

Peer Operated Services: Deep Dive into Two Models

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SAMHSA
Substance Abuse and Mental Health
Services Administration

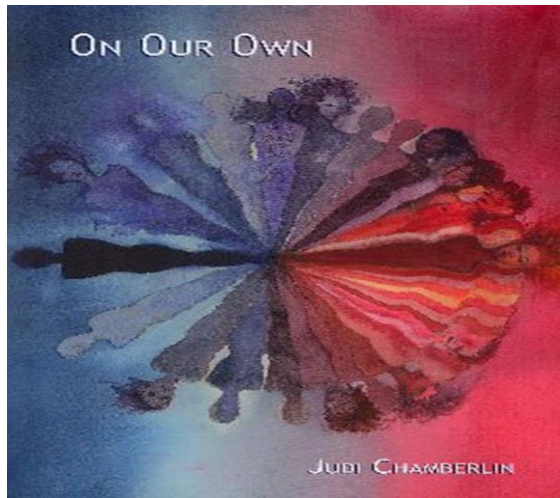
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**A Movement vs
a Service Sector?**

**A Rich Tradition:
Our Roots and Guiding
Principles**

Judi Chamberlin: 1978 On Our Own



Movement Values

- Control
- Choice
- Self-determination
- Empowerment
- Recovery

“We want as full as possible control over our own lives. Is that too much to ask?”
*–Howie the Harp
 1953-1995*



