



SAMHSA-HRSA Center for Integrated Health Solutions

Peer Support Wellness Respite Centers

March 30, 2011



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA

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- Peer crisis respite services are an evolving promising practice offering a community based supports that fosters wellness.
- This model exists in at least eight states in the US and around the world producing very positive results for people in recovery, and their supporters.



This webinar will be presented by a dynamic and diverse group of peer leaders who will provide an overview of the peer respite model, core components, research and practical experiences from peer providers operating programs in two states (New York and Georgia).



Learning Objectives

- Review components of successful peer respite center
- Understand key outcomes and ingredients that contribute to success, and who seems to benefit
- Gain insight into the day to day operations of centers in Georgia, New York and stories of the successes of these and other programs to date
- Identify challenges, barriers and strategies for optimal operations of a peer crisis respite service
- Understand core operational features including development, funding, and training



Roadmap

Overview –

- What they are, how they evolved and where they are (current landscape)

Research found to date

- Overview of studies to date, including outcomes and ingredients that contribute to success
- What is Working- Georgia & NY

Challenges & strategies for making them work

- Future directions/Planning
- How to develop, fund and operate
- Advocacy



Hospitalization:

Often the only resource or support service available to individuals experiencing a psychiatric crisis or an acute exacerbation of symptoms

(Agar-Jacomb & Read, 2009; Burns-Lynch & Salzer, 2001; Fenton, Mosher, Herrell & Blyler, 1998; Mosher, 1999; Toprac, Sherman, Holzer, et al., 1996).

This is problematic on a number of levels.



Hospitalization

- Psychiatric hospitalization targets treatment of identified psychiatric symptoms though not the underlying causes of the psychiatric crisis itself.
- The focus solely on symptoms during periods of crisis inhibits the enhancement of autonomy and coping skills to meet life challenges.
- Psychiatric hospitalization does not provide important needed instrumental support.



This Traditional Service

- **Is Very Costly**
fiscally, emotionally, spiritually and more
- **Is not person centered**
- **Often Neglects holistic nature of the individual**



Ironically.....

Traditional mental health crisis services are often a study in what not to do. At a time when people need the support of family and friends, they are often isolated in hospital emergency departments and psychiatric units, forced onto medications they do not want or need by doctors who do not know them, and deprived of various personal rights.



Good News.....

In contrast to this, many state systems are funding efficacious alternatives to traditional crisis services, and a number of peer-run crisis respite models have developed. Both as part of cost containment and transition to a recovery-oriented system, we can expect such alternatives to increase and prevalence, and to be further studied and eventually standardized.



Crisis Alternatives

- Crisis service users prefer more fully developed community-based approaches outside of inpatient settings.
- Despite empirical support for the effectiveness of crisis alternatives they are often not available to many individuals who could benefit from them.
- Limited availability of treatment options eliminates individual choice and self-determination when presenting for crisis services (which undermines recovery)



Crisis Alternatives

- People often do not get help in resolving crises early enough because of the different perspectives of their subjective experience provider or system's definitions of crisis.
- Survey participants endorsed a variety of services that provided crisis intervention services including phone help lines, peer support services, and crisis respite that provide support and refuge (Lyons, Hopley & Horrocks, 2009).



Research

- There is a growing body of evidence that reveals that crisis alternatives can have positive impacts.
- Alternatives to Hospitalization often provide a significant cost savings in addition to have positive impacts on quality of life domains.

Agar-Jacomb & Read, 2009; Burns-Lynch & Salzer, 2001; Greenfield, Stoneking, Humphreys, Sundby, Bond, 2008; Kiesler, 1982; Landers, & Zhou, 2009; Lloyd-Evans, Slade, Jagielska, Johnson, 2009; Mendel & Rapport, 1969; Mosher, 1999; Stein & Test, 1980; Toprac, Sherman, Holzer, et al., 1996; Whittle, 1992).

