MHSA Innovation 1
The Peer Run Model
What Did We Learn?

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System Leadership Team

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LAC DMH
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MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA
WELLNESS · RECOVERY · RESILIENCE

PRISM and PRRCH

- Peer Run Integrated Services Management Model (PRISM): A completely peer run alternative or supplement to public mental health services that focuses on empowering clients to improve their lives, increase and/or develop their skills, improve their social support system and lead productive lives.

- Peer Run Respite Care Homes (PRRCH): A safe and supportive short term (less than 30 days) living environment for mental health clients experiencing a crisis operated entirely by individuals with lived experience of mental illness.

PRRCH Program Structure

- Independent living skill development (i.e., daily grocery shopping, household chores, and preparing meals)
- Promoting social relationship development
- Self-help support groups
- Utilizing Wellness Recovery Action Plan development to facilitate the recovery journey upon leaving PRRCH
- Recovery activities (i.e., five year plan, gratitude walk, relapse prevention, yoga, and gardening)
- One on one meetings with Peer Specialists who provide peer support
- Intentional Peer Support services
- Guiding guests through the recovery process while helping clients develop the skills needed to achieve their goals

PRRCH

- **PRRCH House Capacity by Provider:**
  - Share! (Recovery Retreat) in Service Area 3 can house up to 8 guests (2 guests per room)
  - Project Return (Hacienda of Hope) in Long Beach can house up to 9 guests (1 guest per room). Starting in FY 16-17, will increase to 11 guests.
- **Annual Funding:**
  - $750,000 per year per house
- **Average Cost per Day*:**
  - SHARE!: $494
  - Project Return: $450

- *Annual funding /# of clients served/average length of stay (Ave. LOS)

PRRCH Occupancy Analysis

SHARE!	Guests	Total Days	Ave. LOS
FY 2013-14	128	947	7 days
FY 2014-15	157	1755	11 days
6/15-3/16	124 (9 months) 165	1287 (9 months) 1716	10 days 10.4 days
Total	450	4418	

Project Return	Guests	Total Days	Ave. LOS
FY 2013-14	56	221	4 days
FY 2014-15	131	431	3 days
6/15-3/16	96 (9 months) 128	1215(9 months) 1620	13 days 13 days
Total	157	2272	

PRRCH Occupancy Analysis

Maximum Occupancy (FY 16/17)

SHARE!: 8

Project Return: 11

90% occupancy rate→ 213 clients/year – SHARE!

304 clients/year – Project Return

Average Cost/Client (based on 90% occupancy):

SHARE!: $293

Project Return: $205

PRRCH

PRRCH Measures:

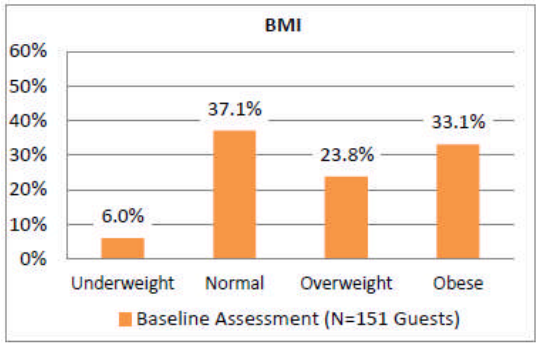
- Physical health indicators, including height, weight, and blood pressure
- Guest feedback survey- 55% completion rate for Project Return and 66% completion rate for SHARE!
- 3-6 month follow-up survey with 45 guests

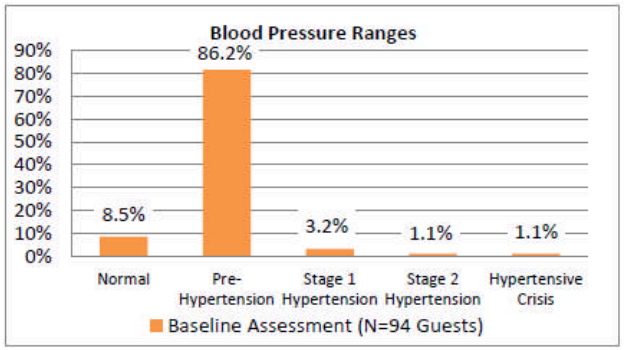
PRRCH

- Project Return: 310 Clients entered into iHOMS
- Guests were more likely to identify as White (43.9%), followed by African/African American (30.3%)
- Most prevalent linkages: Educational, living arrangement support, social skills self-help, community events

Project Return PRRCH IMR Subscale Scores	
Recovery Subscale *(mean of items 1, 2, 4, 8, & 12)*	2.81 (N=266)
Management Subscale *(mean of items 6, 7, 9, & 11)*	3.31 (N=266)
Substance Use Subscale *(maximum of items 14 & 15)*	1.69 (N=257)
Overall IMR Score *(mean of items 1-15)*	2.76 (N=266)

The average scores indicate that guests were less impacted by alcohol/drug use or further along in their substance use recovery when they enrolled in the program than with self-management and coping with their mental health and/or wellness.