Laverne Miller



Joseph Rogers

Recovery, Rights, Peer Support, Political Action



Dr. Ed Knight

**Self-Help Groups
Empowerment and Advocacy
Peer Services Research and New Models**



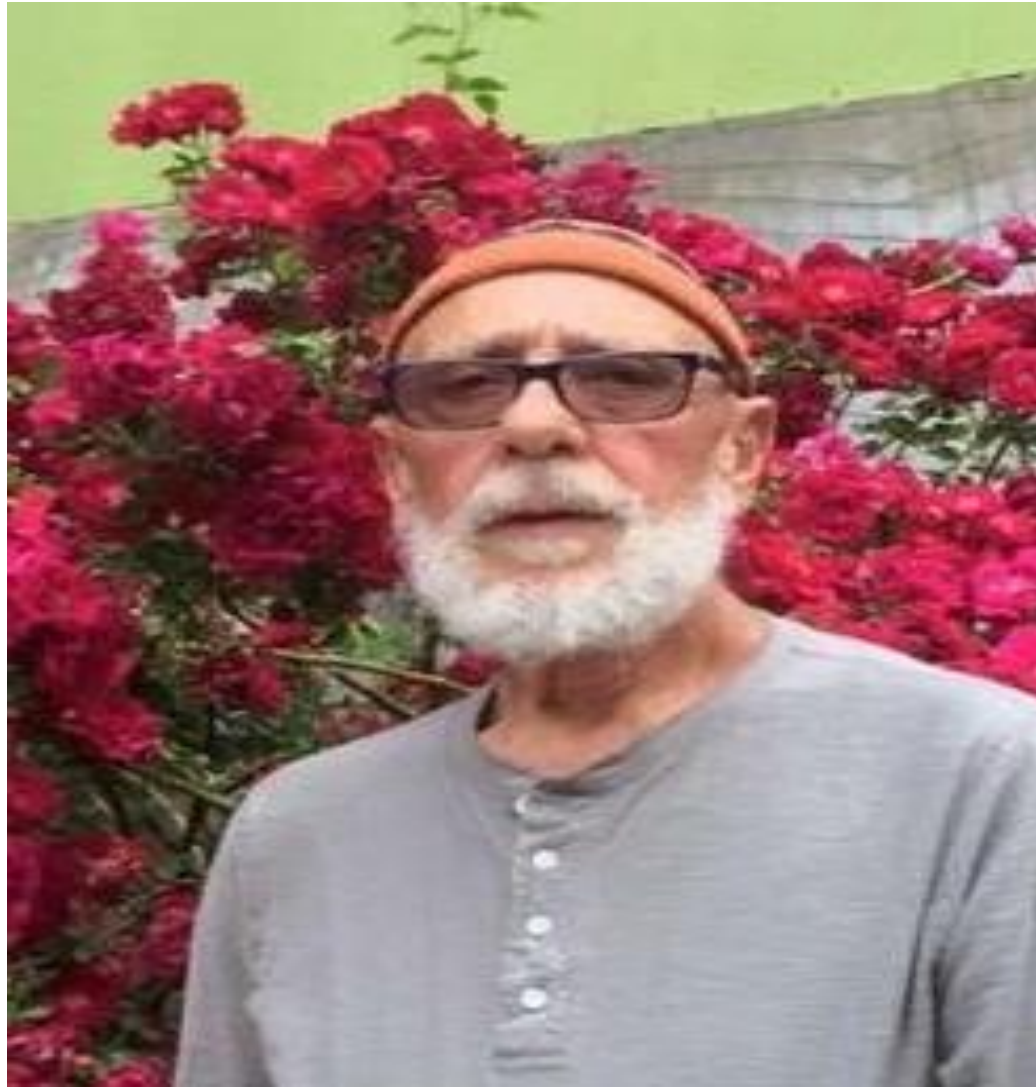
Jackie McKinney



Larry Fricks



Gilberto Romero



Shery Mead



Shery Mead: “Peer Support is About Social Change”

“As peer support in mental health proliferates, we must be mindful of our intention: **social change.**

It is not about developing more effective services, but rather about creating dialogues that have influence on all of our understandings, conversations, and relationships.”

“Without a new framework to build upon, people frequently re-enact “help” based on what was done to them.”

Mead: Intentional Peer Support is Unique

IPS relationships are viewed as partnerships that invite and inspire both parties to learn and grow, rather than as one person needing to ‘help’ another.

IPS doesn't start with the assumption of a problem. With IPS, each of us pays attention to how we have learned to make sense of our experiences, then uses the relationship to create new ways of seeing, thinking, and doing.

IPS examines our lives in the context of **mutually accountable relationships and communities** — looking beyond the mere notion of individual responsibility for change.

IPS encourages us to increasingly live and move towards what we want instead of focusing on what we need to stop or avoid doing.

Swarbrick: 8 Dimensions of Wellness



**The power of peer
support is in the quality
and power of our
relationships**

The Basis of our Relationships

- Fostering Hope, Trust and Safety
- Empathy, identification and example
- Respect and reliability
- Trauma informed: what happened vs. what's wrong
- Strengths based: what's strong over what's wrong

Key Values

- Person driven and directed; in the passenger seat
- Informed choice
- Honesty and Shared Accountability
- Dignity of Risk and Responsibility

Key Impact

- We came to raise the bar for what is possible for people and what should be expected from providers and systems.
- We came to help people to transform their lives and to transform the systems and services they encounter

Key Practices

We start where people are, both as to where they live and what they most want....and offer encouragement for people to define and move towards the goals and the life they seek

Key Practices

We focus on seeing the world through the eyes of the people we support, rather than viewing them through an illness, diagnosis and deficit based lens....or as a HEDIS outcome

We are respectful....and relentless

The Maturation of Peer Services

- Robust clearly defined models
- Highly experienced, trained and typically certified peer supporters
- Proven outcomes

The Power of Peer Support Models

- Respite centers
- Recovery centers
- Crisis warm lines
- Peer run supported housing and employment services
- Peer bridger services

