Beneficiary Projects Initiative

Alaska Mental Health Trust Authority
Planning Committee
July 26, 2016

Presentation outline

1. Peer Support - National trends
2. Organizational Assessment & Findings
3. Recommendations
4. Discussion
Peer Support

Individuals with lived experience helping to support others
• Outreach and engagement
• Assistance in daily management
• Social and emotional support
• Linkages to clinical care and community resources
• Ongoing support, extended and overtime

National trends

Beneficiary organizations play a key role in systems reform and achieving results
National trends

Estimated 7467 groups run by and for mental health consumers and/or families in the U.S.

- Of these, 3315 (44.4%) classify themselves as mental health mutual support groups, 3019 (40.4%) as mental health self-help organizations, and 1133 (15.2%) as consumer-operated services.
- Less than 1% of consumers view the activities of support groups as a substitute for services received by mental health professionals.
- 94% report that they were referred from psychiatrists, therapists, hospitals or mental health agencies.

Source: National Estimates for Mental Health Mutual Support Groups, Self Help Organizations, and Consumer-Operated Services, 2006;

National trends

- Outreach and engagement
- Reduction of emergency room use and hospital admissions
- Recovery maintenance/reduced relapse
- Increase retention in treatment
- Improved relationships with providers
- Increased satisfaction with services
National trends

A 2008 Australian study of mental health peer support provided in a hospital setting:

- 300 bed days saved in first 3 months, equating to $93,150 AUS saved after project set up, delivery and administration costs of approximately $19,850. Feedback from all stakeholders was overwhelmingly positive.

National trends

In a study of participants in Vermont and Minnesota, participants reported significant increases in

- their hopefulness for their own recovery;
- awareness of their own early warning signs of decompensation;
- use of wellness tools in their daily routine;
- awareness of their own symptom triggers;
- having a crisis plan in place;
- having a plan for dealing with symptoms;
- having a social support system;
- ability to take responsibility for their own wellness.
Assessing Organization Capacity

Organizations assessed:
- Alaska Mental Health Consumer Web (Anchorage)
- Alaska Peer Support Consortium (statewide)
- Alaska Youth and Family Network (Anchorage + Mat-Su)
- Brave Heart Volunteers (Sitka)
- CHOICES Consumers Having Ownership In Creating Effective Services (Anchorage)
- NAMI Anchorage
- NAMI Juneau
- Polaris House (Juneau)

Assessment method

Goals of assessment:
- Understand the capacity, strengths, weaknesses of the cohort and individual grantee organizations;
- Understand the sustainability options available to them, and to inform decision-making around future technical assistance;
- Assess organizations capacity to report on impact with data
- Track change and growth over time.
Assessment method

Domains of assessment:

• Organizational foundation
• Program
• Human resources
• Communications + Decision making
• Fiscal
• Process + Performance improvement
• Board

Assessment method

1. Comprehensive organizational document review
2. Qualitative interviews
3. Self and contractor evaluation with tool
4. Agreement on evaluation scores
5. Key recommendations for organizational capacity development & strategic planning
ASSESSMENT FINDINGS

Alaska Youth and Family Network Overview

- Multi-community family fun, peer-delivered provider employing qualified beneficiaries to provide home and community based services to other beneficiaries
- Over 2,900 beneficiaries served – individual beneficiaries & families
Alaska Youth and Family Network

Strengths

• Home and community based services
• Highly-qualified/trained staff, who bring lived, personal experience with behavioral health issues, to their work.
• Effective advocacy and navigation among state agencies – focus on family
• Meet the individual and family where they are

“AYFN is receiving national recognition and being presented as a model to family-run organizations nationwide as an example of how to successfully blend and professionalize parent-to-parent, youth-to-youth support and advocacy at individual level with more traditionally oriented community-based therapeutic behavioral health services.”

