The Transformative Power of Peer Support

NYAPRS Annual Executive Seminar 2018

Harvey Rosenthal

April 18, 2018

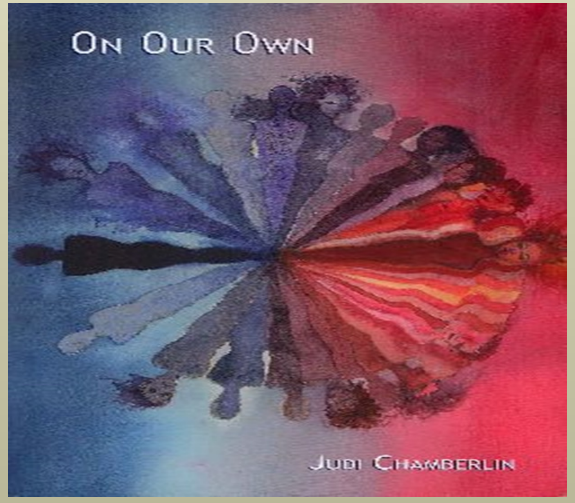
Transformative Power of Peer Support

A Movement vs a Service Sector?

A Rich Tradition:
Our Roots and Guiding Principles

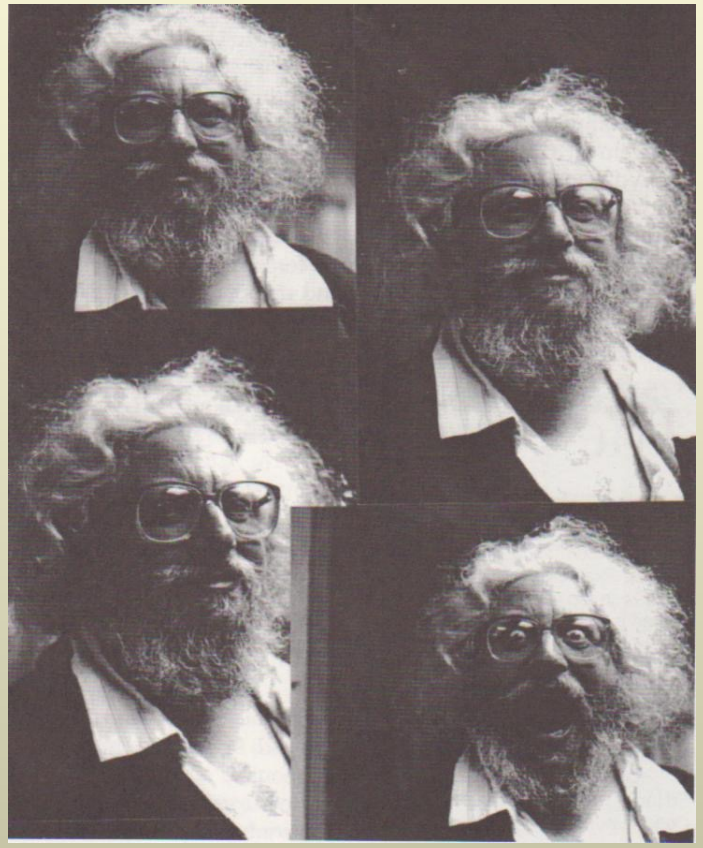
Judi Chamberlin

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

Joseph Rogers

Recovery, Rights, Peer Support, Political Action

Dr. Ed Knight

Self-Help Groups Empowerment and Advocacy
Peer Services Research and New Models

