

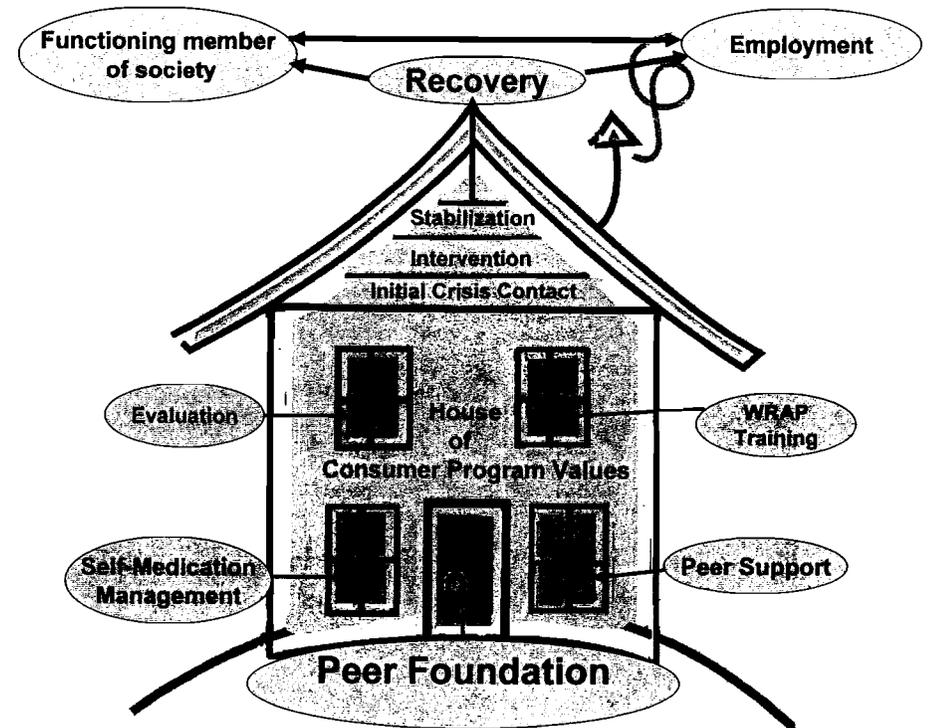
Elements of Recovery

Hope
 Personal Responsibility
 Education
 Self-advocacy
 Support

MEDICAID-FUNDED PEER SUPPORT SERVICES

Building a Recovery House

CHILDREN & FAMILIES, HEALTH, HUMAN SERVICES
 INTERIM COMMITTEE
 MARCH 30, 2006 MEETING
 EXHIBIT 10



Overview

Consumers expand the range and availability of service and supports that professionals offer.

Consumer providers can broaden access to peer support, engage more individuals in traditional mental health services, and serve as a resource in the recovery of people with a psychiatric diagnosis.

Because of their hands-on experiences, consumer providers bring different attitudes, motivations, insights and behavioral qualities to recovery.

Consequently, consumers should be involved in appropriate service and support settings.

Crisis Peer Support Planning and Implementation Committee

Vision

Mental health consumers will use their recovery skills to assist others.

Mission

Definition of a Peer

A Peer is someone who has been affected by:

- A psychiatric label and the prejudice associated with it
- Determination by other (e.g. relatives, service providers) to lack competency and negative valuation as a result of diagnosis
- Discrimination from family, friends, treatment providers and society in general
- Major life disruptions such as homelessness, repeated unemployment, extended isolation, loss of important relationships, childhood and adult trauma and/or abuse, problems in pursuing dreams and personal goals, loss of civil liberty through institutionalization or other forms of confinement
- Major, protracted experiences such as disabling fear, anxiety, depression, hopelessness, helplessness, stemming from having diagnostic label or from traumatic life events and inhumane health mental health treatment
- Significant, positive altered states associated with energy, creativity, spirituality, and other like phenomena

Supportive Data

One study (Kurtz, 1988) found people who received peer support showed acceptance of illness and higher medication compliance. Hospitalization rates dropped from 82% to 33%.

Another study (Kennedy, 1990) showed a reduction in hospitalization at the state hospital from 179 days before Peer Support to 49 days afterwards (over 32 months).

Edmunson et al., 1982 found rehospitalization rates of people receiving Peer Support were half of those of a control group.

A Colorado Health Networks study (Forquer and Knight, 2001) found that substance abuse, suicide and hospitalization rates had dropped significantly for a large statewide group receiving Peer Supports.

90% of individuals complete Peer Support training at Meta Services.

80% of those who complete training become employed.

In Georgia, over 80% of those who become certified Peer Specialists become employed.

