Peers as Crisis Service Providers

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Heather Rae & Paul Lyons, Common Ground

Moderated by Leah Harris

Presented by The National Coalition for Mental Health Recovery
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Peer Support and Mobile Crisis Outreach Pilot Project
January 2014-June 2015

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Pilot Project Overview

• Funded through the Montana Mental Health Trust via Health and Human Services, Montana

Provide 2 community based peer supporters to Gallatin and Park County, Montana as an alternative option to more intensive/costly services
Pilot Project Overview

- Peer Supporters respond as needed and when appropriate to those in “crisis”

Activated by CIT only

Coordinate with community resources/stakeholders to reduce high cost impacts of crisis on community system
Pilot Project Overview

• Provide weekly one on one follow ups to those who choose peer support as part of their own recovery from mental illness, addiction and or substance abuse

Build long term supportive relationships
Pilot Project Overview

• Community based peer support recovery group once a week

Developed CIT packets for law enforcement to hand out as needed to individuals
Pilot Project Overview

90 referrals to date

749 contacts

as of 12/31/2014

$132,960 diversion dollars

$118,216 program cost
(includes program start up costs)
Pilot Project Overview

Peer Supporter Training and Support

Peer Support 101
Trauma Informed Care
Wellness and Recovery Planning
Crisis Intervention Training
Suicide Prevention
Compassion Fatigue
Clinical Supervision
Weekly coaching
Flexible Schedule & Vacation Time
If you have questions or would like to know more about this project please feel free to contact me

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Projects to Empower and Organize the Psychiatrically Labeled, Inc. 
PEOPLe, Inc.
Who are we?

Steve Miccio
Chief Executive Officer
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PEOPLE, Inc.

• A peer run not for profit organization that provides advocacy and an array of Wellness and Recovery based services to people with psychiatric labels in 7 Counties in New York.

• Mission: To instill a sense of hope and self-determination in people with mental illness fostering recovery and transition to wellness

• Vision: We are a global leader in mental wellness
Objectives Today

1. Gain a clear understanding of what peer delivered services offer
2. Understand what a peer respite is and how it operates
3. Understand the mutual approach to wellness and opportunities for people served
4. Understand how peer services in crisis settings can lend to improved outcomes including but not limited to:
   - Reduced trauma
   - Reduced agitation
   - Increased trust
   - Reductions in recidivism
5. What makes peer run crisis diversion services work
A Continuum of Diversion Services

- Hospital diversion houses
- Warm Lines (support Lines)
- In-home peer companionship
- Social inclusion (nights out)
- Emergency department advocacy
- In-Patient Advocacy and “Hot Spotting”
- Open Access Diversion
- Recovery Center mobile teams
A New Diversion Continuum

- Rose House’s services are designed to help at-risk individuals to break the cycle of learned helplessness and recidivism and to move away from what are often long histories of cycling from home to crisis to hospital, year after year.
Diversion Services

- Hospital Diversion House
- Warm Line
- In-Home Peer Companionship
- Social Structure (Nights Out)
- Emergency Department Advocacy
- Partial Hospitalization Advocate
- Open Access Navigators
- Recovery Center Services
Hospital Diversion House

- Over the past 14 years PEOPLe has been developing and practicing pro-active diversion peer run services assisting people in avoiding hospitalizations
PEOPLe, Inc. has developed a “warm line” service aimed at providing phone-based “crisis” support at all hours of the day and night to help people to reduce or avoid emergency room visits or psychiatric hospitalizations.

Each warm line service is located within each Rose House and operates 24/7.
PEOPLe, Inc. offers in-home peer companionship in the event one does not want to leave one’s home. A Peer Companion will visit an individual regularly at his or her home or in the community offering peer support, an empathetic and mutual ear and assist in developing strategies to help the person avoid utilizing hospital services.
Peer Emergency Room Advocacy/Services

- Peers assist individuals in navigating the often-traumatic process of being screened and admitted/discharged to/from the hospital.
- A booklet explains the process of the emergency room screening in Trauma Informed language providing words of hope and support to the individual and/or family.
- It improves compassionate care and overall outcomes.
Nights Out

- A social event in the community designed to provide weekly activities and/or events structured by participants. Nights Out connects people to each other and the communities natural supports.

