



Office of
Mental Health

Building Trust, Supporting Recovery: The INSET Approach

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***The light is reached not by turning
back from the darkness, but by
going through it.***

*Leonard Roy Frank
psychiatric survivor and activist*

AGENDA

- Defining Peer Support & its unique values.
- The scope of practice and competencies of Peer Specialists.
- The INSET/F-INSET model design, target population, and team structure.
- How clinical teams (like ACT) and peer teams can collaborate.
- Statewide data, success stories, and open Q&A.

DEFINING PEER SUPPORT

Peer Support is a system of giving and receiving help founded on **key principles of respect, shared responsibility, and mutual agreement of what is helpful.**

- It is about understanding another's situation with empathy through shared emotional experiences.
- When we find affiliation with others whom we feel are “like” us, we feel connection.
- This connection is a deep, holistic understanding based on mutual experience where we are able to “be” with each other without constraints of traditional (expert/patient) relationships.
- As trust in the relationship builds, we are able to respectfully challenge one another in healthy ways, allowing individuals to move beyond previously held self-concepts built on disability, diagnosis, and trauma worldview.

Adapted from Defining Peer Support, Shery Mead, 2003

WHY IS PEER SUPPORT VALUABLE?

“When people are willing to listen to each other’s stories without providing analysis, and at the same time compare and contrast experiences, possibilities for transfiguring meaning are endless. When we become part of each other’s narratives, we not only offer possibility for alternate (mutually enriching) interpretations, but our new shared story becomes a way to negotiate future challenges and crises while building real communities.”

(Crisis and Connection, Mead & Hilton, 2002)

VALUES, PRINCIPLES, AND ETHICS OF PEER SUPPORT

Peer Supporters work from a lived experience paradigm that is non-clinical. They believe in a person's ability to recover and that there is hope about the future. Recovery is a process, a journey designed by the individual. Peer supporters value:

- Hope – Recovery cannot occur without hope. Peer supporters encourage hope, focusing on people's strengths and abilities.
- Empowerment – provides individuals with opportunities to exercise control and power with respect to their lives.
- Self-determination – recognizes and honors that individuals will make their own life decisions.
- Meaningful choice – recognizes that individuals have the right to make their own choices, and we encourage people to make informed decisions. All individuals are entitled to the dignity of risk that is inherent in making choices.
- Diversity and inclusion – peer supporters strive toward the elimination of prejudice and discrimination on the basis of mental health and/or addiction issues.

PEER SUPPORT VALUES IN PEER SERVICES



- Voluntary
- Rights-Based
- Culturally Curious
- Non-Judgmental
- Strength-Based
- Hopeful
- Self-Determination
- Reciprocal
- Supportive
- Dignity
- Mutuality
- Transparency
- Trauma Responsive

PEER SUPPORT VERSUS PEER SERVICES

While there are similarities, there is a difference between *naturally occurring* peer support and Peer Support Services.

Peer support offered as a billable service inherently introduces hierarchy and power imbalance that can be challenging to maintain integrity to the role.

Some examples include:

- Documentation
- Reporting
- Working in clinical environments
- Administrative tasks
- Care coordination or case management environments
- *And more...*

WHAT MAKES PEER WORK UNIQUE?

• **Traditional Services**

- Compliance
- Medication management
- Psychoeducation
- Engagement into services
- Caseloads and high-risk lists
- Support typically revolves around connection to services, and aftercare
- Hierarchical

• **Peer Support**

- Voice and choice,
- Informed consent
- Shared decision-making
- Explore coping skills and self-help supports
- Education on successful community integration
- and systems navigation
- Engagement into life and possibilities, not just services
- Supports individuals not “cases”
- Non-hierarchical

TRUE OR FALSE:

The role of a peer specialist is to use their lived experience to engage someone into services.

PROFICIENCIES FOR PEER SUPPORT WORKERS

Beliefs

- ✓ that everyone can progress, heal, and move forward in life

Values

- ✓ choice and self-determination
- ✓ the peer role as a non-clinical position that is distinct and can stand alone or enhance traditional services

Recognizes

- ✓ the importance of “hope” in healing
- ✓ the relationship of the peer role and self-help movement

Abilities

- ✓ describe the peer role both to people receiving and providing services
- ✓ “stand up” for people receiving services, with respectful and effective communication
- ✓ use personal story and healing journey to describe strategies toward healing
- ✓ understand and share recovery-oriented approaches to mental health care and identify system barriers that may hinder recovery
- ✓ empower those they support to advocate using respectful and effective communication

