

Effectiveness of Peer-Delivered Services for Individuals Completing a Civil Commitment

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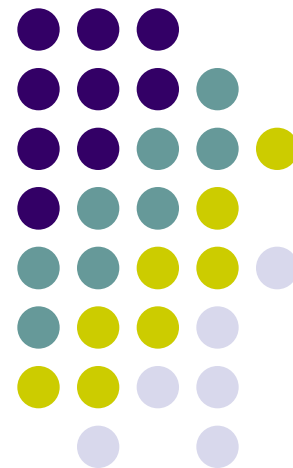
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The Next Generation of Health Care Reform

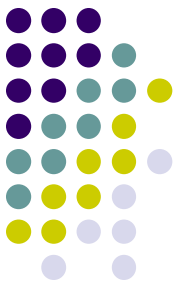


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Studies of peer delivered services



- Peer delivered services based upon the premise that an individual with a “lived experience” is uniquely able to contribute to recovery of a person needing services
- Peer delivered services have proliferated in the past decade
- Peer delivered services emphasize dignity, equality and mutuality in the relationship



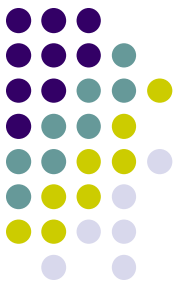
Peer delivered services

- Despite proliferation, there is no widely used typology of peer delivered services
- This creates problems for evaluation and research
- In addition, few rigorous studies of effectiveness
- Studies PS + traditional services suggest benefits in terms of engagement and retention but little other evidence of benefits

Peer delivered services

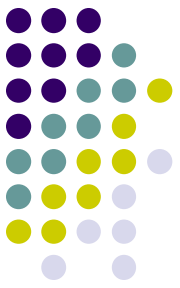


- Some evidence that peer delivered services provided in a group context can be effective in engaging individuals and in improving outcomes
- Group delivered services seem to range in approach and focus (e.g., education, support)
- Research suggests that for those people who engage in peer delivered interventions in mostly 12-step type groups benefits do accrue



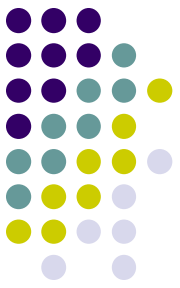
Peer delivered services

- Benefits from these groups have been reported in psychiatric symptoms, self esteem, quality of life, perceived social support, medication adherence
- Studies also suggest reduced criminal justice involvement and substance use problems
- But these studies affected by dropout and selection



Peer delivered services

- One multi-site study of peer delivered interventions using multiple models and sites (n=1,827) evidence that participation in a peer delivered intervention was associated with global positive changes in well-being
- Research suggests that service satisfaction does appear to favor individuals receiving peer delivered services
- Some emerging, but not rigorous evidence that peer delivered services may be cost effective



Our study

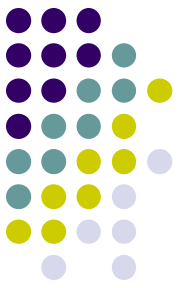
- Add to evidence for one-to-one peer delivered services
- Conduct a rigorous study with random assignment
- Work with individuals **not** normally targeted for peer support: those in civil commitment
- Do a qualitative study to better understand the “active” ingredients of peer support—what makes it work?



Recovery Innovations

- Incorporated as a not-for-profit in 1990
- Formerly operated as META Services
- Has provided behavioral health services to residents of Maricopa County, Arizona and during the past four years
- Now has programs in several other states and in other countries
- Also operates a Crisis Stabilization Unit (CSU) in Maricopa County

Guiding philosophy of peer support

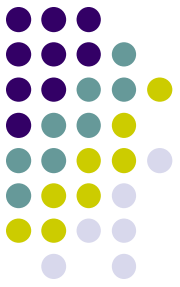


“There are certain things that are fundamental to human fulfillment....to live, to love, to learn, to leave a legacy” (Steven Covey)

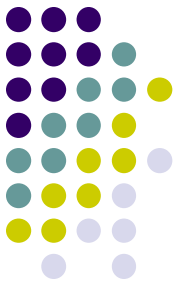
- Need to live is our physical need for such things as food, clothing, shelter...
- Need to love is our social need to relate to other people, to belong...
- Need to learn is our mental need to develop/grow...
- Need to leave a legacy is our spiritual need to have a sense of meaning, purpose, contribution...