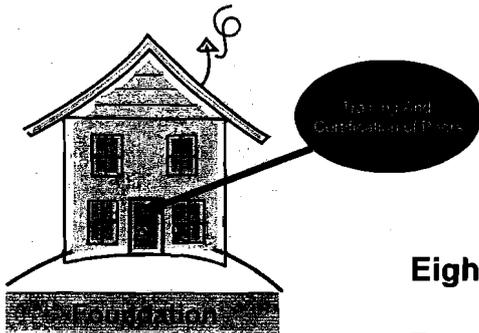
Description of Project

- The project is designed to ensure that Peer Services are sustained after the pilot funding has ended.
- The goal of the project will be to create a model for Medicaid-funded Peer Support service that may be replicated Statewide.
- The project consultants will aid in the development of an effective Medicaid-funded peer Support service, beginning July 1, 2007. This will include development of standards, in collaboration with the Montana Department of Public Health and Human Services. The consultants will also advise the Department of Public Health and Human Services regarding revisions to the Montana Medicaid plan to make Peer Support feasible. Costs of providing the peer support service will be calculated and a rate for Medicaid-funded service will also be proposed based on these costs

Description of Project

- The Great Falls project will seek consultation with two nationally-recognized peer support consultants who will assist in the development of crisis peer support services. We have contacted Dr. Lori Ashcraft of Meta Services in Phoenix Arizona and Shery Mead from New Hampshire. Both of these individuals have created Peer Support programs, and have assisted others in developing Peer Support as well.
- Program materials, recruitment, training, and referral procedures will be developed from the date of funding through December 30, 2006. There will be multiple on-site consultations and ongoing telephone consultation with both consultants. We will develop a Crisis Peer Specialist training program, including the development of criteria for certification.
- The project proposes to provide 600 hours of crisis peer support service with trained peer specialists in Cascade County between January 1 and June 30, 2007. The program proposes to provide 90 hours of crisis peer support service with trained peer specialists in Teton and Pondera County between April 1 and June 30, 2007.

Training & Certification of Peers



Eighty Hours of Training

Peer Certification

Description of Project

- The target population will be adult consumers who are experiencing a psychiatric or co-occurring crisis. These consumers will be referred for crisis peer support services by intensive case managers. Individuals may also be referred by an individual therapist/psychiatrist who completes a referral packet.
- The project was developed by the Crisis Peer Support Planning and Implementation Committee, a collaboration of consumers, family members, GTCMHC staff, and other interested individuals. The project received the support of the Great Falls Local Advisory Council.
- Program partners include Vocational Rehabilitation, Benefis Behavioral Health Services, and Kathleen Hartman, a WRAP facilitator. The Committee is also seeking partnerships with the Northcentral Independent Living Project, and Teton County Local Advisory Council. An oversight council, consisting of a minimum of 75% consumers and family members will also be recruited.

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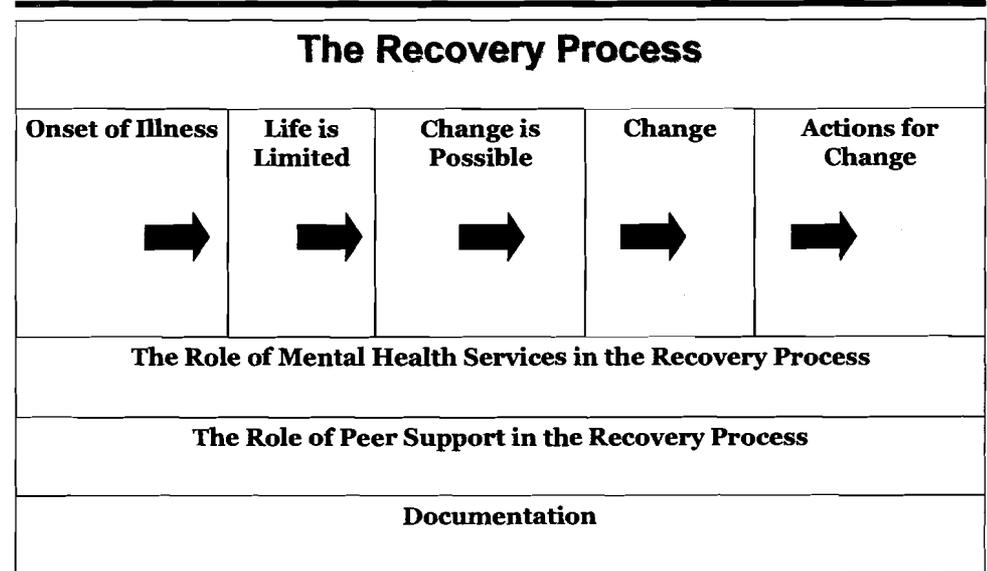
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Training & Certification of Peers



Barriers to Recovery

- Loss of medical benefits upon gainful employment.
- Stigma
- Family perceptions
- Stress of employment
- Higher expectations
- Personal attitude
- Fear of responsibility
- Loss of other services