- As people grow socially they seem to become better equipped to focus more on wellness activities rather than symptom related activities.
Partial Hospitalization Advocate

- Assisting people in the partial program about the wellness model and recovery possibilities
- Offering linkage to “natural supports” that may support wellness
- Offering linkage to PEOPLe’s recovery Center to offer additional supports:
  - Mutual support
  - Employment education and support
  - Social inclusiveness
  - Health Home education and advocacy
Open access Diversion Partners

• We have partnered with a private clinic, local govt. diversion team and local Care coordination organization

• The purpose of our presence at the clinic is to provide wellness navigation to people that walk in on open access days

• The three partners are focused on whole health and wellness and deliver immediate access to our services
Three Vital Components to Success

Philosophy (Culture)

Mutuality

Environment

Engagement
Philosophy

- Recovery is the expectation
- Core Values Drive behavior
- Re-thinking crisis
- Well trained and developed Staff
Philosophy

- The Shared lived experience provides hope
- The mutuality of life experience infuses a trusting relationship
- Education of varied methods of recovery promote better decision making
Engagement

- Orientation to services is vital!
- Building a trusting relationship can promote empowerment in individuals that can lead to more informed and self-determined decisions about one's care and quality of life choices.
- Increasing knowledge reduces fear of punitive actions
- Sharing stories in an open and honest environment can make the relationship and experience more meaningful thus provide possibilities for change
Environment

- Trauma Informed
- Safe and Inviting
- Clean and home-like
- Warm greeting
- Educational materials available
- Recreational materials available
- Privacy
- Well trained and developed Staff
Rose House Totals 2014
(1 house/3 beds)

- Total Guests Served 128 (Unique Individuals)
- Total Residence Days 506
- Total Warm line Calls 3,400
- Total In-home community visits 207
- 506 x $1,600 = $809,600 (Local hospital cost)*
- Rose House annual cost $249,000
- Unspent Medicaid/Insurance cost $560,600
- Unspent medical transportation costs $51,200**

*Based on average cost of local hospitals
** Based on 152 transports to and from Rose House @ $400/transport
Additional Outcomes

• 97% people served report feeling better emotionally/mentally because of service
• 97% people served self reported being more mindful of thoughts and behaviors due to service
• 97% people served reported feeling more socially connected
• 89% hospital diversion rate – Guests did not need inpatient hospital services 30 days after exiting Rose House
Reason people stay at the Rose Houses

Coping Issues
Relationship Anxiety
Loss
Abusive relationship
Isolation/Loneliness
Mutuality
Perceived psychological symptoms

Depression
Coping with voices
Stress
Recovery
Suicidal ideation
General Anxiety
WRAP
Hospital Alternative

PEACE
Issues & Challenges

- Community Based Fear
- Employee Characteristics
- Growth & Infrastructure
- Outcomes
- Fidelity
- Replicable
- Research
Contact Information

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The Role of Peers in Crisis Management

Sue Bergeson, OptumHealth
Peer Coaching:

“Mrs. West.. would take her cat and curl up in her bath tub as her panic escalated until she finally called 911 and would then be taken to the local hospital….In many ways the hospital staff were her only friends….The peer coach taught Mrs. West self care tools like yoga breathing she could do while stressed….She brought Mrs. West to the community centered, several support groups and a few churches to help Mrs. West find some “communities” she was comfortable with and to help her start building friends….She has not been back in the ER for over six months…”

6 months pre-post, members who enroll in the program show:

- **Significant Decreases in % who use inpatient services**
  - NY: 47.9% decrease (from 92.6% to 48.2%)
  - WI: 38.6% decrease (from 71.5% to 43.9%)

- **Significant Decreases in # of inpatient days**
  - NY: 62.5% decrease (from 11.2 days to 4.2)
  - WI: 29.7% decrease (from 6.4 days to 4.5)

- **Significant Increases in # of outpatient visits**
  - NY: 28.0% increase (from 8.5 visits to 11.8)
  - WI: 22.9% increase (from 9.1 visits to 11.8)

- **Significant Decreases in total BH costs**
  - NY: 47.1% decrease (from $9,998.69 to $5,291.59)
  - WI: 24.3% decrease (from $7,555.49 to $5,716.31)
Where are Peers Working?

