

# The Value of Peer Support in Behavioral Health Services

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**mctac**

THE MANAGED CARE TECHNICAL  
ASSISTANCE CENTER OF NEW YORK

# Introduction & Housekeeping

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## Housekeeping:

- Slides are posted at [MCTAC.org](https://mctac.org)
- Questions not addressed today will be:
  - Reviewed and incorporated into future trainings and presentations
  - Added to Q&A resources when possible

**Reminder: Information and timelines are current as of the date of the presentation**

# What is MCTAC?

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MCTAC is a training, consultation, and educational resource center that offers resources to *all mental health and substance use disorder providers in New York State.*

## MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the **overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.**



**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH



The National Center on  
Addiction and Substance Abuse

## CTAC & MCTAC Partners



*People Get Better With Us*



# ENGAGING PEERS IN ADULT BEHAVIORAL HEALTH SERVICE SETTINGS: STRATEGIES AND IMPLEMENTATION

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Harvey Rosenthal      NYAPRS  
June 29, 2017

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

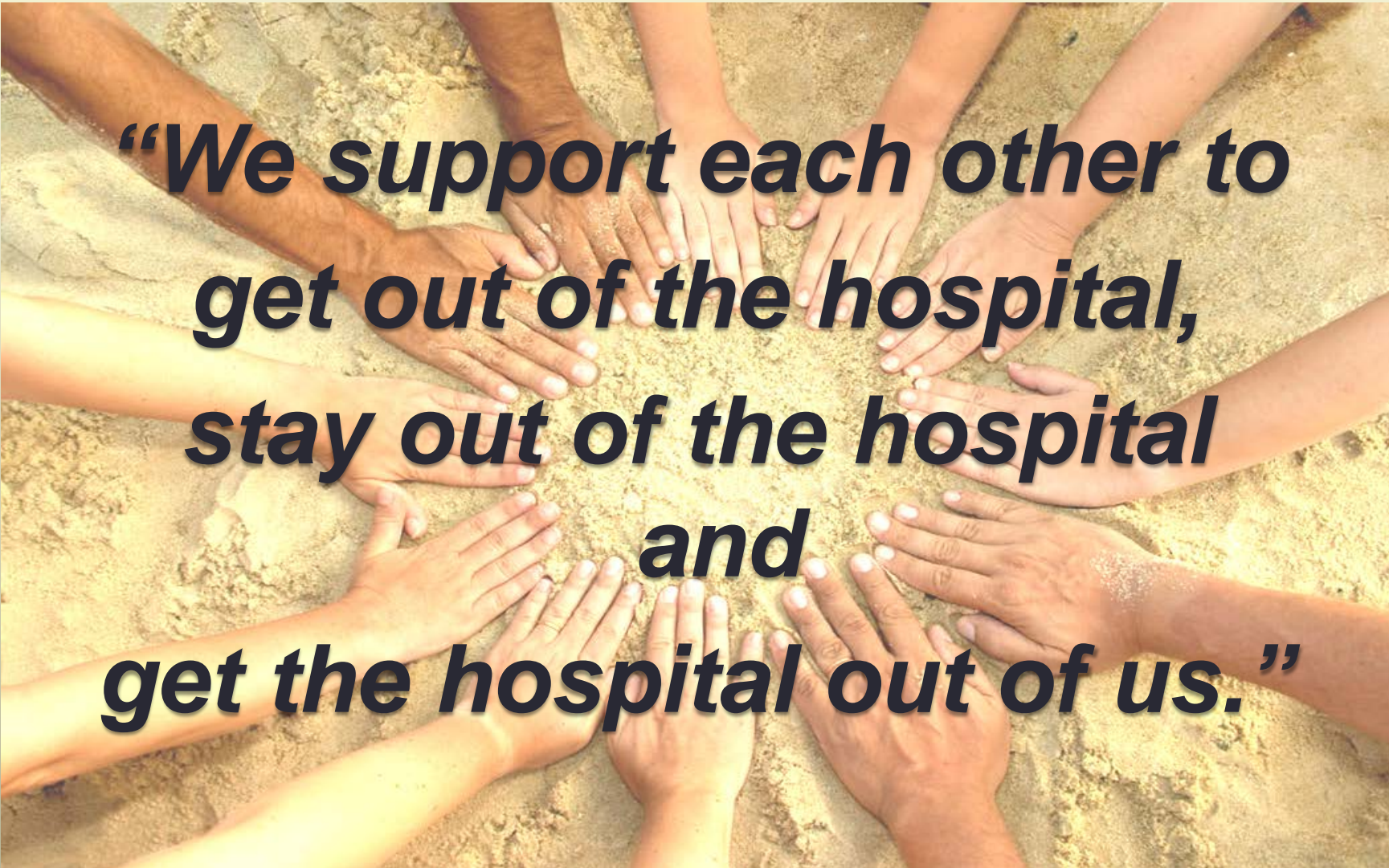
# NYAPRS Transitions to Community Peer Bridger Project Model

1. Involvement in institutionally 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



## 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

# THE EVIDENCE

## 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)

# Health First Peer Bridger Project Member Outcomes

- Stable housing and supports
- Secured identification; cleared legal issues
- Employment and/or access to Medicaid/VA/SS benefits
- Increased access to transportation
- Is better connected to community resources (food pantry, library et al)
- Is connected to and/or has reconnected and is more involved with friends, family and community
- Can be accessed by cell phone, e-mail or snail mail



