

ACMHA Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services

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ACMHA Peer Leaders Interest Group

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A Perfect Storm for the Advancement of Recovery and Peer Support

- ▶ Triple Aim: Improved Outcomes and Quality and Reduced Costs
- ▶ Services for people with behavioral health related needs: high spending, poor outcomes

Example: NYS Medicaid Spending

- 80% spent on 20% of the beneficiaries; almost half have behavioral health related conditions
- 60% of avoidable hospital readmissions involve people with behavioral health related conditions
- 3 / 5 of the time for medical reasons
 - Dying 25 years younger

A Perfect Storm for the Advancement of Recovery and Peer Support

- ▶ Social Determinants of Health: housing, employment and social support
 - NYS findings: 33% of people entering detox in 2011 were homeless; 66% were unemployed.

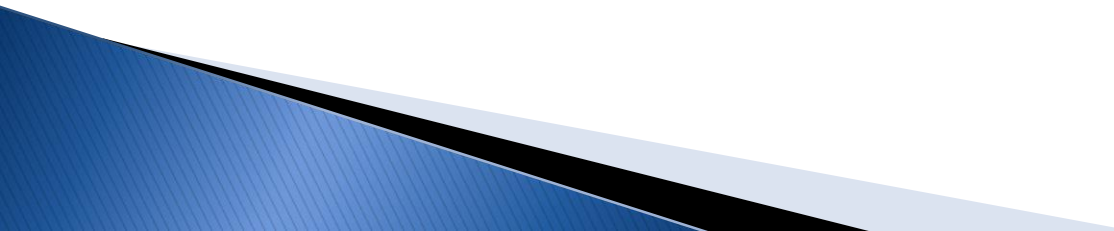
Social Determinants of Health

- ▶ Housing: \$16,281 reduction in use of costly hospitals, shelters, incarcerations for people who received supported housing (2002 University of Pennsylvania study)
- ▶ Employment: 40% reduction in use of Medicaid services (Mathematica 2000 study)
- ▶ Peer Support: 50% reduction in hospital readmissions and Medicaid utilization (2012 Optum study)

A Perfect Storm for the Advancement of Recovery and Peer Support

- ▶ Affordable Care Act reforms
 - Prevention, Diversion, Wellness
 - Outreach and Engagement
 - Person centered = Participation
- ▶ Increased Medicaid Flexibility via Medicaid Waivers and Managed Care
- ▶ Maturation of Peer-run and Wellness Promotion models

Advancing Peer–Run Services via 1915.i Medicaid Waiver

- ▶ Peer–run services can become a required part of a state’s Medicaid benefit package for people with serious mental health and addiction recovery related needs
 - ▶ Outcome measures can require involvement with peer–run services
 - ▶ States can include expansion of peer–run services as a high priority for reinvestment of savings
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Unique Value of Peer Support in the ACA Environment

- ▶ **Outreach and Engagement: we start where the person is**
 - Where they live
 - What they want
- ▶ **Relationship is key: trust, empathy, example, hope**
- ▶ **Person centered care: enhanced by recovery centered tools like Wellness Recovery Action Plans, Psychiatric Advance Directives**

Unique Value of Peer Support in the ACA Environment

- ▶ **Increasing Health Literacy and Activation: 8 Dimensions of Wellness, Wellness & Recovery Coaches, Whole Health Action Management program**
- ▶ **Reductions in Readmissions and Relapse Prevention: peer bridgers, warm lines, crisis respite programs, peers in ER**

