

People USA

OPENING AND OPERATING A PEER-RUN CRISIS RESPITE
USING THE ROSE HOUSE MODEL

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Background - Why Rose House?

Psychiatric EDs & Inpatient Units

- Imagine feeling overwhelmed by emotional distress, in effect losing your sense of control, safety, direction, and even self. In your search for care you find yourself in a traditional crisis response system that is:
 - Physically confining and restrictive
 - Emotionally and psychologically triggering
 - Weak in customer service and communication
 - Dismissive of your feelings and needs
 - Primarily focused on the “medical” nature of mental health – illness, symptoms and management

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Psychiatric EDs & Inpatient Units

- Undervaluing of you as the expert on yourself
- Utilizing fear and punishment to achieve compliance
- Viewing health as one-dimensional (not holistic)
- Isolated from community & natural supports
- Looking at crises as personal failures
- This list is derived in large part from: Allen, Michael H., Daniel Carpenter, John L. Sheets, Steven Miccio, and Ruth Ross. "What Do Consumers Say They Want and Need During a Psychiatric Emergency?" *Journal of Psychiatric Practice* 9.1 (2003): 39-58.

People USA

- People USA is a nonprofit organization that provides people living with mental health or substance use issues with the highest quality, effective peer services and behavioral health care.
- Our mission is to educate, support, and empower people to understand, manage, and overcome behavioral health challenges. We accomplish this by creating, providing, and promoting behavioral health services that work better for people and communities.
- People USA is peer-run, meaning we're an agency made up of people with their own personal lived experiences with mental health or substance use challenges, recovery, and moving towards wellness.
- People USA has grown from a grassroots peer advocacy and support organization to become one of the most recognized and respected behavioral health organizations in the United States.

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The Four Pillars

I. Engagement

Service is quality when...

- People feel welcomed.
- Communication is person-centered.
- We value people's stories and validate their experiences.
- People receive proper orientation.
- Expectations are clear.
- Expectations are met with follow-through.
- We value our relationships with people.
- People feel respected.

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I. Engagement

- 5-Star Customer Service
 - Welcoming: Guests are greeted and consistently treated with hospitality
 - Respectful: Demonstrating to guests – unconditionally – that they have value and importance
 - Orienting: Guests receive proper education on all services, policies, and procedures, including expectations for staff *and* guests
 - Reliable: Regular check-ins to ensure that staff and services are delivering on promises

I. Engagement

- Person-Centered Communication: Motivational Interviewing - OARS
 - O: Open-Ended Questions – Questions that offer guests broad latitude and choice in how to respond (as opposed to yes/no, short answer, or specific information questions)
 - A: Affirmations – Staff accentuate the positive, seeking and acknowledging a person’s explicit and implicit strengths (cognitive, behavioral, emotional)
 - R: Reflective Listening – “Active” listening, whereby staff seek to understand the guest’s subjective experiences, offering reflections (explicit, implicit mirrored meanings) as guesses about the person’s meaning (the foundation of ‘empathy’)
 - S: Summaries – Reflections that draw together the main points of a guest's story

II. Environment

Service is quality when...

- People can express their thoughts and feelings freely without being judged or rushed.
- People's personal boundaries are recognized and respected.
- The environment is comfortable, allowing for mindfulness.
- The environment is healthy and hygienic.
- People have privacy when they need it.

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II. Environment

Service is quality when...

- We embody openness and inclusion whenever privacy is not needed.
- People can find help anywhere – there are no wrong doors.
- We reach beyond our immediate boundaries, breaking down unnecessary silos.
- People feel a sense of ownership of the environment and our operations.