Pat Deegan

Conspiracy of Hope Resilience
Common Ground Cemetery Projects

Mary Ellen Copeland
Wellness Recovery Action Plans

Laverne Miller

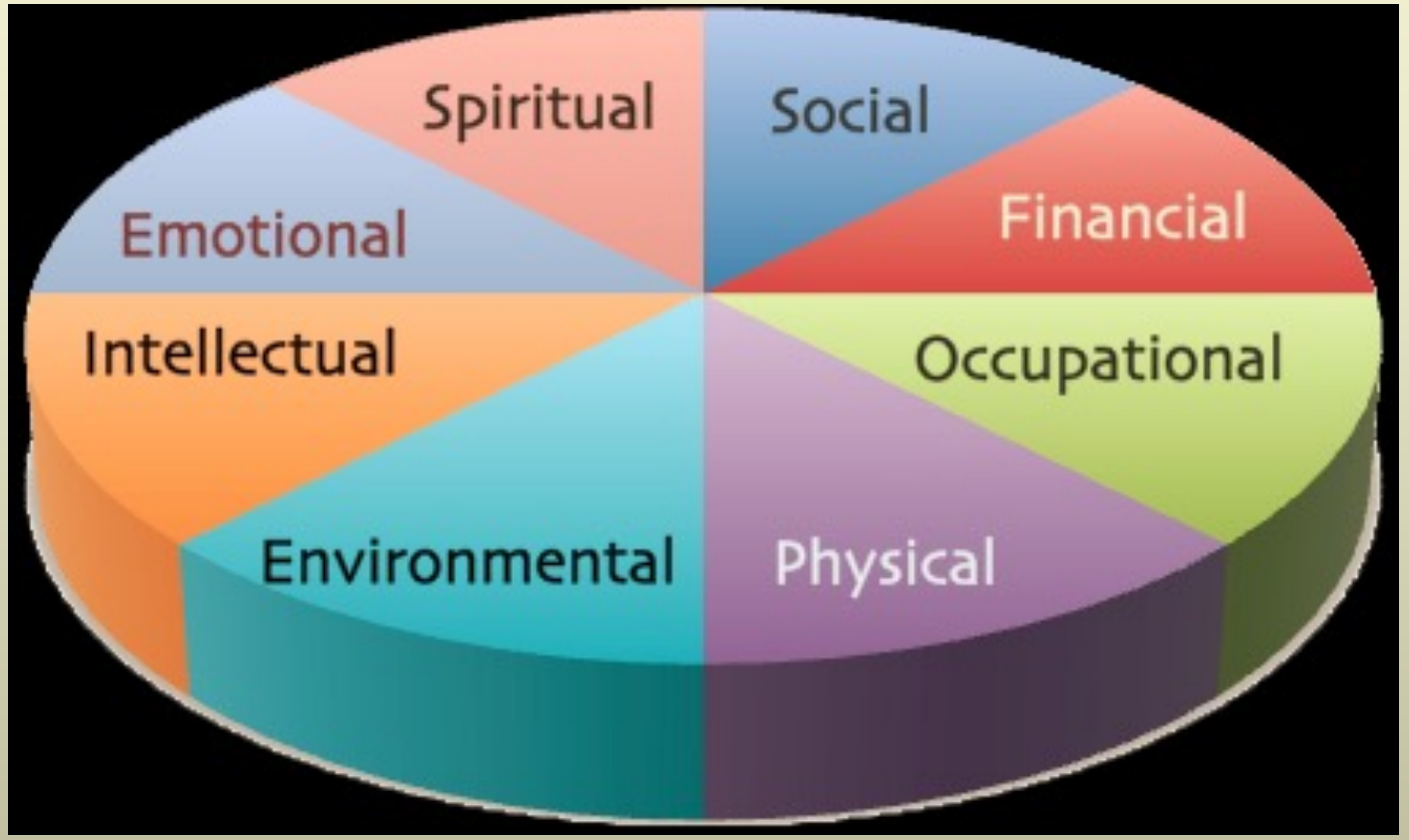
Peer Specialist Training
Peer Services for Justice Involved Individuals

Larry Fricks

Wellness Recovery Action Plans

Peggy Swarbrick: Wellness and Employment
Shery Mead: Intentional Peer Support

Swarbrick: 8 Dimensions of Wellness



Chacku Mathia

Peer Support as Innovative Disruption

We Have Gone from Being Ahead of our Time to being Right on Time!