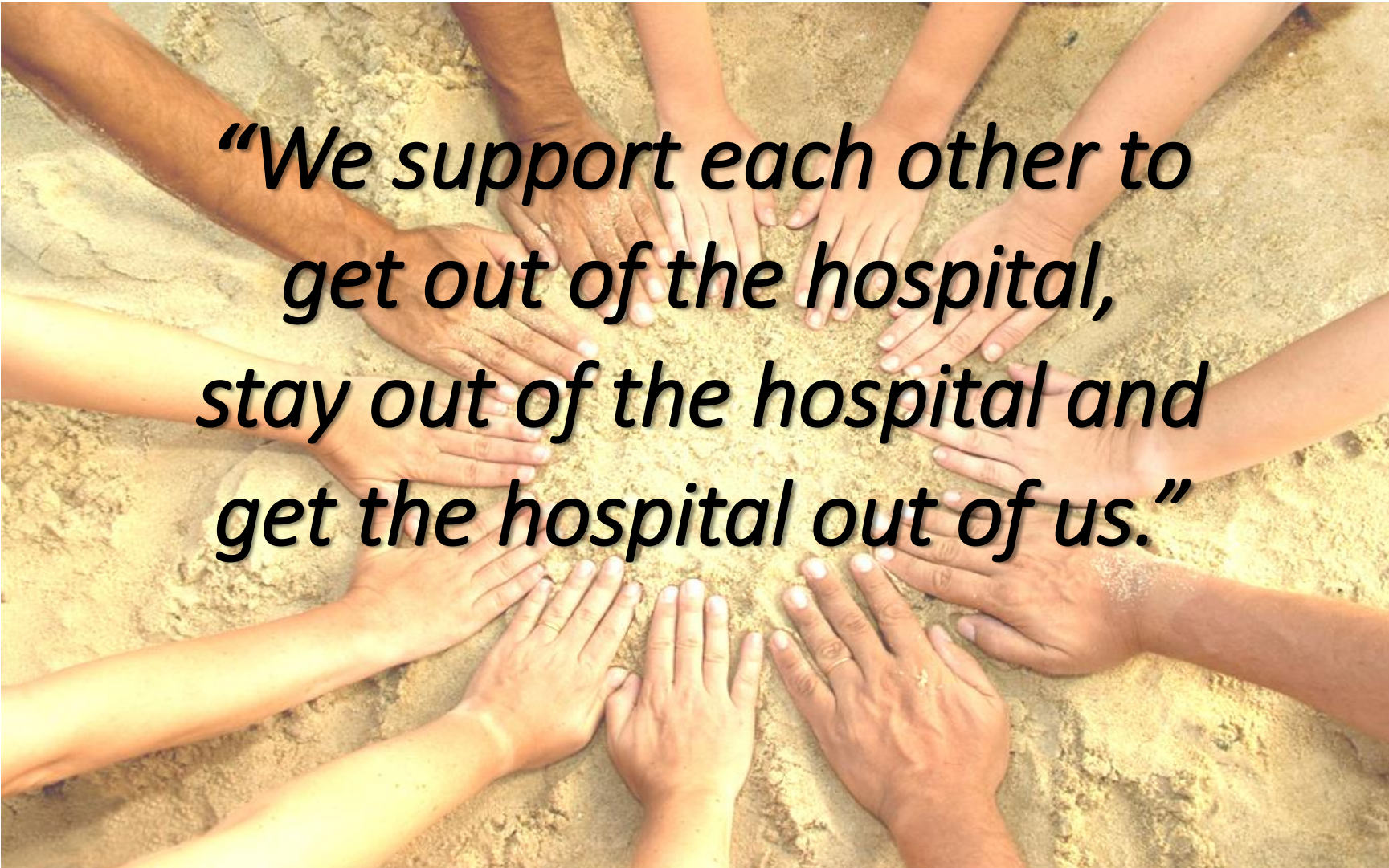
Peer Specialists Work in a Variety of Settings

- Hospitals
- Emergency Rooms
- Clinics
- Homeless Shelters
- Prisons and Jails
- Crisis Centers
- Medicaid Health Homes
- Peers partnering with primary care

Training and Certifications

- Intentional Peer Support (Mead)
- Trained facilitators in Wellness Recovery Action Program (Copeland)
- Whole Health Action Management (Fricks)
- Rutgers or CUNY credentialing program on Peer Wellness coaching; 8 Dimensions of Wellness (Swarbrick)
- NYAPRS Peer Bridger Training (Stevens)
- OASAS certified Addiction Recovery Coaches

First Peer Bridger Initiative 1993: Hospital to Community Peer Bridger Initiative



“We support each other to get out of the hospital, stay out of the hospital and get the hospital out of us.”

