

## **ACMHA ARM CHAIR REFLECTIONS**

### **Peer Services Explosion: The Time is Now!**

*Harvey Rosenthal, Executive Director, New York Association of Psychiatric Rehabilitation Services*  
*Sandy Forquer, Senior Vice President, OptumHealth Public Sector*  
*Steve Miccio, Executive Director, PEOPLE, Inc.*

Terrible fiscal times create the political will to implement big changes, including some long overdue ones that involve changing how and where we serve people with psychiatric disabilities.

We've long known that far too much money is avoidably spent in institutional settings, including state and local hospitals, emergency rooms, homeless shelters, prison and jails, adult homes, and the like. And we've come to focus on the striking truth that people with psychiatric disabilities are too often the physically sickest (dying 25 years earlier than the public), least employed, and among the most costly groups that our public health care systems are failing to properly engage and serve.

For example, in New York, we've found that Medicaid spends 15 times more per year on people with mental health, substance use, and major medical conditions than the average Medicaid beneficiary and that 70% of the \$800 million spent annually on avoidable inpatient readmissions are for that same group.

We know we can save lives and dollars by reorganizing our services to make them more integrated, better coordinated and, more focused on wellness and prevention. We have a host of promising tools to accomplish this – many of which can and must play prominent roles in our national move to health care reform, health homes, and new managed care designs.

For example, our health care systems all too often demonstrate insufficient empathy, persistence, and a true understanding of what daily challenges our most vulnerable face, including trauma, addiction, extreme poverty, and hopelessness. Our system is a much-too-passive one, waiting in vain for people who don't expect to get help or who can't get past the chaos, crisis, and poverty in their lives to show up. To compound that, these folks are far too often deemed non-compliant and candidates for forced treatment instead of better treatment.

Our peer service community has many exciting answers:

- Peer wellness coaches in New York, Georgia and Tennessee are building those relationships and bringing that hope and persistence, hitting the streets each day to find, engage, and help connect people to the support and help they desperately need.
- Peer-run crisis respite houses in New York and New Hampshire are helping people get ahead of their next relapse, while avoiding costly, chronic ER and inpatient stays.

- Peer brokers in innovative care coordination programs in New York and self-directed care models in Pennsylvania and Texas are helping to redirect funds spent in long-term treatment and day services to allow people to get the wellness care, transportation assistance, internet access, and job support they really need to move on.
- In New York, peer bridgers have helped thousands to successfully transition from state hospitals to the community and are now being deployed to help do the same with “high needs” Medicaid managed care beneficiaries and, starting next month, with adult home residents and re-entering former prisoners with psychiatric disabilities.
- The current budget crisis also forces policy makers and our broader mental health community to recognize the huge fiscal and personal cost of keeping people in “chronic low-demand” services for life, fostering avoidable dependencies and keeping people out of the workforce and the broader community unnecessarily. States and localities must, now more than ever, turn to models that promote recovery, wellness, employment, asset development, and community integration – both to save lives and dollars.

In these ways, policy makers looking for responsible savings and recovery, rehabilitation, and self-help proponents can use this crisis to make historic changes to advance the much-sought, long-overdue transformation of our service systems.

### **Focus on Peer Bridgers and Wellness Coaches**

Under a contract with the New York State Chronic Illness Demonstration Program (CDIP), OptumHealth is partnering with the New York Association of Psychiatric Rehabilitation Services (NYAPRS) to provide peer bridger services to individuals in Queens diagnosed with substance abuse or mental illness who need to be engaged or who need support in their recovery.

Utilizing a recovery model, the peer bridgers help get people with complex medical and behavioral health conditions into treatment and support those in active recovery to stay on track.

The CIDP identifies patients who are at risk for recurring high health care costs and multiple hospitalizations and seeks to improve the management and coordination of their care. Peer bridgers, individuals who are successfully managing their own recovery and have completed the requisite NYAPRS Peer Bridger and certified Peer Wellness Coaching training programs, help individuals bridge the gap between the structure of an inpatient program and the open environment of the community.

As a supportive and trusting relationship develops between the consumer and the peer bridger through regular contact over a period of time, the bridger offers a sense of hope, peer mentoring, health literacy education and support, advocacy, and recovery, community, and crisis management skill building. This service embraces the recovery model and provides tools for coping with and recovering from a mental illness and/or a substance use disorder. See more at <http://www.nyaprs.org/peer-services/>.

Additionally, new technologies, such as OptumHealth’s NowClinic, allow peer specialists to access a doctor 24/7 using a webcam and their computer from wherever the member may be when they meet.

Interestingly, the project was developed during informal discussions in Santa Fe at the 2006 ACMHA Summit, with the first public presentation on this model and peer crisis respite services (see below) at the 2009 Summit.

### **Focus on Peer Crisis Respite Services**

PEOPLE, Inc. has developed an internationally replicated peer crisis respite house approach that supports people to better manage crises, stay out of emergency rooms, and avoid inpatient stays. It operates two such programs in New York – Rose House in Orange/Ulster counties and a new one in Putnam County. The Rose House is an innovative and unique peer-run hospital diversion facility where individuals seeking temporary residential or respite care can stay for one to five nights. Services at the Rose House are designed to help “at-risk” individuals break the cycle of learned helplessness and recidivism through 24-hour peer support, self-advocacy education, and self-help training. Guests are taught to use new recovery and relapse prevention skills and to move away from what are often long histories of cycling from home to crisis to hospital, year after year.

Rose House-styled programs have been adopted in Lincoln, Nebraska and the Netherlands, with research from the New York and Nebraska programs demonstrating upwards of a 68% reduction in avoidable emergency room and inpatient admissions and interactions with ambulance services and police.

See more at <http://www.projectstoempower.org/>.