

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Peer Involvement in Integrated Physical and Behavioral Health Services: Promoting Wellness through Recovery-Oriented Care

Thursday, February 28, 2013

1:00 – 2:30 PM ET



Webinar Moderated By

Livia Davis, MSW, CSWM
BRSS TACS Project Director
Center for Social Innovation

Webinar Overview

- **Integrated Health Services and Peer Services and Support**
Cheryl Gagne, Center for Social Innovation
- **Grounding Integrated Care with a Recovery- and Wellness-Orientation**
Peggy Swarbrick, Institute for Wellness and Recovery Initiatives
- **Integrated Health Partners**
John Hogeboom, Community Bridges, Inc.
- **Use of Peers as Promotoras and Health Advocates**
Marty Adelman, Council of Community Clinics
- **Questions & Answers**
- **Closing**



Integrated Health Services and Peer Services and Support

Cheryl Gagne, ScD.
Center for Social Innovation



Agenda

- Foundations of Integrated Health Services
- Peer Roles in Integrated Health Services



Why Integrated Health Services?

- Health care costs continue to increase
- Most Americans with substance use disorders do not get any treatment for their condition
- People with mental health or addiction disorders die at a younger age than the general population
- And they are dying of preventable and treatable conditions

A Grim Reality

“People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population.”

NASMHPD Morbidity and Mortality in People with Serious
Mental Illness October 2006

Goals of Integrated Care

1. Improve health
2. Enhance the person's experience of care
3. Reduce or control the costs of health care

Also known as the “triple aim”

Integrated Primary and Behavioral Health Care Services

- Integrated care is when health care workers address all health conditions at the same time
- Integrated health care may be provided using different models of delivery
- Most common model is known as person-centered medical home, also known as health home

Health Homes

- A provider or team is accountable for a person's care and manages or coordinates services
- Each person has a comprehensive plan
- Quality, cost-effective, culturally-competent, family/person-centered, and evidence-based service
- Include prevention and health promotion
- Attend to substance use disorders and mental health

Clinical Features of Behavioral Health Homes

- Self-management support*
- Delivery system design
- Decision support*
- Clinical information systems
- Community linkages*

Examples of Peer Roles in Health Homes

- Peers provide outreach to the community
- Peers run wellness education and support groups
- Assisting with care management and engagement
- Provide 1-to-1 support to incorporate healthy life style behaviors