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

The Basis of our Relationships

- Fostering Hope, Trust and Safety
- Empathy, identification and example
- Respect and reliability
- Trauma informed: what happened vs. what's wrong
- Strengths based: what's strong over what's wrong

Key Values

- Person driven and directed; in the passenger seat
- Informed choice
- Honesty and Shared Accountability
- Dignity of Risk and Responsibility

Key Impact

- We came to raise the bar for what is possible for people and what should be expected from providers and systems.
- We came to help people to transform their lives and to transform the systems and services they encounter
- We did not come to meet HEDIS measures

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

Key Practices

- We focus on seeing the world through the eyes of the people we support, rather than viewing them through an illness, diagnosis and deficit based lens….or as a HEDIS outcome
- We are respectful….and relentless

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 Specialists 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

More Opportunities

- Adult Homes
- Health Homes
- DSRIP
- In Lieu of mechanism

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

From Incarceration to Rehabilitation

159 Brightside Avenue

Central Islip, NY 11722

(631) 234-1925

HALI88.org

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

SAMHSA
Substance Abuse and Mental Health Services Administration

HALI: Hands Across Long Island, Inc.

- Peer Run Organization Founded In 1988 In Suffolk County, NY
- Serving individuals with severe and persistent mental health conditions who are “homeless/hard to engage/high users”
- 3,487 persons served in 2017

HALI Services for Justice Involved Individuals

- C.O.R.P program involvement since 2002 (Community Orientation and Re-entry Program.)
- Suffolk County Jail (Anger Management/Re-entry groups) Men and Women
- Re-entry House- Pilot Project 2 years
  - Goal: To help individuals develop a structure of community living that reflected independent, community involved person (personal and home care, life skills, recovery activity, employment)
  - 6 month program from incarceration to employment and independent housing

Community Orientation Reentry Program (CORP)

- Overall Goal of the Program:

FULL COMMUNITY INTEGRATION AND PARTICIPATION

- Intensive Support Services/ Wrap Around Services
- Set up Services Upon Release
  - Housing
  - Mental Health Outpatient
  - Parole
  - Intensive Case Management

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 They will Need to do to Maintain their Freedom

HALI Peer Bridging

- Drive Released Individual, Known to HALI through the C.O.R.P Program to their Assigned Destination
- Make a Smooth Transition from Prison Gate to Parole, Housing, and Case Manager
- Decreases Chances of the Individual going back to People, Places and Things that got him Incarcerated Initially

New York City Drop-In

- Connect and Engage Participant with Resources, Opportunities, and Assistance in the Community
- Peer Support and Advocacy
- Support/Encouragement with Sobriety
- Assistance in Reconnecting with Services and not “Falling Through the Cracks”
- Meeting with Same Staff People that Worked with Them in Prison- Continue to Build on that Relationship

Baptista's Story

- Released in fall of 2016
- Connected with Access VR; Requested and Received a Computer in Order to Finish School
- Graduated with his Substance Abuse Certificate for Counseling
- Got Married; He and His Wife had a Baby
- Stuck with his Plan; was able to Advocate for Himself; and had a Clear Direction that was Supported by his Motivation to Change

2017 Program Outcomes with Justice Involved Individuals

- Served 234 Individuals Post Release
- 87% Continue Engagement
- 92% Remained Successfully Living in the Community
- 96% Requested Ongoing and Additional Assistance
- 89% Followed Up with Appointments
- 79% Remained connected Post Parole

SAMHSA
Substance Abuse and Mental Health Services Administration

2017 Program Outcomes with Justice Involved Individuals

- 86% Decreased Police Involvement
- 93% Decreased Hospitalizations
- 92% Physical Conditions Improved
- 82% Drug/Alcohol Use Decreased, or Stopped Completely