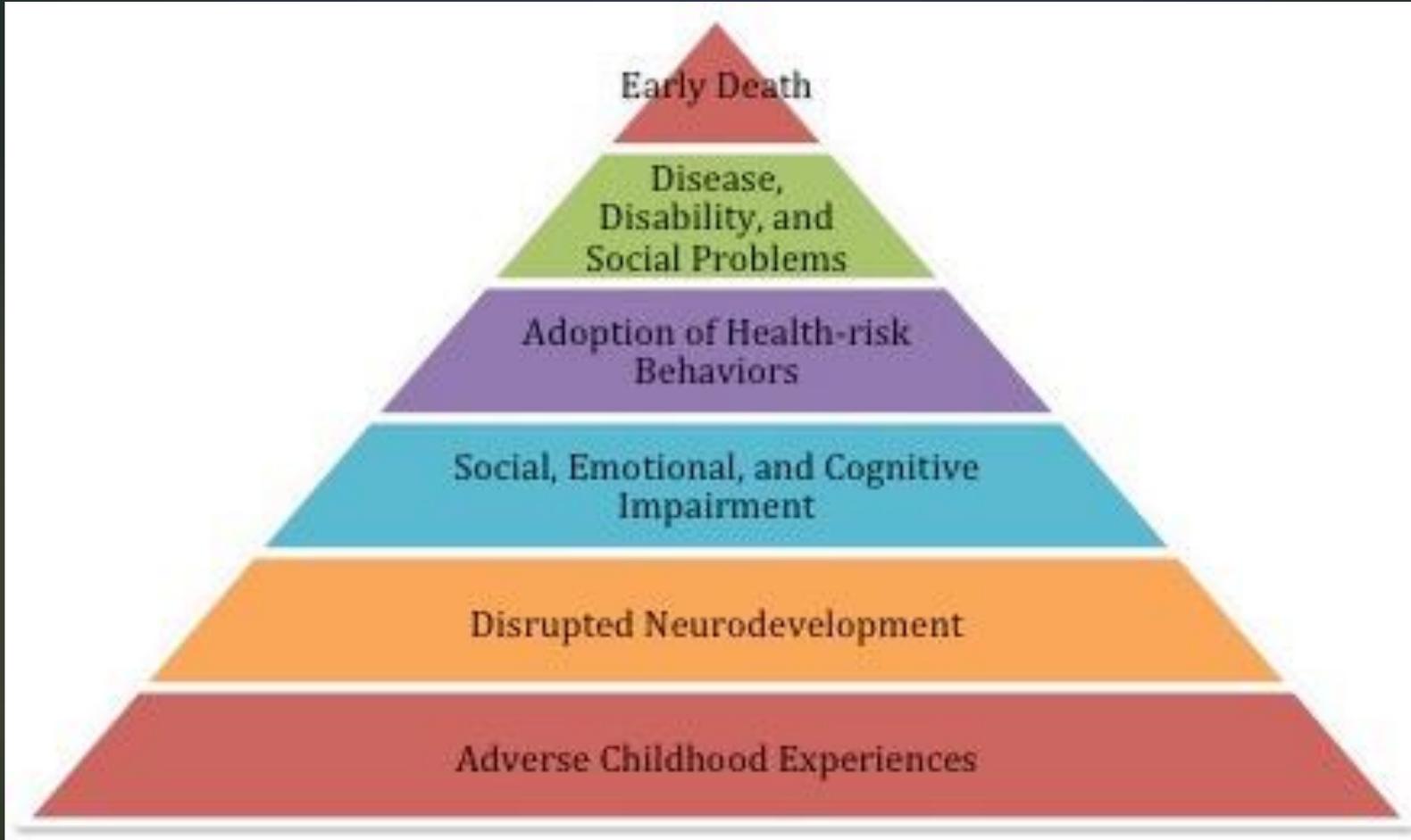
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II. Environment

- The Need to be Trauma-Responsive
 - 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. (223.4 million people).
 - In public behavioral health, over 90% of clients have experienced trauma.
 - Trauma is a risk factor in nearly all mental health and substance use disorders.
 - Trauma: The 3 Es: Events, Experiences, Effects

II. Environment

- ACE Pyramid



II. Environment

- Trauma-Informed Practices
 - Shifting the focus from “What is wrong with you?” to “What happened to you?”
 - Seeking to understand what happened to an individual and the meaning that person makes of those experiences.
 - In a trauma-informed program, everyone is educated about trauma and its consequences, and about the importance of people’s voices and choices in the services and supports they receive.

