

# The Power Of Peer Services

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National Dialogues on Behavioral Health  
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Harvey Rosenthal, NYAPRS

# New York Association of Psychiatric Rehabilitation Services (NYAPRS)

A peer-led partnership and state and national change agent that is dedicated to improving services, social conditions and policies for people with mental health and trauma related conditions by promoting their recovery, rehabilitation, rights and full community integration and inclusion.

**Advocate**

[www.nyaprs.org](http://www.nyaprs.org)

**Educate**

[harveyr@nyaprs.org](mailto:harveyr@nyaprs.org)

**Demonstrate**

<https://www.nyaprs.org/enews-signup>

# Today's Charge

- Unique value of peer run services
- Key principles and practices
- Workforce roles, training and qualifications
- Diversity of models, settings and data

**Everyone has a Recovery Story**

**Everyone Can Heal, Learn, Recover**

# Courtenay Harding

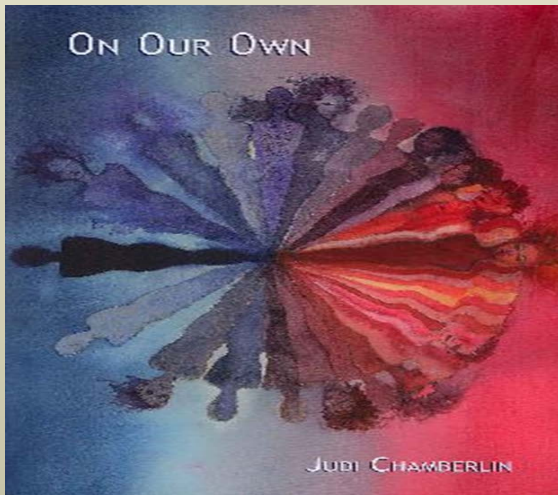


## “Maine and Vermont Three-decade Studies of Serious Mental Illness” Harding et al 1978

- Compared outcomes for long stay state hospital residents in Maine and Vermont from the 1950's to the 1970's
- Vermont subjects participated in a model psychiatric rehabilitation and community discharge program, while the Maine group received more traditional care.
- 2/3 of the Vermont group experienced substantive recoveries
  - having a social life indistinguishable from your neighbor
  - holding a job for pay or volunteering
  - no longer experienced symptoms of mental illness
  - no longer taking medication

# 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*



# Pat Deegan

Conspiracy of Hope    Personal Medicine



<https://www.patdeegan.com/>

# Mary Ellen Copeland Wellness Recovery Action Plans



<https://copelandcenter.com/>

# Shery Mead

## Intentional Peer Support



<https://www.intentionalpeersupport.org>

# Key Values

- Recovery is expected
- Choice, Hope, Dignity are essential
- Integration and Inclusion, Meaningful Work, Economic Self-Sufficiency, and Housing and Social Support
- Breaking the cycles of recidivism

# Learning to Listen and Look

- Within each one of us there is a unique person.... there's always more going on than what we see (beyond clinical and functional assessments, visits and outcomes and billable hours)

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

# Key Practices

- We start where people are, both as to where they live and what they most want....
- We see the world through the eyes of the people we support
- We share our stories and offer hope, empathy and example
- We are honest, reliable and relentless



# Starting Where the Person Is

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

# 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

- Recovery centers
- Respite centers
- Crisis warm lines
- Peer run supported housing and employment services
- Peer bridgers, mentors, navigators, coaches