These needs can be influenced by peer support

Recovery Innovations Peer Delivered Services



- RI now has several hundred employees
- Provides peer support services and supporters are called “Recovery Coaches”
- In Phoenix, provides peer support on 9 units at two psychiatric hospitals
- Support to involuntary patients through relationship



RI in Phoenix

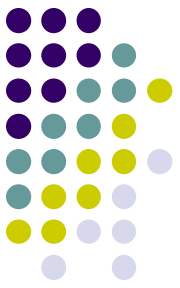
- Facilitate Recovery Classes on the inpatient unit
- Help patients with release to the community by completing the self-directed “*Discharge Recovery Plan*”
- Recruit patients in clinical trial of peer support
- Give hope to the staff because many PAS staff were once in the very unit they now serve.

Training of Recovery Coaches



Classroom training is divided into 4 thematic sections:

- Recovery and Peer Support Principles
- Personal Development; Knowing Yourself
- Turning Point; Preparing Yourself for Work
- Skill Development



Peer Delivered Services

- Goal is to inspire a process of self-transformation, employment readiness, and skill-building that effectively prepares students to do peer support work
- A minimum of 50 hours in classroom
- The remaining 20 hours may include classroom time, internship, and/or job shadowing
- Participants must attend 80% of classes
- Upon completion, must complete and pass a competency exam with a minimum score of 80%

What a Recovery Coach Does



- Giving and receiving help with respect and mutuality
- Demonstrating understanding by “having been there”
- Sharing experiences of hope and recovery
- Encouraging uniqueness
- Focusing on strengths
- Building on relationships

Essential ingredients of peer support

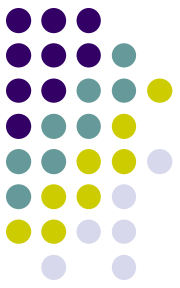


- Connecting from peer perspective
- Supporting through mutual positioning
- Building on relationships
- Promoting recovery
- Holding the hope for someone
- Being an equal member of the team
- Bringing a unique perspective to the team



What we did in study

- Began the study in 2005
- Funded by NIDRR/SAMHSA
- Enrolled $n=150$ individuals over 4 years
- A total of $n=85$ in the Recovery Coach arm
- A total of $n=65$ in the Comparison arm
- To enroll this number, we had to approach/initially screen over 400 individuals



Our study

- All individuals screened and enrolled from inpatient hospitalization/civil commitment—Desert Vista and the Annex
- All individuals were Magellan (Value Options) clients and designated as a person with a serious mental illness
- All continued to receive their mental health services

Descriptions of Groups

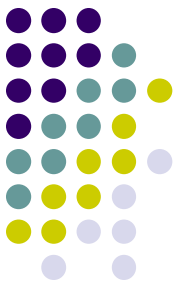


Experimental group participants

- Participant assigned to work with Recovery Coach
- Participant and Recovery Coach will work on COT and on Special Treatment Plan
- Every attempt made to provide support for 6 months
- Participant works one-on-one with a Peer Provider for at least 6 months or until they decline services

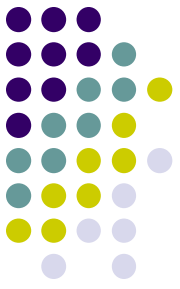
Comparison group participants

- Participant assigned to receive any/all Recovery Innovations services-as-usual
- That includes WRAP or WELL classes, special events, REC
- At the end of their time in study comparison participants offered peer support



