

# **PEER SUPPORT: AN EFFECTIVE ALTERNATIVE**

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# Peer Support = Recovery Model

## SAMHSA Consensus Statement on Mental Health Recovery

1. Self Directed
2. Individualized and Self Directed
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

## Recovery Model

- Multi-dimensional, holistic
- Re-establish valued roles and pursuit of recovery goals
- Consumer is empowered to assume personal responsibility for health and lifestyle
- Staff offer validation, education and support
- Motivation for change is health and personal control
- Consumer is guided to assume responsibility and self-monitor health behaviors

## Medical Model

- Narrowly focused on illness, symptoms, deficiencies, and incapacity
- Primary patient/client role and pursuit of treatment goals
- Consumer is expected to comply or adhere to the professional advice
- Staff prescribe what they believe is in the best interest of consumer
- Motivation for change is fear and punitive
- Responsibility for treatment and progress rests on providers

# WHAT IS ENGAGEMENT?

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- ✘ It is a partnership between you and those you serve.
- ✘ It is an individual decides for themselves that they WANT to engage in services/help for all of the right reasons.
- ✘ It is mutual respect and dignity.
- ✘ It is reflected in the “hope” that you show concerning a person’s ability to recover.
- ✘ Engagement can deliver the message that Recovery is the Expectation!

# LANGUAGE

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What type of language style do you use?

Use people first language

Use “I” Statements

- “I feel confused; help me understand.”

Use Statements that Empower

- “What can I do to assist you in your recovery?”

Focus on strengths and abilities, not disability

AND WHEN DID YOU START THINKING  
THERE MIGHT BE SOMETHING WRONG  
WITH YOU?

WHEN YOU TOLD ME!

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# WHO REALLY MAKES THE CHOICE?

- ✘ Do you encourage those you work with to choose the solution they wish to try even though it may not have been the solution you would have chosen?
- ✘ Do you share *your* fears, concerns and possible risks, yet allow the customer to make the ultimate decision?
- ✘ Do you encourage them to brainstorm and come up with all possible solutions to an issue?  
(Informed Choice, Empowerment, Responsibility)

# PEER SUPPORT HONORS THE DIGNITY OF “RISK”

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- ✘ We have all learned from failure and grown from the experience. Do you allow those you work with to choose options that may lead to failure?
- ✘ Do you discuss all “risk” factors (pros and cons of choices) with the people you serve in a coercive, judgmental or pro-active manner?



# EMPLOYMENT SERVICES

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HOPE

Higher Opportunities through  
the Power of Employment

# 7 PRINCIPLES

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- ✘ Eligibility is based on consumer choice.
- ✘ Supported Employment is integrated with treatment
- ✘ Competitive Employment is the goal
- ✘ Rapid Job Search
- ✘ Follow-along support is continuous
- ✘ Participant makes the choice about employment and supports needed
- ✘ Access to Benefits Analysis

# OUTCOMES: HOPE PROGRAM

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Total number of active participants:	253
Total who found employment:	146
Total who met NE-VocRehab outcome:	83

*Of all active participants, 58% found a job, with 57% of those people meeting the VR outcome of 120+ days of continuous employment.*

# **COMPREHENSIVE BENEFITS ANALYSIS**

Providing HOPE Program participants with accurate, complete and timely information on the benefits they receive and the potential affect changes in employment status might have on those benefits, thus allowing for informed decision making.

To date, the program has completed 55 analysis reports, with 25 completed and 10 in progress in FY 2011.

In July, 2012, the Benefits Program was nationally accredited by CARF International, making it the only accredited benefits program in Nebraska.

# **CRISIS DIVERSION SERVICES**

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**Hospital Diversion  
Psych ED Support  
Crisis Respite**



# KEYA HOUSE



# CRISIS PREVENTION v. CRISIS RESPONSE

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## Win – Win

- Individual remains in control of their life
- Quality of life:
  - work, housing, family & friends
- Benefit for the community:
  - Less costly, more effective
  - Less disruption

## Lose – Lose

- Traumatic for the person:
  - Loss of autonomy
  - Loss of treatment choice
  - Loss of quality of life
- Expensive for the community
  - Police, ambulance, emergency room, crisis center
  - Possible judicial expense