NYAPRS Hospital to Community Peer Bridger Model

- First 2–3 Months: Relationship building, emotional support, encouragement for recovery and community living goals, development of a WRAP
- Second 2–3 Months: active participation with bridger and in peer support meetings; exploration of housing and community settings;
- Last 2-3 Months: Transitional support, skill teaching, solidify connections to community supports and resources
- Continuity: Even after discharge, ongoing relationships with peer support meetings

NYAPRS Hospital to Community Peer Bridger Model Data

- **1998 National Health Data Systems**
 - Re-hospitalization rate dropped from 60% to 19%, a 41% reduction.
- **2009 NYAPRS Program Evaluation Data:**
 - 71% (125 of 176) individuals were not readmitted in the year following discharge from the hospital

“She talked to me. She talked straight at me. She’s the only one. She’s got a knack for going on the underlying thing and really getting at it. And I’ve never had anyone look me straight in the eye, and actually relate to somebody. And I love her for it.”

(2003 Qualitative Assessment, MacNeil)

NYAPRS Peer Wellness Coaching

- NYS 'Chronic Illness Demonstration Project' 2008-11
- Collaboration with BHO in Queens
- Triangle with wellness coach, case manager and PT nurse

NYAPRS Peer Wellness Coaching: Rohan's Story

- 36 year old man of Indian descent born in Jamaica with addiction and bipolar related conditions and renal disease
- 2009-prior to enrollment: 7 detox stays at 4 different facilities with a Medicaid spend of \$52,282
- 2010: dogged personalized engagement and follow up, connection to 12 step meetings, daily check ins, restoration of Medicaid benefits
- 2010-1 detox, 1 rehab Medicaid; Medicaid spend fell to \$20,650.
- 2011-1 relapse with detox/rehab

The Presence of Peers Can:

- Brings a different perspective to other treatment team members during team meetings;
- Supports the use of recovery language by reminding organizations to minimize the use of labels and diagnoses that are impersonal or demeaning to those seeking help; and
- Provides living proof that people recover on treatment teams.

NYAPRS Community Engagement Peer Bridger Model 2011

1. Outreach
2. Engagement
3. Crisis stabilization: Addressing One's Most Urgent Needs
4. Recovery Support, Relapse Prevention and Crisis Management Planning
5. Supporting Wellness Self-Management
6. Solidifying Community Supports And Linkages

Separate and Equal Partnerships

- We hire, train and supervise
- We don't want to be case managers or 'crisis stabilizers' alone: peer support is what happens after the crisis
- We collaborate with health plan care managers but do not work for them
- We are not a 7 or 30 day relationship based on someone else's agenda
- Our commitment: immediate engagement of and support to folks who've had frequent ER use and multiple hospital readmissions

NYAPRS BHO Peer Bridger Project: Patterns of Service

- Bridgers typically devote an average of 3.6 total outreach efforts (2.4 hours) per referred member
- Once engaged, bridgers worked with enrolled members for an average of 7.3 months (14.9 individual contacts)

BHO Peer Bridger Project: 6 Month Pre-Post Evaluation (July 2013)

- 47.9% decrease in % who use inpatient services (from 92.6% to 48.2%)
- 62.5% decrease in number of inpatient days (from 11.2 days to 4.2)
- 28.0% increase in outpatient visits (8.5 visits to 11.8)
- 47.1% decrease in Medicaid costs (from \$9,998.69 to \$5,291.59)

NYAPRS MCO Peer Bridger Initiative

- 98% of engagements in the community
- 318 referred had 2 or more hospitalizations
- 49 had 4+ admissions, all dealing with addictions
- 60% male – 40% female
- July-Aug 2014: 373 referrals, 256 enrollments (68.63%)

Self-Identified Most Important Needs – Sample of 133

- Finances/benefits: 92 (SSI application, cash assistance, employment)
- Stable Housing: 65 (emergency housing, temporary sheltering, housing applications)
- Access to Recovery Supports: 47 (connection to 12 step and SU recovery services)
- Social/Family Connection: 43
- Access to BH/Medical Treatment: 42
- Access to Medications: 31

Self-Identified Most Important Needs – Sample of 133

- Access to BH/Medical Treatment: 42
- Access to Transportation: 28
- Access to Phone Contact: 23
- Access to Clothing: 13
- Access to Food: 12
- Legal Assistance: 10 (open charges, work with parole and probation)
- HOPE!