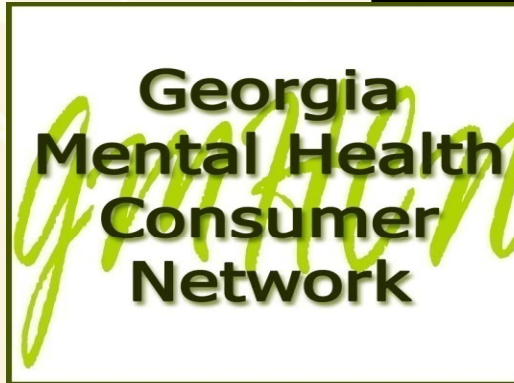


Beneficial Features of Crisis Alternatives Engagement Skills

- Staff behaviors are most helpful in times of crisis;
consumers responded:
- “having my point of view and my perception of events
listened to”
- “having input about what treatment and/or interventions may
or may not be helpful”
- “engaging me respectfully and not resorting to coercion”
- “respecting my views about what I want or need” (Allen,
Carpenter, Sheets, Miccio, & Ross, 2003).



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Georgia Mental Health Consumer Network Peer Support and Wellness Center

We are a peer-operated alternative to traditional mental health services. We are focused on wellness, not illness.



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Trauma Informed Environment

- We recognize that trauma is far too common.
- We maintain an atmosphere of respect and dignity.
- We can't begin to address the totality of an individual's healthcare, or focus on promoting health and preventing disease — both tenets of healthcare reform — unless we address the trauma that precipitates many chronic diseases.



Why is a focus on trauma important?

- Trauma is now considered to be a near universal experience of individuals with behavioral health problems.
- According to the U.S. Department of Health and Human Services Office on Women's Health, from 55 to 99 percent of women in substance use treatment and from 85 to 95 percent of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.

Linda Rosenberg, MSW; President and CEO, National Council for Community Behavioral Healthcare; Notes from Linda: February 24, 2011 "Asking what happened to you, not what's wrong with you." Internet Retrieved March 4, 2011



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Peer Support and Wellness Center

- Daily Wellness Activities
 - 3 Respite Beds
 - 24/7 Warm Line



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Wellness Activities

Daily activities address whole health, wellness, and having a life in the community

Mind/Body/Spirit/Nutrition:

- Whole Health/Smart Shopper
- Education:
- Job Readiness
- Creative Writing
- Wellness Recovery Action Plan (WRAP)
- Peer Support Services:
- Trauma Informed Peer Support
- Double Trouble in Recovery (DTR)
- Exercise/Recreation/Mindfulness:
- Stretching, Walking, Aerobics, Weights, Swimming
- Bowling, Tennis, Kick Ball, Volley Ball, Basketball
- Yoga, Meditation, Tai Chi, Zen



Respite

- Three respite beds
- Proactive Interview to establish a relationship
- An alternative to psychiatric hospitalization
- Often the best opportunities for growth arise during crisis situations and their outcomes
- The focus is on learning and growing together
- 87% of respite guests report that accessing a respite bed kept them out of the hospital



24/7 Warm Line

- Peer Support over the phone
- We rely on our lived experience and employ active listening rather than offering advice and direction
- Peers throughout the state of Georgia utilize our Warm Line 24 hours a day
- Partnership with Georgia Crisis and Access Line



Staff Training

All staff are Certified Peer Specialists

They are all trained in the following:

- Warm Line Protocol
- CPRP, First Aid
- Georgia Mental Health Consumer Network Policies and Procedures
- Peer Support Whole Health and WRAP
- Trauma Informed Peer Support created by Beth Filson
- Intentional Peer Support (IPS) created by Shery Mead



Co-Supervision

- Staff meet as a team and supervisor monthly and as needed
- The tasks of IPS are utilized during each co-supervision
- Creates an opportunity for staff to maintain IPS informed relationships



Four Tasks of Intentional Peer Support (IPS)

- Connection
- Worldview
- Mutuality
- Moving Toward



IPS Focuses on Learning vs. Helping

- “Help” has a potential of fostering dependency
- Learning emphasizes mutuality in emotionally distressing situations that would otherwise be stopped or interrupted



Resources

- gmhcn.org
- gacps.org (CPS)
- mentalhealthpeers.com (IPS)



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**Projects to Empower and
Organize the Psychiatrically
Labeled, Inc.
PEOPLE, Inc.**