Alaska Youth and Family Network

Challenges

• More diverse and strategic partnerships and alliances with other for-profit, nonprofit and public sector entities.
• Need improved mechanism or tools for rigorously evaluating program outcomes.
• Need long term funding/sustainability plan, diversifying revenue streams and outlining and managing target goals.
Alaska Youth and Family Network

- Provided support to 458 families and 1,046 family members during third quarter, 56% of whom were involved with OCS; only 9 of the 485 (2%) of children and youth served moved to a more restrictive level of care. (May 2014 Demonstration Project Proposal)

Alaska Youth and Family Network Fiscal Outlook

- Grant funded – outreach, engagement/navigation
- Possibility of Medicaid for independent case management services or as a waiver provider and provide limited Medicaid services
  - Other potential billing options through Tri-Care and/or Magellan
- Contractual fee-for-service
CHOICES

Overview

• Peer-run community mental health provider empowering and guiding consumers on self-directed path to improve their lives, learn ways to manage mental health issues and begin journey of recovery.

• Offer strength based/person-centered programs:
  • Peer Bridgers: engagement and relationship support for individuals in inpatient psychiatric facilities to guide and mentor during transition back to community
  • Recovery Coordination: Intensive Case Management and Care Coordination
  • Housing First-Assertive Community Treatment: comprehensive, cross-disciplinary services brought to homeless consumers needing intensive support to move forward on path to recovery

CHOICES

Recovery Coordination Program (data from first half of FY16)

• Of the 45 clients served:
  – 90% were satisfied with the program’s services
  – 80% felt their quality of life improved as a result of services
  – 22% secured housing
  – 20% secured employment

Peer Bridger Program (data from third quarter of FY16)

• Of the 227 clients served:
  – 59% were living in private residences, 18% were in residential care, and 16% are homeless or living in a shelter
  – 81% were unemployed, 13% were not in the labor force, and 4% were employed
CHOICES

Housing First-Assertive Community Treatment Program (first half of FY16)

• Of the 71 clients served, 41% (29) were enrolled in program, receiving active outreach and engagement services.
• 31% placed in permanent/stable housing
• 72% received tenancy support & access to public benefits

CHOICES - Fiscal Outlook

• Grant funded
  • Peer Bridger program built on grant funding
  • Housing First program grant funded for start-up with intention to bill Medicaid for services
  • Rate review for ACT services

• On billing path toward sustainability
  • Not all services reimbursable but working toward billing Medicaid for more services

• Billing Medicaid and other sources, fundraising
Alaska Peer Support Consortium

Overview

- Statewide, membership-based non-profit of 28 peer support organizations
- Provides trainings and support services to peers, communities and peer-run organizations across Alaska
- Services empower member organizations to support individuals who are least likely to receive services from clinical settings
- Mentoring to other peer organizations, or entities pursuing peer services
- Peer community meetings

Alaska Peer Support Consortium

Peer participant feedback in trainings identified that trainings/workshops improve people’s lives in two primary ways:

- Improved ability to remain well with a better understanding of self-care and personal responsibility, and
- Ability to be a more effective Peer Specialist through skills acquisition, allowing for improved job performance and increased employment options
Alaska Peer Support Consortium
Fiscal Outlook

- Grant funded – limited contractual income
- Need to identify clear role for Consortium and how to best meet the needs of the peer support community
- Prioritize fee-for-service for trainings and services provided to peer support organizations, fundraising

Brave Heart Volunteers
Overview

- Provides a continuum of quality education and support services for families and individuals facing terminal or chronic illness, dementia, frailty, disabilities and hospitalization
- Fills a gap in Sitka and provides a safety net for individuals, families and caregivers
- Out of approximately 700 families served, More than 50% of care receivers were residents of the Sitka Pioneer Home
Brave Heart Volunteers

- Over 80% of recipients of services re-engage with BHV as volunteers or donors (Trust Grant Report, FY14)
- In 2014,
  - More than 2,912 volunteer hours visiting with isolated elders and chronically ill community members.
  - More than 73 professionals and family caregivers trained to improve support for individuals with Alzheimer's Disease and Related Dementia (ADRD).