Wrap Around Funds are Crucial

- Emergency Housing
- MTA card
- Cell phone or additional minutes
- Clothing assistance
- Food and meals

Lessons Learned

- Outreach takes time and financial investment!
- You may not prevent readmission within 30 days.....the first time
- “The social determinants of health is our sweet spot”: they represent the most critical challenges for most members
- The frame is engagement not non-compliance
- EHR systems are critical

From Incarceration to Rehabilitation



159 Brightside Avenue
Central Islip, NY 11722
(631) 234-1925
HALI88.org

The Road to Recovery Through the Support of Peer Run
Reentry Programs

HALI: Hands Across Long Island, Inc.

- Peer Run Organization Founded In 1988 In Suffolk County, NY
- Serving individuals with severe and persistent mental health conditions who are “homeless/hard to engage/high users”
- 3,487 persons served in 2017

HALI Services for Justice Involved Individuals

- C.O.R.P program involvement since 2002 (Community Orientation and Re-entry Program.)
- Suffolk County Jail (Anger Management/Re-entry groups) Men and Women
- Re-entry House- Pilot Project 2 years
 - Goal: To help individuals develop a structure of community living that reflected independent, community involved person (personal and home care, life skills, recovery activity, employment)
 - 6 month program from incarceration to employment and independent housing

Community Orientation Reentry Program (CORP)

- Overall Goal of the Program:
FULL COMMUNITY INTEGRATION AND PARTICIPATION
- Intensive Support Services/ Wrap Around Services
- Set up Services Upon Release
 - Housing
 - Mental Health Outpatient
 - Parole
 - Intensive Case Management

Sing Sing CF Groups

- Engage Participants in Groups 90 days Before Release
- Prepare Individuals for Re-entry and what they are to Expect Returning Back into the Community; Discuss Changes in the Community since their Incarceration
- Changing Behavior from a Prison Mentality to a Community Member Mentality

Sing Sing CF Groups

- How to Interact with Parole, Service Providers, Housing Providers, and Community at Large
- Avoiding People, Places and Things that got them Incarcerated
- What They will Need to do to Maintain their Freedom

HALI Peer Bridging

- Drive Released Individual, Known to HALI through the C.O.R.P Program to their Assigned Destination
- Make a Smooth Transition from Prison Gate to Parole, Housing, and Case Manager
- Decreases Chances of the Individual going back to People, Places and Things that got him Incarcerated Initially

New York City Drop-In

- Connect and Engage Participant with Resources, Opportunities, and Assistance in the Community
- Peer Support and Advocacy
- Support/Encouragement with Sobriety
- Assistance in Reconnecting with Services and not “Falling Through the Cracks”
- Meeting with Same Staff People that Worked with Them in Prison- Continue to Build on that Relationship

Baptista's Story

- Released in fall of 2016
- Connected with Access VR; Requested and Received a Computer in Order to Finish School
- Graduated with his Substance Abuse Certificate for Counseling
- Got Married; He and His Wife had a Baby
- Stuck with his Plan; was able to Advocate for Himself; and had a Clear Direction that was Supported by his Motivation to Change

2017 Program Outcomes with Justice Involved Individuals

- Served 234 Individuals Post Release
- 87% Continue Engagement
- 92% Remained Successfully Living in the Community
- 96% Requested Ongoing and Additional Assistance
- 89% Followed Up with Appointments
- 79% Remained connected Post Parole

