Alternatives to Hospitalization:
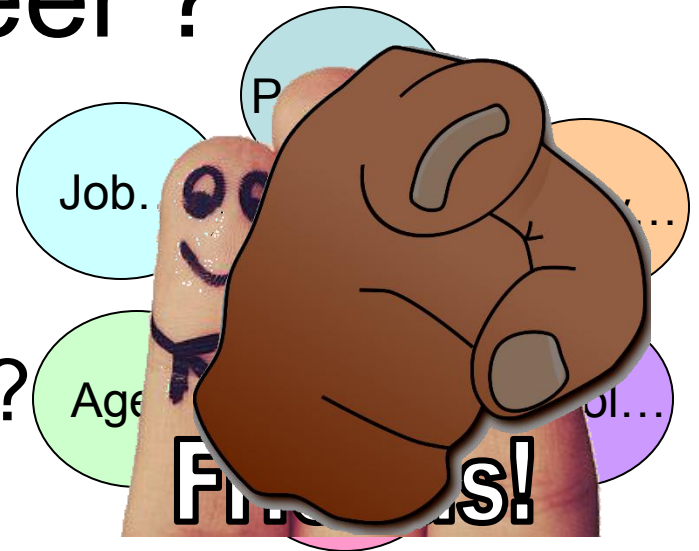
Effective Peer-to-Peer Approaches to Crisis Response

What is 'Peer'?

Pop Quiz:

1. Who is your 'peer' group?

2. What is the most common source of 'peer' support for a majority of people?

3. When among your peers, who is the expert?

What is 'Peer'?

In the context of 'mental health', Peer =

- Some common experience or frame
- Recognizes you are the expert of you
- Way of relating that is not rooted in fixer/fixee roles
- Focused on mutual learning and growth
  And
- Is as free of power imbalances as possible