Brave Heart Volunteers
Fiscal Outlook

- On path toward sustainability through fundraising, donations, and an endowment fund
  - In FY14, 48% of funds came from event fundraising, “friend raising” and donations
  - Endowment is over $114,000 with the goal of over $400,000 through future planned giving commitments
- Focus: fee-for-service for workshop participants, large multi-year federal grant, fundraising
NAMI Anchorage + Juneau

Overview

• Provide *support, education, and advocacy* for individuals living with mental illness, their families and friends, and the larger community

• Utilizes peer volunteers to run most of its programs and services
  • All activities, programs and events provided at no charge to consumers

• NAMI Anchorage served over 110 Trust beneficiaries

• NAMI Juneau served over 185 Trust beneficiaries and had over 70 members

NAMI Anchorage

• Support groups, break isolation, learn coping skills and feel better about situation

• High degree of satisfaction

• Improved quality of life with NAMI support

• Improvements in life functioning
NAMI Juneau

- Served approximately 200 beneficiaries, families & provider.
- Facilitates education and training to community
  - 88% (n=69) stated presentations provided them with new mental health information
- Family support and Family to Family (EBP)

NAMI Anchorage + Juneau
Fiscal Outlook

- **Grant funded**
  - NAMI Anchorage: 80% reliant on grant funding from The Trust
  - NAMI Juneau: funded through The Trust and other community grants
- **NAMI National doesn’t allow NAMI affiliates to bill for services**
- **NAMI Anchorage: fundraising, other grant sources, donations**
- **NAMI Juneau: foundation-based funding, two major fundraisers, donor development, earned revenue, membership dues**
Polaris House
Overview

• Clubhouse International model, an accredited peer-support program that has been included on SAMHSA’s National Registry of Evidence-Based Practices and Programs

• Designed for people whose lives have been severely disrupted by mental illness; offering a safe, restorative environment where relationships build and members can begin to experience success.

• Provided support for 84 of its 390 members in the most recent quarter whose primary diagnoses were:
  • Schizophrenic/schizophrenic affective disorder (37%)
  • Bipolar disorders (37%)
  • Major depressive disorders (24%)

Polaris House
Outputs for Q1-Q3 of FY16

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<thead>
<tr>
<th>EMPLOYMENT</th>
<th>TRANSPORTATION</th>
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<td>In the first three quarters of FY 2016, the number of the 84 members who ...</td>
<td>In the first three quarters of FY 2016, the number of the 84 members who ...</td>
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<tr>
<td>Received job readiness training</td>
<td>22</td>
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<tr>
<td>Received assistance completing resumes</td>
<td>17</td>
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<tr>
<td>Received transportation to interviews</td>
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<tr>
<td>Received assistance for job interviews</td>
<td>12</td>
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<tr>
<td>Participated in traditional employment</td>
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<td>Home transitions at the beginning of the period</td>
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<tr>
<td>Home transitions at the end of the period</td>
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<tr>
<td>Home in improved housing situations</td>
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<tr>
<td>Received advocacy services with landlords</td>
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<tr>
<td>Received assistance with moving</td>
</tr>
<tr>
<td>Assisted in applications for housing bonds</td>
</tr>
<tr>
<td>Assisted in rental applications</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
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<tbody>
<tr>
<td>In the first three quarters of FY 2016, the number of the 84 members who ...</td>
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<tr>
<td>Enrolled in GED program</td>
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<tr>
<td>Enrolled in certification program</td>
</tr>
<tr>
<td>Enrolled in college classes</td>
</tr>
<tr>
<td>Participated in literary affairs</td>
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Polaris House
Outcomes

• 29% (24) improved their housing over the first three quarters of FY16, generally moving out of homelessness or from temporary/emergency shelter to longer-term housing.
• On average, 13% of its active members are homeless at engagement.
• Polaris House has supported 11% of its 84 active members in securing employment.