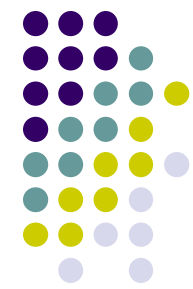
Study

- Originally designed to be 12 months long— but significant problems with recruitment at beginning of study
- Changed to 6 month study
- Examined the following factors:
 - Demographics
 - Recovery Assessment Scale
 - Perceived social support using the ISEL
 - Quality of Life; wellness
 - Symptoms and functioning using the BASIS-32



Study: Challenges

- Recruiting from inpatient units very difficult
- We lost track of a large portion individuals we enrolled in the study despite concerted efforts to locate them
- Change in behavioral healthcare provider caused major problem—lead to attrition
- A total of 25% did all of their interviews
- 32% did no followup interviews
- 68% did at least one followup
- Problems because individuals coming out of court ordered treatment have significant residential instability and lives still in turmoil
- Some individuals changed their minds about receiving the services of a Recovery Coach



Everyone Interested in the BU/Recovery Innovations Peer Support Study:
Involves helping individuals with their court-ordered treatment through the use of a Recovery Coach

50 | 50

Recovery Coach Services

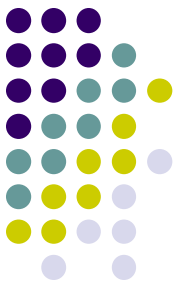
- Individual attention from hospital peer support person from Recovery Innovations for up to 6 months
 - Focused, one-on-one services
- Assistance with special treatment plan
- All other services as usual and needed

Services as Usual Group

- Eligible for group peer support services at Recovery Innovations
- After 5 months, a peer provider will make sure that every opportunity exists to conclude COT
- Priority list for peer services at end of study

Study

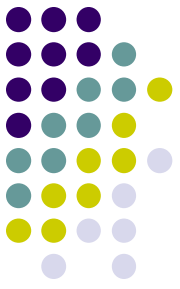
- Meet 3 times (baseline, 3 months, 6 months)
- Participate in interviews that ask about your health and wellness, any psychiatric, emotional, or health problems, attitudes towards recovery, and quality of life
 - Research interviews last between 1 to 2 hours
 - Receive \$25.00 for interview (plus bonus)



Sample Characteristics

	Experimental (n=85)	Control (n=65)
Gender (% male)	40 (47%)	26 (40%)
Age	39	41
Race: White	54 (64%)	50 (77%)
Race: Non-White Minority	21 (25%)	12 (18%)
Marital Status (unmarried)	46 (54%)	29 (45%)
Education level (high school graduate)	64 (75%)	52 (80%)
Working or volunteering	17 (20%)	11 (17%)
Residential setting (independent)	51 (60%)	32 (49%)
Living alone	19 (22%)	24 (37%)

Analyses suggested no significant differences between E and C groups on demographic characteristics at baseline.



Qualitative Study

- Did a structured, but open-ended, one-time interview to determine why and how Recovery Coach services are viewed as helpful
- Also, examine “effective ingredients” as perceived by peer
- Completed 28 interviews
- Selected people who have had a significant amount of RC services, not one or two visits (not intensive enough to find differences)



What we analyzed

- Obtained information from administrative database on RC services received
- Analyzed data using this “intensity of services” variable
- Analyzed effects of intensity on outcomes of: social support, assessment of one’s own recovery, symptoms and functioning



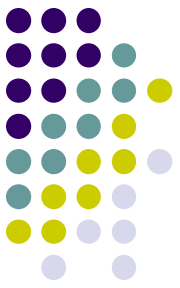
What we found--

- We found that there were significant differences between those who received Recovery Coach services and those who did not in terms of *perceived overall social support*
- Several subscales of the Support Checklist showed significant differences, including the person's sense of belonging, worthiness, self esteem

What we found—social support



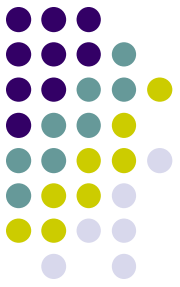
- **Social Support**--Participants indicates the extent to which he believes statements such as: “There are several people I trust to help solve my problems”
- **Greater sense of Belongingness** - i.e., the perceived availability of someone to do things with ($p=.006$)
- **Greater sense of having “Appraisal” help**- perceived availability of someone to talk to about problems ($p=.02$)
- **Greater “self-esteem” support**- i.e., perceived availability of a positive comparison when comparing one’s self to others ($p=.05$)



