

## Peer Support Initiative 2017

### **Purpose**

The City of Madison seeks to reinforce existing efforts to reduce the incidence of violence in our community by offering of peer support and other assistance to persons who have themselves been touched by violence and are deemed at risk of engaging in future violent or criminal behavior. In addition, the City seeks, also through the provision of peer support and other services, to prevent the rate of recidivism among persons returning to Madison from the correctional system.

### **Identified Strategies**

In 2016, a group of community residents and stakeholders, alarmed by the impacts of violent crime on residents of Madison, worked with local elected officials to craft a series of strategies they believed could help address racial disparities, violence and recidivism here. This effort and its strategies became known collectively as “the 15-Point Plan and was the impetus for inclusion of \$400,000 in the City’s 2017 Adopted Operating Budget toward implementation of some of those strategies. Specifically, the budget directs the Community Development Division (CDD) to “...implement a Peer Support Coach initiative that will focus on assistance and mentoring for people at risk of recidivism and people at risk of violent criminal behavior.”

In conversations with Council members who were involved in formulating the 15-Point Plan and others, and in consultation with best practices research, CDD staff is proposing offering support to two separate and distinct program models and service continuums. One would work with persons referred for service through the health care system following their exposure to or involvement in an act of violence. The second will work with those returning to the community upon their release from incarceration. For each of these groups, peer support counseling will constitute the core service offered to participants, however, funds may also be utilized to support the provision of focused case management services and to help defray short-term costs associated with basic needs including, for example, such things as housing, employment, transportation, etc.

The following descriptions highlight the characteristics of each program as envisioned.

### **Crisis Focused Peer Support**

The City of Madison will seek proposals from qualified entities to provide peer support and case management services to persons who have recently experienced or been

involved in the commission of acts of violence and who are determined, through a standardized evaluation, to be at risk of committing future acts of violence. The goal of peer support counseling is to engage participants using available supports and, thereby, prevent them from becoming involved in future acts of violence and inflicting more harm on themselves, potential victims and the community at large.

## **Population**

The population to be served under the crisis-focused peer support model is comprised of individuals who have been victimized by a recent episode of physical violence or have themselves committed an act of violence against another, and who, through these experiences, have come into contact with the health care system. Participants will be further screened for their likelihood of committing violence in the future. The goal is to work with at least 50 people, with a priority placed on serving young adults ages 16 - 35.

## **Criteria**

The intent of this initiative is to serve persons deemed at risk of committing future acts of violence. Accordingly, in determining eligibility for services, agencies should conduct a standard trauma-informed care assessment and/or utilize a criminogenic/violence risk index evaluation to help determine a person's risk level for committing violent acts or engaging in criminal behaviors. Individuals with a moderate to significant risk for violent or criminal behavior will have priority to access services (subject to staff and resource availability). Note: As a discrete service continuum of care exists within Madison to address the primary victims and perpetrators of domestic violence and sexual assault, this initiative is not intended to serve that population.

Effective crisis-focused peer support includes the following elements and/or goals:

- a) **24-hour emergency access to a peer support specialist upon contact with the health care system that stems from the occurrence of a traumatic violent or criminal event.**
- b) Opportunity for participants to establish meaningful relationships and receive individualized coaching or mentoring from a certified peer support specialist
- c) Completion of an asset and needs assessment and formulation of a personalized plan designed to help reduce the risk of involvement in future violence or criminal acts.
- d) Support in the development of life-skills (i.e. interpersonal relationships, effective communication, anger management, financial literacy, and building support networks)
- e) Increased knowledge of and access to community resources (housing, employment, and educational and financial support).
- f) Mentoring and support for interactions with common public institutions (hospitals, courts, law enforcement and employers).
- g) An increased sense of well-being and connection to the community.

- h) Opportunities for clients to learn about the Peer Support Specialists' relevant life lessons.
- i) An opportunity to receive weekly peer support services for at least six months after initial acceptance into the program.
- j) Access to financial resources to help meet short-term needs.

Desired components of proposals for agencies seeking funds to provide crisis-focused peer support services:

1. **A clear program description that demonstrates collaboration involving the health care system, peer support counselors and providers of additional resources related to housing, employment, transportation, and mental health and/or AODA treatment needs.**
2. A plan to provide 24-hour emergency peer support response through hospital or other health care settings.
3. A standardized, evidence-based assessment tool for use in evaluating a participant's risk for engaging in future acts of violence. The assessment should take into account information regarding a client's assets, resources and supports, mental and physical health, and prior history with violence or trauma.
4. Peer Support Specialists will be expected to be trained and certified through an evidenced based curriculum such as Wisconsin Peer Support Specialist Certification, Peer Star or Pulling Levers. Training should be culturally responsive and prepare specialists to provide trauma-informed care and address issues involving mental health and AODA issues and anger/crisis management. Specialists with lived experience – e.g. with violence, trauma, incarceration, etc – are highly preferred.
5. A plan for the peer support specialists to receive ongoing training, support and supervision for their work.
6. A component of case management services should be included in the proposal. Case management should assist participants in accessing housing, employment and mental health and AODA services.
7. Staffing capacity should be sufficient to establish and maintain meaningful relationships with participants; at least weekly contact between participants and peer support specialists and/or case managers is advised.
8. A proposal may set aside funds for use in offering direct financial assistance to participants to help meet specified, short-term needs. It must include a clear and detailed plan describing the policies and procedures that will govern the use of these funds
9. The proposal should identify strategies to coordinate with established service agencies in the community and leverage other available resources.

10. A description of client data that will be collected and how it will be managed and shared with collaborative partners. Applicants will seek to support seamless information exchanges between agencies in order to facilitate continuity of care.
11. A clear description of outcome measurements and indicators of success that will be used to evaluate program effectiveness.