Polaris House fiscal outlook

• Grant funded
• Medicaid incongruent with clubhouse model
• May be able to provide fee-for-service employment services through supportive employment programs at DVR
• Fee-for-service for meals, snacks and certain employment supports, fundraising
Alaska Mental Health Consumer Web

Overview

• Member-based, drop-in and recovery center serving an average of 73 consumers daily; membership of over 2,000 persons
• 92% of clients are Trust beneficiaries
  • Of the 425 Trust Beneficiaries served, 66% (280) sought housing assistance and 44% (185) sought supportive services
• Services well-suited for members who have become disenfranchised from traditional support services and are weary of asking for help
• Individual and group support; classes to help with employment, financing, life skills, housing; as well as transportation to activities and appointments

Alaska Mental Health Consumer Web

Temporary Housing and Placement (data from FFY2015)

• Of 36 members who were living in temporary shelter, 38% moved into permanent housing.
• Of 49 homeless or temporarily sheltered members who found permanent housing, 59% (29) were in subsidized housing; 37% (18) secured unsubsidized housing; 2% (1) permanently moved in with friends; 2% (1) moved into supportive housing.

Employment (data from second half of SFY2015)

• Of the 45 members requesting employment, 58% (26) obtained full-time employment and 20% (9) obtained part-time employment.
• Of the 35 total employed, 57% (20) maintained employment.
Alaska Mental Health Consumer Web

Outreach (data from FY2015)

- Of the 412 persons served through outreach activities,
  - 5% (22) left the streets for a shelter or transitional program; 2% (7) left the streets for substance abuse treatment; and 2% left homelessness for a permanent housing solution.

Alaska Mental Health Consumer Web

Fiscal Outlook

- Grant funded (DBH, Trust, AHFC)
- Challenges with Medicaid and impact on services
- May be able to provide fee-for-service employment services through supportive employment programs at DVR
- Focus: donations, fundraising, identify contractual fee for service opportunities through Medicaid reform
Recommendations

Peer support is critical for systems change:

“Early in treatment, peer providers may possess distinctive skills in communicating positive regard, understanding, and acceptance to clients and a facility for increasing treatment participation among the most disengaged, leading to greater motivation for further treatment and use of peer-based community services. Findings strongly suggest that peer providers serve a valued role in quickly forging therapeutic connections with persons typically considered to be among the most alienated from the health care service system.”

Recommendations

Organizational Capacity:
• Support organizations to develop, implement and monitor strategic planning, goals and action plans and tracking clear outcomes + indicators

Recommendations

Program:
• Continue to support organizations as strong advocates for the clients they serve, who help their clients find their voices to advocate for themselves
• Improve partnerships with State and other community organizations to increase referrals and community and stakeholder perception

Process and Performance Improvements:
• Assist organizations with identifying and tracking measurable outcomes aligned with Trust priorities
• Focus on impacts
• Training needed to build capacity and knowledge of gathering, tracking and using data
Recommendations

Fiscal health:
• Assist with developing clear strategic business plans and financial pro forma to identify targets for financial sustainability
• Pursue DVR funding for employment
• Support developing compelling messaging for fundraising and positive public image
• Training to increase appropriate Medicaid billing
• Leverage reform opportunities fully

Recommendations

Human Resources:
• Help organizations to provide adequate salary and benefit packages for staff to increase retention
• Support succession planning and clear roles and expectation for executive directors
• Increase volunteer support especially related to fundraising
• Training to engage board members effectively
Recommendations

Communications:
• In general an area of improvement opportunity

Boards of Directors:
• Significant focus on recruitment and retention of qualified board members – with 51% beneficiary governance structures in place
• Emphasis on roles and responsibilities
• Fiscal and revenue

Recommendation forward
• Programs are filling gaps in communities for Trust beneficiaries.
• Growing opportunities for peer workforce (Reentry, integration, health homes, recovery navigation etc.)
• In a changing environment through reforms, key to leverage opportunities to refinance, where possible peer support.
• Other states have successfully included peer support in reforms and waiver demonstrations.
• Programs need assistance in successfully using data to have narrative on impacts to further justify role in Comprehensive Mental Health Plan.
Discussion

Thank you!