Explanation continues on next slide

III. Mutuality

Service is quality when:

- People can express their thoughts and feelings freely without being judged or rushed.
- People feel understood when they communicate.
- People feel a strong connection based on the common elements of our stories as peers.
- We meet people where they're at culturally, in the context of their values, beliefs, and practices.
- We trust others as the experts on themselves.
- We all share in a vision and culture of hope, recovery, and wellness.

IV. Philosophy

Service is quality when:

- We have positive expectations for people's recovery.
- We show people that recovery is real and can happen for them if they're committed to the process and have the right supports.
- Recovery is self-defined, with people determining their own goals and plans for themselves.
- We recognize that people's recovery journeys are more circular than linear, with overlaps and cycles that are useful as learning opportunities.

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IV. Philosophy

Service is quality when:

- Recovery encompasses whole health or all the dimensions of a person's wellness.
- People have access to the education and information they need to make intelligent choices about their recovery & wellness.
- People are self-determined and make decisions based on their own wants and needs.
- People become their own best advocates.

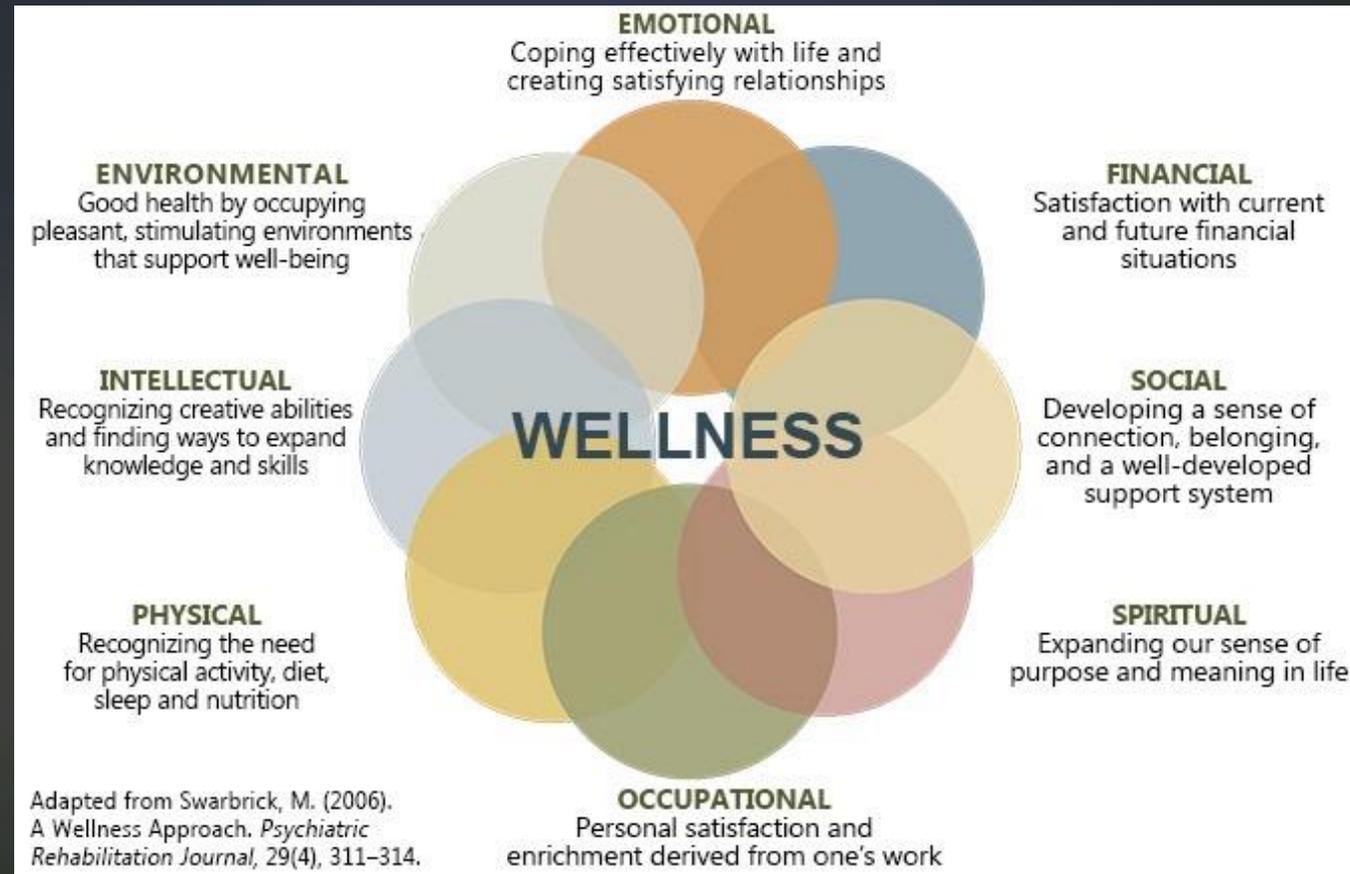
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IV. Philosophy

