Crisis Services, Recovery and Peer Involvement

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JULY 22, 2016
SAMHSA defines recovery as follows:

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

- Founded in 1990 to serve Maricopa County
- Private not-for-profit
- Accredited by JCAHO since 1992
- World leader in recovery transformation that began in 2000 and has been our guiding vision
- 40,000 individuals served annually in five states and New Zealand in 22 locations.
- Recovery training in 32 states and five countries abroad
RI International: Peer Experience

RI International has provided Peer Training for 15+ years

Approximately 650 RI staff members are peers (about 2/3rds of the total team)

RI International has trained 7000+ peers in the USA and abroad since the year 2000

Training meets SAMHSA’s identified competencies for peer support training
RI International: Peer Training

- 80 class hours covering conflict resolution, trauma informed care, communication, substance use and much more

- RI’s training provides certification in multiple states and countries, and is currently the Veteran Administration’s preferred training option

- RI’s Recovery Response Center (RRC) has included peer staff members for more than 12 years
Recovery Response Centers: Its Vision for Crisis Treatment and Recovery:

How Peer Support Helps to Achieve This Vision in Our Recovery Response Centers

“Activating the next generation of frame-breaking healthcare innovation to support people beyond their behavioral health needs and succeed in the community where they live, work, and play.”

Vision-RI International
Change in Psychiatric Urgent Care
RRC’s: Where Are They?

- Our first and largest RRC is located in Peoria, Arizona
- Ellendale, Delaware and soon to open Wilmington
- Durham and Henderson, North Carolina
- Riverside, California and soon to open Palm Springs
- Fife and Lakewood Washington
- New Zealand, free standing *Living Room* (through consultation with another organization)
Welcome to RRC-Peoria, AZ
Henderson, NC
Tacoma, Washington
A Different Kind of Crisis Service

Recovery is Front and Center

- Has a high level of peer support providers
- Makes use of an alternative program to reduce hospitalization
- Helps people to get medication
- Recognizes that social connectedness is a part of wellness and recovery
Interdisciplinary Team

- A person in crisis needs effective care AND a team that sees a person who is in need of support
- Everyone on the team is important! Each has an important voice: recovery, medicine, nursing, technical assistance
- Medications can help. Most effective with a supportive team
The Lobby

- Walk Ins welcome
- Peer support provided
- 24/7 availability for assessment and assistance
- Help with refills-prescriptions if an individual has run out
The Retreat

- Length of stay (LOS) up to 24 hours
- Secure area for evaluation and to help people stabilize
- There are individual rooms and communal areas
- Tea, coffee, and snacks are always available
- Peer support plays important role
The Living Room

- Warm and welcoming environment
- Uses “healing spaces”
- LOS can be up to 5 days; average is 2.4
- Living Room staffed by Peer Support Workers
Team members who are in identified peer support roles work alongside team members who may or may not have lived experience of recovery (RN’s and Docs included).

Varied staff roles offer promotional opportunities for peer workers or non-peer workers.
Recovery Strengths in Staff

Welcoming; promoting connectedness
Hopeful with high expectations
Inspirational and encouraging
Compassionate and respectful of personal dignity
Understands and supports the role of peer supporters
Using “no force first” philosophy
Uses recovery language
Every team member is important and has an important contribution to share
External stakeholders are important!

- Law enforcement can bring us anyone, any time (70%)
- Helps divert people from being taken to jail/hospitals (200 individuals per month)
- Relationships with hospitals, clinical teams, mobile crisis teams (30%) to help people exit the Emergency Department
- Families or self referrals can come to the RRC
Referrals – Voluntary and Involuntary

- Law Enforcement
- Individual Family/Friends MH Providers
- Hospital ED

Recovery Response Center

Front Room
- Walk-In Center (Urgent Care)
- Involuntary Receiving Center
- Immediate face-to-face greeting and service begun within 30 minutes of arrival.
- Peer Recovery Coaching used to restore hope and find solutions to immediate challenges.

Retreat
- Extended support for up to 23 hours with the goal of resolution and return to community services/supports

Living Room (licensed beds)
- One to seven day length of stay
- Peer support, recovery education, psychiatric services, medication management, community planning

Inpatient Hospital
- Not provided by Recovery Innovations

Recovery Connection Line
- Follow up within 72 hours

Resolved
- Not resolved
Diverting Court Petitions

Court Petitions

▶ 65%-70% of petitions are dropped, thus not sent to hospital

▶ Dropping of these petitions has been appropriate as determined by Medical Director
Recovery Response Center (RRC)

- Offers an alternative to emergency department use for psychiatric crisis events
- Acts as an assessment center for petitions
- Offers a supportive environment that may assist individuals to avoid an inpatient event
- RRC sees 5000 unique individuals each year
- Uses the best practice philosophy: No Force First
“There is no such thing as forced recovery.”