Hospital Diversion Services



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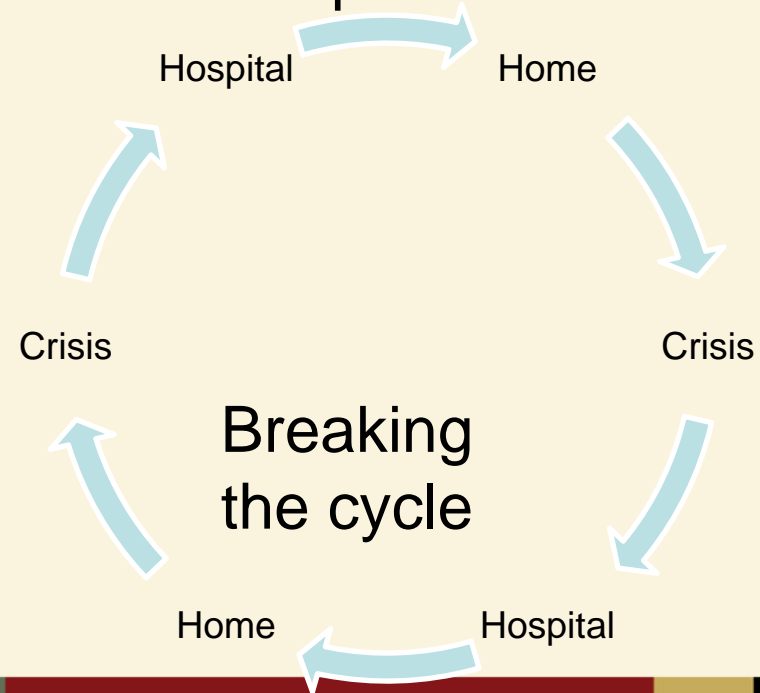
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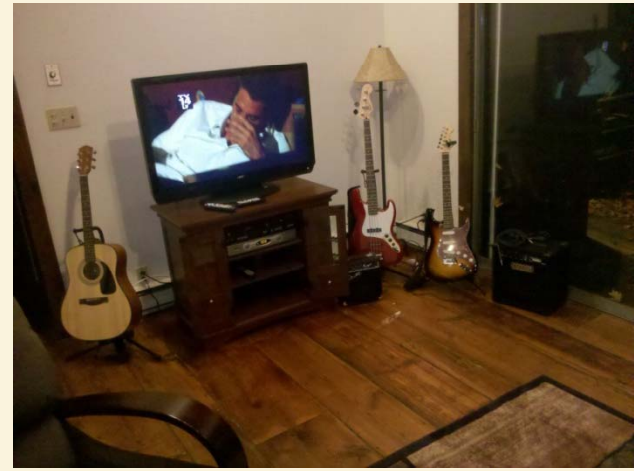
A New Diversion Continuum

- Over the past 10 years PEOPLE has been developing and practicing pro-active diversion peer - run services to assist people from crises and hospitalizations



Hospital Diversion House

Rose House's services are designed to help 'at risk' individuals to break the cycle of learned helplessness and recidivism and to move away from what are often long histories of cycling from home to crisis to hospital, year after year.