- Recovery as the Expectation
 - Setting the bar high (most people don't!)
 - Expect positive outcomes for people
- Psychiatric Rehabilitation
 - Developing skills
 - Building supports
 - Accessing resources

IV. Philosophy

- SAMHSA's Eight Dimensions of Wellness



The Rose House Experience

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Rose House - Core Characteristics

- Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units.
- They are 100% operated by peers who have their own personal lived experiences with behavioral health challenges, crisis, and moving forward towards wellness.
- Highly trained and skilled staff ensure that people feel engaged, safe, comfortable, understood, and hopeful about their next steps.
- Rose Houses are open and immediately accessible 24/7/365 for hospital diversion.
- The service is 100% voluntary.
- Guests can stay up to five nights, and they can come-and-go for appointments, jobs, and other essential needs.

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Rose House - Core Characteristics

- While at Rose House, guests have access to a full menu of services designed to
 - Help them understand what happened that caused their crisis
 - Educate them about skills and resources that can help in times of emotional distress
 - Explore the relationship between their current situation and their overall well-being / wellness
 - Resolve the issues that brought them to the house
 - Learn simple and effective ways to feel better
 - Connect with other useful services and supports in the community
 - Feel comfortable returning home after their stay.

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Population Served

- People experiencing a crisis situation
- A crisis can mean overwhelming feelings of emotional distress, and can be caused by a variety of reasons, including:
 - Acute Psychiatric Symptoms
 - Suicidal Ideation
 - Adverse Life Patterns
 - Trauma and its After-Effects
 - Addiction and Chemical
- Dependency
- Living with Chronic Health Issues
- Strained Relationships (family, friends, etc.)
- Social Isolation
- Poverty and Economic Stress

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Population Served

- High Hospital Utilization and/or High Medicaid Spending

e.g. within the past 12 months:

- 2 or more inpatient stays
- 5 or more ED visits
- 4 or more ED visits and 1 or more inpatient stay
- Base period Medicaid spending above the top 20% of Medicaid recipients relative to county and target population parameters

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Population Served

- Guest Qualifications

A Rose House guest should meet the following registration pre-requisites:

- Experiencing a crisis situation / significant emotional distress
- Medically physically stable
- Resident of the designated service area
- Be 18 years of age or older
- Be able to maintain acceptable personal hygiene Be responsible for preparing meals and cleaning up after one's self

- Be able to understand and sign necessary registration documents
- Have permanent housing
- Willing to agree and adhere to Guest Agreement upon entering the house
- Is a voluntary self-referral and registration

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Population Served

- Guest Qualifications *continued*

Any guest meeting one or more of the following exclusionary guidelines may be denied Registration at the Rose House.

- Is a registered sex offender*
- Does not have permanent housing**

* Possible approval for people with Level 1 / Low Risk of Repeat Offense status at the discretion of the Site Director.

** Possible approval for people that are homeless or unstably housed at the discretion of the Site Director.

Accessing Rose House

- Initial Contact - Pre-Registration by Phone

The purpose of Pre-Registration is to:

- Explain what the Rose House is and how it works
- Affirm that the person is looking for such services
- Find out, briefly, what happened that caused the person to reach out
- Explore, briefly, how the person thinks the Rose House can help them at this time
- Ensure that the person meets all guest qualifications / no exclusionary status
- Review any information from previous files (if/when former guests)
- Determine, with Site Director on call, if person can come in, or if alternative plans need to be arranged

Accessing Rose House

- Transportation
 - Staff can work with guests, once approved, to secure transportation if the person does not have means of their own.
 - This can include Medicaid Transportation, Care Managers, or even Rose House Staff Transport if/when available.
 - In our experience, surprisingly, where there's a will there's a way.