2017 Program Outcomes with Justice Involved Individuals

- 86% Decreased Police Involvement
- 93% Decreased Hospitalizations
- 92% Physical Conditions Improved
- 82% Drug/Alcohol Use Decreased, or Stopped Completely

HALI Creates Hope

- Individuals Re-enter the Community with a Sense of Hope and Motivation to Succeed
- Drop-In Center Provides Community, Socialization, Continued Connection to Services
- Peer Re-entry Programs Provide Tools for Individuals to Accomplish their Goals and Gives them Hope for the Future
- Peer Support Addresses the Whole Individual in their Transition Back into Society as a Productive Member of their Community

Cost Savings to the State

- It Costs an Average of **\$60,000 per year** to House an Inmate in a New York State Prison
- Post Release Peer Services Reduced Recidivism by 82% in 2017
- This Equates to a Savings of Over **10 Million Dollars** to the State
- Post Release Peer Services are a Win/Win for Everyone

Homeless Outreach and Linkage: Mobile Shower Unit

- Served 815 Individuals 2017
- 89% Returned
- 78% Requested Assistance
- 62% Followed Up with Appointment

- Decreased Police Involvement
- Hospitalization
- Illness
- Drug/Alcohol Use

Wellness & Recovery Center

2016

523 Individuals Served

ER visits

Police Involvement

Homelessness

Diabetes Medication

Decrease A1C

Weight

Increased knowledge
of the 8 Dimensions of
Wellness

2017

1,328 Individuals Served

- Interns: SW, OT,
Nurses, Nutritionist,
Medical Assistant

Medical and BH ER Visits

Blood Pressure

Cholesterol LDL

A1C/ Blood Glucose

Body Mass

Weight

Activity, Employment,
Education, General
Wellbeing, Social Activity
8 Dimensions of Wellness

Victoria's Story

2015

- 62 year old white female with significant mood and thinking related challenges
- **13 Emergency Room Visits for Psychiatry**
- 11 Hospitalizations Psychiatry 203 Inpatient days
- 6 ER visits for Physical Pain/Illness
- **9 Hospitalizations 122 Inpatient Days Medical**
- Diabetes
- High Blood Pressure, High Cholesterol
- Seizure Disorder

Total: \$784,930

2017

- Remained Housed for 24 Months
- Attended Wellness Center & PROS
- Increased Travel Independence
- Diabetes Monitoring: Reduced A1C, reducing Metformin
- Food Farmacy
- Reduced Weight 25 lbs
- Free Food, Food Prep Classes
- Linked to PCP and MH Clinic
- **NO ER Visits Psychiatric**
- **NO Hospitalization Medical**
- **Home Visits (36 visits)**

Total: \$32,800

**Total Savings in 2 years
\$ 712,130**

Sam's Story

2015

- 47 year old African American man
- Diagnosed with Schizophrenia since the age of 14
- **27 Emergency Room Visits for Psychiatry**
- 9 Hospitalizations Psychiatry in 6 Hospitals
- 14 ER visits for Physical Pain/Illness (Colds)
- Diabetes
- High Blood Pressure
- High Cholesterol

\$ 144,810

2017

- Remained Housed for 24 Months
- Attended Wellness Center & PROS
- Increased Independent Travel
- Participated in Music Program
- **Used Diversion Bed 2x (7-10 days)**
- Case Management Services 2-3 visits per month
- Linked to PCP and MH Clinic
- **NO ER Visits**
- **NO Hospitalizations**

\$ 29,400

TOTAL SAVINGS OVER 2 YEARS
\$115,410

Delivery and Payment

The delivery and payment for health care services are rapidly evolving and:

1. Health services are increasingly being delivered in integrated systems of care (ACOs) and team based provider systems (PCMH, FQHC, other).
2. Treatment for behavioral health conditions are increasingly being coordinated or integrated with primary care.
3. Medicaid and Medicare are expanding the use of managed care vehicles to improve quality and control costs.
4. Over time - Commercial insurance, State Exchanges, and Medicaid and Medicare plans will have greater similarity in form and operations.
5. Models of reimbursement are shifting to population based outcomes and risk.
6. Peer Support Services (intentional and professionally delivered) are fundamentally health services, and there is a distinct and emerging role for self-care/self-management advocates in the engagement, activation, and ongoing care for those with chronic illnesses. These include Community Health Workers (CHW) in general health care and Peer Support Specialists (PSS) in specialty behavioral health.