3 Frameworks for Paid Peer-to Peer Support

1. Peer-to-peer supports within a grassroots, peer-to-peer organization

2. Peer-to-peer supports embedded within traditional clinical systems

3. Peer-to-peer supports embedded within traditional clinical systems but employed & overseen by peer-to-peer organizations
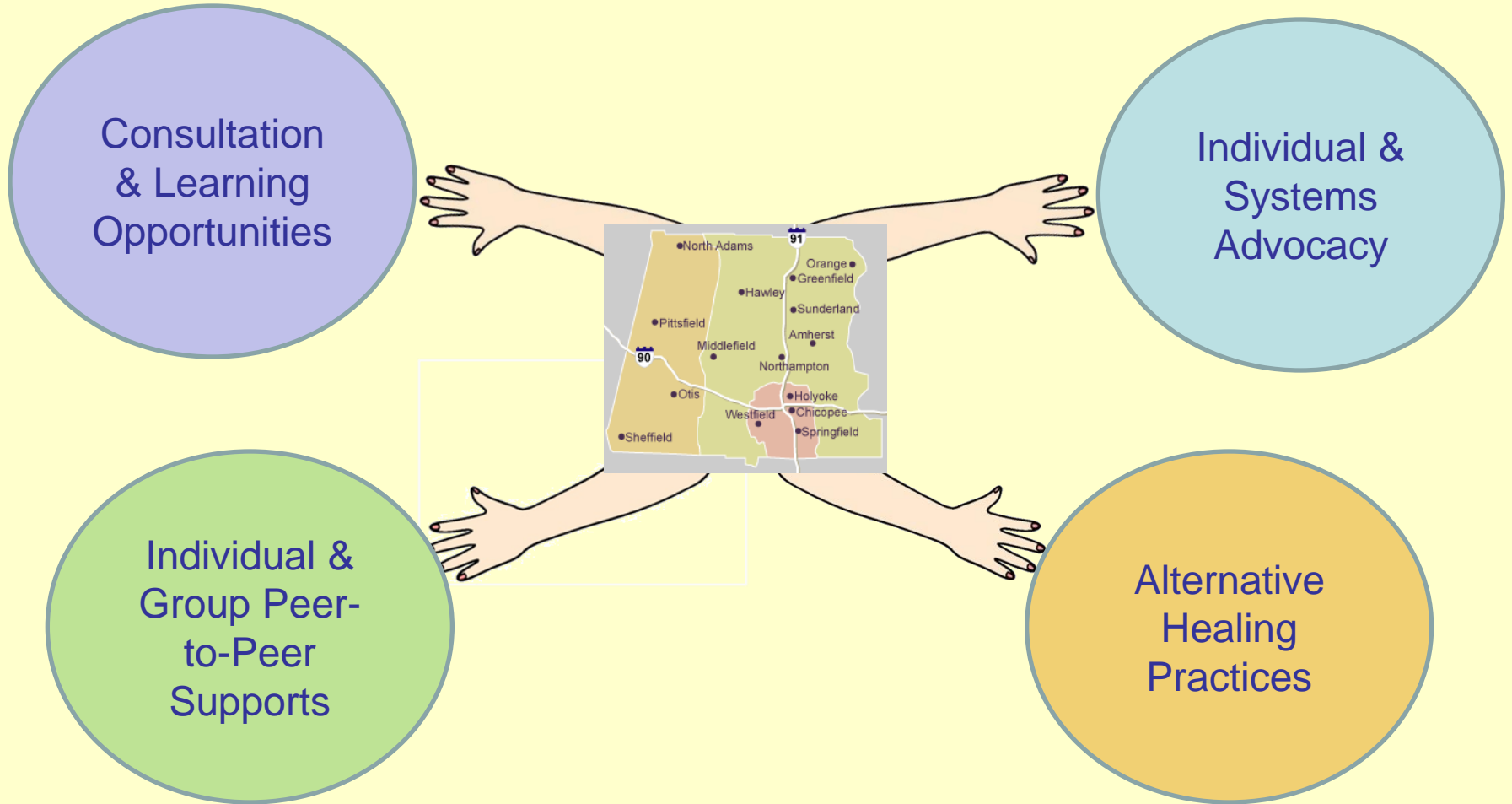
Afiya Respite House
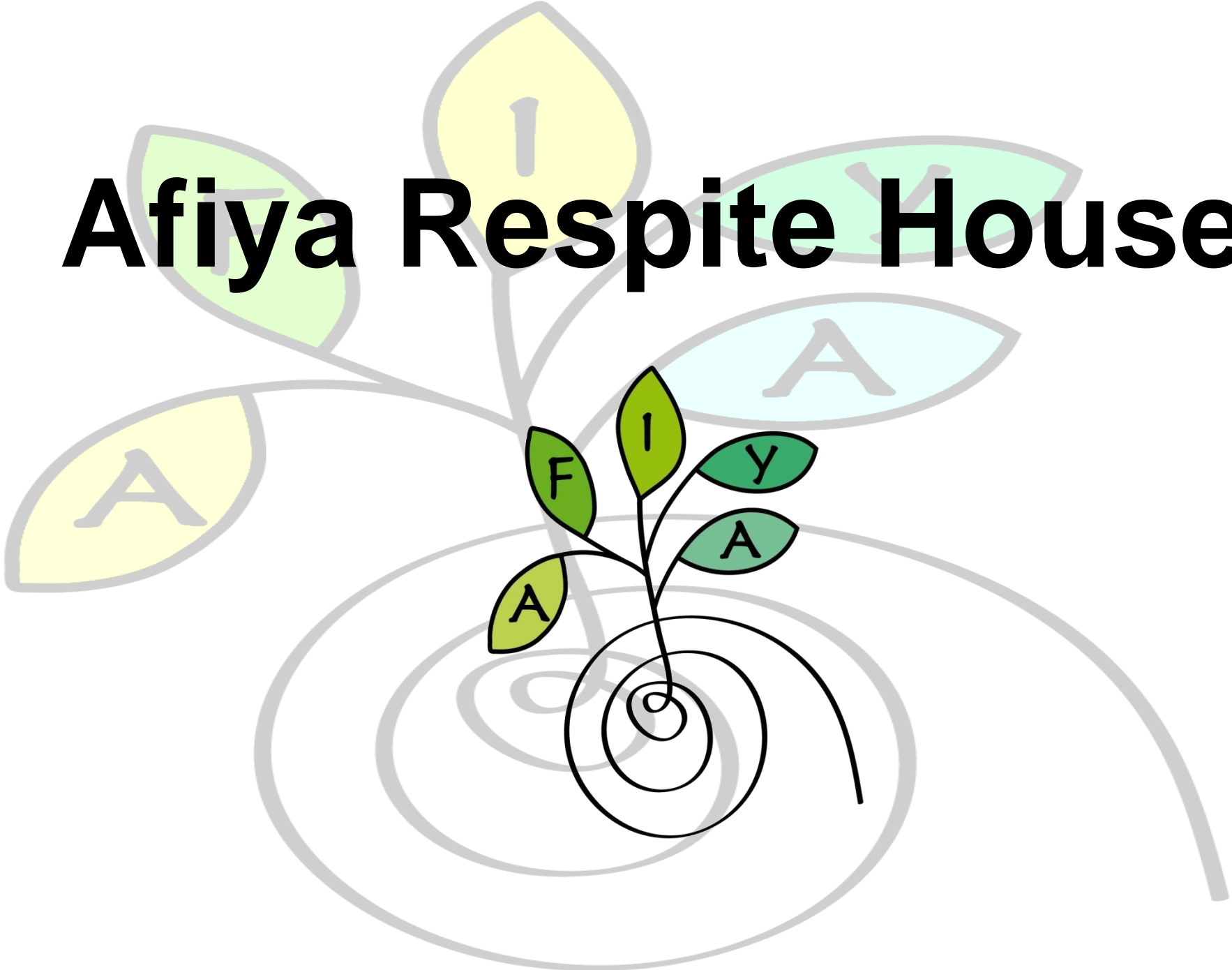
Afiya Quick Facts