Crisis Respite or Step Down Services

• Recovery Response Centers /Living Room created by Gene Johnson and Lori Ashcroft
• Rose House model – Steve Miccio
• Georgia Mental Health Consumer Network _ Sherry Jenkins Tucker
Where are Peers Working in Crisis Systems

- Crisis Response Teams
- Warm lines
- Emergency Rooms
- Hospitals
- Teaching CIT for first responders
- Teach QPR for Suicide Prevention
- Leading post attempt support groups for those who attempt and other groups for family members
Optum Specific Examples and Outcomes

- Warm Line: Peer Run
- Crisis Line: Professional, training by peers on R&R and the Lived Experience
- Crisis Response Team – includes a trained peer
- Police CIT (Crisis Intervention Team) trained by Peers
- Living Room – intake by peers, focus on strengths and recovery goals
  - Ability to sleep, offered a bit of healthy comfort food (chicken soup, PBJ, etc)
  - 50% clinical and 50% peer support staff on the team.
- Team helps consumers find solutions in times of crisis, avoiding automatic hospitalization or involuntary detention.
- Stay up to 3 days, moved into hospital if clinicians and consumer agree this is needed. Involuntary commitment avoided most of the time
- Consumers reported a 91% satisfaction rate for this program.
## Optum Specific Examples and Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Prior Year FY 2009</th>
<th>Optum FY 2010</th>
<th>Optum FY 2011</th>
<th>Optum FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals Served</strong></td>
<td>12,121</td>
<td>15,262</td>
<td>15,410</td>
<td>16,005</td>
</tr>
<tr>
<td>• 32.0% increase in individuals served annually</td>
<td></td>
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</tr>
<tr>
<td><strong>Total covered county population</strong></td>
<td>1,399,846</td>
<td>1,492,221</td>
<td>1,535,745</td>
<td></td>
</tr>
<tr>
<td><strong>Reduction in Hospitalization Admissions</strong></td>
<td>123 monthly</td>
<td>99 monthly</td>
<td>79.25 monthly</td>
<td>71.6 monthly</td>
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<tr>
<td>• 32.3% reduction in hospitalizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $7.3 million est. cumulative 3-year savings</td>
<td></td>
<td></td>
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<tr>
<td><strong>Involuntary Treatment Act (ITA) Reduction</strong></td>
<td>83.6 monthly</td>
<td>56.8 monthly</td>
<td>55.8 monthly</td>
<td>57.58 monthly</td>
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<tr>
<td>• 32.1% reduction in ITA</td>
<td></td>
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<tr>
<td>• $5.0 million est. cumulative 3-year savings</td>
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<td></td>
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<tr>
<td><strong>Re-admission Rate /30 Days</strong></td>
<td>12.6%</td>
<td>8.6%</td>
<td>10.75%</td>
<td>8.45%</td>
</tr>
<tr>
<td>• 26.5% reduction in re-admission rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $0.5 million est. cumulative 3-year savings</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Inpatient Bed Days /1,000</strong></td>
<td>19.60</td>
<td>12.13</td>
<td>12.37</td>
<td>13.73</td>
</tr>
<tr>
<td>• 35.0% below state average</td>
<td></td>
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<td></td>
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<tr>
<td>• $12.0 million est. cumulative 3-year savings</td>
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</tbody>
</table>
Resources

• ACHMA Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services 2015

• Hospital Diversion Services: A Manual on Assisting in the Development of a Respite/Diversion Service in Your Area

• Paving New Ground: A guide for peers working in Hospitals
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Common Ground

- Core Purpose: *Helping people move from crisis to hope*
- Recognizes crises include behavioral health, basic needs, legal issues, victimization, the need to reach out for help by calling, texting, computer chatting, and walking in to the crisis center any time.
- Alternatives to Emergency Department, as they are not equipped to effectively address behavioral health crises.
- People need/want alternatives to hospitalization.
Oakland County Resource & Crisis Center
Front Lobby
“Too often, public systems respond as if a mental health crisis and danger to self or others were one and the same. In fact, danger to self or others derives from common legal language defining when involuntary psychiatric hospitalization may occur- at best, this is a blunt measure of an extreme emergency. A narrow focus on dangerousness is not a valid approach to addressing a mental health crisis. To identify crises accurately requires a much more nuanced understanding and a perspective that looks beyond whether an individual is dangerous or immediate psychiatric hospitalization is indicated.”