Guest Arrival Checklist

- Prior to a guest arriving, staff on duty are to ensure the following:
 - The new guest's room is clean and neat
 - Their bed is made with clean linens
 - Clean towels and washcloths are stocked
 - Hotel-style toiletries are available - soap, shampoo, conditioner, lotions
 - Resources / Information available in each room - including Rose House paperwork, calendar of community events, educational materials, etc.

Registration

- Contact Sheet
 - Demographic Information
 - Emergency Contact
 - Other Services Used
 - Health Insurance Information
 - Emergency Health Information
- Menu of Services *(see next slides)*
- Outcomes Questionnaire *(to be covered later in the training)*
- Guest Agreement *(see next slides)*

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Menu of Services

- Peer Support & Engagement
- Recovery & Wellness Education
- Solution Planning
- Wellness Activities
- Direct Connections

More detailed menu items on following slides.

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Menu of Services

- Wellness Activities
 - Relaxation & Stress Reduction: Learn simple ways to relax better & reduce stress (incl. breathing exercises, stretching, meditation, visualization, etc.)
 - Exercise: Engage in simple physical activities that get your heart rate going
 - The Arts: Partake in simple creative activities (drawing, writing, music, etc.) to help you express your inner self
 - Community Involvement: Participate in activities & events that are fun or have a positive impact on your community.
 - Peaceful Spaces: Explore new places to go that allow you to reflect and find personal comfort.

Menu of Services

- Direct Connections
 - Direct Linkages: Receive hands-on help connecting with the following:
 - Home - when you're transitioning back from a higher level of care/setting (e.g. Rose House, etc.)
 - Outpatient Mental Health
 - Outpatient Substance Use
 - Care Manager
 - Primary Care Doctor
 - Other Medical Service
 - Detox
 - Rehab
 - Education Program
 - Employment Program
 - Social Services
 - Social Security
 - Domestic Violence
 - Housing Services
 - People USA Program
 - Other

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Warm Line

- Each Rose House has a built-in Warm Line:
 - Warm lines are a direct education, support, and empowerment service delivered via telephone by a peer who provides a person in distress with a confidential venue to discuss their current status and/or needs. Warm lines are for situations that are not considered emergencies but could potentially escalate if left unaddressed.
 - If a Rose House is a hospital diversion service, then the Warm Line can be considered a Rose House diversion service.
 - Each Rose House Warm Line ends up fielding thousands of calls per year.

Staffing & Qualifications

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Positions

- Site Director

The Site Director is the immediate supervisor for all staff & oversees all services located at the Rose House. He or she is responsible - sometimes in collaboration with their supervisor - for:

- Recruitment
- Training
- Understanding Program Guidelines
- Performance Mgmt.
- Supervision
- Staff Retention
- Team Meetings

- Problem Solving & Solution Mgmt.
- Budget Mgmt.
- Purchasing & Maintenance Coordination
- Scheduling
- Workplace Safety
- Trauma-informed Care
- Agency Representation

See detailed explanations on next slides

Positions

- Peer Companions
 - The Site Director oversees an around-the-clock team of trained and skilled Peer Companions, who deliver the menu of services to guests and warm line callers, keep accurate records, engage in minor housekeeping, and work as a team to ensure the Rose House experience is engaging, trauma-informed, empathetic, and hopeful to all guests and other staff members.

Staffing Patterns

- Staffing Pattern - 6-Bed Rose House (*Ideal Pattern*)
 - 1.0 FTE: Site Director: Flexible Hours to ensure both:
 - Coordination with agency administration
 - Visibility with all staff (across the workweek)
 - 8.2 FTE: Peer Companions: Two (2) Peer Companions on per shift
 - On call schedule: 1.0 FTE Staff Fill-in: For PTO/Sick Coverage
 - Shifts
 - Morning: 8:00am - 4:00pm
 - Evening: 4:00pm-12:00am
 - Overnight: 12:00am-8:00am

Hiring

- Talents

Strategic Thinking

Executing **

Influencing

Relationship Building *

* The most important talent for all Rose House staff.