HALI Creates Hope

- Individuals Re-enter the Community with a Sense of Hope and Motivation to Succeed
- Drop-In Center Provides Community, Socialization, Continued Connection to Services
- Peer Re-entry Programs Provide Tools for Individuals to Accomplish their Goals and Gives them Hope for the Future
- Peer Support Addresses the Whole Individual in their Transition Back into Society as a Productive Member of their Community

Cost Savings to the State

- It Costs an Average of **$60,000 per year** to House an Inmate in a New York State Prison
- Post Release Peer Services Reduced Recidivism by 82% in 2017
- This Equates to a Savings of Over **10 Million Dollars** to the State
- Post Release Peer Services are a Win/Win for Everyone

SAMHSA
Substance Abuse and Mental Health Services Administration

Homeless Outreach and Linkage: Mobile Shower Unit

- Served 815 Individuals 2017
- 89% Returned
- 78% Requested Assistance
- 62% Followed Up with Appointment

- Decreased Police Involvement
- Hospitalization
- Illness
- Drug/Alcohol Use

Wellness & Recovery Center

2016

523 Individuals Served

ER visits

Police Involvement

Homelessness

Diabetes Medication

Decrease A1C

Weight

Increased knowledge of the 8 Dimensions of Wellness

2017

1,328 Individuals Served

- Interns: SW, OT, Nurses, Nutritionist, Medical Assistant

Medical and BH ER Visits

Blood Pressure

Cholesterol LDL

A1C/ Blood Glucose

Body Mass

Weight

Activity, Employment, Education, General Wellbeing, Social Activity

8 Dimensions of Wellness

SAMHSA
Substance Abuse and Mental Health Services Administration

Victoria's Story

2015

- 62 year old white female with significant mood and thinking related challenges
- **13 Emergency Room Visits for Psychiatry**
- 11 Hospitalizations Psychiatry 203 Inpatient days
- 6 ER visits for Physical Pain/Illness
- **9 Hospitalizations 122 Inpatient Days Medical**
- Diabetes
- High Blood Pressure, High Cholesterol
- Seizure Disorder

Total: $784,930

2017

- Remained Housed for 24 Months
- Attended Wellness Center & PROS
- Increased Travel Independence
- Diabetes Monitoring: Reduced A1C, reducing Metformin
- Food Farmacy
- Reduced Weight 25 lbs
- Free Food, Food Prep Classes
- Linked to PCP and MH Clinic
- **NO ER Visits Psychiatric**
- **NO Hospitalization Medical**
- **Home Visits (36 visits)**

Total: $32,800

Total Savings in 2 years
$ 712,130

SAMHSA
Substance Abuse and Mental Health Services Administration

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

2017

- Remained Housed for 24 Months
- Attended Wellness Center & PROS
- Increased Independent Travel
- Participated in Music Program
- **Used Diversion Bed 2x (7-10 days)**
- Case Management Services 2-3 visits per month
- Linked to PCP and MH Clinic
- **NO ER Visits**
- **NO Hospitalizations**

$ 29,400

TOTAL SAVINGS OVER 2 YEARS
$115,410

SAMHSA
Substance Abuse and Mental Health Services Administration

The Practice of Peer Support:

Standards and Tools

Amy Colesante, CEO
Mental Health
Empowerment Project

Peer Support Standards and Tools include…..

Peer Support Standards

- NYCPS Code of Ethics & Scope of Activities (2015)
- INAPS National Ethical Guidelines and Practice Standards