Adapted from the Provider's Handbook on Developing and Implementing Peer Roles
http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_and_Implementing_Peer_Roles.pdf

COMPETENCIES OF PEER SUPPORT WORKERS

Mutual support

- Operate from as equal of a playing field as possible
- Connection is the focal point and no one person is the 'fixer'

Peer Support, Change Agent, “in” but not “of”

- Use personal experience to inspire hope and belief in recovery
- Support self-determination through connections from a mutual stance
- Facilitate self-exploration and discovery, etc.
- Act as a change agent to support environments, systems and approaches to move forward

Recovery-Oriented Mental Health

- Work with people from a strengths-based perspective
- Support people's recovery process
- Support dignity of risk, etc.

General Worker

- Arrive at work on time
- Interact with co-workers and supervisors
- Work independently and as part of a group
- Pick up on the cultural norms of the agency
- Communicate needs & respond to others' communications
- Work with other professions respectfully,
- Navigate the mental health system, regulations, etc.

Adapted from the Provider's Handbook on Developing and Implementing Peer Roles and the Declaration of Peer Roles

http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf <https://www.psresources.info/declaration-of-peer-roles>

COMMON MISUNDERSTANDINGS

Peer workers...

- use their lived experience to ensure compliance
- serve to assist clinical staff
- engage people into treatment
- are not a discipline, with a standard set of ethics, scope of practice, and values
- perform case management and just happen to share their lived experience
- provide information to the treatment team that individuals won't share
- are good at system navigation, and therefore provide linkages, follow-up and after care support
- should be calling people who miss appointments
- can fill in the gaps due to workforce shortages

CERTIFIED/CREDENTIALLED PEER SUPPORT & SCOPE OF PRACTICE

Whether provided for youth, family, adults, or older adults these services combined are known as **Peer Support Services**.

These services are provided by qualified **New York Certified Peer Specialists (NYCPS)**, **Credentialed Family Peer Advocates (FPA)**, or **Credentialed Youth Peer Advocates (YPA)**.

The Office of Addiction Services and Supports (OASAS) has a different qualification (**Certified Recovery Peer Advocate [CRPA]**) to support people who use/have used substances.

Peer Support Work is a distinct discipline with a specific set of values and competencies. We work on interdisciplinary teams and are bound by the Peer Specialist Code of Ethical Conduct with a very strong emphasis on integrity.

Peer Workers are individuals with diverse and rich educational and professional backgrounds.

THE PUSH-PULL

Peer Support Workers often find themselves in the nuanced role of promoting voice and choice in a system that is focused on compliance and risk management

This can often put the peer support worker at odds with the day-to-day work in many programs and agencies

Supervisors who understand the role, purpose, scope of practice, values and principles of peer support work help guide staff through this in a way that keeps the fidelity of the work intact

THE INSET APPROACH

INTENSIVE AND SUSTAINED ENGAGEMENT TEAMS (INSET)

- Voluntary, peer-led engagement approach to support individuals in their healing and recovery journey.
- 24/7 multi-disciplinary INSET team led by peer specialists supports enrolled individuals and their peers through a person-first, trauma-informed, and culturally curious lens in the least restrictive manner possible.
- Foster connections between individuals and communities, resources, and other supports with innovative outreach approaches and holistic engagement to support participants in accessing their unique valued life goals.
- Key objective of INSET is fostering hope and connection for individuals experiencing complex needs. INSET team members uphold the belief that recovery is indeed possible and probable.

Current teams: Hands Across Long Island INSET and F-INSET (Nassau, Suffolk), Baltic Street Wellness Solutions INSET (Kings), Greater Mental Health of New York INSET (Westchester, Rockland, Orange, Sullivan, Putnam), Recovery Options Made Easy INSET (Monroe)

INTENSIVE AND SUSTAINED ENGAGEMENT TEAMS (INSET) OVERVIEW

INSET Model:

- Voluntary, peer-led engagement approach to support individuals in their healing and recovery journey
- Teams provide 24/7 community-based support to participants in the least restrictive manner possible
- Specialized Forensic INSET (F-INSET) to work with justice-involved population

INSET Teams:

- Support participants in a person-first, trauma-informed, and culturally curious lens
- Support connections between participants and communities and other supports
- **Foster hope and uphold the belief that recovery is possible and probable**

MAIN GOALS OF INSET AND F-INSET

- Support people in achieving their self-identified life goals
- Encourage a collective response to “crises” and/or periods of increased stress
- Provide supports that reduce risk factors associated with arrest, recidivism, and recurring criminal legal system involvement (e.g., probation, parole, incarceration)