- Opened on Saturday, August 4th, 2012
- 'Groundhogs' group met for two years prior to vision and advocate for a 'peer' respite
- No relationship to clinical services (where they are in the position of 'expert')
- Afiya is a part of the Western Mass Recovery Learning Community (RLC)

Western Mass RLC
4 Arms

Consultation & Learning Opportunities

Individual & Systems Advocacy

Individual & Group Peer-to-Peer Supports

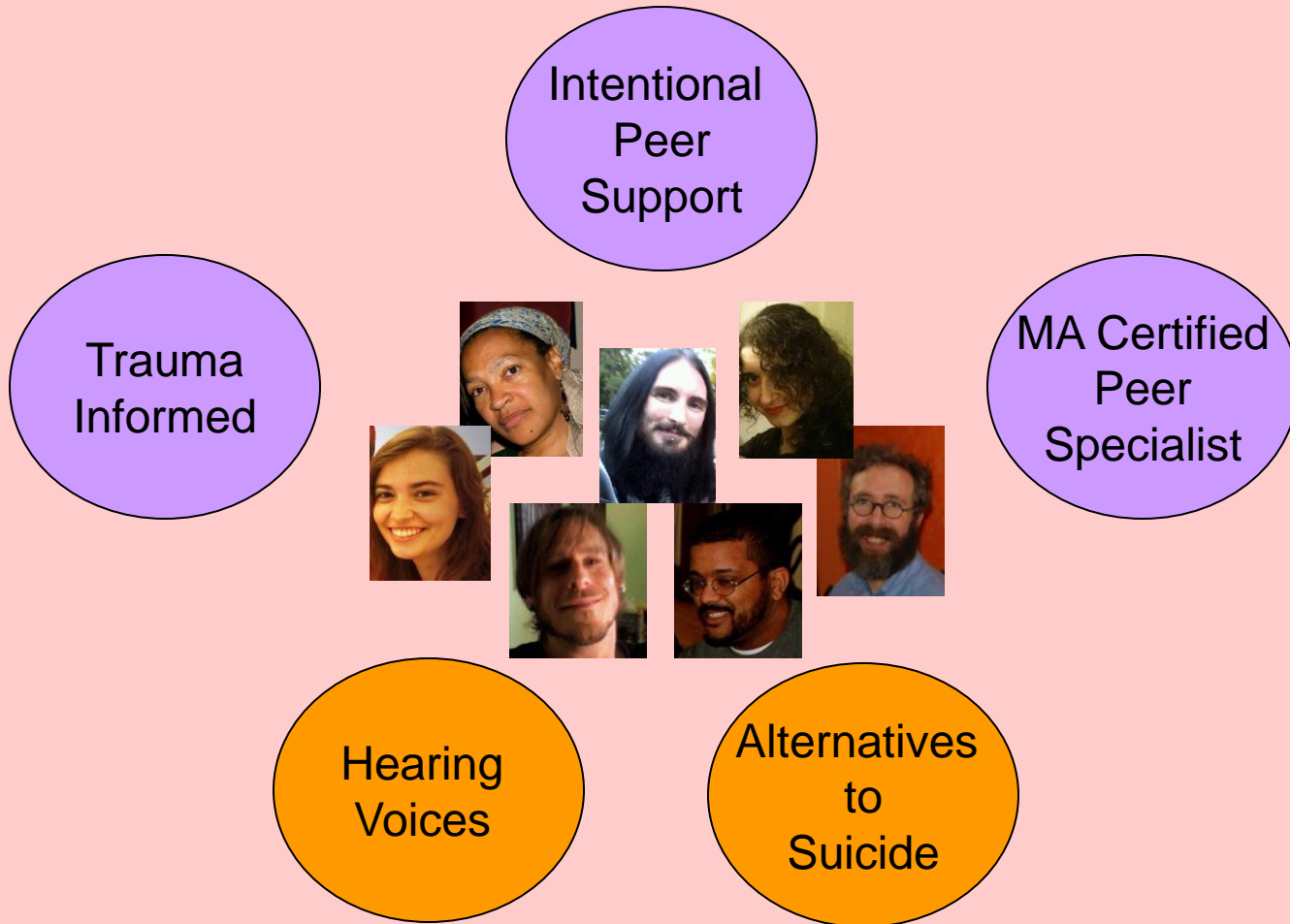**Alternative Healing Practices**

Afiya's Mission
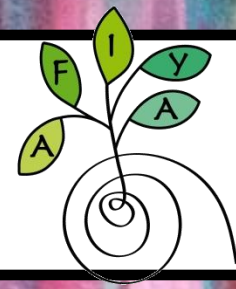
Afiya strives to provide a safe space in which each person can find the balance and support needed to turn what is so often referred to as a 'crisis' into a learning and growth opportunity.