Additional Peer Roles with the Affordable Care Act

- Insurance navigators
- Care navigators
- Educators
- Advocates

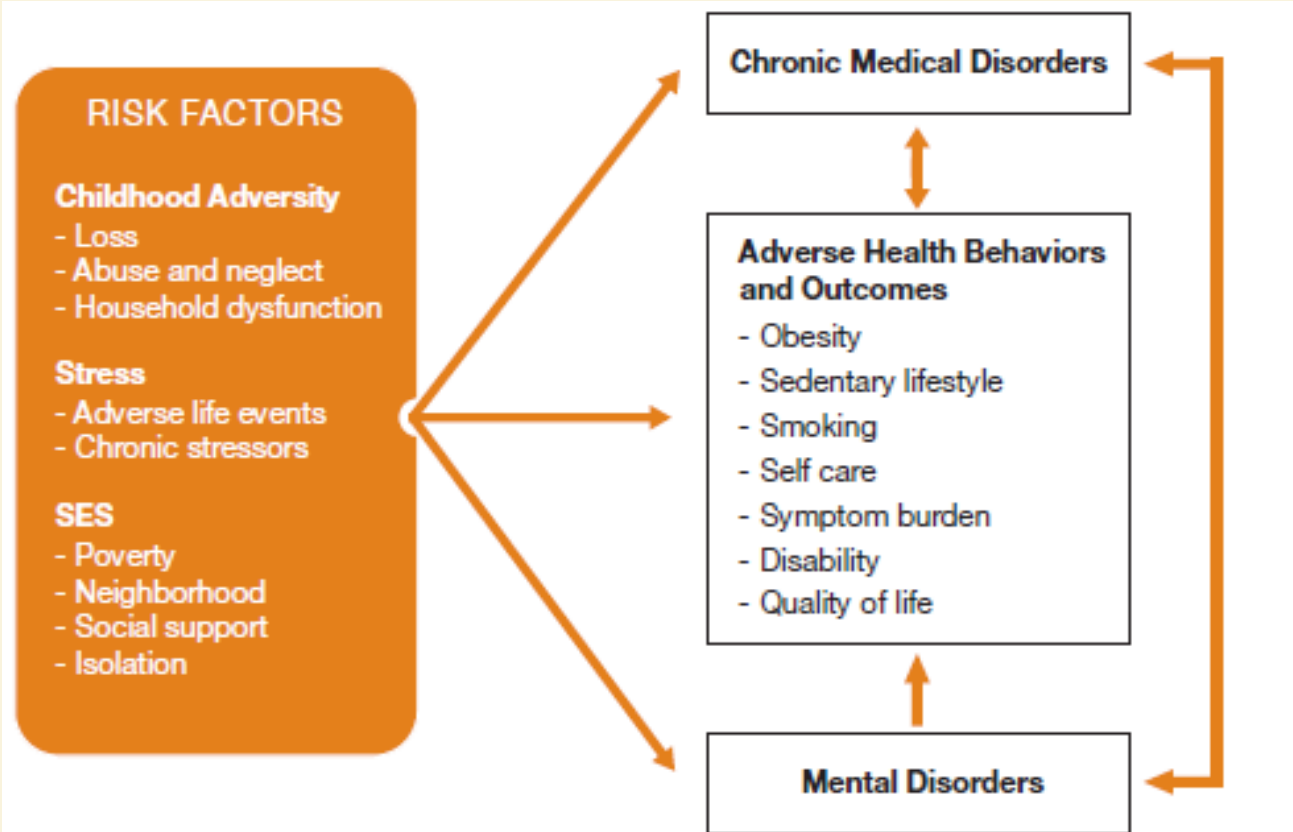


Grounding Integrated Care with a Recovery- and Wellness- Orientation

Peggy Swarbrick, Ph.D., OT, CPRP
Institute for Wellness and Recovery Initiatives,
Collaborative Support Programs of New Jersey



Why Wellness?



Model of the Interaction Between Mental Disorders and Medical Illness