## 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
- OASAS certified Addiction Recovery Coaches

# Compensation

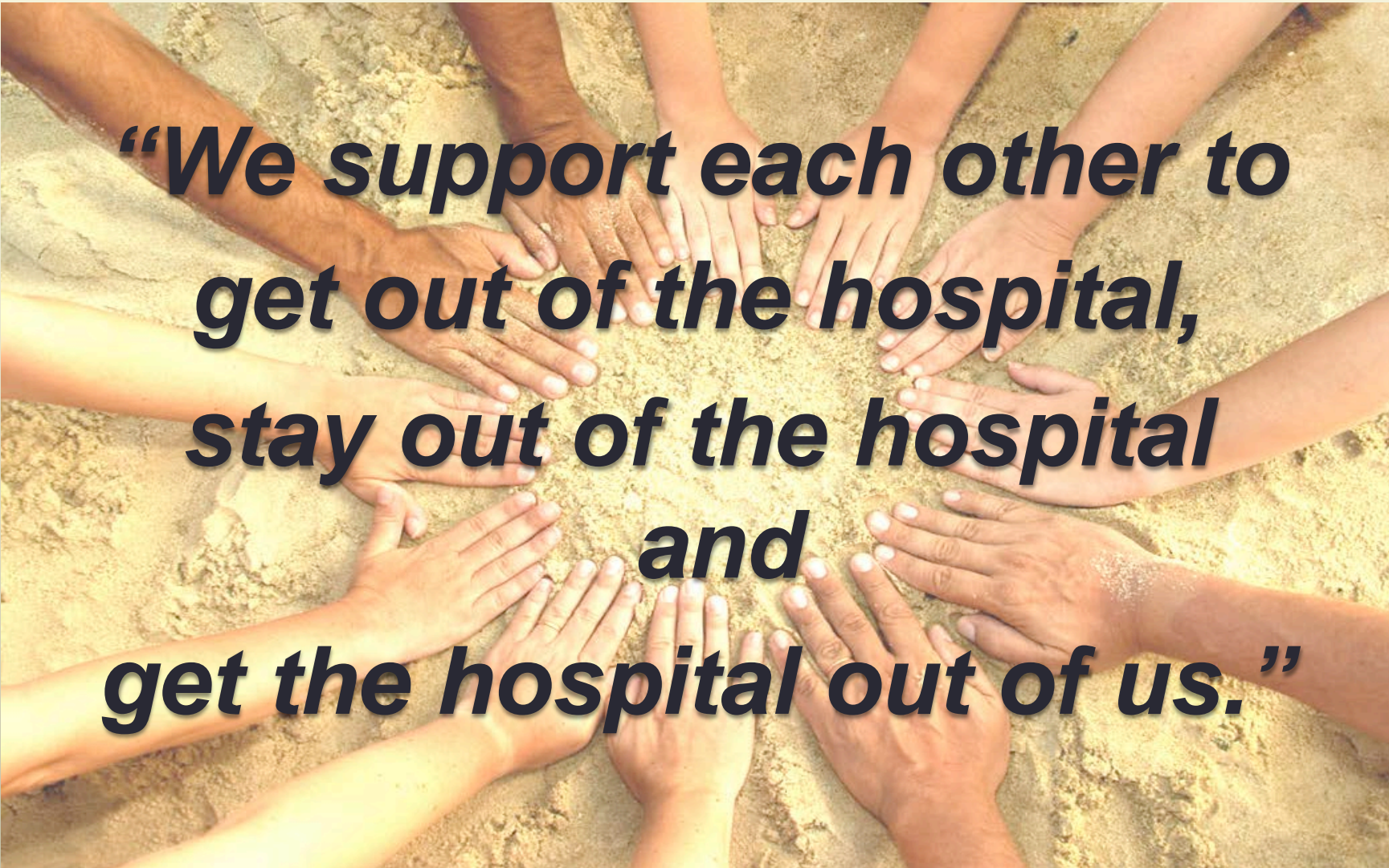
## From Entry Level Jobs to Careers

- 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

# The Models and the Evidence

## The Peer Bridger Mission



***“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 Community Engagement Peer Bridger Model

- Working with NYC based individuals with multiple behavioral health related needs, very frequent use of emergency and inpatient, unstable housing and little to no engagement with services and supports
- Results: 47.9% reduction in those using inpatient services, 62.5% in inpatient days, 41.7% in Medicaid spend, from \$9,900 to \$5,200 (Optum 2013 Data)

# Housing Options Made Easy

## Peer Bridging Outcomes

- 1.7% Hospitalization Rate over the last 12 months: 2.5% Incarceration Rate over the last 12 months
- 98% Residential Stability: 98% (past 12 months)
- 100% Community Linkages: 100%
- 48% Primary Care Linkages

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- 67% Primary Care follow-up
- Peer Bridgers support 19 participants  
[joe@housingoptions.org](mailto:joe@housingoptions.org)

# NYAPRS 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

# PEOPLE, Inc Peer-run Crisis Respite Houses

- Rose House is a successful 100% peer-run alternative to psychiatric emergency rooms and inpatient settings
- It features a week long stay in a warm and welcoming home like environment
- College of St. Rose study showed that over 88% of individuals served did not get readmitted in the following year
- steve
-

## Housing Options Made Easy Crisis Warm Line

Operate 1 shift per day (1  
staff person)

In 2017 received over 5,000  
calls and nearly 700 text  
conversations

Demand is greater than what  
the agency is currently able  
to provide



# Georgia Forensic Peer Mentor Goals

- Participation in transition planning
- Provision of mentorship
- Maintenance of small caseload, 1:20
- Functioning as bridge between returning citizen and community
- Linkage to services and supports
- Reduce recidivism
- Reduce psychiatric hospital re-admission