Team & Training

Intentional Peer Support

Trauma Informed

MA Certified Peer Specialist

Hearing Voices

Alternatives to Suicide

Afiya Highlights

- All who work there (as with the whole RLC) identify as having their own experiences with psychiatric diagnosis, trauma, addiction, etc. and are willing to talk about it
- No routine questions about diagnosis, medications, or history
- No office or 'staff only' spaces
- Continued access to the community while staying in the space
- No required meetings or groups
- In addition to access to community spaces, each person staying at Afiya has their own private bedroom
- A shift in focus—Away from traditional approaches like treatment plans, assessment, etc. to being with, making meaning of, etc.

Who comes to Afiya?

Top Reasons People Give at First Contact:

- Increased anxiety and depression
- Increased struggle with self-injury
- Increased struggle with suicidal thoughts
- Increased struggle with addiction/sobriety in conjunction with other emotional difficulties
- Increase in hearing distressing voices or unusual thoughts
- Recent trauma or major loss
- Avoiding hospitalization

Outcomes

Overall Ratings
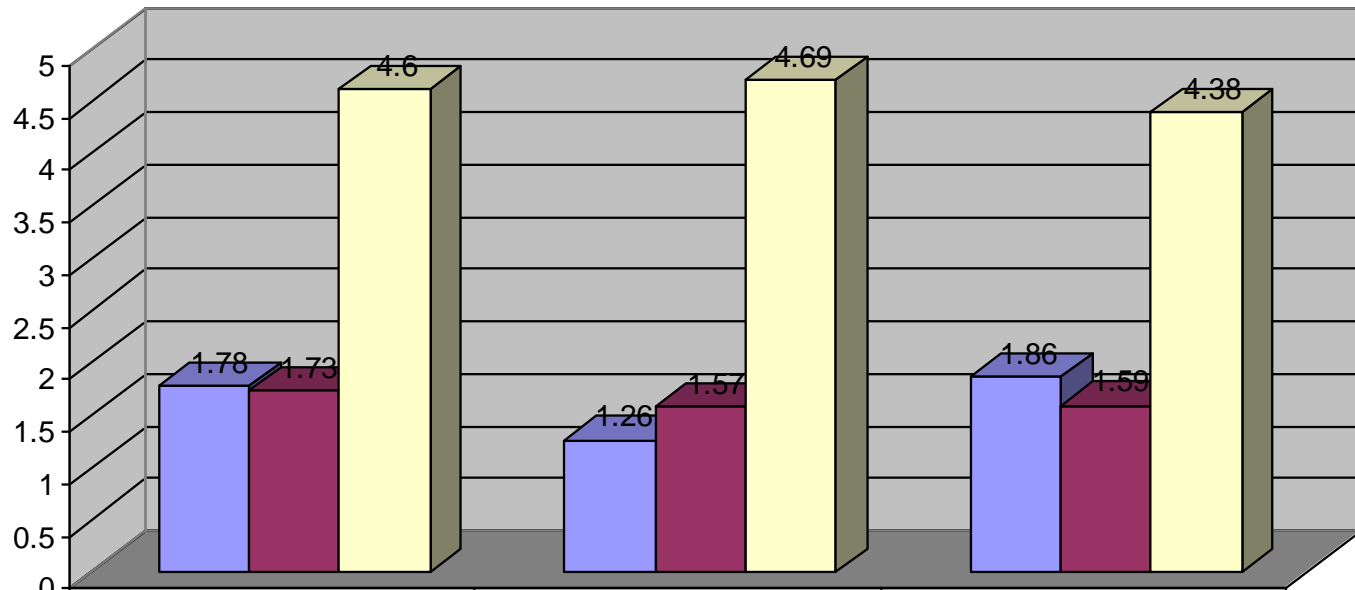
	Dignity	Choice	Positive Outcome
■ Hospital	1.78	1.26	1.86
■ Clinical Respite	1.73	1.57	1.59
□ Afiya	4.6	4.69	4.38

Outcomes

Top Five Areas of Positive Change:

1. New coping tools learned/used

2. Less frequent hospitalization

3. Improved mental/emotional/spiritual health

4. Self-advocacy

5. Setting goals

What is Crisis?