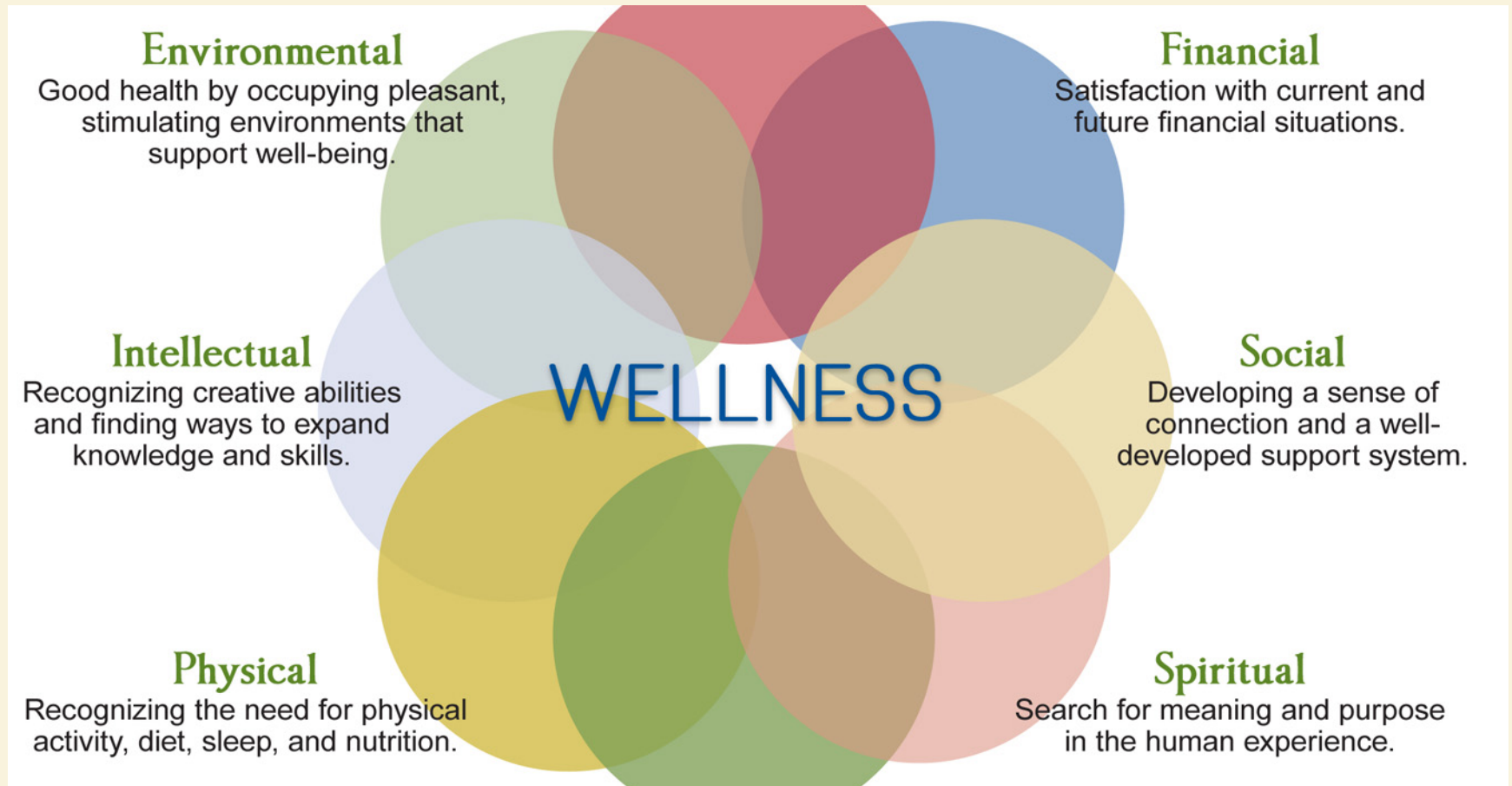
Taken from Druss BG & Reisinger Walker E (2011). Mental disorders and medical comorbidity. Available online at www.rwjf.org/pr/product.jsp?id=71883. Based on content in Katon WJ (2003). Clinical and health services relationships between major depression, depressive symptoms, and general medical illness *Biological Psychiatry*;54 (3). 216-226.