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- Providing a safe place where people dealing with mental health issues work with trained peers to develop wellness/recovery strategies.
  - Strictly voluntary: guests can come and go as they please
  - Self-directed: guests decide what activities/services they want
  - Non-clinical, no medication management: guests are treated as responsible adults with relationships with their medical service providers
  - Guests can stay for up to 5 days/nights
  - 70% of guests who had used crisis-level services before coming to Keya have not returned to those services

# OUTCOMES: KEYA HOUSE

Total number of guests (duplicated) :	541
Total guests (unduplicated) to date:	225
Total guest days:	1,991
Average length of stay:	3.6 days

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Since opening (12/2009)

Keya Operations		Total: \$ 715,003
Crisis Center:	\$600/day	Total: \$ 1,194,600*
Hospital (avg):	\$1,200/day	Total: \$2,389,200*

**\*Does not include the cost of emergency services  
(e.g. police or emergency medical services)**

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# **PEER SUPPORT BRYAN MEDICAL CENTER PSYCH DEPARTMENT**

Peers providing support services in the hospital's psychiatric emergency department and on the adult psychiatric wards.

Services include system navigation, crisis de-escalation, wellness education, support group facilitation and community reintegration.

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To date, the peers have made . . .

<b>Total Patient Contacts</b>	<b>1,156</b>
<b>Total Accepted Services</b>	<b>820 (71%)</b>
<b>Time in Adult Wards</b>	<b>253 hrs (20%)</b>
<b>WRAP Support Groups</b>	<b>30 (Began 9/1/12)</b>
<b>Patient Satisfaction</b>	<b>79%</b>
<b>Staff Satisfaction</b>	<b>93%</b>

# Peers In Recovery: Positive Mental Health Recovery through Shared Experience

Community Collaboration of Hospital Clinicians, Police, Peer Specialists



Peers, Police and Treatment Team: Discuss interventions for successful return to community

## Peers in Recovery Program

This unique outreach program matches peer specialists with individuals experiencing mental health issues. BryanLGH Medical Center and the Lincoln Police Department identify and refer individuals to the peer specialists.

## Program Funding

The Peers in Recovery program is funded by a grant through the Community Health Endowment of Lincoln. The three-year grant pays salaries for peer specialists.

## Peer Specialist Involvement

### A peer specialist

- Is another person living with a mental health diagnosis, a person who has walked in your shoes
- Provides support and advocacy to referred client
- Listens and understands
- Helps reduce trauma, anxiety and agitation
- Educates clients and families about community resources
- Provides comfort
- Assists in communicating the person's recovery goals
- Does not diagnose or assess



Patient and Peer: Sharing HOPE, recovery and wellness

### Peer Specialist Training Materials

Peer specialists are interviewed and hired by the Mental Health Association.



## Program Operation

Began September 2011

### Lincoln Police Department Referral Program

- Three peer specialists work a total of 40 hours a week
- Over 90 referrals have been made to peer specialists from over 45 different officers
- Individuals referred to peers specialists are seen in their home

### BryanLGH Medical Center

- Five peer specialists work a total of 80 hours/week; available seven days/week
- Peer specialists see patients in the Mental Health Emergency Department
- Intake mental health nurse determines if a peer specialist would be beneficial to patient, and if so, asks patient if they would like to visit with a peer specialist
- Peer specialist involvement has been positively received by patients and staff



Nurse, Patient and Peer: You are never alone

## Peer Specialists serve a vital role in our community.

Their support of patients and families, in collaboration with police officers and hospital clinicians, provides a needed resource to help patients successfully return to the community.

## Program sponsors:



## Presented by:

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# LPD REFERRAL PROGRAM

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**LPD gets the call for a wellness check**

**Police Officer emails peer companions**

**Peer Companions make contact with individual**

**Peer Companions report back to police officer**

## **9/28/11 to 6/30/12**

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<b>Total Referrals</b>	<b>116</b>
<b>Total Officers</b>	<b>61</b>
<b>Successful Contacts</b>	<b>69</b>
<b>Accepted services</b>	<b>46</b>

**LPD Captain Joseph Wright:**

**“The comment I’ve received most often from officers is that in the past they ‘kept going out on the guy time after time but after referral we never see them again’.”**

# HOPE

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- Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all. *Dale Carnegie*
- Sanity may be madness but the maddest of all is to see life as it is and not as it should be.  
Don Quixote
- The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty. *Winston Churchill*



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**"We're all nuts my friend."**

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# THANK YOU



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