Strategies to Fund Peer Services

- State and/or county grants
- Managed Care Organizations either via administrative or capitation dollars
- Health Homes
- Medicaid Home and Community Based Services
- Self-Directed Care
- Medicaid Health Homes
- Value Based Purchasing

Compensation from Entry Level Jobs to Careers

- Consumer/Peer Run Organizations: \$15.51
- Community Behavioral Health Organizations: \$15.33
- Psychiatric Inpatient Facilities: \$25.14
- Health plan/ Managed Care Organizations: \$18.66
- NYAPRS NYC MMC: \$19.23

National Survey of Compensation Among Peer Support Specialists

Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T.

. The College for Behavioral Health Leadership

January, 2016

Protecting the Integrity of Peer Support

- Peer specialists are not 7-day relationships to simply link folks to their clinicians.
- Nor are they ‘cheap staff who get people to take their meds’ to help health plans achieve HEDIS measures

Protecting the Integrity of Peer Support

- Peers frequently work for subcontracted peer run agencies and are supervised by peers
- Peers who are embedded in conventional settings without peer supervision are at risk for co-optation.
- <http://www.mhepinc.org/partners/the-coalition-to-protect-the-integrity-of-peer-services/peer-run-services-fact-sheet>

BRSS TACS Resources

BRSS TACS has developed a suite of tools that describe how peer supports advance recovery and add value to behavioral health systems.

- Peer Support

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

- Family, Parent and Caregiver Peer Support in Behavioral Health

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf

- Peers Supporting Recovery from Mental Health Conditions

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf

- Peers Supporting Recovery from Substance Use Disorders

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

Peer Services Toolkit

https://www.leaders4health.org/images/uploads/files/Peer_Services_Toolkit.pdf

Re-entry and Renewal: Review of Peer Services for Justice Involved Individuals

http://tucollaborative.org/sdm_downloads/reentry-and-renewal/

Questions for States

- Where is your state integrating peer support services to meet block grant goals?
- What model is your state implementing?
How are you maintaining fidelity?
- How are you tracking cost savings with use of peer support services?

Peer Operated Services: Deep Dive into Two Models Citations

Slides 12-14: What Is Intentional Peer Support, Mead

<http://www.intentionalpeersupport.org/what-is-ips/>

Slide 15: SAMHSA, The Eight Dimensions of Wellness

<https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>

Slide 30: Rohan's story: Optum Health report, 2011

Slide 35: Optum Health study, July 2013

Slides 36-8: Health First health plan data, 2017

Slides 50-57: Hands Across Long Island, program evaluation data 2017

Slides 58: 6 Fundamental Assumptions, Allen Daniels, ACMHA Peer Leaders Interest Group 2014

Slide 60: A Report on the National Survey of Compensation Among Peer Support Specialists, Daniels Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T.; The College for Behavioral Health Leadership, January, 2016 http://papersupportcoalition.org/wp-content/uploads/2016/01/CPS_Compensation_Report.pdf

Slide 62: Protecting the Integrity of Peer Support, Colesante, Rosenthal 2014

Slide 64: Peer Services Toolkit A Guide to Advancing and Implementing Peer-run Behavioral Health Services; Hendry, Hill, Rosenthal; College for Behavioral Health https://www.leaders4health.org/images/uploads/files/Peer_Services_Toolkit.pdf

Slide 65: Reentry and Renewal: A Review of Peer-Run Organizations That Serve Individuals with Behavioral Health Conditions and Criminal Justice Involvement; Rogers, Baron, Hendry, Rosenthal; <http://tucollaborative.org/wp-content/uploads/2017/03/Reentry-and-Renewel.pdf>