Wellness is a conscious deliberate process that requires personal choices that help promote a **balanced lifestyle.**

A wellness *lifestyle* includes a self-defined balance of **health habits** such as *adequate* sleep and rest, productivity, participation in meaningful activity, eating well, and connections to supportive people and places.



The Eight Dimensions of Wellness



Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29,(4) 311- 314.

Wellness is not the absence of disease, illness, and stress but the **presence of:**

- Purpose in life
- Active involvement in satisfying work and play
- Joyful relationships
- A healthy body and living environment
- Happiness

Dunn, H.L. (1961). High-Level Wellness, Beatty Press: Arlington, VA

Wellness Dimensions

Physical
Environmental
Spiritual
**Mental/
Emotional**




Social
Intellectual
Occupational
Financial

National Wellness Institute- 6 dimensions
CSPNJ Institute for Wellness and Recovery
Initiatives *Wellness Dimensions* (2006, 2008).



Wellness Model

- ***Attitude*** shift
- ***Belief*** in yourself: belief system drives your attitude
- ***Balance***
- ***Control/Choice*** (assume personal responsibility (& control) to make informed choice)
- ***Environment*** (environment that supports your efforts towards a wellness lifestyle)



We believe there are many possibilities for peers to contribute to the health and well being of people living with mental illness seeking support in pursuit of recovery.

Peer Wellness Coaching is a new opportunity for people in recovery to help other peers.

Peer Wellness Workforce Fosters Recovery

- Health
- Home
- Purpose
- Community



Wellness Coaching

A set of techniques designed to focus on achieving and maintaining wellness particularly the *physical dimension*.

Techniques:

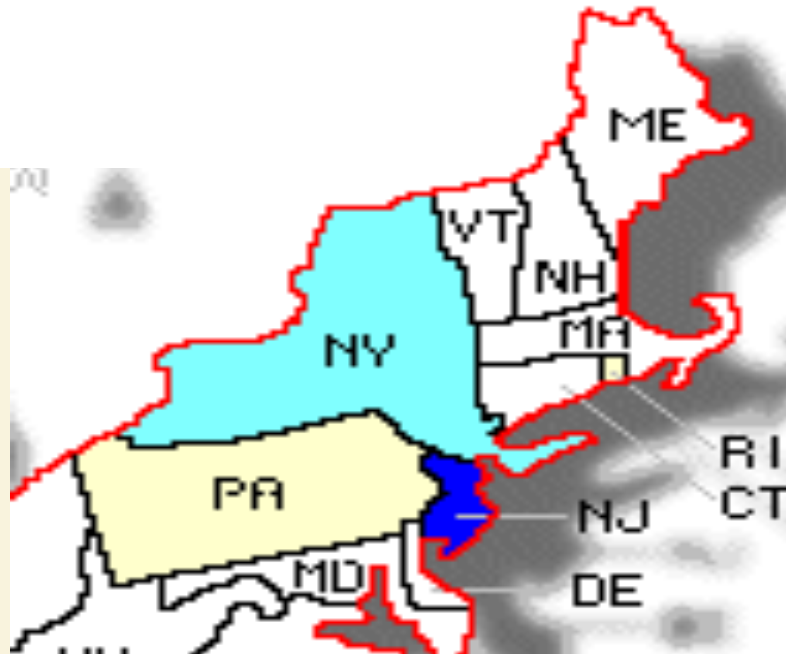
- communication skills
- motivational strategies
- coaching steps
- wellness principles

Physical Wellness

- Sleep & Rest
- Eating Well
- Moving Your Body (Physical Activity)
- Screening & Self Care
- Managing Stress
- Relaxation

Wellness Coaching is Growing

- - PWC Starts in NJ
- - NY Plays a Key Role
- - PWC Spreads



Personal Wellness

Swimming has helped my personal path to wellness.



