

## **MoD<sup>®</sup> (Mentor on Discharge<sup>®</sup>) Program History**

For me, it all began on May 13, 2010. Guy Qvistgaard, the new Chief Administrative Officer for John George Psychiatric Hospital (JGPH), was speaking at the NAMI Alameda County monthly education meeting. Guy had been with JGPH for about 4 months. I, along with everyone at the meeting, was impressed with what Guy had accomplished in such a short period of time. JGPH did not have the best of reputations at the time. But Guy seemed to be turning things around with what he had accomplished and what he planned to do.

I approached Guy with information on NAMI Santa Clara County's Peer/Pals program whereby someone far along in their mental health recovery is paired with someone in the community as part of their support system. My question to Guy was, "What would you think of a program where a peer mentor would be introduced to one of your patients prior to discharge?" He replied that it sounded like a great idea.

The following month, Jay Mahler, Consumer Relations Manager, Alameda County Behavioral Health Care Services' (BHCS) Pool of Consumer Champions program (POCC) was speaking at the June 10, 2010, NAMI Alameda County education meeting.

I spoke with Jay concerning my conversation with Guy Qvistgaard about a possible peer mentor program, and Guy thought it would be a good ideal. I asked Jay if he thought anyone in the POCC would consider being a peer mentor whereby they would meet with a patient at JGPH prior to discharge. He replied that there were over 450 members in the POCC. He thought that some may be interested.

At the July 2010, Alameda County Mental Health Advisory Board Meeting, BHCS announced that over \$2 million in MHSA Innovation Grant Funding was being made available. Grant applications were to be accepted from August 1, 2010 through September 30, 2010. I immediately called Guy Qvistgaard and asked him if he would be interested in submitting an application for an MHSA Innovation Grant. His answer was a resounding "Yes."

The JGPH Senior staff and I meet to draft the application. We determined that there were peer mentor programs, but there were none where initial contact was made inpatient.

The learning question for the grant was agreed to be, “Would providing a peer mentor to a patient prior to discharge from an acute care psychiatric hospital (JGPH) extend the amount of time between re-hospitalizations?” The inpatient connection made it innovative.

Now the following questions needed to be answered:

1. How do we address HIPAA regulations?
2. What criteria do we use to select patient candidates?
3. What criteria do we establish for creating a peer mentor pool?
4. Where, other than the POCC, could we recruit peer mentor candidates?
5. What training will the peer mentors need?
6. What would be the peer mentor selection criteria?
7. What training would be appropriate?
8. How would peer mentors be compensated?
9. What organization, other than JGPH, would be willing and able to select peer mentors and provide the appropriate training?
10. Would NAMI Santa Clara be willing to be a consultant to the grant application development process?
11. Would NAMI Santa Clara be willing to be a consultant to the program if the grant was approved?
12. Operationally, how would JGPH be able to coordinate peer mentor requests with a supporting organization?

All those and other questions needed to be answered as part of the grant application.

First it was HIPAA. Guy determined that if the peer mentors were “visitors,” they could see a patient at a patient’s request. So the protocol would be to have a patient request a peer mentor. Once requested by a patient and a peer mentor assigned by a peer mentor coordinator, a social worker could place the peer mentor’s name on JGPH’s visitor list.

With visiting hours only 2.5 hours a day, how would JGPH accommodate peer mentor visitors throughout the day? Answer: expand visiting hours to 12 hours. (from 8:00am to 8:00pm). This was unheard of in an acute care psychiatric hospital. After some reluctance by clinicians, visiting hours were expanded. Now clinicians, for many reasons, would not have it any other way.

Now, patient selection criteria needed to be decided. After some thought, it was decided that a patient needed to have at least 2 hospitalizations within the preceding 12 months to qualify as a candidate for a peer mentor. Through this method we could compare a patient's re-hospitalization rate prior to having a mentor to their re-hospitalization rate after obtaining a peer mentor.

With the patient selection criteria determined, training for the peer mentors needed to be decided, if any? The NAMI Peer to Peer Class was considered as one option.

A month and a half later, with many other grant design decisions made by JGPH senior staff, it was time to see what organization could train and manage the peer mentor pool.

Many organizations were invited to the table, including but not limited to: the 3 NAMI Alameda County affiliates, NAMI Santa Clara, PEERS, Mental Health Association of Alameda County, the Consumer Network and others. Based on the objective of the grant and the grant design developed by JGPH, the following 2 questions were asked:

1. What organization could select and manage a peer mentor pool?
2. What training would best satisfy the grant requirements?

PEERS was the only organization that was willing/able to commit to the grant program as designed by JGPH. With PEERS as a candidate organization, John Woodruff suggested that "[The Art of Facilitating Self-Determination](#)" by Wellness Beyond Recovery, Inc. be considered as the training for the peer mentors.