Recovery Capital Informs Recovery Planning

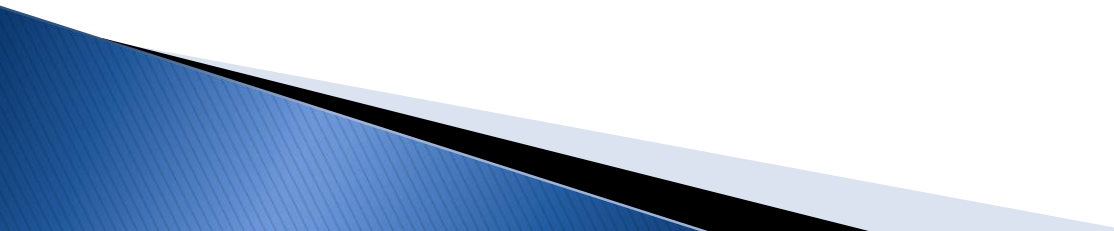
- ▶ Recovery Capital includes Physical capital (things), Human capital (personal qualities), Social capital (supportive relationships) and Community capital (referral resources).
- ▶ Peer recovery coaches assess an individual's recovery capital and then address challenges and build on the individual's strengths and capacities to overcome "low" recovery capital.

Recovery Coaching: Making a Difference presentation, Bob Carty, September 2010

Our Time Has Come

We've gone from being
ahead of our time to being
Right on Time!

ACMHA Peer Leaders Interest Group

- ▶ Formed in 2012
 - ▶ A growing number of people with lived experience of mental health and addiction recovery who want to provide leadership in advancing recovery and peer support
 - ▶ Areas of focus: advancing the presence of peer support throughout healthcare systems nationally, linking mental health and addiction peer support communities, criminal justice, employment
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2014 ACMHA Peer Leaders Seminar

- ▶ In late 2013, the PLIG received funding from Optum to explore the “unprecedented opportunities and challenges that peer-run services face during the implementation of national healthcare reform.”
- ▶ Representatives from over 20 nationally recognized peer mental health and addiction service agencies participated in a day long Seminar that preceded 2014 ACMHA Summit

2014 ACMHA Peer Leaders Seminar

- ▶ Review of PLIG Member Survey: Patrick Hendry
- ▶ New Opportunities for Peer Services: Ron Manderscheid
- ▶ State Level Advocacy to Expand Availability of Peer-run Services: Harvey Rosenthal
- ▶ Evolving Future of Peer Support Services: Allen Daniels
- ▶ Contracting with Managed Care: Tanya Stevens
- ▶ Working with a Managed Care Company to Reimburse Peer and Family Services: Sue Bergeson
- ▶ Discussions on Shared Experiences and Identification of Priority Concerns: Tom Hill

2014 ACMHA Peer Leaders Seminar

Priority Concerns

- ▶ General Education around Peer Services and Recovery
- ▶ Expansion and Sustainable Funding Opportunities
- ▶ Integrity, Quality and Professionalism
- ▶ Competencies and Capability
- ▶ Development, Promotion and Contracting
- ▶ Healthcare Integration
- ▶ Addressing Unmet Needs
- ▶ Advocacy Capability and Success

2014 ACMHA Peer Leaders Seminar Recommendations

- ▶ **Centralized web-based hub** for exchange of resource materials and data: an outcomes bank of statistical evidence of our effectiveness and cost and savings data; quality of life measures program forms and procedures
- ▶ **Professionalism and Development Strategies:** peer mentoring programs, identification of core competencies, integrated mental health and addiction national credentialing program, technical assistance
- ▶ **Toolkits or papers** providing an overview of peer support, various funding options, outcome data, program promotion, contracting, advocacy

New ACMHA PLIG Peer Initiative: Peers Supporting At Risk Individuals

- ▶ Optum/Cenpatico funded initiative that seeks to identify effective peer-run practices that successfully engage and support at risk individuals, including:
 - Individuals living in Rural and Frontier areas
 - Justice Involved Individuals
 - Homeless individuals
- ▶ 6 peers working to promote addiction recovery and 6 who promote mental health recovery will engage in a year long process that will ultimately share best practices in this area via either another toolkit, webinar series or learning community.
- ▶ Applications are due by February 3; More details at <https://acmha.org/acmhanews/news/17>.