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- *Words of Wellness: Wellness Institute*. (July 2012). Retrieved from <http://www.welltacc.org>

More Resources

FDA Office of Women's Health
<http://www.fda.gov/womens>

Million Hearts™
<http://www.millionhearts.hhs.gov>

SAMHSA's National Recovery Month
<http://www.recoverymonth.gov>

More Resources

Collaborative Support Programs of New Jersey

<http://www.cspnj.org>

Institute for Wellness and Recovery Initiatives

<http://www.welltacc.org>

Wellness Works 4 Us (list serve)

<http://www.wellnessworks4us@yahoogroups.com>



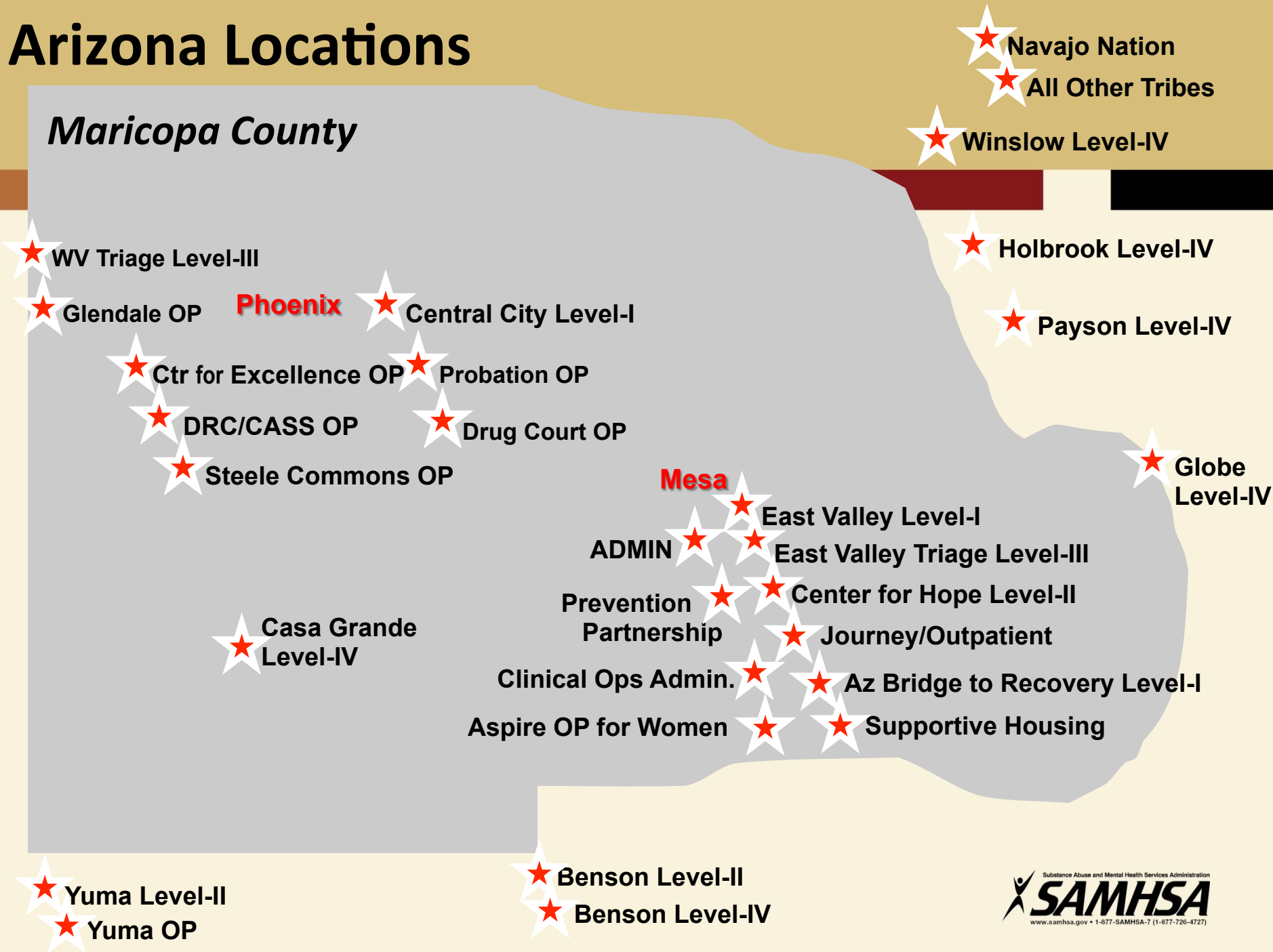
Integrated Health Partners

John Hogeboom, LISAC
Community Bridges, Inc.



