

The Evolution of Peer Support for Psychosis

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New York Association of Psychiatric Rehabilitation Services (NYAPRS)

A peer-led state and national change agent that is dedicated to improving services, social conditions and policies for people with psychiatric disabilities and/or diagnoses by promoting their recovery, rehabilitation, rights and full community integration and inclusion.

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Today's Challenge

- Can peer support-based approaches help people at risk for major and multiple relapses and avoidable hospital /detox readmissions, incarceration, homelessness and suicide?

Peer Support Pioneers

... in Massachusetts, California, New York, Pennsylvania, Florida, Oregon



Judi Chamberlin



Sally Zinman



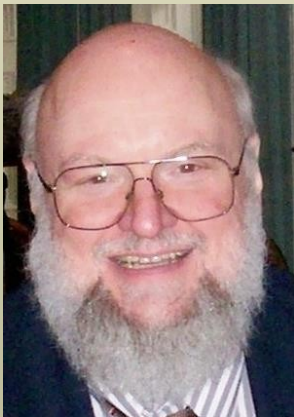
Jay Mahler



Ed Knight



Leonard Roy Frank



Joseph Rogers



Sally Clay



Dan Fisher



David Oaks



George Ebert

Peggy Swarbrick: Wellness and Employment

Shery Mead: Intentional Peer Support



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, 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
- 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.
- We are respectful....and relentless.

Ex-patients' Rights Groups Form in 1970s and Early 1980s



Judi Chamberlin



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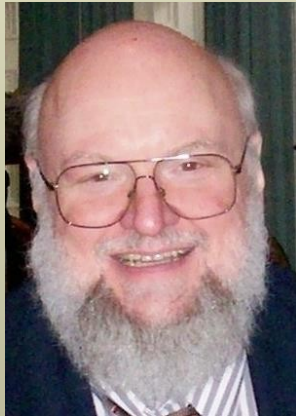
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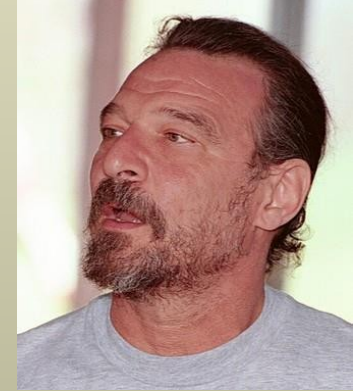
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The Maturation of Peer Services

- 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 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

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

THE EVIDENCE

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

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

Separate and Equal Partnerships

- We hire, train and supervise
- 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 folks with over 4 hospital readmissions

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)

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

-

Leading the Way in Local System Transformation

- Integrating peer services into Clinic, Hospitals, Emergency Departments and Jails
- Lead role in Crisis Intervention Team Training
- From Imagine Dutchess to the Crisis Stabilization Center

Imagine Dutchess....

The goal was to create a community service system that “cannot fail”

- No wait for appointments
- No emergency department visits
- Kind, respectful services
- Peer engagement first!!!
- Ensuring people are satisfied with the services
- Follow up as requested by the guest

Crisis Stabilization Center

- Working with county leadership and local community providers to offer a new paradigm in valuing a truly person-centered approach to wellness and life.
- We proposed the opening of a Stabilization Center that serves people immediately and connects them to appropriate services in the community within 23 hours
- Integrating health, mental health and substance use focused services and supports

By the Numbers

- PEOPLE has directed the CIT training in the county, training over 400 police officers to date and enlisting them in a partnership
- The Stabilization Center has seen over 1,000 people to date
- Over 400 guests have been by police officers directly to the center, preventing avoidable arrests and ED visits
- Preliminary outcomes show a 17% reduction in ED visits

From Incarceration to Rehabilitation



159 Brightside Avenue
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HALI88.org

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

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
-

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

Hands Across Long Island

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

2016

- Remained Housed for 12 Months
- Attended Wellness Center & PROS
- Attended Peer Networking Center
- Participated in Music Program
- **Used Diversion Bed 6 times (5-10 days each)**
- Case Management Services 4-6 visits per month
- Free Food, Food Prep Classes
- Linked to PCP and MH Clinic
- **2 ER Visits**

\$ 68,780 (1/2)

Mental Health Empowerment Center Recovery Center Model Rensselaer County

- An “umbrella” that unites many different types of peer support services that may take place within the program or in the community. Provide avenues from dependency to self-reliance.
- Supports people to build social capital and develop a sense of interdependence upon community and natural supports.

Mental Health Empowerment Center Recovery Center Model

Findings of a 2011 Russell Sage College Study

- 91% experienced the Recovery Center as helpful to avoid hospitalization by providing support whenever needed.
- 81% reported that the program helped cope with symptoms
- 86% reported that the program helped to involve other people into their life.
- 88% reported that the program helped them to have an active role in decisions about their mental health services.
- 85% reported that the program helps them to make needed changes in the things that are important to them.

