

***PEER SUPPORT:
Fostering Hope, Recovery,
Purpose and Community***

Harvey Rosenthal
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What it Was Like

I didn't know what had happened and what my life would or could become

How people treated and talked to me told me what was possible

What People Were Told

- Life sentence = permanent disability
- Regular relapses and readmissions are inevitable
- You will never marry = isolation, 'socialization activities'
- You will never work = loss of identity and role; idleness, poverty
- Fostering dependency = loss of choice and agency
- Boundaries, distance, de-personalization and dependency

What I Was Told

- “It’s just the illness...”
- “Vocational rehabilitation is not an option”
- “The term recovery gives people a sense of false hope”
- You’re spending too much time out of the office...

Peer-led Transformational Recovery Movement

- Despair to Hope
- Shame to Dignity
- Patienthood to Personhood
- Personal value and meaning
- Idleness and isolation to inclusion and integrated housing and employment
- Fostering faith and spirituality
- Changing roles, relationships and boundaries; disclosure

Peer-led Transformational Recovery Movement

- From “recovery is possible” to “recovery is expected”
- Higher bar and outcomes for recovering people and professionals

The Impact of Low Expectations

“If you think work is stressful, try poverty, unemployment and social isolation”

Joe Marrone 1996

New York Association of Psychiatric Rehabilitation Services (NYAPRS)

- A 36 year old peer-led statewide coalition that has brought together New Yorkers with psychiatric disabilities and community recovery providers to advance policies, programs and social conditions that advance recovery, rehabilitation, rights and community inclusion for all through:
 - State and national advocacy
 - Training and technical assistance programs
 - Creating models of peer support

New York Association of Psychiatric Rehabilitation Services (NYAPRS)

www.nyaprs.org

harveyr@nyaprs.org

NYAPRS E-News

<http://www.nyaprs.org/e-news-bulletins/signup/>

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

The Basis of our Relationships

- Fostering Hope
- Trusted, Safe Relationships
- Empathy, identification and example
- Respect and reliability
- Trauma informed: what happened vs. what's wrong?

Key Values

- Person driven and directed; in the passenger seat
- Honesty and Shared Accountability
- Dignity of Risk and Responsibility
- Power, Choice, Rights, Freedom

Key Practices

- We start where people are....and offer encouragement for people to define and move towards the goals and the life they seek
- We try to see the world through the eyes of the people we support, rather than viewing them through an illness, diagnosis and deficit based lens.

Key Value

Giving meaning to the
experience

Giving not just receiving

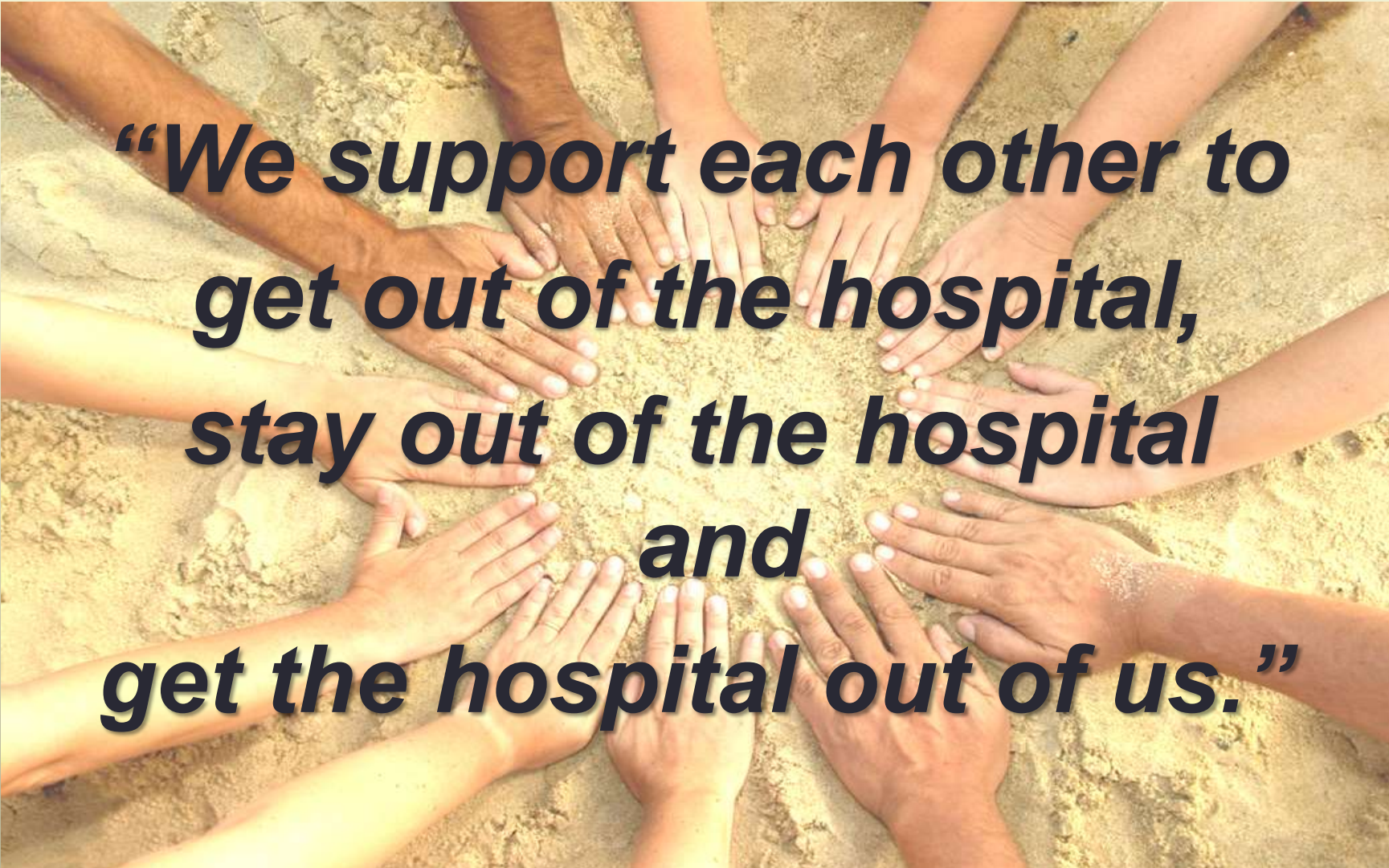
NYAPRS State Hospital Peer Bridger Project Model