### **Peer Support services to address recidivism**

The City of Madison will seek proposals from qualified entities to provide peer support and case management services for individuals who have recently been or are about to be released from incarceration and are determined, through a standardized evaluation, to be at risk for re-offending. The goal of peer support counseling is to directly engage and assist participants in order to help them avoid actions or behaviors that could lead to their re-incarceration.

#### **Population**

The population to be served under the re-entry focused peer support model is comprised of individuals who have been previously incarcerated and are deemed to be at greater risk of re-offending and/or engaging in activities or behavior that could lead to re-incarceration. The goal is to work with at least 50 people, with a priority placed on service to young men, ages 16-35

#### **Criteria**

The intent of this initiative is to serve persons returning to the community after a period of imprisonment who, lacking some of the basic skill sets, resources or relationships needed to resume their lives, are at high risk of returning to prison. A standardized assessment and/or criminogenic/violence risk index evaluation will be needed to determine eligibility and prioritize participants. As a discrete service continuum of care exists within Madison to address the primary victims and perpetrators of domestic violence and sexual assault, this initiative is not intended to serve that population.

Effective re-entry focused peer support should include the following benefits to participants:

- a) **Participants have the opportunity to have contact with a peer support specialist prior to their release from incarceration.**
- b) Participants get opportunities to establish meaningful relationships within the community and receive individualized coaching or mentoring from a certified peer support specialist
- c) Preparation and implementation of a personalized, needs-based plan provides an effective means to avoid actions or behavior that might lead to re-incarceration.

- d) Promises help in strengthening key life-skills (i.e. interpersonal relationships, effective communication, anger management, financial literacy, and building support networks)
- e) Increased knowledge of and access to community resources (housing, employment, and educational supports, and financial assistance).
- f) Mentoring and support for interacting with public institutions (health care system, courts, law enforcement and employers) that participants.
- g) An increased sense of well-being and connection to the community.
- h) Insight gained from life experiences of peer support specialists.
- i) An opportunity to receive peer support services for at least six months after initial acceptance into the program.
- j) Access to financial resources to help meet short-term needs.

Desired components of proposals for agencies seeking funds to provide peer support services for persons re-entering re-entry-focused peer support services

- 1. A clear description of a peer support program that demonstrates collaboration with established agencies working in housing, employment, health care, law enforcement and social service settings. It should also speak to plans for conducting outreach to prospective participants within the jail and detention systems prior to their release.**
2. A standardized, evidence-based assessment tool to be used to evaluate a participant's vulnerability or risk for engaging in actions or behaviors likely to lead to re-incarceration. The assessment should take into account information regarding a client's assets, resources and supports, mental and physical health, and prior history with violence or trauma.
3. Staff capacity sufficient to ensure that individual program participants have weekly access to peer support counselors for a period of 6 months, as well as access to case management services, as needed.
4. Peer Support Specialists will be expected to be trained and certified through an evidenced based curriculum such as Wisconsin Peer Support Specialist Certification, Peer Star or Pulling Levers. Training should be culturally responsive and prepare specialists to provide trauma-informed care and address such topics as mental health and AODA issues and anger management. Specialists that have lived experience – e.g. with violence, trauma, incarceration, etc – are highly desired.
5. A plan for the peer support specialists to receive ongoing training, support and supervision for their work.
6. A component of case management services should be included in the proposal. Case management should assist participants in accessing housing, employment and mental health and AODA services.

7. A proposal may set aside funds for use in offering direct financial assistance to participants to help meet specified, short-term needs. It must include a clear and detailed plan describing the policies and procedures that will govern the use of these funds.
8. The proposal should identify strategies to coordinate with established service agencies in the community and leverage other available resources. It should demonstrate the applicant's ability to develop community based referral networks and partnerships.
9. A description of client data that will be collected and how it will be managed and shared with collaborative partners. Applicants will seek to support seamless information exchanges between agencies in order to facilitate continuity of care.
10. A clear description of outcome measurements and indicators of success that will be used to evaluate program effectiveness.

#### 1.4. Funds Available

The City of Madison's 2017 adopted operating budget allocates \$400,000 for Peer Support Initiatives. The City's intent is to offer funds two separate collaborative initiatives (one focused on persons who have been exposed to or participated in recent acts of violence and the other on persons who are returning to the community after a period of incarceration. Up to 20% of the award (s) can be allocated to training and evaluation. Proposals may set aside funds for direct aid to clients. The proposal must identify those funds in the budget and include a detailed plan regarding their use.

These funds and resultant contracts will be subject to all city ordinances and rules governing purchase of service contracts including but not limited to living wage requirements, equal opportunity and benefits provisions, and insurance requirements.

#### Criteria for Proposal Review

	Criteria	Point Value
1	Demonstrates relevant and successful experience with target population.	5
2	Clear process is described for establishing first contacts with participants. Collaborative relationships with health care and/or corrections are in place and documented through letters of support.	15
3	Case management functions and related partners are clearly stated and supported through direct budget allocation and/or through formal letters of commitment and support.	15
4	Proposed participant assessment tools are standardized, and evidence based.	5

5	Selection, training and certification and supervision strategies for specialists are fully described; evidence based, and appropriate for the client population.	10
6	Criteria and processes for the effective administration of direct aid funds are clearly articulated.	5
7	Information sharing processes, particularly around case management services, are clearly articulated.	10
8	Proposed timeline and steps reflect a clear understanding of scope of services and will lead to successful program implementation.	5
9	Outcome measures and indicators of success are evidence based and clearly stated.	10
10	Process and plan for program evaluation is clearly stated, reasonable and likely to be successful.	10
11	Budget and staff allocations are reasonable and appropriate to scope of program, and are in compliance with City's living wage ordinance.	10
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