Independent Living Inc

Hudson Valley

Peer Hospital Diversion Crisis Intervention Service

- **189** individuals served – referrals from Hospital Emergency Departments (ORMC & Bon Secours), Mobile Crisis and CIT Newburgh Police Department
- **567** services (engagements) provided (avg. 3 engagements/ individual over 30 days)
- **177** out of **189** individuals served **did not return to the hospital within 30 days** during Peer Hospital Diversion Crisis Intervention services = **94% success rate**

*1999 - 2014 AHA Annual Survey, Copyright 2015 by Health Forum, LLC, an affiliate of the American Hospital Association

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

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>

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/



My health. My choices. My future.

- Coordinated Specialty Care for First Episode Psychosis
- Funded by the NYS Office of Mental Health and implemented by Columbia University Center for Practice Innovations (CPI)
- Guiding principles are of recovery, person-centered care, and shared decision making

Peer Specialists – OnTrackNY

- Peer Specialists offer living proof that people can and do emerge from psychosis and are able to resume, or perhaps begin, pursuing life goals
- The role is considered “embedded” in the system, working directly alongside a group of clinicians in a coordinated mental health team (Jones, 2015)
- Working as part of a team allows for productive synergy to take place between the clinical and peer roles, helping to support and define each other, while positively influencing one another’s perspectives and cultures.

Peer Specialist Role & Responsibilities

- Support program participants through direct engagement and through advocating for them in the context of the team
- **Outreach/Engagement/Bridge Building**
- **Relationship Building**
- **Embracing Creative Narratives/ Non-traditional understandings of psychosis**
- **Co-Creating Support and Wellness Tools**
- **Influencing Team Culture**

Outreach/Engagement/Bridge Building

- Individuals with the recent onset of psychosis are particularly high risk of disengagement from mental health services
 - Peers are often better able to forge working alliances early in the treatment process with clients who are most disengaged
 - Peers can engage participants outside of this clinical frame by using their personal experience with psychiatric diagnosis as a point of connection and understanding

Peer Specialists in OnTrackNY programs are involved in all aspects of community and participant outreach, engaging participants in services, and keeping clients connected to care.

Peer Support Activities

- Outreach and Recruitment
- Development of brochures, newsletters, websites, social media accounts and other informational materials
- Help build collaborative relationships between and among community agencies, services, and resources
- Organize community outings—connections to recovery community (HVN, the Icarus Project, Youth Power)
- Build collaborative relationships with existing peer-run organizations (PROs) and groups
- Collaborate with Supported Education and Employment Specialist

“Peer support relationships are mutual and reciprocal....”

- ...This can be very healing for people who have been in the patient or client role for a long time...In most mental health settings, clients are not encouraged to help each other or anyone else. In this sense the current popular term “consumer” seems apt. It conjures the image of a large mouth consuming and consuming without a hint that it would be possible to contribute something back. Socialization into being a consumer means that many people are denied the opportunity to discover they have something to offer to other people...It is healing to learn that one needs and is needed, cares and is cared for, and can receive as well as give.” - Pat Deegan

Mutuality continued

- Peers are not on team to help or try to “fix” program participants. Instead, focus is on mutuality and learning from one another other.
- *Always some degree of power imbalance between Peer and participant
 - Documentation
 - Peer is paid position
 - Required to take steps if risk present

Multiple Frameworks for Thinking About Mental Illness & Psychosis

- Peers are familiar and comfortable with multiple frameworks for talking about one's inner experiences and external realities.
- “Who am I?” is a question that all young people face.
- “Who am I and what can I become now that I have a diagnosis of psychosis?” is the more complicated question facing the young people in OnTrackNY.



Multiple Frameworks continued

Survivors of trauma are much more likely to experience psychosis than the general population (Varese et al., 2012, Read et al., 2014)

- Peers contribute to making the treatment setting a compassionate, trauma-informed environment
- Oppressive social forces such as racism, classism, and sexism may be very real factors in why a participant is having psychotic and other extreme experiences.
- Can be helpful to think about psychosis relationally: as something that exists between people, that is greatly affected by family dynamics and issues in the larger society (Seikkula, 2003)
- Peer's primary role is to be an advocate: to voice the perspective and desires of a participant who might have difficulty voicing them on their own.

Finding what “living well” means to the participant

- Assists participants to identify which tools are helpful in their wellness toolbox
 - creative practices
 - alternative healing modalities
 - resources of traditional mental health treatment
- Identify internal resources and connections in community
- Develop concrete plans such as establishing a routine, following through with commitments and short and long-term goals

All in the interest of supporting participants to build rich, full and satisfying lives

Peer Specialists as “Innovative Disruptors”

- *Peer Specialists are living proof that recovery is possible.* Some clinical staff may feel challenged because they were trained to think of psychosis as a chronic illness that limited what program participants could expect from life.
- Peer Specialists disrupt the idea that sickness and health are separate domains by demonstrating that they can live well with mental health challenges or vulnerabilities.
 - When working alongside Peers, some clinical staff will find themselves asking difficult questions such as: *“I spent years in therapy, does that make me a peer? I use psychiatric medicine myself, does that make me a peer?”*
- Today Peer Specialists are an emerging workforce qualified to work, not by a license, but by the wisdom of the lived experience of recovery and certification. Sometimes this causes tension on clinical teams.

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My health. My choices. My future.

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER

Life changing care