An emotionally significant event or radical change of status in a person's life

An unstable or crucial time or state of affairs in which a decisive change is impending

A situation that has reached a critical phase

Merriam-Webster online dictionary

2014 National Dialogues on Behavioral Health

Magellan HEALTHCARE.

Factors Affecting Crises

Factors affecting crises cycle:
- Lack of access to essential services and supports
- Poverty, homelessness, challenging living situations
- Trauma
- Co-occurring and co-morbid health conditions
- Victimization and discrimination
- Cultural beliefs and practices

Magellan HEALTHCARE.
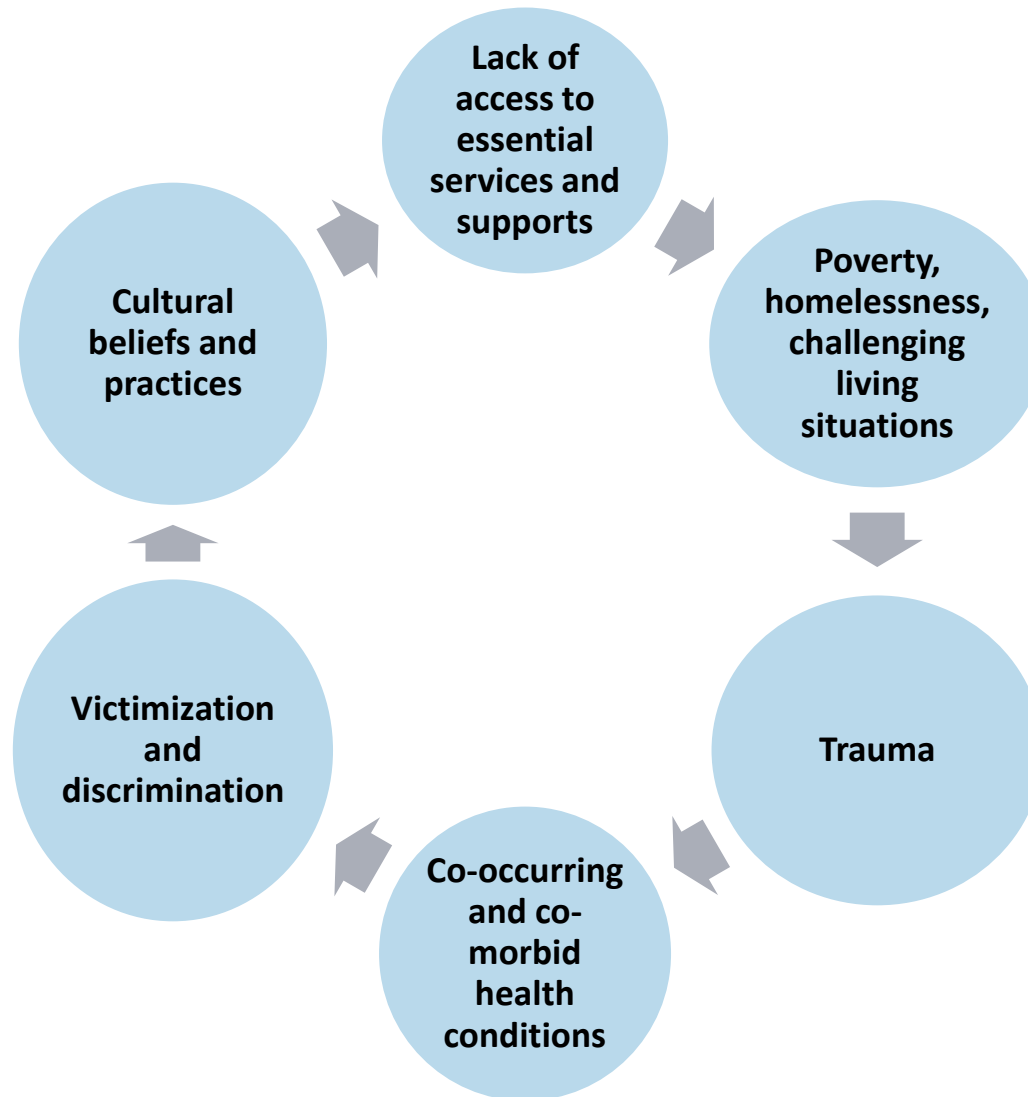
The Context of Change

To give a different position, course, or direction to	To pass from one phase to another	To undergo transformation, transition, or substitution

Responding to Mental Health Crisis: Ten Essential Values

1. • Avoiding Harm

2. • Intervening in Person-Centered Ways

3. • Shared Responsibilities

4. • Addressing Trauma

5. • Establishing Feelings of Personal safety.

2014 National Dialogues on Behavioral Health

Magellan HEALTHCARE.