** Important talent for Site Directors.

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Records

- Engagement Notes - Open and Transparent with Guest
 - Description of Interactions
 - Forward Movement Worth Noting
 - Follow-up / Next Steps
 - Staff Communications Logs
 - Information that is important to share with other staff and supervisor

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Training & Ongoing Professional Development

- Customer Service: Learning how to actively listen, validate, and respond to each client's needs in order to meet and exceed their personal expectations for quality & satisfaction; utilizing best practices in the field (e.g. ZAPPOS School of WOW, etc.).
- Motivational Interviewing: Learning an evidence-based approach to addressing the primary obstacles to positive change - ambivalent attitudes and lack of resolve - by guiding, eliciting, and strengthening a client's own motivation and commitment to the change process.
- Trauma-Informed Care: Learning a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both clients and staff; and that creates opportunities for clients to rebuild a sense of control and empowerment.

Training & Ongoing Professional Development

- **Intentional Peer Support:** Learning to use relationships to broaden one's subjective viewpoints, to develop greater awareness of personal & relational patterns, and to support and challenge each other – peer-to-peer – in trying new things that lead to positive change.
- **Best Practices in Psychiatric Rehabilitation:** Learning principles, techniques, interventions, and service models that promote recovery, full community integration, and improved quality of life for persons living with behavioral health conditions; helping clients to develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.
- **Wellness Coaching:** Learning strategies that engage, inspire, educate, and offer support to persons served in order to help them successfully set and work towards their whole health goals and connect to whole health services, including prevention, timely treatment, self-management, and follow-up.

Training & Ongoing Professional Development

- Other Important Tools
 - Applied Suicide Intervention Skills Training (ASIST)
 - Cognitive Behavioral Therapy (CBT) & Dialectical Behavioral Therapy (DBT) Self-Help Skills
 - Wellness Recovery Action Plans (WRAP)
 - Sanctuary Model

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Training & Ongoing Professional Development

- Relias Learning
 - At People USA we use Relias Learning, an online learning platform for health and human service agencies, to provide staff with mandatory trainings and ongoing professional development.
 - Relias has different learning areas, which can help improve staff skills and competencies. For example, here is Relias' Substance Use Screening and Treatment Courses:

See chart on next slide

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Evaluation

Triple Aim

Value-based care is shifting the health care system to a model that emphasizes the importance of keeping people healthy, and rewards providers for meeting the Triple Aim of:

- Customer satisfaction (improved care experiences)
- Demonstrable outcomes
- Reduced public costs through increased efficiencies
- In the near future, providers will be compensated based on their abilities to meet the Triple Aim in NY.

Pre- and Post- Measurements

- DIVERSION QUESTIONNAIRE - 30-DAY POST-EXIT
 - Not only do Rose House guests not use hospitals when experiencing a crisis, but follow-up studies show that
 - 88% of guests stay out of the hospital
 - 99% attribute that success to Rose House

Multi-Year Study (n=296)

External Research

- The Impact of a Consumer Run Hospital Diversion Program on Quality of Life and Recovery: A Comparative Study
 - Presented by:
 - Michael J. Bologna, PhD, MSW, Associate Professor of Counseling The College of Saint Rose, Albany, New York
 - Richard T. Pulice, Ph.D., MPH, Associate Professor of Social Work The College of Saint Rose, Albany, New York
 - Presented at:
 - The 137th American Public Health Association Conference November, 2009. Philadelphia , PA

External Research

- The Impact of a Consumer Run Hospital Diversion Program on Quality of Life and Recovery: A Comparative Study *Continued*.

- Summary:

The results of this program evaluation indicate that services at Rose House are more client-centered, and less restrictive than inpatient hospitals. Staff is more likely to be respectful in their approach to clients than hospital settings. Clients who experience the Rose House diversion program, report feeling comfortable with the treatment received, as well as the environment. They also see peer-run programs as reducing stigma associated with mental illness.

For the most part Rose House alumni are socially involved, and report satisfaction with these activities. Rose House clients believe that peers and peer-run programs provide valuable help with the recovery process.