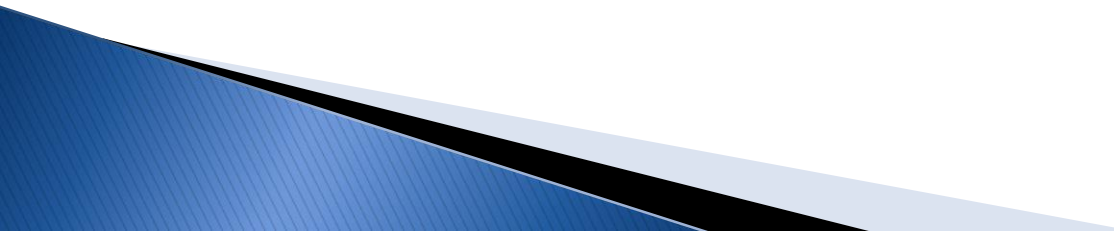
Peer Services Toolkit

A Guide to Advancing and Implementing Peer-run Behavioral Health Services

- Interactive: links to a wide array of resources
- Living document that will grow with the expansion of peer services.
- Targeted at increasing the role of peer provided services.
- An aid to funders and providers
- A guide for peer-run agencies in preparing to contract with managed care and other funders.

What is a Peer?

What do we mean by the term peer?

- In behavioral health it is generally used to refer to someone who shares the experience of living with a psychiatric disorder and/or addiction with another.
 - Most people are far more specific about whom they would rely on for peer support.
 - It is up to the individual receiving support to decide whom they can relate to as peers.
 - It is the responsibility of the agency providing peer support to ensure that the peers they hire match the demographics of the people being served as much as possible.
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What Is Peer Support?

- “Peer support is the process of giving and receiving encouragement and assistance to achieve long-term recovery.
- Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people.”

Mead, S. (2003); Solomon, P. (2004)

How do Peer Providers Apply the Principles of Peer Support?

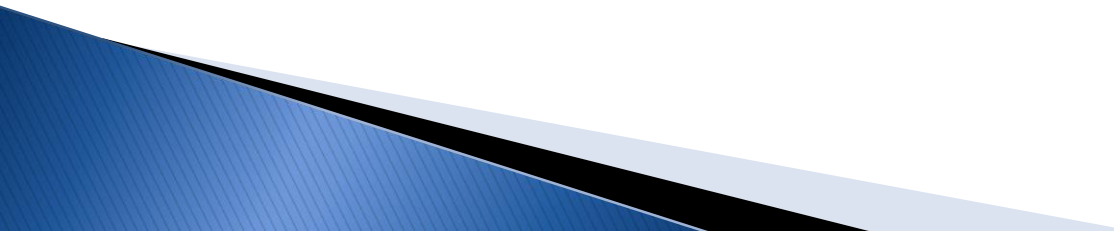
- Peer providers can play many roles in support for people living with psychiatric disorders and in addiction recovery.
 - Facilitation for education and support groups.
 - One-on-one as role models, mentors, coaches, and advocates.
 - Developing psychiatric advance directives
 - Provide compassionate listening, and a positive vision of the future.
 - And a wide array of other functions.

PEER SERVICES OUTCOME DATA


Significant research shows that peer support is effective in:

- Engaging and retaining people in mental health and addiction services,
- Supporting individuals in playing active roles in their treatment through empowerment
- Lowering re-hospitalization rates, reducing utilization of crisis and emergency room services

ESSENTIAL ELEMENTS OF PEER SUPPORT

- Shares lived experience.
 - Sees each individual as a whole person.
 - Motivates through hope and inspiration.
 - Supports many pathways to recovery.
 - Functions as an advocate.
 - Teaches people.
 - Shares knowledge of local resources
 - A role model.
 - Provide peer support services
 - And much more.
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Core Values of Peer Services

- Peer support is voluntary
 - Peer supporters are hopeful
 - Peer supporters are open minded
 - Peer supporters are empathetic
 - Peer supports are respectful
 - Peer supporters facilitate change
 - Peer supporters are honest and direct
 - Peer support is mutual and reciprocal
 - Peer support is equally shared power
 - Peer support is strengths-focused
 - Peer support is transparent
 - Peer support is person-driven
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Certification and Accreditation

- The peer movement continues to grow across the country.
- Peer networks are increasingly seeking opportunities to demonstrate the specialized knowledge and skills peers possess and the benefits of including peers on consumer's treatment teams.
- As a relatively “new” workforce, it is incumbent upon peers to demonstrate their high standards of conduct, education and experience.
- One of the best means of doing so is to establish a professional credentialing program that is designed to reliably measure an individual's competency.
- Another strategy to assure quality and performance has been to accredit peer programs and organizations.

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ENSURING THE INTEGRITY OF PEER SERVICES

- Relationships are the key element in effective peer support and peer-run services
- There is emerging evidence that peer support delivered by peer-run agencies are most effective in fostering positive outcomes.
- There is also the belief that peers who are embedded within traditional systems can work as change agents to bring about true cultural transformation in those systems.
 - “When the environment is well prepared and has a structure for the sustainability of a well-trained recovery-oriented workforce, there will be no danger of peer support being co-opted into traditional business as usual”. Jeanie Whitecroft.
 - It is important to establish clear definitions about the roles of peers in the work place with professional standards.

Building Systems to Manage the Business End of Peer-run Services

- As peer-run organizations grow it becomes important to ensure that the infrastructure grows accordingly.
- This may include but is not limited to the following
 - Billing
 - Personnel/Human Resources
 - IT & Data Management
 - Marketing
 - Contracting
 - Consulting & Tech Support
 - Payroll
 - Accounting
 - Legal
 - Communications
 - Suppliers & Procurement

SUPERVISION IS KEY TO FIDELITY AND OUTCOMES

- Supervision is critical in this program in the sense that supervising a peer specialist is different than other behavioral health positions.
- Often community mental health centers and addiction treatment agencies have supervised and evaluated peer specialists based upon the criteria used for case management.
- Supervision is especially important early in the peer workers tenure in that it can smooth the transition into the position.
- Supervisors are key to the smooth integration of peers on the team and integration into the workforce of recovery-oriented practices.

SUPERVISION IS KEY TO FIDELITY AND OUTCOMES

Clinical Supervision

- The best supervisors are “champions” of developing the agency peer provider workforce.
- A single supervisor may meet the Medicaid standard for clinical supervision of the peer provider to provide both clinical and non-clinical supervision.
- A good practice for clinical supervisors is to go through the peer provider training to familiarize themselves with the role and functions of the job.
- A peer in recovery with experience as a peer provider who meets the State’s Medicaid standards for a competent mental health professional can provide clinical supervision of peer providers.
- A clinical supervisor also needs to be involved in interviewing applicants for peer provider positions.
- Supervision must be regular, accessible, and meaningful. Schedule regular face-to-face meetings for clinical supervision.

SUPERVISION IS KEY TO FIDELITY AND OUTCOMES

- Extra supervision, training and/or mentoring can ease a peer provider's shift into the provider role and the workplace.
- Clinical supervision is supervision of the peer provider's practice issues and not administrative issues. It has more to do with a peer provider's career development in relation to training and the required skills they need to address the duties they need to perform.
- Review peer providers' documentation and coach them on documentation standards. Provide training as needed on how to write notes in the clinical record.
- Clinical supervision should include discussion of issues such as job and role clarification, performance, confidentiality, disclosure, working with non-peer staff, boundaries, and others as they arise within the peer provider's practice.¹⁰
- Make the focus of peer provider supervision on their strengths, skills and professional development

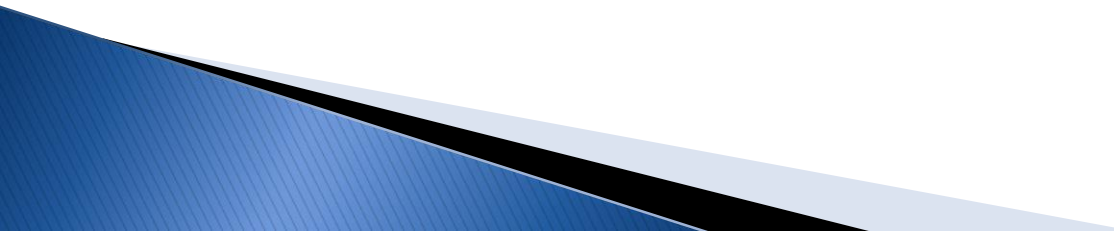
SUPERVISION IS KEY TO FIDELITY AND OUTCOMES

Administrative Supervision

- An administrative supervisor assigns work duties, manages time, does administration and record keeping duties, plans and monitors workload, approves time records, approves requested days off, and resolves employee complaints and conflicts.
- Be knowledgeable about reasonable accommodations and how to apply them if or when requested. (See List of Resource: Job Accommodation Network)
- Provide and support ongoing education and training. Your State may require annual continuing education for recertification of peer providers.
- Conduct an annual performance review and develop a performance plan for the peer provider to encourage improvements in knowledge and skills.
- Follow human resources policies and practices in all areas of employment up to and including discipline and termination.

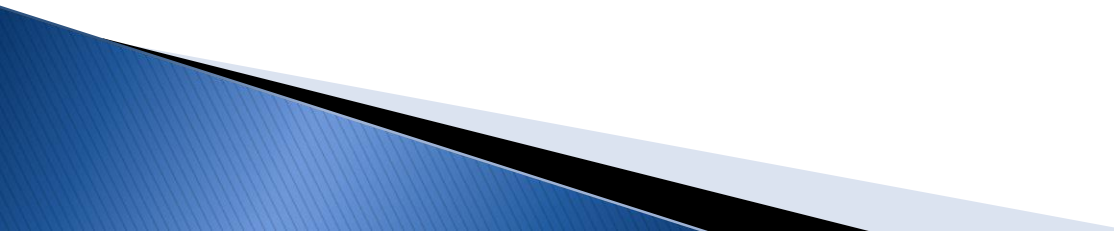
POSITIONING PEER SERVICES WITHIN NEW HEALTHCARE DESIGNS

It is expected that peer supporters will:

- Play key roles in integrated health homes, rather than in separated specialty settings.
 - Be engaged in disease prevention and health promotion activities.
 - Be working directly with communities and populations, not just individuals.
 - Be emerging leaders in many different roles
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POSITIONING PEER SERVICES WITHIN NEW HEALTHCARE DESIGNS

As a result peer supporters will be serving to:

- Organize and deliver community interventions that reduce trauma.
 - Organize and deliver community interventions that promote good health
 - Organize an integrated community health collaborative that promotes the wellbeing of entire communities.
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POSITIONING PEER SERVICES WITHIN NEW HEALTHCARE DESIGNS

Peer service innovations can play unique and crucial roles in improving systems of care, enhancing healthcare outcomes and reducing costs through their expertise in:

- Outreach and Engagement
- Person Centered and Directed Care
- Increasing Health Literacy and Self-Management
- Relapse Prevention and Crisis Management Supports
- Transitional Supports
- Addressing the Social Determinants of Health

POSITIONING PEER SERVICES WITHIN NEW HEALTHCARE DESIGNS

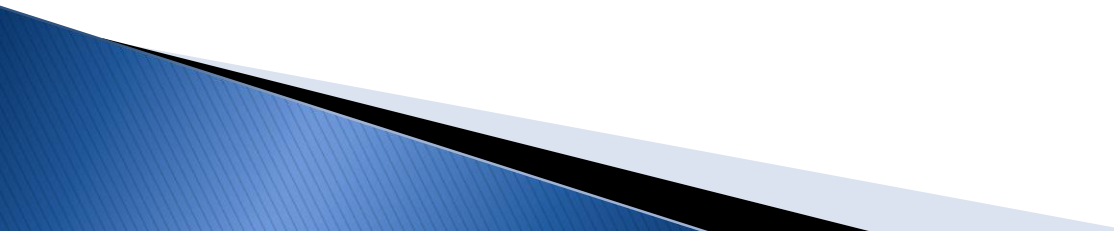
There is an increasing body of evidence about the effectiveness and cost-effectiveness of peer-run services.