Responding to Mental Health Crisis: Ten Essential Values

6. • Based on strengths.

7. • The Whole Person.

8. • The Person as credible source.

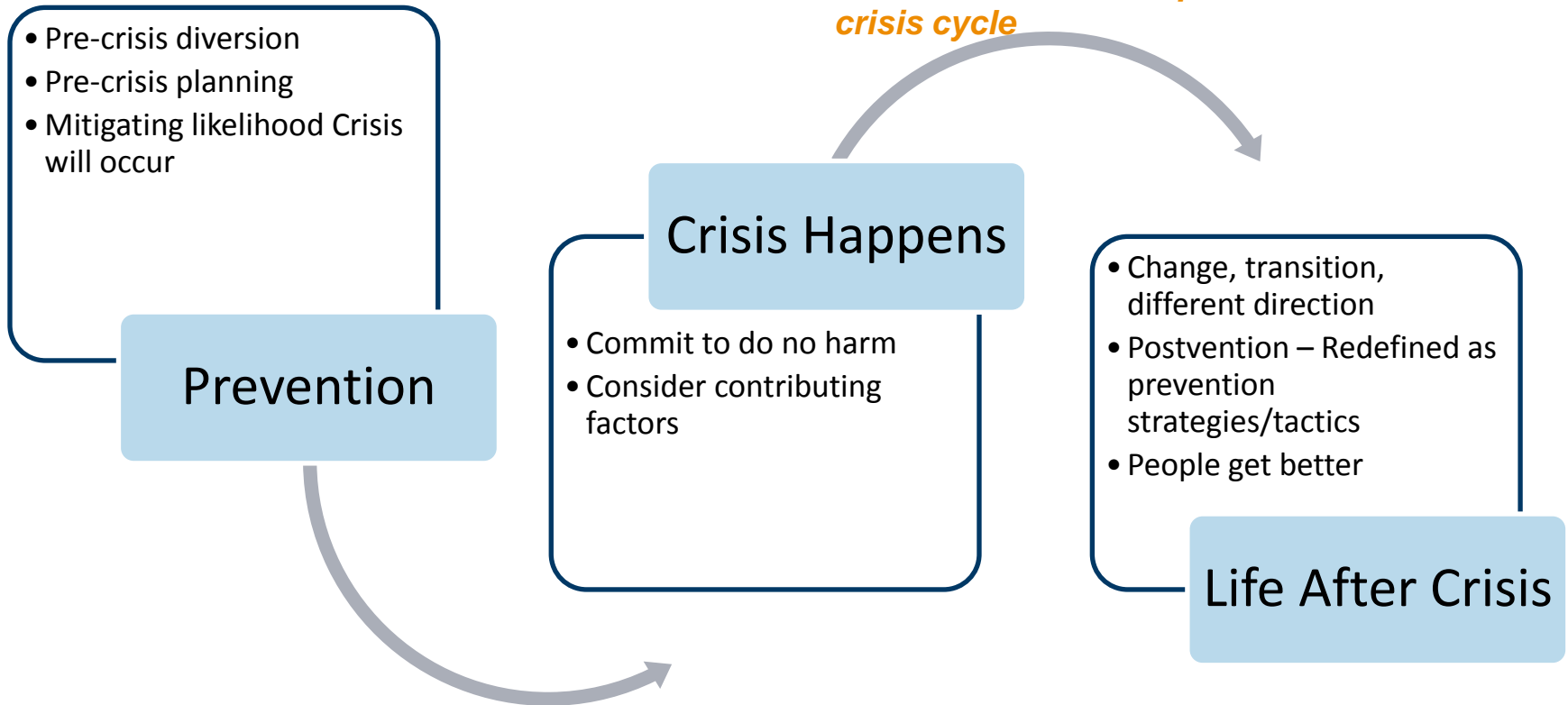9. • Recovery, Resilience and natural supports.

10. • Prevention

Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009.

2014 National Dialogues on Behavioral Health

Magellan HEALTHCARE.

Alternatives to the Crisis Cycle

This is the point where lessons learned, individual transformation, and new directions can interrupt the crisis cycle

- Pre-crisis diversion
- Pre-crisis planning
- Mitigating likelihood Crisis will occur

Prevention

Crisis Happens

- Commit to do no harm
- Consider contributing factors

- Change, transition, different direction
- Postvention – Redefined as prevention strategies/tactics
- People get better

Life After Crisis

2014 National Dialogues on Behavioral Health

Magellan HEALTHCARE.

Types of Peer Support

Emotional	• Demonstrate empathy, caring, or concern to bolster person's self-esteem and confidence.
Informational	• Share knowledge and information and/or provide life or vocational skills training.
Instrumental	• Provide concrete assistance to help others accomplish tasks.
Affiliational	• Facilitate contacts with other people to promote learning skills, create community, and acquire a sense of belonging.

Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

Magellan HEALTHCARE

Peer Support: Practical Alternative Strategies

Peer-run Warmlines

- Non-crisis telephonic peer support and social contact
- Non-judgmental resource for the entire community
- Important role in preventing crisis and utilization of high-cost crisis services [3]

Resource for the Community

- No criteria for callers; anyone can call
- Anonymity is an important aspect
- Approximately 97% of callers were repeat users (Milwaukee)[3]

Magellan's Experience

- Support for Maricopa County, AZ; Louisiana; Virginia
- Reinvestment monies or administrative cost
- Data collection – opportunities and challenges

[3]*Larson, L., Malcolm E., and Tikkanen, A. (2010) Warmline Inc: A Description of Services, Caller Voices, and Community Perspectives, Planning Council for Health an Human Services, Milwaukee, WI*

Magellan HEALTHCARE

Louisiana Warmline Data

- *Louisiana Warmline operated under contract with Start Corporation*

- *All peer warmline operators have received specialized training*

- *Open to anyone in Louisiana, but receives out-of-state calls, too*

- *Targeted outreach to first responders, ERs, etc.*

Inbound WarmLine Calls Summary Report											
Call Data	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Total Calls Answered		3	27	73	61	40	56	75	176	125		
Total Minutes		28	373	443	1061	661	921	1479	2923	2513		
Avg. Call Length		9.3	14.9	6.3	17.4	16.9	16.4	19.7	16.6	20.1		
Min. Call Length		3	1	7	0	2	0	0	1	1		
Max. Call Length		20	72	36	62	69	68	132	93	110		
Veteran		0	0	1	1	1	1	4	2	1		
Medicaid		1	3	10	21	24	33	49	125	77		
Medicare		1	9	26	32	25	33	49	125	78		
Private Insurance		0	1	0	8	23	31	42	122	71		
First Time Caller		0	12	28	37	24	44	53	140	110		

Magellan HEALTHCARE

Peer Support: Practical Alternative Strategies

Direct Peer Support
- Evidence-based Practice
- Large body of literature showing effectiveness
- Various roles in various settings

Trainings, Tools and Resources
- Training needs – grounded in value of unique experiential knowledge
- Moving towards wellness – informed supports (PSWHR model)
- Wellness Recovery Action Plans ® incorporate self-determined strategies to address pre-crisis, crisis, and post-crisis experiences

Magellan's Experience
- Internal and external peer supporters in various roles
- Internal part of admin load; external through reinvestment, claims, or admin load
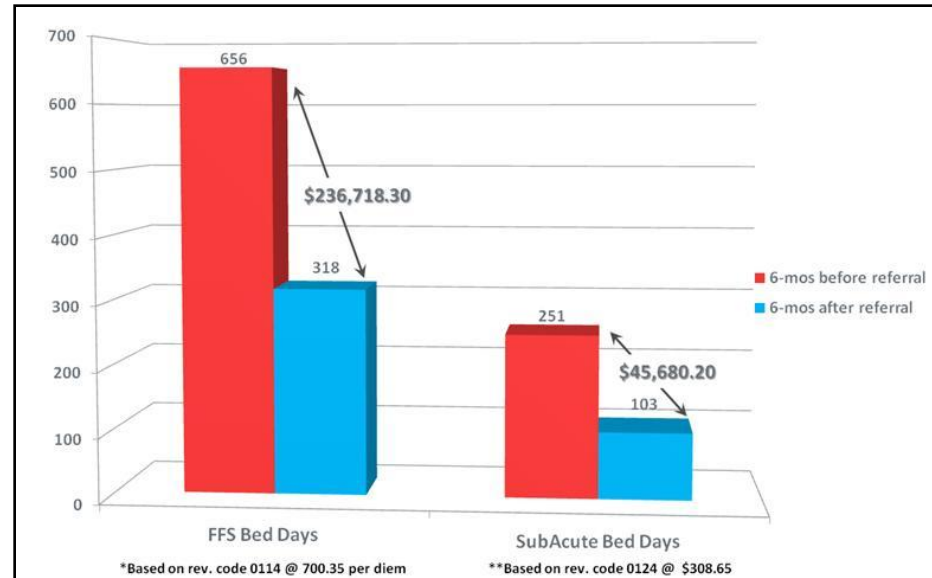- Data collection – opportunities and challenges

[3]*Larson, L., Malcolm E., and Tikkanen, A. (2010) Warmline Inc: A Description of Services, Caller Voices, and Community Perspectives, Planning Council for Health an Human Services, Milwaukee, WI*