Key Features Supporting these Goals:

- Enhanced flexibility as non-billable program
 - Not time-limited
 - No Medicaid eligibility requirements
- Focus on relationships and individual choice, voice, and self-determination
 - Emphasis on participant’s goals, community membership, and quality of life
 - Aids in navigating complex systems and accessing benefits

TARGET POPULATION

INSET supports individuals at least 18 years old with a mental health condition and:

- Are underserved, unserved, or haven't had success in the traditional mental health system
- Have been identified as “high risk” or with “complex mental health needs”
 - Cycle in and out of the emergency department, inpatient, and/or forensic settings
 - Are being treated at hospitals, Certified Psychiatric Emergency Programs (CPEP), or other crisis and/or forensic settings
 - Experience emotional distress, trauma responses
 - Have a lack of ongoing and consistent access to care that is supportive

May be eligible for, currently active with, or recently discharged/released from Assisted Outpatient Treatment (AOT)

F-INSET has a particular focus on individuals with a history of or current involvement with the criminal legal system

TEAM COMPOSITION

- Peer team leader
- 4 full-time peer support staff
- Family liaison
- Licensed professionals, including a
 - Social worker or mental health counselor
 - Nurse practitioner
- Administrative staff

Programs are encouraged to remain flexible in their staffing practices and prioritize hiring staff with lived experience in the criminal legal and/or mental health systems

REFERRALS AND COMMUNITY PARTNERSHIPS

- Referrals are made **directly to teams**
 - Programs must reach out to referred individual within **24-48 hours**
 - Referrals can come from many sources, including **self-referrals** and referrals from **family or chosen family** and various **community partners***
- * Teams expected to foster partnerships with various entities, including:
- Peer-run organizations and outreach organizations
 - AOT providers
 - Hospitals, clinics, community mental health providers
 - Local Government Units (LGUs) and Single Point of Access (SPOA) contacts
 - Legal liaisons and advocates
 - Non-clinical community resources

INSET AND F-INSET AND OTHER PROGRAMS

Enhanced Voluntary Agreements (EVA)

- Localities identify individuals with unmet service needs willing to voluntarily participate in services along with individuals meeting AOT criteria
- Potential for INSET to be included in EVAs and help meet needs of individuals without court-ordered treatment

Other opportunities

- Possibility for counties to designate certain participants as priority population for SPOA, other immediate needs
- Potential to complement more time-limited programs (Safe Options Support [SOS] teams, peer bridging, etc.) with warm handoffs to INSET teams who could continue working with individuals
- Inclusion of F-INSET in criminal justice diversion and/or prevention programs

DATA COLLECTION AND REPORTING

Data collected from INSET teams include but go beyond traditional measures, focusing on recovery and person-centered outcomes.

Examples

- Traditional measures
 - Medical or mental health inpatient admissions, medical or psychiatric emergency department visits, CPEP visits, etc.
 - AOT enrollment, criminal legal system involvement
- Recovery-Oriented Measures
 - Based on the 8 Dimensions of Wellness
 - Connections with permanent housing, beginning or completing educational goals, gaining employment, celebrating sobriety milestones, etc.
- Success stories

DATA HIGHLIGHTS - STATEWIDE

OUTCOMES

data from Mar. 2025 - Feb. 2026

350

**INDIVIDUALS SUPPORTED
EACH MONTH**

on average

21%

**CONNECTED TO
PERMANENT HOUSING**

among enrolled individuals

1.3

**AVERAGE MILESTONES*
ACHIEVED BY PARTICIPANT**

among enrolled individuals

***Milestones included:**

- re-connecting with family
- engaging in substance use treatment
- celebrating sobriety
- gaining employment
- receiving benefits
- completing parole/probation

TESTIMONIALS

“I would not be alive today if not for the incredible support of New York State’s INSET program... My peer specialist didn’t expect me to trust him right away, but he earned that trust through his consistent and compassionate support.”

“Being with INSET has helped me tremendously. I went from four hospitalizations a year to currently none for over a year. Before INSET, I couldn’t maintain that type of stability. I am grateful for them. They’re my buddies, my peers.”

“INSET has been life-changing, offering a complete supportive addition to my mental health treatment and recovery. It has really filled in the gaps left by other treatments, giving me hope and a sense of stability.”

AUDIENCE QUESTIONS

- What are some peer support values and principles?
- How would you describe the role of a peer specialist?
- In what ways can peer-led programs and clinical programs like ACT complement each other?



Office of Mental Health