Two Rose Houses

Putnam



Orange/Ulster



Serving 3 counties

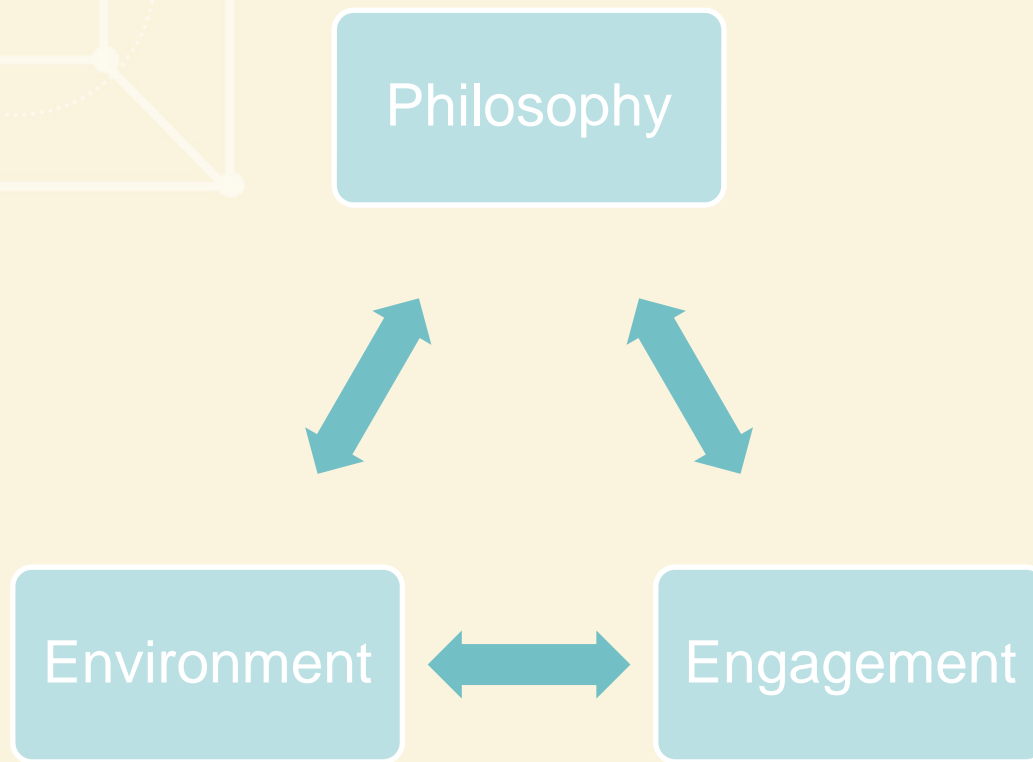


A Continuum of Diversion Services

- Hospital Diversion House
- Warm Line
- In-Home Peer Companionship
- Social Structure (Nights Out)
- Emergency Department Advocacy
- Clinic Advocacy

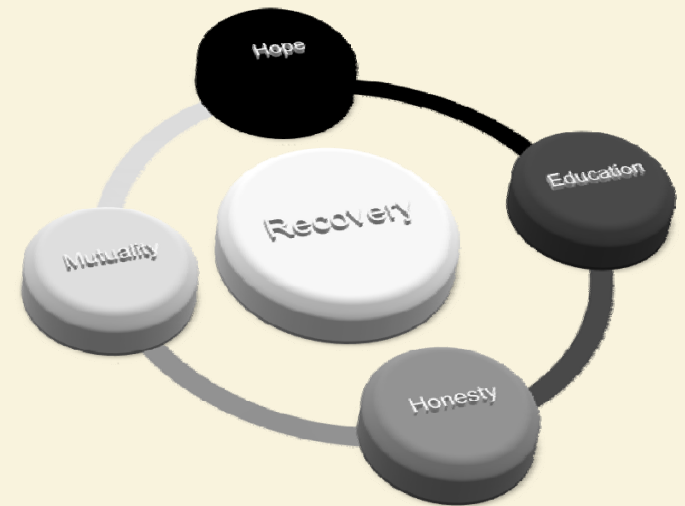


Three Vital Components to Success



Philosophy

- Recovery is the expectation
- Core Values Drive behavior
- Mutual Respect
- Transparency/honesty
- The shared experience can provide hope
- Re-thinking crisis
- Competent and compassionate staff



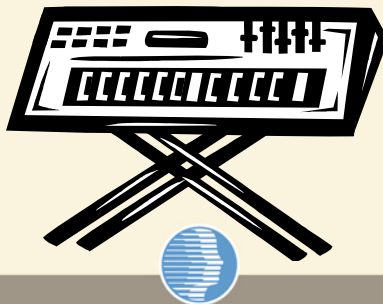
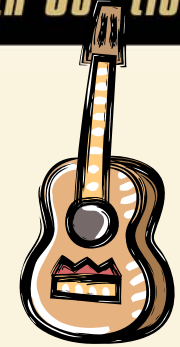
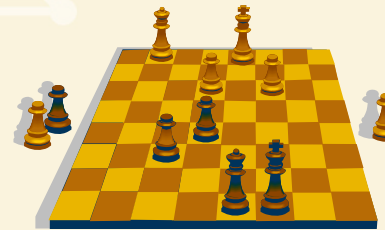
Engagement