-SAMHSA
Resource & Crisis Center
Services with Peer Specialists

• Crisis Intervention and Recovery Team (CIRT)- mobile crisis team for people accessing emergency departments, crises in the community, etc.
• Oakland Assessment & Crisis Intervention Services (OACIS)- Provides crisis intervention, support, assessment, and linkages as an alternative to psychiatric hospitalization.
• Crisis Residential Program- 10 bed alternative to psychiatric hospitalization.
• The Sanctuary- Six bed youth crisis shelter for ages 10-17. Up to 3 week stay with intensive family involvement. Youth that have/at risk of runaway, and out of home respite.
• SaYes Theatre Troupe- Youth write and perform storylines that impact all youth (bullying, substance use, suicide, etc.).
CIRT- Mobile Crisis Team

- Staff includes Certified Peer Support Specialists, master level clinicians who work as a team.
- Crisis intervention and assessment is face-to-face in the community with the goal of de-escalating the crisis situation and developing a Relapse Prevention Plan with the person served.
- CIRT staff meets with the person every 1-2 days for up to thirty days for additional crisis support and referral services (e.g. counseling, housing assistance, food assistance, etc.).
- CIRT services are designed to assess clinical need, reduce symptoms, initiate co-occurring treatment including stage matching, activate resiliency strengths, and to facilitate transition to on-going resources.
Crisis Residential

- Staff includes peers, psychiatrist, nurse, clinicians, art therapists, follow-up specialist
- Exercise Room
- Expressive Arts
- Pet Therapy
- External Support Groups (AA/NA)
- Recovery Group (Peer led)
- Guest Computer Station
- Private Bedrooms
OACIS

- Trauma informed environment, Recovery oriented approach
- “No Force First” environment
- Open 24/7
- Up to 24 hour support in a 24/7 secure environment
- 8 adult beds w/private rooms and large common area
- Mobile Team on site for back-up and continuity
- Two bed nook for people with I/DD
- Weighted blankets, sensory cart (music, drawing, tactile objects, etc.)
- Emergency entrance for ambulance and police
- Shower, laundry, snack, bus tickets, and some basic need products
- Emergency Assessment for inpatient
- RN for ED coordination, health services, medication administration
- Psychiatry for medication review, evaluation
- Certified Peer Support Specialists as Recovery Coaches
- Licensed Master Clinician
Benefits of Peers as Critical Team Members

• Informs and ensures trauma informed environment, and recovery approaches

• Demonstrated evidence that people with disabilities can recover from crises and hope for their future.

• Better outcomes:
  ➢ Reduction in hospitalization
  ➢ Reduction in emergency department usage for mental health/substance use
  ➢ Low recidivism rate (3.3% in Crisis Residential as compared to 15% hospital recidivism)
Crisis Center Data

April 13 – March 14

• Total presenting at the RCC = 6,505*

• Average per month = 500

• # by ambulance = 764

• # by police = 385

• All other = 4856

• 38% of people that arrived on a petition and/or clinical cert were hospitalized (62% were “decerted”)

• # of people that would have gone to the ED is there wasn’t a Crisis Center = 4,477

*Does not include VAP or Legal Clinic
## Hospitalization Outcomes

<table>
<thead>
<tr>
<th>Year</th>
<th>Paid Out</th>
<th>Budget</th>
<th>Difference</th>
<th>Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>11,699,959</td>
<td>12,263,243</td>
<td>563,284</td>
<td>2,028</td>
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<tr>
<td>2012</td>
<td>10,735,987</td>
<td>12,736,064</td>
<td>2,000,077</td>
<td>1,543</td>
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<tr>
<td>2013</td>
<td>10,459,780</td>
<td>11,630,024</td>
<td>1,170,244</td>
<td>1,513</td>
</tr>
</tbody>
</table>
The Trauma of a Mental Health Crisis: A Peer Perspective

• The psychiatric emergency is in and of itself traumatic
• Forcibly removed from one’s home
• Taken into police custody
• Handcuffed and transported in the back of a police car
• Evaluation in the ED
• Transfer to a psychiatric hospital
• Civil commitment hearing
• High likelihood of physical restraint, seclusion, involuntary medication or other coercion may be used
• Intense feelings of disempowerment are definitional of mental health crises, yet as the person becomes the subject of a “disposition” at each juncture, that person may experience a diminishing sense of control

Excerpt from- Practice Guidelines: Core Elements for Responding to Mental Health Crises www.samhsa.gov
Peer Support Specialist as Critical Team Members Lessons Learned

- Hiring peers without a recovery focused model of practice is a set up for failure.
- Develop a meaningful training program for peers and ALL staff.
- Hire the best of the best, especially in crisis environments.
- Address staff attitudes of hiring peers as team members.
- Don’t segregate peers as their own group of employees, they are part of a larger team.
- Ensure peers have meaningful roles and serve all people.