



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **Peers Roles in Health Integration** **Thursday, November 8, 2012**

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National Council for Community Behavioral Healthcare

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“Four Corners” (PBHCI) Project Director**  
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# Agenda

- History of Peer Support
- Benefits of Peer Support
- Peer Workers Supervision Tips
- Example from the field: Cobb County Community Services Board (GA)



# History of Peer Support

In the U.S. peer support traces back to 1772 when Native Americans formed social support groups to help recover from alcohol use problems by sharing experiences of hope and strengths to practice mutual support and self-management



# Peer Workforce in Integrated Health

Emerging new role for peer workforce is promoting whole health self-management and resiliency in new Medicaid billable service models like health homes



# Peer-Run Wellness Programs

WHAM – Whole Health Action Management Peer Support Training  
<http://www.integration.samhsa.gov/health-wellness/wham>

Chronic Disease Self-Management Program  
<http://patienteducation.stanford.edu/programs/cdsmp.html>

HARP – Health and Recovery Peer Program  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811/>

University of Colorado Behavioral Health and Wellness Program  
Peer-to-Peer Tobacco Program  
<http://www.bhwellness.org/initiatives/peer-to-peer/>



## **First Medicaid Approval of Billable Peer Support Services in 1999 Georgia State Plan Amendment**

- Primary role to provide direct services designated to assist consumers in regaining control over their own lives and control over their recovery process
- Model competence and possibility of recovery
- Assist consumers in developing the perspective and skills that facilitate recovery



# **CMS 2007 Peer Support Services Guidelines Letter for States Requiring Training, Continuing Education, Supervision, and Care Coordination**

“Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance abuse disorders.”



# **Mounting Evidence Peer Support Services Work:**

“A growing body of evidence suggests that peer-provided, recovery-oriented mental health services produce outcomes as good as and, in some cases superior to, services from non-peer professionals.”

Cook, J. A. (2011)



## **Mounting Evidence, Continued:**

“The growing evidence includes reduced hospitalizations, reduced use of crisis services, improved symptoms, larger social support networks, and improved quality of life, as well as strengthening the recovery of the people providing the peer services.”

Eiken, S., & Campbell, J. (2008)



## **Mounting Evidence, Continued:**

“Research also demonstrates that peer providers can increase empowerment, decrease substance use, reduce days in the hospital, and increase use of outpatient services, at least as long as the peer support continues.”

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006)



## **Mounting Evidence, Continued:**

“The unique role of trusted peers connecting with each other to foster hope and build on strengths is emerging as a key transformational factor in mental health services.”

Sells, D., Davidson, L., Jewell, C., Faizer, P., & Rowe, M. (2006)



# Poll Question

## Do you use peer workers?

- Yes, we have volunteers
- Yes, we have paid positions
- Yes, we have a combination of volunteer and paid positions
- No, we do not use peer workers



## **Top 3 Barriers According to 2009 Survey of 22 States Billing Medicaid for Peer Support Services:**

- Acceptance of peer specialists at mental health centers
- Understanding the role of peer specialists
- Financial – adequate funding for peer support services

Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., & Goodale, L. (Eds). (2010) Retrieved from [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org)



**Following are key “pillars” for hiring and supporting the peer workforce determined by state representatives attending the Pillars of Peer Support Services Summit in 2009:**



## **Pillars of Peer Support:**

- Provide **Clear Job and Service Descriptions** that define specific duties that allow peers to use their recovery experience to help others recover and engage in self-help
- Provide **Ongoing Continuing Education**, including specialty certifications, that exposes the peer workforce to the most recent research and innovations in mental health, addiction, trauma informed care, and whole health
- Provide **Professional Advancement Opportunities** that enable the peer workforce to move beyond part-time and entry level positions to livable wage salaries with benefits



## **Pillars, Continued:**

- Provide **Expanded Employment Opportunities** that enable the peer workforce to be employed in a variety of positions that take into account their own strengths and desires
- Provide **Media and Technology** supports provided any other staff like computers and cell phones
- Provide a **Comprehensive Training Program** that communicates the role and responsibilities of the peer workforce and concepts of recovery and self-help to traditional, non-peer staff including supervisors, administration, and management



## **What Peer Workers Can Add:**

- Lived experience of recovery that inspires hope and promotes trust
- Enhanced ability to connect with those they serve and role model recovery
- Strengthening their own recovery by service to others
- Insight into stigmatizing language and practices like segregated bathrooms



## What Peers Can Add, Continued:

- Insight into how to shift to a strengths-based recovery culture
- Learned experience of community resources and services and how to navigate those
- Promotion of whole health and resiliency factors like stress reduction to prevent relapse



## Peer Roles

- Whole Health and Wellness Coaches
- Community Treatment Teams
- Bridging consumers from hospitals to community
- Data Collection (NOMs)
- Supported Employment
- Supported Housing
- System Navigators
- Recovery Coaches



## **PBHCI Grantee Peer Roles**

- **Central Oklahoma Community Mental Health Center:** Peers call no-shows and outreach to the community
- **CODAC Behavioral Health Services (AZ):** Peer-run whole health clinic
- **Austin-Travis Integral Care (TX):** Peer certified InSHAPE trainer running classes
- **Weber Human Services (UT):** Active peer advisory board, peer-to-peer tobacco cessation classes
- **NorthCare Community Mental Health Center (OK):** Data entry and running wellness groups
- **Catholic Charities, Diocese of Trenton (NJ):** Assisting with Care Management and providing support in the exercise room
- **San Mateo County Health System:** Peer-to-peer Well Body Group (focuses on nutrition and weight management) and peer-to-peer tobacco cessation class



## **Supervision Tips:**

- Provide clear job and service description allowing peers to use their strength-based recovery experience and share that openly with those they serve
- