REGIONAL PLANNING CONSORTIUM
Mid Hudson Region Board Meeting

Via Zoom meeting
March 3, 2021
10:00-12:00

Agenda:

- **Agenda**

- Welcome & Introductions

- Approval of Minutes

- Peer Rx.

- Committee Reports:

        Children & Families Committee

            Children's Service Finder

        HHH Committee

        COSOC Committee

        Peer/Youth/Family Advocates

- RPC Update

- 2021 Board Meetings:

        June 2, 2021

        September 15, 2021

        December 2, 2021

Peer Rx.

Marisa Barbieri

Founder of PeerRX, CEO of Competitive Solutions, Inc.
www.competsolutions.com

www.peer-rx.com

Committee Reports:

➢ Children & Families Committee

    Children's Service Finder

➢ HHH Committee

➢ COSOC Committee

➢ Peer/Youth/Family Advocacy Committee

RPC Update:

Lori Kicinski

RPC, Project Director

Mid Hudson 2021 Board Meetings:

- 2021 Board Meetings:

    June 2, 2021

    September 15, 2021

    December 2, 2021

Mid Hudson RPC:

- **Mid Hudson RPC Board Co-Chair**

Melissa Stickle
Sullivan County DCS

Susan Miller
Vice President Hudson Valley Services RSS

Mid Hudson RPC Coordinator

Marcie Colon
mc@clmhd.org
9518) 441-2047

Improving our Regional Behavioral Health System of Care

Advocacy Issues

Statement of Purpose

- To ensure that the millions of people in our region who actually use the system - i.e. the customers (peers, youth, and families) - have a voice and an active role - as full partners, now and in the future - in:

  - Guiding mental health or addiction policy in our region

  - Problem solving service delivery challenges that people commonly experience

  - Recommending priorities for system improvements

- The following advocacy issues are recommendations designed to improve our regional behavioral health system of care.

- We want to ensure that all people – regardless of the seriousness of their care needs or socioeconomic status – receive high-quality, effective care that helps them to overcome their mental health, addiction, criminal justice, or social determinant of health challenges.

- Whether some of these issues are currently being addressed, or some have yet to receive our proper focus and attention, we feel strongly that consumer voices must be heard at all levels of design, development, implementation, operation, and improvement of our services and systems.

- Peers, youth, and families are an essential part of moving behavioral health care forward.

Priorities

Outreach & Engagement

- Improve outreach, education, and support for people & families living with or at risk of developing mental health or addiction issues who are not yet engaged in the behavioral health system of care.

Community Standards

- Implement universal screenings (e.g. at primary care practices) for mental health, addiction, or social determinant of health issues; improve policies & procedures for caring for high-risk individuals (e.g. improved prescribing standards & oversight; regular check-ins); and improve linkages to the behavioral health system of care.

Prevention

- Develop more peer-to-peer mentoring programs for adolescents & young adults (esp. in high schools & colleges) that help them to identify & understand at-risk behaviors, plan & implement self-determined goals to address their underlying causes, and build & promote communities of social inclusion based on wellness, leadership, and fun.

Trauma-Specific Treatment

- Moving beyond the basic foundation of being 'trauma-informed,' ensure that all people living with trauma and its powerful after-effects have easy and open access to quality 'trauma-specific treatment services.'

  - "**Trauma-specific treatment services**: These services are evidence-based and promising practices that facilitate recovery from trauma. The term "trauma-specific services" refers to prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma." *From SAMHSA Treatment Improvement Protocol (TIP) 57: Trauma-Informed Care in Behavioral Health Services.*

Workforce Development

- Create a universal training / professional development minimum standard of excellence – a "Hudson Valley Model"? – for all behavioral health, human service, and social service providers in the region – that could include (but not be limited to) Motivational Interviewing, Trauma-Informed Care, Mental Health First Aid, Science of Addiction & Recovery (SOAR), and Customer Service Best Practices.

- Train and grow a recovery-focused mental health workforce through the use of Psychiatric Rehabilitation – a collection of principles, techniques, interventions, and service models that promotes recovery, full community integration, and improved quality of life; focuses on helping individuals to develop skills, build supports, and access resources; and encompasses living, working, learning, and social domains.

Integration & Quality Improvement

- Ensure that our behavioral health, human service, and social service providers engage in quality improvement processes – at all levels of their organizations (e.g. direct care staff, programs, administration, agency-wide), and in full partnership with consumers & families, other service providers, and government oversight agencies (i.e. to improve accountability) – to become more welcoming, person-centered, educational, recovery-oriented, and co-occurring capable – integrating mental health, addiction, physical health, disability, and social determinant of health expertise in all points of the system.

Inclusive Learning

- Incorporate best practices from education theory into behavioral health treatment, including the use of inter-disciplinary approaches (e.g. incorporating the arts, the humanities, etc.), differentiated instruction (e.g. for different learning styles), and providing services in least restrictive environments.

Fidelity of Peer Services

- Ensure that peer staff and peer services embedded and integrated into traditional behavioral treatment settings are permitted and encouraged to freely operate according to the profession's & the overall field's standards, values, and practices, so as to promote mutuality / shared lived experience, relationship building, empowerment, and (when needed) advocacy - i.e. "disruptive innovation".

Crisis Services (Hospital & Jail Diversion)

- Develop more 24/7 walk-in and police-friendly crisis response resources (e.g. Crisis Stabilization Centers, Living Rooms, etc.) that provide people with immediate care (i.e. clinical counseling, peer services, health screenings, etc.) and connections to preventative services (the broader system of care) to address any mental health, addiction, and social determinant of health needs.

Holistic Treatment

- Ensure that – as a whole behavioral health system of care – we are balancing pharmaceutical treatment with other, just as important, treatment elements, including (but not limited to) counseling / therapy, addressing the social determinants of health, whole health / wellness coaching, and also self-directed care (consumer- and family- driven).

Behavioral Health / Criminal Justice

- Promote integration of behavioral health (mental health, addiction, social determinant of health) and criminal justice (law enforcement, courts, incarceration, re-entry, probation) systems, to design, develop, implement, improve, or promote diversion / intercept points & alternatives to incarceration (ATI) programs to ensure that people with under-addressed behavioral health issues stay out of the criminal justice system whenever appropriate and possible.

Veterans

- Increase focus on Veterans issues, specifically breaking down the silos / gaps between the VA system of care, and the broader community-based system of care – improving integration, beginning with better communication & collaboration.

COVID Challenges

- Ensure that Coronavirus is not overshadowing other – equally important – behavioral health emergencies, including (but not limited to) adequately and effectively caring for people dealing with psychiatric crises, suicidality, traumatic stress, addiction, overdoses, and social isolation / loneliness.

PeerRX™: An innovative, community-based technology platform facilitating immediate connection to substance use and mental health peer support services.

www.peer-rx.com
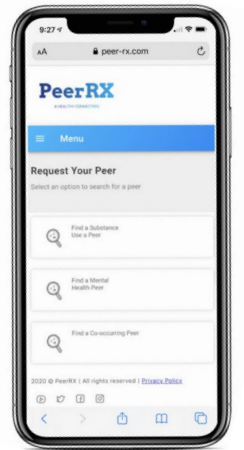
PeerRX™ Flow

Peer is needed for a client

Client can be in a:
- Hospital
- Drug Court
- Urgent Care Center
- Police Station
- etc.

Caller uses PeerRX™ to locate a peer

Area peers receive text request and answer with "Y" or "N"

PeerRX determines "best" match and awards peer the referral

Join our Lunch and Learns!

When? **Wednesdays** at NOON via Zoom

Where?

Join Zoom Meeting. Link below:

https://us02web.zoom.us/j/84525034812?pwd=Qmw4Y1BQeUZQeW9zc1F1bGVCR0k1QT09

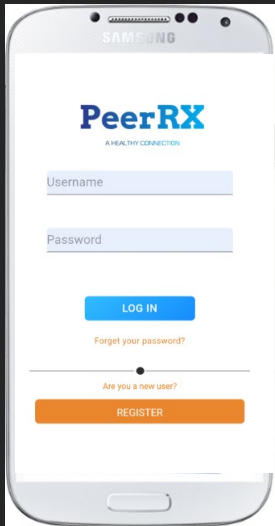Meeting ID: 845 2503 4812

Passcode: 459256

Why?

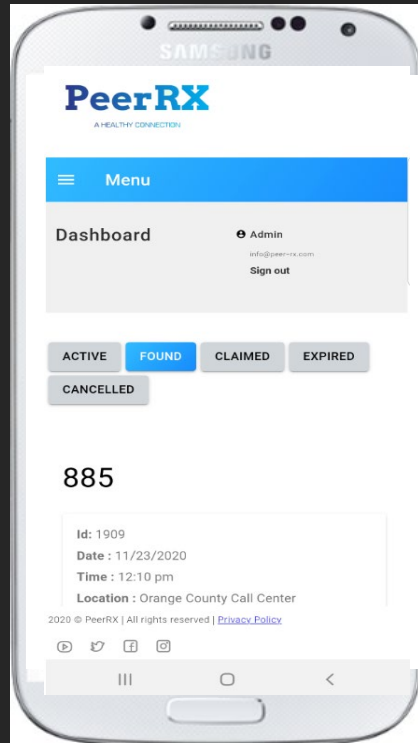Learn how to register, start using and all the new features!

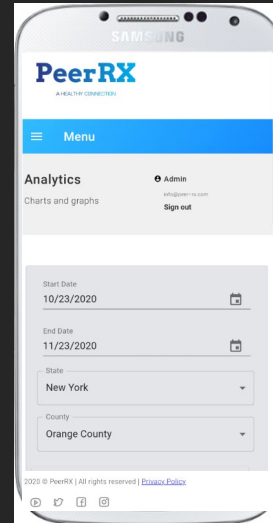Visit **www.peer-rx.com** for more information

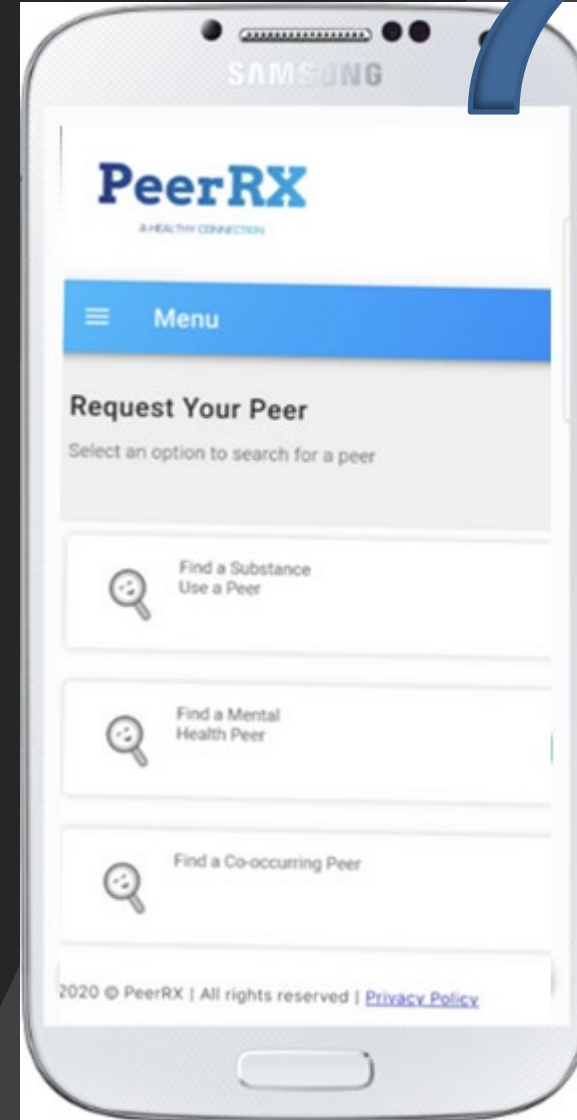# A Look at PeerRX

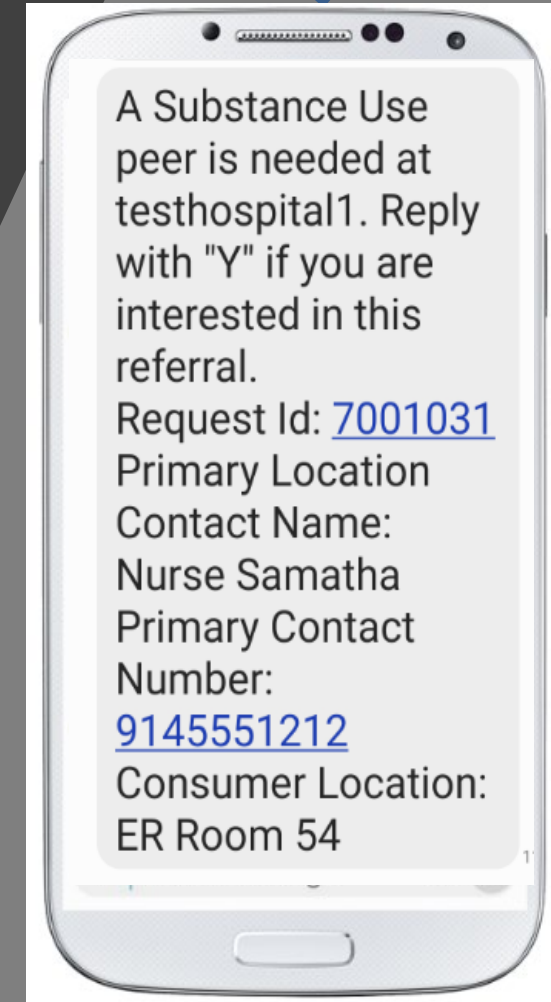
Log in Screen

Dashboard

Reports/Analytics

Call Screen

Text

History of PeerRX

2019

- First version released 2019 in Orange County, NY
  - Montefiore St. Luke's Cornwall Hospital – September 2019
  - Orange County Crisis Center – November 2019
  - Newburgh Drug Court – January 2020
    - Independent Living
    - ADAC
    - Catholic Charities

2020

- Version 2.0 released in June 2020
- Version 3.0 released in September 2020
- OASAS hosted a PeerRX webinar, September 2020
- NIH/Healing Communities Study hosted a Learning Collaborative, December 2020
- Expanded into new states: Alabama, Massachusetts, Ohio, Indiana registrations

2021

- Telepractice release coming in early Spring

Value to Hospitals?

Simple!

- Peers are found faster – which means discharges occur faster.

- Lower Readmissions – which means possible $$$ savings for hospitals.

- Easy to Use – it's like UBER! The nurses click a button. No more phone tag.

Value to Agencies?

Simple!

- Operational efficiency
  - Deployment of peers is easier
  - Tracking community volume without the paperwork

- Increased referrals
- In the first month of use, Independent Living reported a 225% increase in hospital referrals. Why? Nurses don't hesitate to call for peers; it's easy!

- Staffing efficiency

3 Easy Steps for Peer Suppliers!

Easy to Implement!

- **Register** (pick a subscription plan)

- **Enter** your peers and assign a PeerRX Ambassador

- **Train** your peers (Master Classes online!)
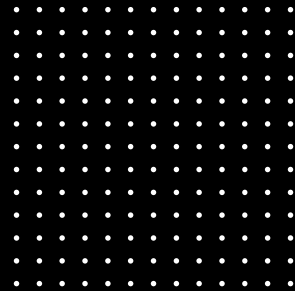
New Telepractice Release – Launching in March!

A Substance Use peer is needed for a Telepractice session from testhospital1. Reply with "Y" if you are interested in this referral. Request Id: 7001743 Primary Location Contact Name: Nurse Jackson Primary Contact Number: 9145551212 Consumer Location: Room 5

Now, clients and peers can connect via Video or Phone!

- Peers get a link to a virtual "room"

- Patient's get a link to a virtual "room"

- Connection is made!

SAFE and FAST!

Layers of Data Collected

PeerRX
A HEALTHY CONNECTION

Individual Preferences
- Gender
- Age Range
- Language

- Emergency Room
- Call Center
- Drug Court
- Jail System
- Outpatient Facility
- Requestor Phone
- Client Location
- Date
- Time

Peer Support Need
- Substance Use
- Mental Health
- Co-Occuring

Requesting Locations

Responding Agencies
- Agency Responded
- Peer Responded
- Time to Respond
- Engagement/Visit Length

PEER SUPPORT

Inpatient treatment (SUD)

Outpatient treatment (SUD)

Detox (SUD)

Inpatient (BHU)

Diverted from BHU

Crisis respite (P.A.T.H, Rose House, etc.)

Accepted Harm Reduction Interventions (no treatment)

Assisted with Medication

Connected with MH Urgent Care

Refused services

Outcome Tracking

2020 - Competitive Solutions, Inc.

Deep Insights (Example Only)

Request by Type
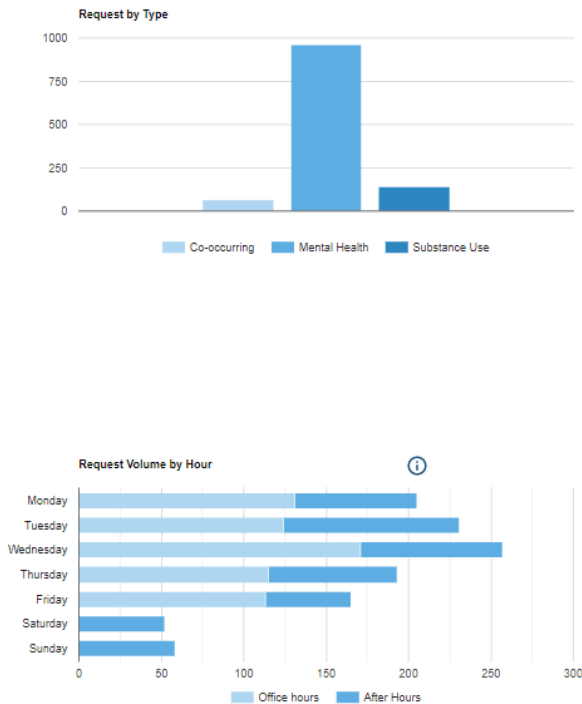
In 2020, an estimated 1340 peer support requests were made in Orange County.*

- 88.0% called for substance use support.
- 92% of the requests occurred on Tuesdays, Fridays and Saturdays.
- 31% of the requests occurred during the day.
- 863 requests were serviced by a single agency, Agency X.
- 59% of the requests were for female peers between the age of 18-35.
- 32% of the requests were from xxx location, 61% were from xxx location, and 7% were from xxx location.
- It took an average of 2.78 minutes to respond to the substance use peer requests from xxx location.

Request Volume by Hour

*EXAMPLE DATA