1. Involvement in hospital based peer support meetings
2. Engagement in a mutually responsible peer relationship
3. Development of personal goals and strategies
4. Developing individualized wellness self-management, community skills, relapse prevention and crisis management plans

NYAPRS State Hospital Peer Bridger Project Model

5. Transition to the community with personal and group support
6. Connecting with natural and service-based supports and community resources
7. Continuity: Even after 'discharge', relationships with bridger and project remain available via ongoing access to community peer support meetings

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.”***

The Peer Bridger is not...

- a case manager
- ‘cheap staff who get people to take their medicine and go to appointments’
- a member of the treatment team without permission of the person served
- a substitute for formal crisis services
- about assessing, prescribing, predicting or controlling or fixing

The Power of Peer Support Models

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

Peer Specialist 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

Immediate

Intensive

Sustained

Flexible

Care
Coordinator

Peer
Specialist

Peer
Speci
alist



Peer
Specialist

PT Nurse
practitioner

Peer
Specialist

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

8 Dimensions of Wellness



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: \$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

NYAPRS State Hospital Peer Bridger Project Data

- Approximately 136 of 190 individuals (72%) were not re-hospitalized in the state psychiatric centers (NYAPRS 2012 Program Evaluation Data)
- “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 Wellness Coaching Impact: One Person's Outcomes

- 40 year old man with long standing addiction, mental health and medical issues
- 2009-prior to enrollment: **7 detox stays** (4 different facilities) **\$52,282 BH Medicaid**
- Peer coach services: transitional and follow up support, re-engagement in AA, wellness coaching, relapse prevention aid
- 2010-1 **detox, 1 rehab** (referred by the CIDP team) **\$20,650** Abstinent for 1 year

Summary of Preliminary Utilization & Cost Findings NYAPRS/Optum Managed Care Peer Bridger Project

- **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%)
 - **Significant Decreases in # of inpatient days**
 - NY: 62.5% decrease (from 11.2 days to 4.2)
 - **Significant Increases in # of outpatient visits**
 - NY: 28.0% increase (from 8.5 visits to 11.8)
 - **Significant Decreases in total BH costs**
 - NY: 47.1% decrease (from \$9,998.69 to \$5,291.59)

Other NYS Peer Service Outcomes Program Evaluation Data

- Peer crisis respite programs reduce recidivism by over 90% (PEOPLE, Inc)
- Peer run Supported Housing Programs reduced readmissions by 90% (Housing Options Made Easy)
- Mental Health Peer Connection: 31% employment for 15 hours a more a week in 2016
- Tennessee (2011) CPS Programs resulted in 71% reduction in psych hospitalizations
- Optum Piece County peer initiatives: 39.1% reduction in hospitalizations; 32.1% reduction in 30-day readmission rate; 22.5% below state average for inpatient bed days

Protecting the Integrity of Peer Support

- Peers frequently work for subcontracted peer run agencies and are supervised by peers
- Peers who are embedded in traditional 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>

Staff Training/Retraining is Essential



Collective
Recovery • Rehabilitation • Rights



College for Behavioral Health Leadership

- ***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/

Ron Manderscheid

- *Vision: Peers will comprise over 30% of the behavioral health workforce*