Arizona Locations

Maricopa County



CBI Peer Support Services

Facility-Based

Crisis Peer Support

Detox Continuing
Care Peer Support

MAT Peer Support

Access Point
Navigators

Community- Based

ATC Peer Support

H3-Navigators

H3 Vet-Navigators

Supportive Housing
Peer Support

Native American
Navigators

Crisis Response and Outreach

Community-Based
Outreach
Peer Support

Crisis Navigators

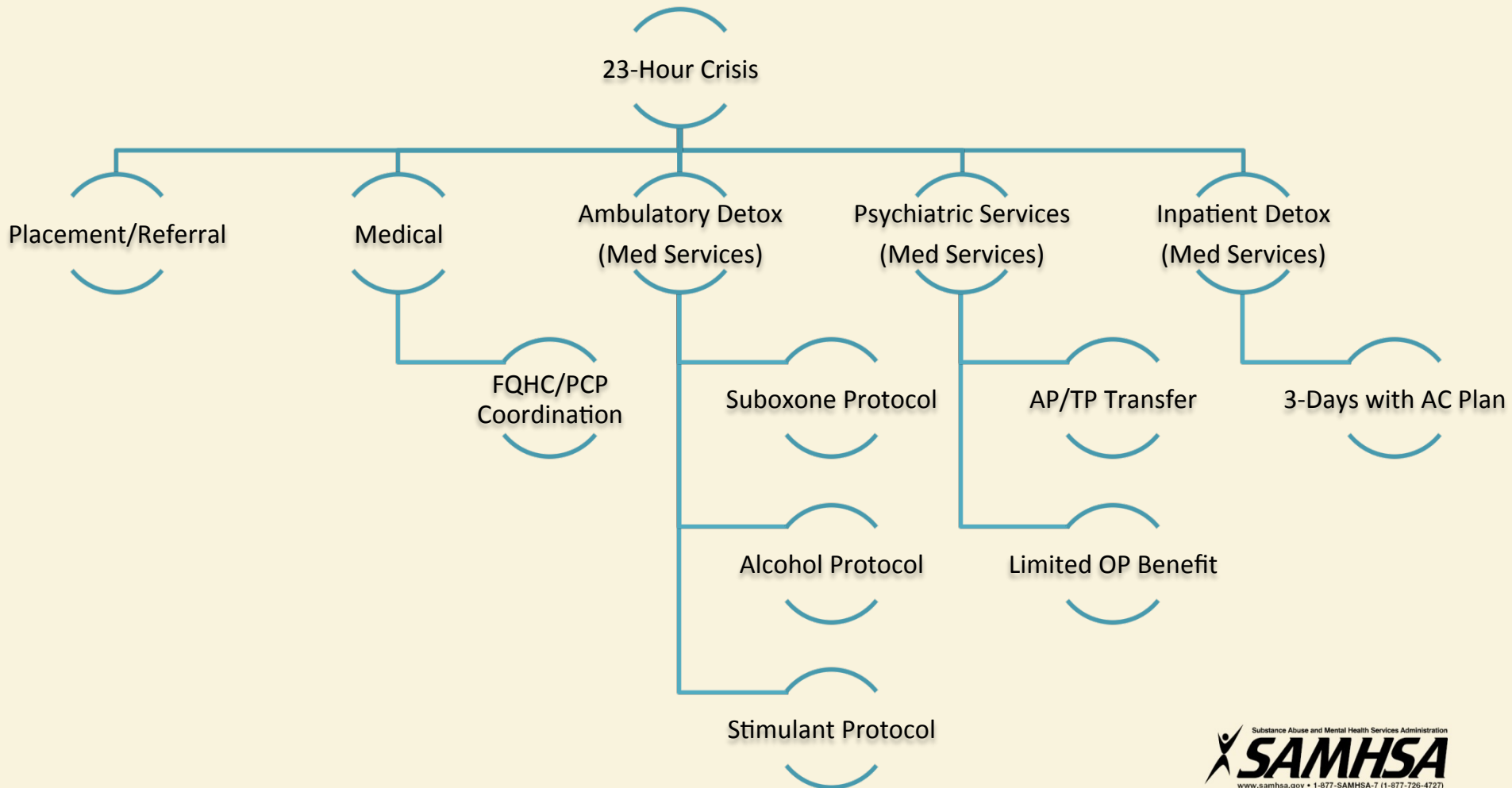
BluePrints to Life



INTEGRATED CRISIS CARE SYSTEM

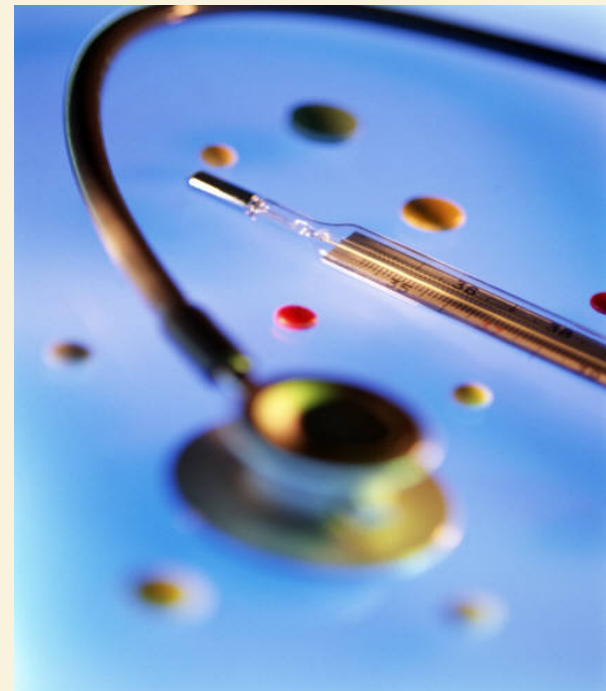
Bridging the Gap Between Medicine and Behavioral Health