Magellan HEALTHCARE

Direct Peer Support: Real World Examples
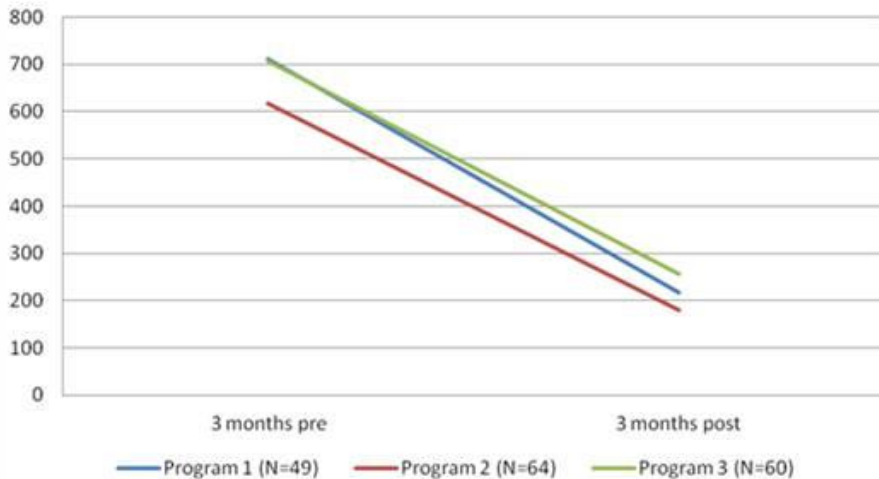
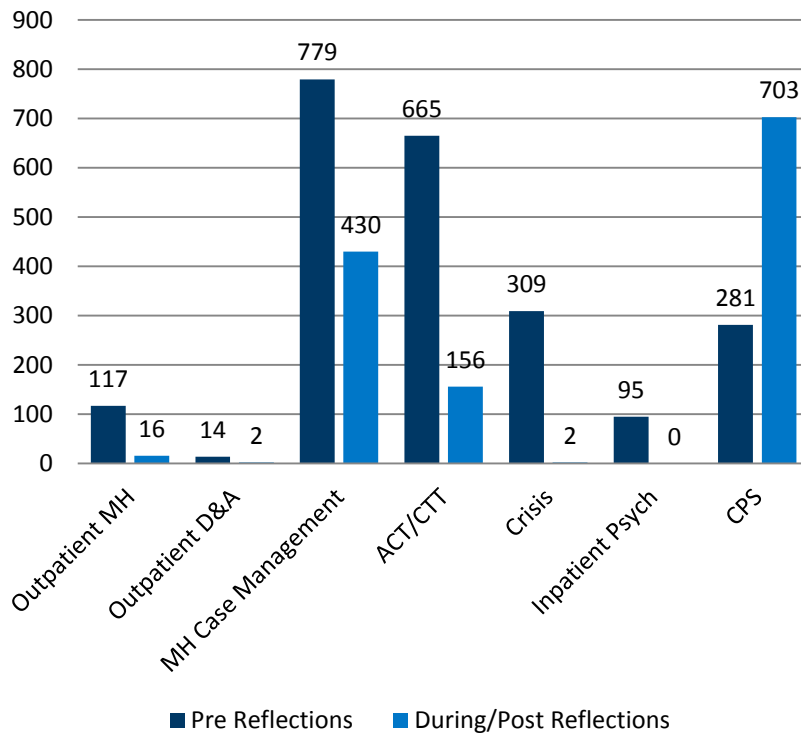*Florida internal Peer Recovery Navigator team – admin $*

Maricopa Crisis Transition Navigator – short term external peer support – claims (encounterable events)

Peer Respite: Real World Examples Reflections Program

Figure 4: Combined Utilization of Magellan Services Pre and During/Post Reflections Stay

- **The average length of stay at Reflections was 12 days; the minimum was 2 days, and the maximum was 44 days.**

- **Inpatient psychiatric utilization** _decreased from 95 days prior to Reflections admission to 0 days during/after admission._

- **Crisis services** _decreased 99%, from 309 "units" prior to Reflections admission to 2 units during/after admission._

- **Outpatient mental health utilization** _decreased 86%, from 117 units prior to Reflections admission to 16 units during/after admission._

- **CPS utilization** _increased 150%, from 281 (about 17 hours per member) to 703 (about 41 hours per member)_

Magellan HEALTHCARE.

Contact Information
Tlane@Magellanhealth.com

Visit our e-Learning Center at
www.magellanhealth.com/training

-Peer Support Whole Health and Wellness e-news
-Health Education/Literacy resources
-Archived webinars
-No cost e-courses
-Links to other resources

Thank You All!

2014 National Dialogues on Behavioral Health

Magellan HEALTHCARE.