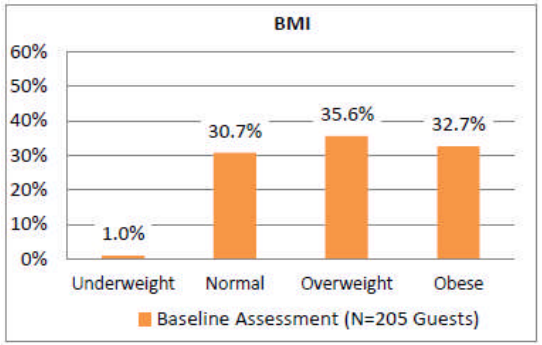
In general, most Project Return PRRCH guests had BMIs that were normal (37.1%) or obese (33.1%). The majority of guests at Project Return had pre-hypertension blood pressure (86.2%).

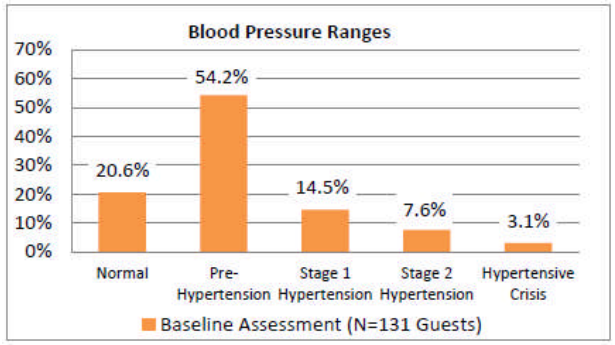
PRRCH

- SHARE!: 296 Clients entered into iHOMS
- Guests were most likely to identify as African/African American (32.4%) and White (27.7%)
- Most prevalent linkages: Social skills self-help, substance abuse self-help, emotional wellness

SHARE! PRRCH IMR Subscale Scores	
Recovery Subscale *(mean of items 1, 2, 4, 8, & 12)*	2.62 (N=255)
Management Subscale *(mean of items 6, 7, 9, & 11)*	3.49 (N=255)
Substance Use Subscale *(maximum of items 14 & 15)*	2.89 (N=255)
Overall IMR Score *(mean of items 1-15)*	2.92 (N=255)

The average scores indicate that SHARE! guests were experiencing more difficulty with self-management when they enrolled in the PRRCH program than with coping with their mental health and/or wellness and substance use.





In general, SHARE! PRRCH guests had BMI's fairly evenly distributed among normal, overweight and obese categories. The majority of guests at SHARE! had pre-hypertension blood pressure (54.2%)

Significance of PRRCH

- Service utilization, including cost study, is in process
- Increased client quality of life-physical, mental, social and/or spiritual
- Increased social support and coping skills via skill development
- Potential for PRRCH to serve clients with more significant risk factors

PRISM Program Structure

- Provide linkages to participants (i.e., mental health, physical health, substance abuse, housing and other needed services)
- Self-help support groups
- Daily activities planned by the participants, including resume writing, creating a Wellness Action Recovery Plan and attending appointments
- Connect participants with community resources
- Staff provides Intentional Peer Support which provides empathy and unconditional listening

PRISM

- **Number of Clients served by year*:**
  - SHARE!: 364
  - Project Return: 168**
- **Annual Funding:**
  - $311,666
- **Average Cost per Client:**
  - SHARE!: $856
  - Project Return: $1,855

*Entered into iHOMS

**May represent data quality concern

PRISM

PRISM Measures:

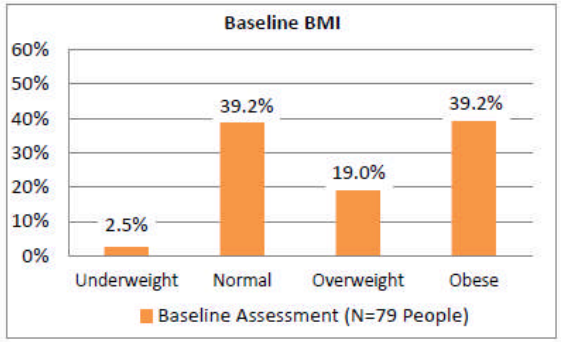
- Physical health indicators (BMI and BP), PROMIS Global Health, Creating Healthy Outcomes: Integrated Self-Assessment (CHOIS)
- Internalized Stigma
- Illness Management and Recovery Scale
- Linkages

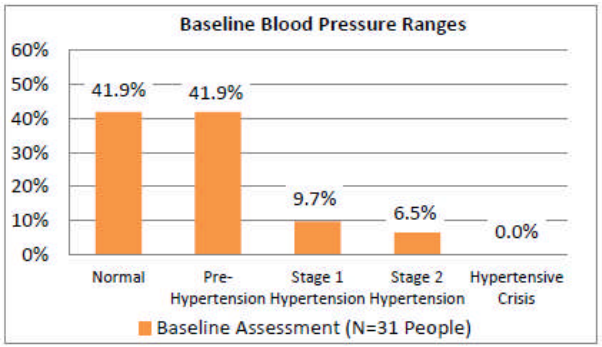
PRISM

- Project Return: 168 Clients entered into iHOMS
- Most participants at Project Return identified as White (34.5%) and African/African American (31.0%)
- Most prevalent linkages: Physical health-related, assistance with living arrangements, emotional self-help

