based mobile crisis intervention services
  - ▶ Intensive Case Management
  - ▶ Housing-Related Activities and Supports

Sources: *Olmstead v. L.C.*, 257 U.S. 581 (1999).

Martone, K., et al. (2022). [The role of supportive housing, case management, and employment services in reducing the risk of behavioral health crisis](#). Technical Assistance Collaborative Paper No. 8. Alexandria, VA: NASMHPD.

Bazelon Center (2019). [Diversion to What? Evidence Based Mental Health Services that Prevent Needless Incarceration](#).

# Enforcement

- ▶ **U.S. Department of Justice (DOJ) Complaint**
  - ▶ For complaints of ADA or Section 504 violations
  - ▶ Contact: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, N.W. Disability Rights Section Washington, D.C. 20530 800-514-0301 (voice) 1-833-610-1264 (TTY) [ADA.gov](https://www.ada.gov)
- ▶ **Private Lawsuit in Federal Court**
  - ▶ It is not necessary to first file a complaint with a federal agency
- ▶ **Components of a Disability Discrimination Claim**
  - ▶ Person has a disability
  - ▶ Person is otherwise qualified for the program or activity with or without a reasonable accommodation
  - ▶ Person is excluded from participation, denied benefits, or otherwise subjected to discrimination on the basis of disability



# Problematic Civil Court Systems

- ▶ Framework: Petition → Court → Involuntary Treatment → Conservatorship
- ▶ **The Problems**
  - ▶ Perpetuates institutional racism & worsens health disparities
  - ▶ Denies individual autonomy
- ▶ **The Solution: Evidence-Based Home & Community-Based Services**
  - ▶ Housing First. Housing reduces utilization of emergency services & contacts with criminal legal system.
  - ▶ Voluntary Supportive Services that are trauma-informed & culturally-responsive, e.g., Assertive Community Treatment, intensive case management, peer support, SUD services that follow harm reduction approach. These services have been shown to decrease institutionalization and incarceration.

# Problematic Hospitalizations

- ▶ Directives to law enforcement and other city personnel to transport individuals to psychiatric hospitals
- ▶ **The Problems**
  - ▶ A “basic needs” standard → people will be sent to hospitals who do not need to be there
  - ▶ Disparate impact on Black and brown people with disabilities → potential harm, including trauma, physical harm, or death
- ▶ **The Solution: High-quality home intensive community-based services**
  - ▶ Engaging people in considering services
  - ▶ Safe, stable, and affordable housing + voluntary supports
  - ▶ Longer-term services, e.g., assertive community treatment (ACT), supported employment, peer supports delivered in community

# Federal Legislation: Alternative Responses

- ▶ **Mental Health Justice Act (from 117<sup>th</sup>: S.515, H.R.8542)**
  - ▶ Grant program to train & dispatch mental health professionals to respond to emergencies involving people with behavioral health needs, in lieu of police
- ▶ **911 Community Crisis Responders Act (Introduced 03/07/2023: H.R.1423)**
  - ▶ Grant program to create & expand mobile crisis response programs for specialized service providers to be first responders to nonviolent emergency calls

# Federal Legislation: Community-Based Services

- ▶ **Home and Community Based Services (HCBS) Access Act (S.762, H.R.1493)**
  - ▶ Increases Medicaid funding & provides grant funding to expand states' capacity to provide HCBS, address workforce shortage, and create quality measures
- ▶ **Better Care Better Jobs Act (S.100, H.R.547)**
  - ▶ Establishes programs & provides funds for state Medicaid programs to improve home- and community-based services (HCBS), e.g., health care, case management

# Funding

- ▶ **Federal/State: Medicaid**
  - ▶ [Centers for Medicare & Medicaid Guidance on Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services](#), SHO #21-008 (December 28, 2021)
- ▶ **Federal:** SAMHSA, CMS, DOJ, Dept. of Ed, HRSA, USDA, ARPA
- ▶ **State:** appropriations, taxes, bonds, etc.
- ▶ **County:** sales tax, bonds, general funds, etc.
- ▶ **Non-Government Funding:** philanthropic organizations, etc.
- ▶ **Federal Grants:** [www.grants.gov](http://www.grants.gov)

# Questions & Discussion

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**Thank You**