Peer Support Practice Tools

- Consumer Operated Services Program KIT
- FACIT
- POPS

ETHICAL & PRACTICE GUIDELINES

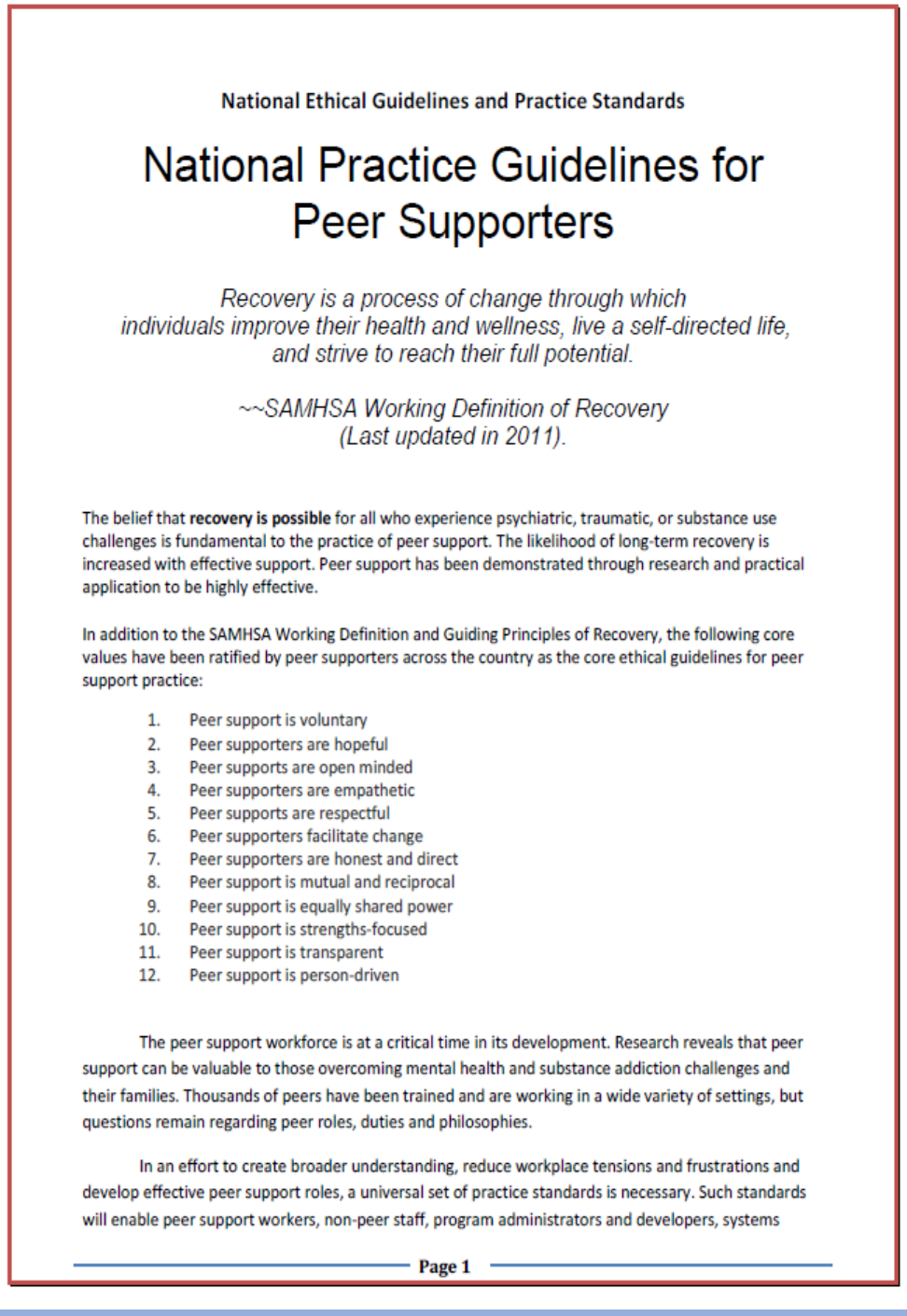
ETHIC: Peer Support is Voluntary

Recovery is a personal choice. The most basic
value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.

PRACTICE: Support Choice

1) Peer supporters do not force or coerce others to participate in peer support services or any other service.

2) Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.



National Ethical Guidelines and Practice Standards

National Practice Guidelines for Peer Supporters

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

~~SAMHSA Working Definition of Recovery (Last updated in 2011).