Anthony Williams; The Elephant in the Living Room
No Force First

- Therapeutic Options, like CPI, allows individual staff ways to give the individual support, without the use of force, restraints
- Verbal redirection, de-escalation
- Offering medication if appropriate
- Touching the individual is the last recourse
- Moving to safer place so that the individual and those around remain safe
- Restraints and seclusion are the last resort
...highest price of all is the price paid by the people being restrained ---due to their recovery being stalled by a practice that can disempower them; break their spirit; and reignite a sense of helplessness and hopelessness.
Peers as Members of a Multidisciplinary Team
Peers Supporters are Involved:

- From the moment of admission provides empathy, empowerment to support and inspire recovery
- During medical clearance (for support)
- Throughout each individual’s stay until discharge; Use their journey as a tool
- At discharge a peer supporter will assist the individual for 30 days in the
- Working offers an opportunity to help others begin their recovery
Community Support and Follow-up

- At discharge, a peer supporter and the individual make a follow-up plan
- Make appointments and attend primary care, psychiatric, or other appointments
- Apply for housing, food stamps, other current needs of the individual
- Go to the person’s home (if needed/desired by the individual)
- Follow-up occurs for approximately 30 days
Many Roles for Peer Specialists

Peers work at all levels of the organization from entry to executive level!

- Running groups
- Checking acuity levels
- Taking vital signs
- Documentation in the health record
- Management and administration
What This All Means

When we employ peer workers we support the development of:

- Employment skills
- Hope for our employees and the people they serve
- Strengthened community involvement and the opportunity to “give back”
- Increased sense of belonging and meaning and purpose

AND THEY BECOME A RESOURCE AND EXAMPLE OF RECOVERY
After adding peer support to inpatient units at Maricopa County (AZ) psychiatric hospital (170 beds) in 2003,

- 56% reduction in recidivism
- 47% reduction in restraint events
- 36% reduction in seclusion events
Further...Can we Afford Not to Employ Those with Lived Experience?

- With Emergency Department (ED) use having increased by as much as 75% every year and the cost of an ED visit being $1097, and
- the cost of this use ranging from $165,000,000 to $900,000,000,
- peer support achieving the reductions is a system changer.

Salinsky, E. & Loftis, C. 2007
Average Length of Stay (LOS)

- **Retreat**: 22 hours (23.59 hour observation)
- **Emergency Department**: Variable, but average is more than 12 hours and often longer. Dependent on bed availability.
- **Living Room**: 2.4 days (up to 5 days)
- **Hospital**: 7-14 days
Value-added Service

- RRC costs about 1/3 of an ED visit
- Return visits within the same month, only 5%
- Peer follow-up decreases ED visits within the first 30 days
- Peers serve as advocates
- Teach others to advocate for themselves
- Promote recovery and wellness activities back home and in their community
Peer Support Services are “a system of giving and receiving help” based on key principles that include, “shared responsibility, and mutual agreement of what is helpful (Jacobson, N. et.al. 2012).”
In the first month (June 2011) of Recovery Innovations International operations, the hospital Emergency Department in North Carolina reported a drop in involuntary hospitalizations from 57% to 35%.
Early Outcomes - Washington

In April 2012, 181 individuals were served by the RI Pierce Recovery Response Center with only 4 individuals (2.2%) discharged to a psychiatric inpatient bed.
Later Outcomes

Significant reduction in hospital and ED visits

- RRC Ellendale: 50% reduction in ED use
- RRC Ellendale: hospitalization reduced from 48% to 10%
- The use of peer supporters in Fife, Washington helped reduce hospitalizations by 79% (From 202 individuals per year to 40 individuals per year)
Reduction in ED Admissions Due to Opening of RRC
Ellendale, Delaware
Why Include Peer Support?
What we know now

- Outcomes produced with peer support are outstanding.
- Social isolation is the highest contributing factor to early death of people with mental health diagnoses.
- Peer workers can effectively support increases in social connectedness and reconnecting to the community.
- Reduces isolation; support mirrors connectedness of a friendship.
Several meta-analyses of impact of recovery-based programs show:

- Social Skills Training (which Peer Support can provide) had a large effect on symptom reduction with schizophrenia (Rosenbaum, et al. 2014; Pearsall, et al. 2014).

- Collaborative Care, peer support interventions and physical activity reduced symptoms of depression and were found to be superior to usual care and equivalent to CBT (Rosenbaum, et al. 2014).

- ACT models demonstrate a 26% greater reduction in homelessness for individuals served than those served within traditional case management services (Coldwell & Bender, 2007). Every ACT team must include peer support.
The most important contributor to life and wellbeing is **Social Connectedness**.

Shery Mead asserts that “**a peer support relationship** allows participants to create and practice new identities (rather than that of a mental patient) in a safe and supportive environment (2001).

Another study found that individuals involved in **peer run** services had **improved social functioning (connectedness)** compared to those receiving services as usual (Yanos, Primavara, and Knight, 2001).
A longitudinal study conducted by Nelson, Ochocka, Janzen, and Trainor (2006), reported at 3 years follow-up, that individuals who were engaged on an ongoing basis with peer support programs scored significantly higher than comparison groups in their level of ‘community integration.’
After adding RI International Peer Bridging Program to WA State

76% reduction in number of participants hospitalized

79.2% reduction in overall hospitalizations!

Let see that in actual numbers....
An RI International Peer Bridger program in Pierce County, Washington has demonstrated wonderful outcomes in reductions in hospitalizations and the numbers of individuals hospitalized. Peer Support creates great outcomes.
Why are those results so important?

- With our systems of care moving in the direction of **VALUE-BASED SERVICES** we must be able to demonstrate great outcomes.
- Peer support workers create positive outcomes.
Recovery is a Process

- Recovery is not a destination, it is a **process self-managed** every day
- Supporting individuals in a **recovery environment** is vital
- Working with people using the best practice of **No Force First** creates more hope and empowerment
- Science and experience has shown us that **people do recover**
Contact us

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