# Georgia Forensic Peer Specialist Roles

- Support people during their involvement in the Criminal Justice System
- Promote Recovery Principles including Self-Advocacy
- Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves
- Educate the individual and all stakeholders in the Criminal Justice System about BH Recovery
- Inspire hope through shared life experiences
- Develop positive relationships that facilitate bridging transition
- Assist individuals with understanding and navigating the Criminal Justice System



# Georgia Forensic Peer Specialist Roles

- Aid in finding and utilizing resources to support behavioral health needs
- Aid individuals to complete parole/probation requirements
- Reduce the time Behavioral Health Consumers stay in jail/prison due to the lack of community supports, housing options and resources
- Focus on the needs of individuals with serious psychiatric disorders and/or co-occurring challenges
- Offer an effective base of services that includes competent, supportive persons
- Incorporate wellness tools (Crisis plans, WRAP, SMART)

# From Incarceration to Rehabilitation



159 Brightside Avenue  
Central Islip, NY 11722  
(631) 234-1925  
[HALI88.org](http://HALI88.org)

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

# 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 you will need to do to maintain your freedom

# Forensic Program Outcomes

## since January 2016

- Served 198 Individuals Post Release
- 89% Continue Engagement and have Remained Successfully Living in the Community
- 95% Requested Ongoing and Additional Assistance
- 90% Followed Up with Appointments
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# Forensic Program Outcomes since January 2016

- 82% Decreased Police Involvement
- 93% Decreased Hospitalizations
- 90% Physical Conditions Improved
- 84% Drug/Alcohol Use Decreased, or Stopped Completely

# Hands Across Long Island

## Homeless Outreach and Linkage Mobile Shower Unit

- Served 278 Individuals since November 2016
- Led to 92% Returned; 73% Requested Assistance; 42% Followed Up with Appointment
- Results: Decreased Police Involvement, Hospitalization, Illness and Drug/Alcohol Use

# Housing Options Made Easy

## Peer-run Supported Housing Western NY

- Currently operate over 400 supportive housing slots in 6 of the 9 counties we serve that offer choice. The types of slots: OMH, HUD, Medicaid Redesign Team, Reinvestment, Long Stay and transformation slots
  - 96% reduced behavioral health hospital admissions
  - 92% reduced emergency room visits
  - 98% stayed in the housing of their choice for 6 months or more
  - 98% are satisfied with peer services they receive



# Renewal Center Engagement Service

As a guest in the Renewal Center you will be able to:

**Hours:**

**Open Every Day 3 to 11 pm.**

**Just Walk In**

Experience a setting filled with hope, strength, resources and peacefulness.

Talk to a medical health professional along with peer specialists and be assessed if needed

Referral, linkage and access to community resources that are specific to your need.

Have immediate access

Have a peer specialist's assist with your linkage and follow through the guest

Engage with all services in Erie County



# **Social Determinants of Health**

## **Whole Person, Whole Health**

- Unstable housing or homelessness
- Poverty and joblessness
- Inadequate social supports, isolation
- Hopelessness
- Addictions
- Trauma, chronic sense of chaos and crisis
- Disorganization and chaos
- Multiple medical needs

# Engagement to Crisis Stabilization

- Harm reduction model
- Wrap around funds allow us to address most pressing needs at the outset; crisis housing
- We are available “off-hours” because crisis seldom happens 9 to 5

# 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

# Separate and Equal Partnerships

- We hire, train and supervise
- We collaborate with health plan care managers and hospitals but do not work for them
- We are not a 7 or 30 day relationship based on someone else's agenda (HEDIS)
- No HEDIS without hospitalizations

# The Fidelity Assessment Common Ingredients Tool (FACIT)

SAMHSA-endorsed fidelity tool developed by consumers & researchers.

- ▶ To be used at Peer Support Programs to assess the implementation of evidence based practices
- ▶ Divided into 3 primary **Domains** and 5 **Common Ingredient** areas that assess Key areas of the Peer Support program
- ▶ See handouts for SAMHSA Evidence Based Practice toolkit for information on how to use the FACIT to evaluate your program



# FACIT Scoring

## Structure

- 1. Operating Structure
- 2. Environment

→ 21 Items

## Values

- 3. Belief Systems

→ 9 Items

## Processes

- 4. Peer Support
- 5. Education
- 6. Advocacy

→ 16 Items

# FACIT Scoring Cont'd

Each item in the FACIT has the following:

- ← DEFINITION -the ideal state for each practice when implemented
- ← Example “a sense of personal strength and efficacy, with self-direction and control over one’s life”
- ← Anchors (scores) statements that best describe the status of the item (4-5 statements)
- ← Evaluators choose one of the (4-5) and enters as score

# Sustainability of Peer Support

**People need it**

**Peers can offer it**

**Payers want it**