The belief that **recovery is possible** for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addiction challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

In an effort to create broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems

ETHICAL & PRACTICE GUIDELINES

ETHIC: Peer Supporters are Hopeful	PRACTICE: Share Hope
Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges.	1) Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported. 2) Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work. 3) Peer supporters help others reframe life challenges as opportunities for personal growth.

NEW YORK PEER SPECIALIST CERTIFICATION

MISSION:

To preserve the integrity of Peer Support through the development of standards of competency and practice.

www.nypeerspecialist.org

Who Benefits from Certification?

- ✓Certification assures competent, professional services
- ✓Certification promotes standards of training and competency that will meet standards required for third-party payers.
- ✓Certification provides recognition of competency that will enhance the role of the professional.

The NYPSCB Code of Ethical Conduct sets forth the standards which professionals are required to observe and discussions of selected standards.

Toolkit Sections:

1. How to Use the EB Practices KITs
2. Getting Started
3. Building Your Program
4. Training Frontline Staff
5. Evaluating Your Program
6. The Evidence
7. Using Multimedia

You can find this toolkit here: https://store.samhsa.gov

FACIT: Fidelity Assessment Common Ingredients Too!

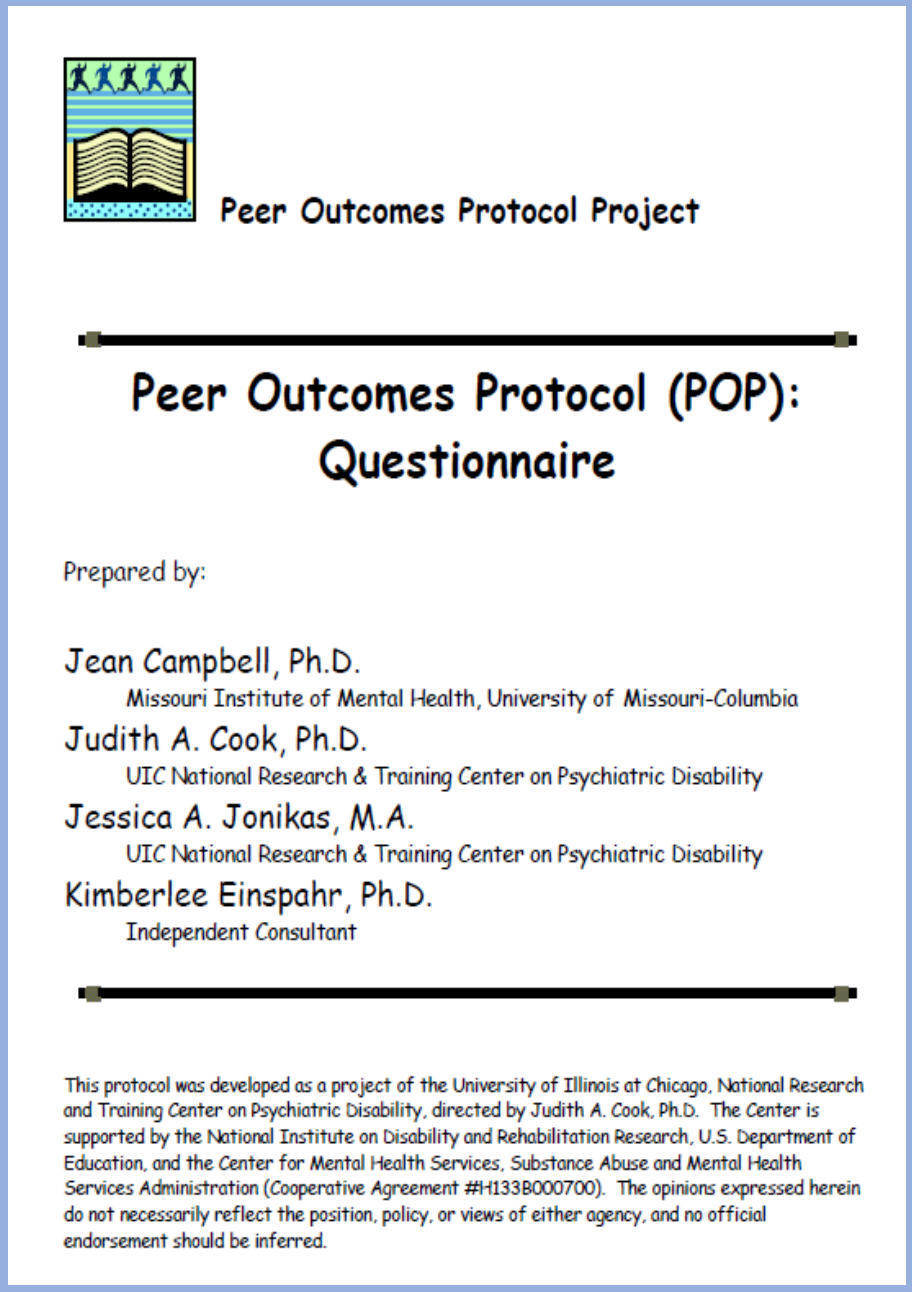
- Fidelity assessment tool for Consumer–Operated Services.
- Includes six "common ingredients" that distinguish Consumer-Operated Services from other services.
- Determines how