Crisis Integrated Process

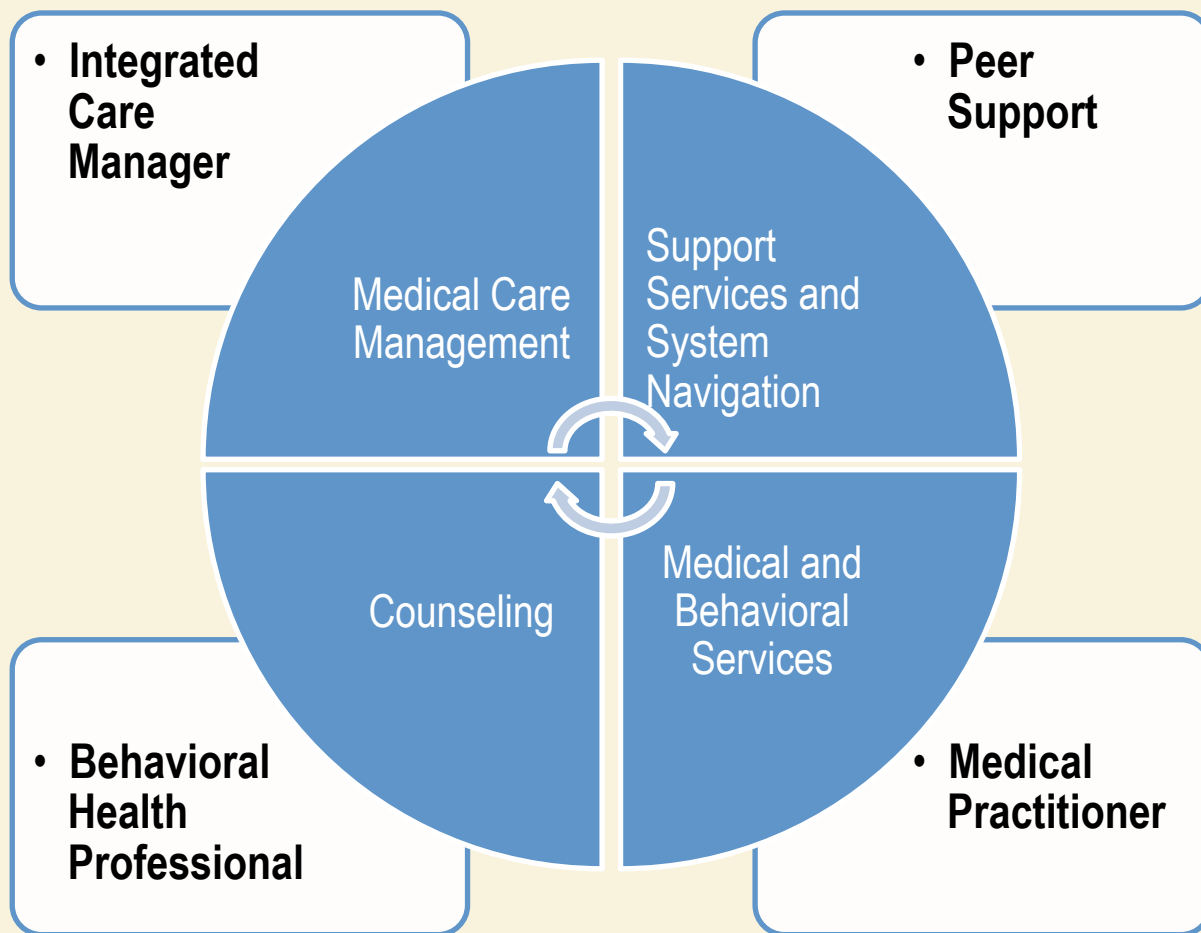


Integrated Medical Team

- Family Practice, Addiction Medicine, Psychiatrists, Psychiatric and Family Nurse Practitioners
- In person and via telemedicine 24/7
- Medical Care and PCP Coordination
 - 84% present with a medical condition
 - Blood Pressure
 - Asthma/COPD
 - Wound/Infection Care
 - Diabetes
 - Pregnancy
- Urgent Psychiatric Assessment
- Medication Management
- Addiction Medicine Services
- Inpatient/Ambulatory Detoxification



Integrated Teams



FQHC Co-Location

- ❖ MAT PSS
- ❖ Bridges gap medical/behavioral health
- ❖ “One Stop Shop”
- ❖ Immediate access psychiatric and substance use services





PEER SUPPORT SERVICES

Navigating the way from Despair to Hope

Peer Run Access to Care Line

- 600-1,000 calls per day
- 24/7 support
- Dispatches Outreach Teams



Peer Run Access to Care Line

- Schedules appointments for Ambulatory Detoxification rather than 23-Hour Crisis if criteria met (**reduction in non-necessary crisis admissions creating more capacity**).
- Patient Follow-up: Coordinates community-based services (recovery homes, support groups, faith-based, information and referral, etc.) avoiding individuals seeking placement and referral services from higher levels of care.
- Provides follow-up on all Level I Sub-Acute Inpatient and Level III Residential patients within 7-days of discharge.

ATC Triage RNs



- 24/7 assistance for MAT patients
- Avoids higher levels of care
- Provides education/access to Medical or Behavioral Practitioner
- Phone and telemed support to all CBI sites and mobile teams
- Triage patients from Hospital Emergency Rooms:
 - 3,380 triaged out of Hospital Emergency Rooms (300% increase over FY 10/11)

Crisis Response - FY11/12



Community-based Outreach

- Outreach, assessment and placement (PD, CASS, Recovery Homes and DRC)
- Transports from:
 - Hospitals – 1,700 (1,788 from 7/1/12 to 1/31/12)

Crisis Response Team

- Transports from:
 - Phoenix Fire - 2,741
 - Phoenix PD - 1,124



Co-Located Supportive Housing

For Chronic Recidivators



- Partnership with CASS
- Permanent housing at 4 locations
- Chronically homeless adults
- Chronic recidivators of the Crisis System
- Chronic medical issues

Co-Located Supportive Housing



- 100% have access to Peer-driven Support Groups & SAMHSA 10x10 Wellness Programming
- Focus on Substance Abuse and Mental Health
- 100% assistance with medical & behavioral health appointments
- Telemedicine available at each location

H3 (Home, Health, Hope) -Navigators

- Wraparound PSS provided to vulnerable adults housed in 14 locations across Phoenix, Glendale and Mesa.
- Individual received permanent housing through community partners
- Individuals are connected to a Primary Care Physician or FQHC
- Education and wrap services around wellness as well as behavioral health issues



Native American Navigators

Navajo Nation/CBI model provides outreach, navigation and wraparound services using Traditional Healing in Native Language

CBI Native American Navigators come from the following tribes:

- Navajo Nation
- San Carlos Apache
- White Mountain Apache
- Gila River
- Ft. McDowell
- Hopi
- Pascua Yaqui
- Pima





Use of Peers as Promotoras and Health Advocates



Marty Adelman MA, CPRP
Mental Health Program Coordinator
Council of Community Clinics

Jill Reiss, MPH, Project Coordinator
San Diego Primary and Behavioral Health Care Integration
(SD-PBHCI) Project
Council of Community Clinics