Project Return PRISM IMR Subscale Scores at Baseline	
Recovery Subscale *(mean of items 1, 2, 4, 8, & 12)*	3.00 (N=144)
Management Subscale *(mean of items 6, 7, 9, & 11)*	3.20 (N=144)
Substance Use Subscale *(maximum of items 14 & 15)*	1.47 (N=128)
Overall IMR Score *(mean of items 1-15)*	2.78 (N=144)

The average scores indicate that participants were less impacted by alcohol/drug use or further along in their substance use recovery when they enrolled in the program than with self-management and coping with their mental health and/or wellness.





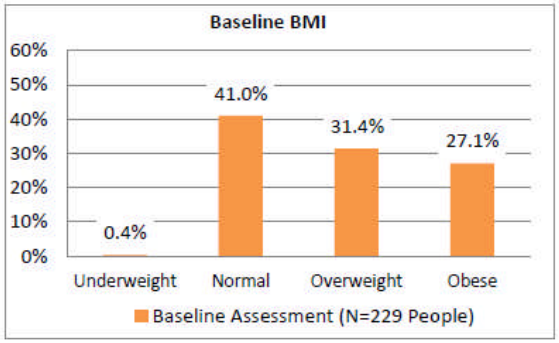
In general, most participants had BMIs that were normal (39.2%) or obese (39.2%). The majority of participants had normal or pre-hypertension blood pressure (83.8%).

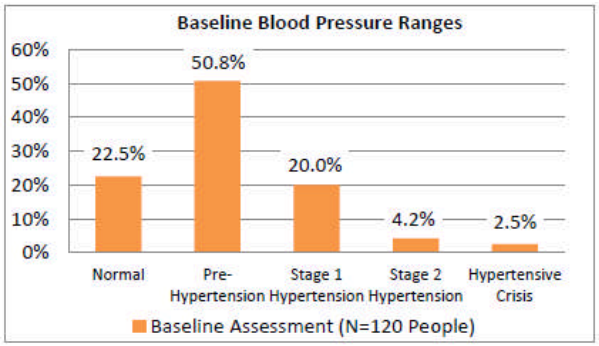
PRISM

- SHARE!: 364 Clients entered into iHOMS
- Most of the participants at SHARE! identified as African/African American (34.9%) and White (25.3%)
- Most prevalent linkages: Emotional self-help, referral to PRRCH, social skills self-help, money management, occupational

SHARE! PRISM IMR Subscale Scores at Baseline	
Recovery Subscale *(mean of items 1, 2, 4, 8, & 12)*	3.21 (N=278)
Management Subscale *(mean of items 6, 7, 9, & 11)*	3.30 (N=276)
Substance Use Subscale *(maximum of items 14 & 15)*	2.20 (N=261)
Overall IMR Score *(mean of items 1-15)*	2.98 (N=277)

The average scores indicate that SHARE! participants were experiencing more difficulty with self-management when they enrolled in the PRISM program than with coping with their mental health and/or wellness and substance use.





In general, most SHARE! PRISM participants had BMIs that were normal (41.0%), but the majority of participants were overweight or obese (58.5%). Half of participants had pre-hypertension blood pressure (50.8%).

Significance of PRISM

- 65% of linkages with housing resources and support were successful
- 75% of linkages with emotional self-help support and educational groups were successful
- Mental health and physical health change unable to be assessed due to low number of matched pairs
- Reductions in average number of days spent homeless but not statistically significant
- SHARE! Achieved a statistically significant reduction in emergency department utilization 12 months after the start of services
- High levels of satisfaction

Cost Per Client – All INN 1 Models

- Integrated Clinic Model: $5,934
- Integrated Services Management Model: $10,541
- Integrated Mobile Health Team: $22,425
- PRISM $856-$1,855
- PRRCH $5,137-$5,850/guest stay

Learning from PRRCH

- Key learning – peer roles
- Key learning – implementing PRRCH
  - Referral sources
  - PRRCH in the continuum of care
- Applying learning to improve PRRCH going forward

Learning from PRISM

- Key learning – peer roles
- Recommendations for peer run programs
- Recommendations for peer roles in multidisciplinary mental health teams
- The role of the linkage tracker

Peer Run Model Learning

Essential Trainings:

- Intentional Peer Support
- Peer Advocate Certification Training
- Wellness Recovery Action Plan (WRAP)Training

Peer Roles:

- Facilitating and providing social support
- Finding appropriate linkages and referrals for clients
- Helping clients improve their quality of life by reducing dependency on the system (finding employment, housing, health navigation)

Outcomes Going Forward

- Illness Management and Recovery Scale upon entry and departure
- Living arrangements immediately prior to entry and at departure
- Linkages made (Linkage Tracker)
- Inpatient and justice utilization prior to entry and after departure
- Sampling of status within 3 or 6 months after PRRCH stay
- Recommended length of stay
- Recommended occupancy rate to bring down cost/client and increase service access