Ingredient	Definition	Anchored Scale	Assigned Score
1. STRUCTURE			
1.1. Consumer Operated			
1.1.1. Board Participation	Consumers constitute the majority (at least 51%) of the board or group that decides policies and procedures.	• No member of the board is self-identified as a consumer. • Up to 50% of the board members self-identify as consumers. • 51% of the board members self-identify as consumers but less than 51% of the officers self-identify as consumers. • 51% or more of the board self-identify as consumers and more than 51% of the officers self-identify as consumers. • 90-100% of the board members self-identify as consumers and all of the officers self-identify as consumers.	
1.1.2. Consumer Staff	With limited exceptions, staff consists of consumers who are hired by and operate the consumer-operated service.	• No staff member self-identifies as a consumer. • Up to half of staff self-identifies as consumers. • 51% or more of staff self-identifies as consumers, but less than 51% of administrators self-identify as consumers. • 51% or more of the staff self-identifies as consumers and more than 51% of administrators self-identify as consumers. • 80-100% of staff self-identifies as consumers and all administrators self-identify as consumers.	
1.1.3. Hiring Decisions		• Consumers are not involved in any hiring decisions. • Consumers have some involvement in hiring decisions. • Consumers are responsible for making most of the hiring decisions (50% or more). • Consumers are responsible for making all hiring decisions.	
1.1.4. Budget Control	Consumers have control of the consumer-	• Consumers are not involved in the development or control of the budget. • Consumers have some involvement in the development and control of the budget	

The POP….

- Measures core outcomes related to members' growth and program satisfaction outcomes

You can find this tool at:
http://www.cmhsrp.uic.edu/nrtc/pophome.htm



Peer Outcomes Protocol Project

Peer Outcomes Protocol (POP): Questionnaire

Prepared by:

Jean Campbell, Ph.D.
Missouri Institute of Mental Health, University of Missouri-Columbia
Judith A. Cook, Ph.D.
UIC National Research & Training Center on Psychiatric Disability
Jessica A. Jonikas, M.A.
UIC National Research & Training Center on Psychiatric Disability
Kimberlee Einspahr, Ph.D.
Independent Consultant

This protocol was developed as a project of the University of Illinois at Chicago, National Research and Training Center on Psychiatric Disability, directed by Judith A. Cook, Ph.D. The Center is supported by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Cooperative Agreement #H133B000700). The opinions expressed herein do not necessarily reflect the position, policy, or views of either agency, and no official endorsement should be inferred.

CONTACT US!

Mental Health Empowerment Project
518-434-1393

PSNY-IPA
518-434-1393