After due consideration, JGPH selected PEERS as the organization that would manage and be fiscal agent for the mentor pool with "The Art of Facilitating Self-Determination" as the training platform to be part of JGPH's innovation grant proposal.

The detailed grant proposal with a proposed \$250,000.00 budget was submitted to Alameda County Behavioral Health Care Services for consideration. A \$238,000.00, 18 month MHSC funded grant was awarded to JGPH in February, 2011.

PEERS selected potential peer mentors and managed the peer mentor training while JGPH put procedures in place to select patients for the peer mentor program by hospital social workers.

Two thirds of the way through the grant period, the program was getting extraordinary results. These results surprised most involved in the program at JGPH. We were seeing that the amount of time between re-hospitalization was being increased from 2 to 6 months and over 70% of the participants were not being re-hospitalized.

With those outcomes, JGPH went to BHCS requesting possible MHSA funding for the program post grant period. The hope was, if the outcomes continued to show such favorable results, Behavioral Health Care Services would fund the program without a shutdown period. Shutting down and restarting would be costly, not only in dollars, but also in the human costs in re-hospitalizations.

JGPH was reminded by BHCS that funding post innovation grant period would not be forthcoming under any circumstances. However, if the results continued to bear out successful results, it should be easy to obtain grants from other sources to continue the program. During that time, the PEERS Executive Director was informed by JGPH on numerous occasions, that if PEERS could obtain funding for the peer mentor program post grant period, JGPH would use the service.

**Peer Mentor Program 18 month grant results July 2012 for 60 cohorts:**

- # of hospitalizations 12 months prior to having a Peer Mentor:.....173
- # of hospitalizations 12 months after having a Peer Mentor ..... 48
- Avg days between hospitalizations before having a Peer Mentor.....62
- Avg days between hospitalizations after having a Peer Mentor.....159

**Reduction of hospitalizations for “Participant Group:” 72.3%**

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Return on Investment (ROI)

- Total Grant \$ = 238,000
- Hospital admissions avoided:..... 125
- Avg JGPH admission costs:..... \$8,500
- Total gross systems savings (Cost Avoidance): \$1,062,500
- Less grant dollars:..... -\$238,000
- **Total return on investment: \$824,500 or 346%**

**+ Others!!**

The ROI stated above did not consider reduced police interventions, ambulance costs and other ancillary community costs, not to mention less stress on consumers and family members.

With BHCS unwillingness to provide post grant period funding and PEERS not coming forward with funding for 8 months, the peer mentor program was suspended for those 8 months past the grant period. NAMI ACS (Alameda County South) then decided to adopt the peer mentor program as MoD (Mentor on Discharge).

This made logical sense in many ways including:

1. The MoD program grew out of the NAMI Santa Clara Peer/Pals program.
2. NAMI National has the infrastructure to expand the program throughout the entire United States.

With the adoption of the program, pursuant to BHCS's suggestion, NAMI ACS set out to obtain grant funding for the MoD program. Locally (Alameda County) Kaiser Permanente Community Benefit grants have been awarded to NAMI ACS for the past 3 years to keep the program alive and consumers out of the hospital to enjoy a better quality of life.

1. NAMI ACS has (in addition to JGPH) expanded service to Telecare Heritage in Oakland.
2. Talks are in process with a third Alameda County Hospital.

To date, NAMI ACS has:

1. Obtained a registered Service Mark for the Mentor on Discharge® program.
2. Obtained a MOU for exclusive workshop training rights to "The Art of Facilitating Self-Determination" with Wellness Beyond Recovery, Inc. in California.

NAMI ACS sees two critical factors in attaining the resulting outcomes from the MoD program. They are:

1. A potential mentor must meet with and establish a relationship with a psychiatric patient inpatient prior to discharge. This makes the transition from hospital to community seamless.
2. The peer mentor must participate in the 40 hour "Art of Facilitating Self-Determination" workshop. This training prepares the mentor to begin the process of establishing a meaningful connection with the person returning back into his or her community.

NAMI ACS is excited to announce that both NAMI Santa Clara County and NAMI San Francisco have signed MOUs with NAMI ACS to implement the MoD<sup>SM</sup> (Mentor on Discharge®) program in their respective counties. Peer mentors for both affiliates completed the 40 hour *Art of Facilitating Self-Determination* workshop on September 12, 2015.

Since the Mentor on Discharge program is not a NAMI signature program, NAMI general funds are not being used for the program. Funding for MoD has been by restricted grant funders.

While we work on the implementation of the MoD program in the San Francisco bay area, there is interest by other NAMI affiliates in California and nationally.

Watch for more to come as these implementations start to reduce psychiatric hospitalizations nationally and improve the quality of life for all.

Article by Joe Rose, President, NAMI Alameda County South