Lucia Montiel
Geriatric Peer Specialist
Community Research Foundation, MSWRC and South Bay Guidance

Senior Peer Promotora Program

- One of three components of the **Project**
- 5 of 9 organizations involved offering SPPP
- The target population:
 - o Individuals who are unfunded for MH services
 - o Priority given to underserved populations such as Latinos, Asians and Pacific Islanders



Senior Peer Promotora Program

- 4-10 Promotoras each clinic
- Provide outreach, education and engagement activities to assist older adults and their families to access mental health and primary care services and stay in treatment
- Culturally and linguistically matched to community they serve



Senior Peer Promotora Program

Promotoras –

- began in Hispanic communities
- outreach workers who raise awareness
- provide education, prevention, screening and management of a variety of chronic illnesses



Mental Health is a natural fit

Senior Peer Promotora Program Component

Specifically designed for Older Adults who are:

- Less likely to seek services on their own
- More likely to isolate



- Less likely to identify their symptoms as depression
- More likely to commit suicide

Outreach, Engage and Retain



- Outreach to ...
- 1:1 to large group presentations
- Library Project
- Reminder and no show calls to keep people in treatment

Initial Training

Promotora Coordinators completed 44 hours of training, used train-the-trainer model

Training topics include:

- Recruitment -Characteristics of the Ideal Promotora
- Coordinating Care with MH staff
- Confidentiality
- Cultural Issues and Stigma
- Senior Health and Aging Issues
- Depression, Anxiety and Other Disorders



Initial Training (continued)

- Suicide Awareness: How to Recognize & Assess
- Death & Dying and Grief & Loss
- Medication Use/Misuse and Substance Abuse
- Basic Counseling Skills
- Domestic Violence/Elder Abuse
- Effective Presenting
- Advocacy and Awareness
- Community Resources

Ongoing Training (continued)

Numerous Outside Promotora Conferences

Mental Health First Aid

Relaxation Techniques

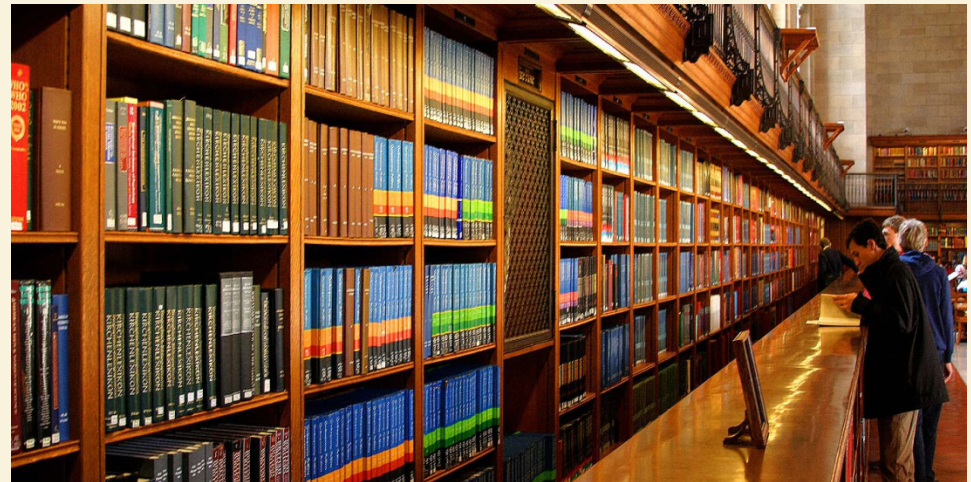
Hoarding

Dementia

Diabetes

LGBTQ

Healthy Living (eating right, exercising, reducing stress)



Training Resources

- Center for Health Aging in Santa Monica – materials and program for training Senior Peer Counselors at centerforhealthaging.org or (310) 576-2550.
- SONRISA is a curriculum toolbox developed for *promotores* to address mental health issues in patients with diabetes, in English and Spanish
 - part of public domain, click on link at www.caldiabetes.org

San Diego Primary and Behavioral Health Care Integration (SD-PBHCI) Project

- Peer Leaders are present in the North and South Pairings
- Peer Mentoring track developed in the South Pairing in Program Year 2
- Peers and Wellness
- Whole Health Action Management (WHAM) Training Curriculum
- Lucia's Story



Q&A Session

For More Information

To request Technical Assistance or to receive a link to a recorded webinar, contact **Tarah Johnson** at tjohnson@center4si.com.

To join the BRSS TACS email list, or to share questions or comments, contact: BRSSSTACS@center4si.com.

SAMHSA's Recovery Resource Library:

<http://store.samhsa.gov/resources/term/Recovery-Resource-Library>

Thank You