# Health First Peer Bridger Project

## Member Outcomes

- More engaged with medical, mental health and/or SUD practitioners and treatment
- Getting prescriptions filled
- Uses peer support
- Has self-defined wellness, relapse prevention, crisis plans
- Has filed a psychiatric advance directive
- Has greater access to food and is engaged in a program of improved diet and nutrition
- Demonstrates improved personal hygiene
- Has enrolled in a smoking cessation program

# Baltic Street AEH NYC

- Contracted with OPTUM in a Peer Bridger pilot project (2012-2013) yielding the following outcomes:
  - 96% participant satisfaction
  - 47.9% decrease of inpatient utilization
  - 62.5% decrease in number of inpatient days
  - 28% increase in number of outpatient visits

# Hands Across Long Island

## **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

## **Forensic Peer Bridger**

- Served 198 Individuals Since January 2016
- Led to 89% Continued Engagement Post Release, 95% Requested Assistance, 90% Followed Up with Appointment
- Results: Decreased Police Involvement, Hospitalization, Illness and Drug/Alcohol Use

## **Wellness & Recovery Center**

- Served 523 Individuals since February 2016
- Results: Decreased ER visits, Police Involvement, Homelessness, Diabetes, Weight

# Mental Health Empowerment Center

## Findings of a 2011 Russell Sage College Study

91% of the participants experienced the Recovery Center as helpful to avoid hospitalization by providing support whenever needed.

81% of participants reported that the program helped cope with symptoms

86% reported that the program helped to involve other people into their life.

88% of study participants reported that the program helped them to have an active role in decisions about their mental health services.

85% of study participants 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

# Mental Health Peer Connection:

## Western New York

- **Keeping people out of the hospital**
  - In 2016, of those with repetitive histories of admissions and serious suicide attempts, 74% successfully transitioned in the community without being readmitted to the hospital or becoming lethal for at least 90 days upon discharge
- **Engaging people in our neighborhoods into services**
  - In last 6 months of 2016, 100% of people who called the Addict 2 Addict program phone line and asked for help and said, “they were ready” were followed through with, by assisting them getting the help of their choice. 100% (over 250 calls) of all the calls where responded to within 2 hours
  - Of 300 individuals enrolled in our TANF Work Program, 190 individuals were engaged for longer than 90 days, and 13% became totally self sufficient through education and employment.

# 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



# 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>



# The Power of Peer Support



*People Get Better With Us®*

# Our HCBS Service Offerings

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Employment  
Services

Psychosocial  
Rehabilitation

Community  
Psychiatric  
Support &  
Treatment

Habilitation

Family Support  
& Training

Education  
Support  
Services

Empowerment  
Services – Peer  
Supports



Deidre Summers,  
Director of HCBS



Andre Jordan,  
Certified Peer Specialist

# HCBS Peer Support

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- ▶ **Collaborating with Health Home Care Managers and getting referrals**
- ▶ **Communicating the value of Peer Support to MCOs, Health Homes and HARP members**

# The Approach

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- ▶ **Bringing your life experience to the table**
- ▶ **Assessment, engagement and building trust**
- ▶ **Working with people who seem “stuck” or “shut down”**

# One Step At a Time...

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▶ **Tools & Strategies**



▶ **People making changes in their lives**

# Questions and Discussion

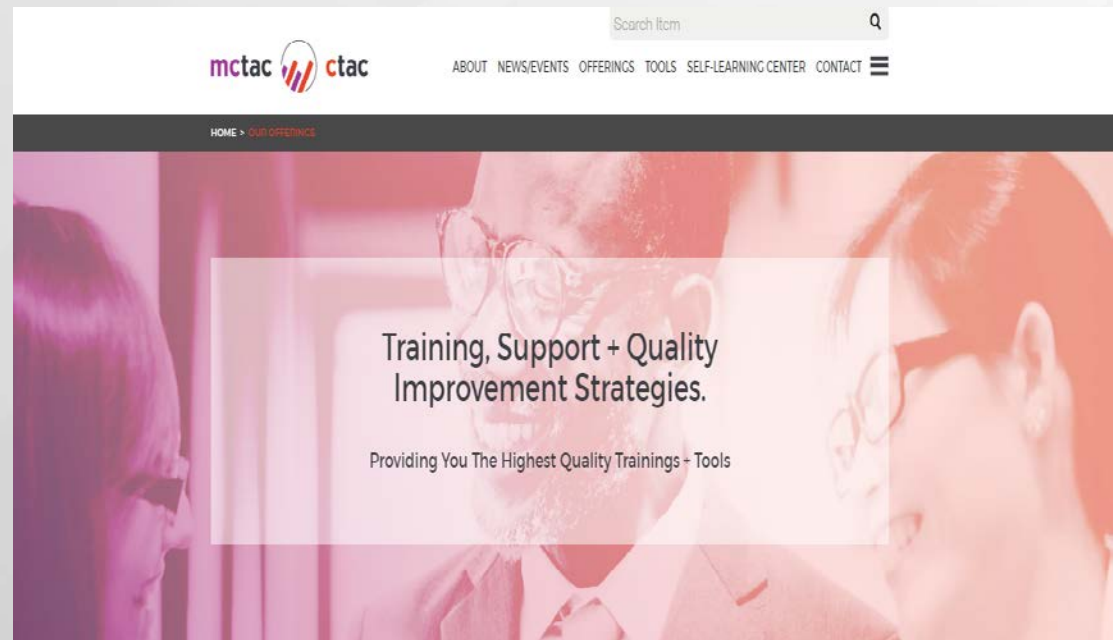
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Please send questions to:  
[mctac.info@nyu.edu](mailto:mctac.info@nyu.edu)

Logistical questions usually receive a response in 1 business day or less.

Longer & more complicated questions can take longer.

We appreciate your interest and patience!



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