Additional findings

- One subscale of the Recovery Assessment Scale indicated higher scores (Factor 3)
- Just significant: Basis Substance Abuse subscale—RC group scored better
- Both groups improved over time in symptoms and functioning
- Greater intensity of peer support associated with some improvement in symptoms and functioning

Qualitative Study-Preliminary findings



Reasons for using RC services/ Expectations about RC services

- To increase participation in community
- For ongoing emotional support and guidance
- For support in carrying out errands related to independent living
- Enhance skills for independence

Qualitative Study-preliminary findings



Support Received

- **Transport and learning how to use public transportation**
- **Introduction to/ Participation in recreational or social activities**
- **Emotional support and input on recovery related issues- e.g., work, support through medication changes**
- **Help prioritizing goals**

Qualitative Study-preliminary findings



Questions about Nature of Relationship

- **Friendly**
- **Egalitarian/equal/ formed a personal connection**
- **Supportive/encouraging**
- **Inspiring**
- **Respectful/accepting**
- **Empowering**

These are all characteristics in the literature/writings of what the essence of peer support should embody

Key Factors that made RC helpful



- **Similar experiences (and diversity of RCs) helped form a personal connection**
- **Relationship presented hope and the possibility of recovery**
- **RC relationship was “normalizing”**
- **Support/ acceptance/ knowing there was someone to talk to**
- **The “genuineness” of relationship**
- **Opportunity to do things outside of a treatment setting**
- **Tangible supports and opportunity to enhance skills for independence**

Again, these are all characteristics that the literature suggests embody the essence of the reason peer support is helpful

Key Factors that make RC helpful



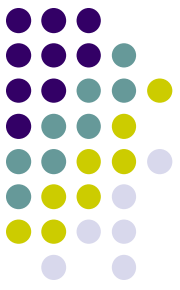
Average rating and evaluation: 4.8
On a scale from 1-5

Qualitative Study



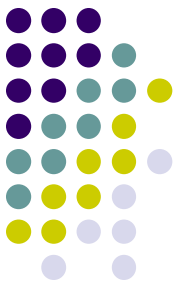
Suggestions for change

- **Reduce paperwork for RC services**
- **Increase continuity of Recovery Coach**
- **Increase uniformity in skills and training of RCs**
- **Provide clearer information about services that will be provided**
- **Provide more counseling**
- **Provide opportunity to provide more meaningful feedback (space on forms not enough)**



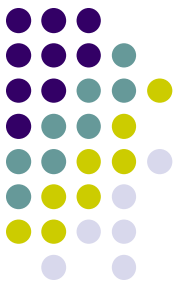
New initiatives with RI

- Conducting another study of peer support
- This time, focus on employment
- Research suggests that peer supporters often give support around work
- At the same time, they have little training in vocational services and no framework for how to be helpful
- Need to know what are the issues they can support around choosing, getting or keeping work



New Initiatives at RI

- VPS (Vocational Peer Support) curriculum developed and refined by trainers at Center
- Identified approximately 12 RC to receive training, coaching, supervision in VPS
- Now underway a randomized trial to compare VPS to RC services as usual
- Focus is on employment activities and outcomes



Evaluation activities at RI

- RI and the Center embarking on evaluation activities that will allow RI to contribute to the body of knowledge about peer delivered services
- One initiative ties into their new framework for delivering services
- Wellness City
- Nine Dimensions of Wellness

Nine Dimensions of Wellness



- Based on literature about holistic health and well being, there are several dimensions of wellness
- RI chose the following 9 dimensions to guide services:

Emotional

Physical

Intellectual

Social

Spiritual

Occupational

Home and Community Living

Financial

Recreation/Leisure

Nine Dimensions of Wellness



- New configuration of services—Wellness City
- New software capturing 9 dimensions
- 9 dimensions provides framework for delivery of services