- Optum is showing a 24–47% decrease in overall healthcare utilization for members using peer services
- Connecticut Community for Addiction Recovery is reporting that approximately 83% of individuals maintain sobriety while receiving peer coaching services.
- Reduction in re-hospitalization rates RECOVEReworks (2014) Bergeson, S. (2011) Optum Health (2011)

STATE LEVEL ADVOCACY TO BEST POSITION PEER-RUN SERVICES

- Many states are now looking to the managed care industry to provide behavioral health service through Medicaid funding.
- Managed care companies are looking for behavioral health services that promote recovery and resiliency.
- Advocates for expanded recovery services that can be funded by Medicaid can educate and support their states to adopt the most flexible form of Medicaid, the 1915.i Home and Community Based Services Option or Waiver.
- Advocates should work to see that states reinvest savings from decreased use of costly inpatient and emergency services into the expansion of community recovery services, including peer support.

PREPARING PEER-RUN ORGANIZATIONS TO CONTRACT WITH MANAGED CARE ORGANIZATIONS AND TO BILL MEDICAID

- In order to contract with managed care companies, most peer-run organizations will need to look at both their administrative support staff capacity and their financial staff support capacity.
 - Because of long lag times between billing and payment, organizations must have sufficient financial strength to pay for services prior to payment.
 - if you contract with a MCO to provide Medicaid services you must meet all of the state and federal laws that apply.
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PREPARING PEER-RUN ORGANIZATIONS TO CONTRACT WITH MANAGED CARE ORGANIZATIONS AND TO BILL MEDICAID

- The toolkit includes a checklist provided by Optum for preparing to contract with managed care.
- When managed care companies are considering adding a peer-run organization to their network, they look for:
 - Benefits to those receiving services
 - Benefits to peer provider
 - Benefits to MCO

PREPARING PEER-RUN ORGANIZATIONS TO CONTRACT WITH MANAGED CARE ORGANIZATIONS AND TO BILL MEDICAID

How Peer Providers Get Paid

- Providers are paid based on a negotiated rate included in their provider agreement. Claims must be filed using proper forms, codes, and on a timely basis.

Enrollment into services

- MCO's and Medicaid have very specific enrollment procedures that document that the client is receiving a necessary service.

Data Collection

- Working with Medicaid managed care requires the collection and storage of significant amounts of information.

PREPARING PEER-RUN ORGANIZATIONS TO CONTRACT WITH MANAGED CARE ORGANIZATIONS AND TO BILL MEDICAID

Quality assurance and improvement

- As your agency grows to meet the needs of managed care you will need to monitor the effectiveness and quality of the services you are providing.

Technology Readiness

- In order to meet the requirements of contracting with managed care billing your agency must be technologically prepared.

Marketing

- As your organization seeks to grow it becomes important to market both your services and your organization.

The Future of Peer Services

- Peer support is a rapidly growing field. Research continues to show that it is efficacious and cost effective.
- Peer recovery support services can be successfully integrated with professional models of care.
- A new generation of peer helpers is working in volunteer and paid roles within new grassroots recovery community organizations, within addiction treatment programs, and within such allied fields as primary healthcare, child welfare, and criminal justice. White W. (2014)
- With the advent of a high standard accredited national certification peers will be poised to move into insurance based private practice.
- “The future of peer support is the future of transformation and positive outcomes.” Whitecraft J.

Discussion

- ▶ Questions
 - ▶ Concerns
 - ▶ Recommendations
- 