- Building a trusting relationship can promote empowerment in individuals that can lead to more informed and self-determined decisions about ones care and quality of life choices.
- Good engagement reduces fear of punitive actions
- Sharing stories in an open and honest environment can make the relationship and experience more meaningful, promoting possibilities for change
- Well trained and developed Staff



Environment

- Safe and Inviting
- Clean and home-like
- Warm greeting
- Educational materials available
- Recreational materials available



Rose House Totals 2010

Total Guests Served	227
Total Residence Days	748
Total Warmline Calls	1253
Total Off-Premises Visits	72

748 x \$1,400 = \$1,047,200 (Local hospital cost)*

Rose House annual cost \$264,000

Unspent Medicaid/Insurance cost \$783,200 *Based on average cost of local hospitals



Research

- College of St. Rose in Albany, NY



Purpose of Study

- The purpose of the study was to compare consumer satisfaction with PEOPLE's peer-run hospital diversion program versus a traditional inpatient program. Guests quality of life and success in coping with mental illness as a result of their experiences in both settings was also explored.
- Unpublished preliminary results of longitudinal study (year 1)



Treatment Measures

- Being greeted warmly
- Orientation to the program
- Non-judgmental staff
- Explanation of program
- Expectations
- Involvement in treatment planning
- Understanding of the risks/ benefits of treatment
- Use of recovery based language
- Trauma sensitive treatment



Results of Treatment Measures

- Overall, 64% of respondents indicated that they experienced these elements of treatment at Rose House compared to 22% at inpatient hospital settings.



Experiences with Staff Measures

- Active listening
- Respect of clients
- Time spent with consumer
- Encouragement of interaction with peers
- Encouragement of Recovery
- Availability 24/7



Results of Experiences with Staff

- Overall, 64% of respondents indicated that they experienced these elements of treatment at Rose House compared to 22% at inpatient hospital settings.



Measures of Experiences with Environment

- Quality of physical environment
- Comfortable settings
- Guest private space
- Meals availability tailored to the guest schedules
- Guests ability to set their own daily schedules.



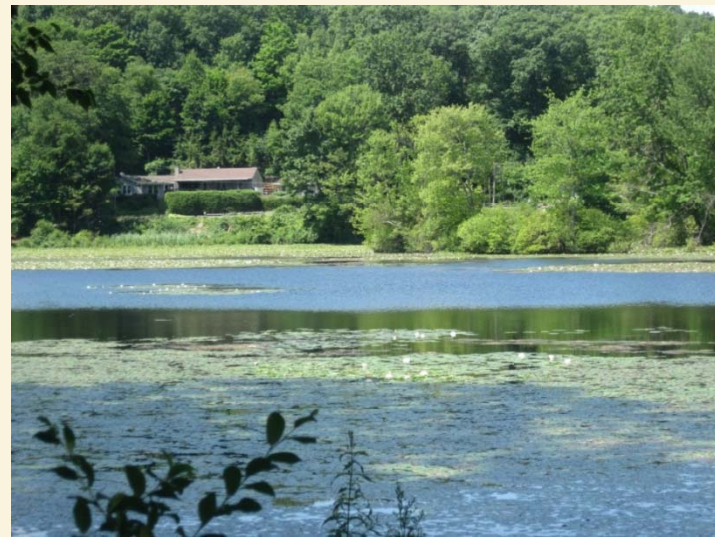
Results of Experiences with Environment

Overall, 78% indicated Rose House has these elements in the program compared to 18% for inpatient hospital settings.



Summary, cont.

Guests report feeling comfortable with the treatment received, as well as the environment. They also see peer-run programs as reducing stigma associated with mental illness.



Community Involvement

An unexpected outcome from the experience of staying at the Rose House has been associated with increased social involvement.



Recidivism

In a two year look back survey conducted in 2009 90% of Rose House Alumni have reported no hospitalizations since the diversion house experience.



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If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**

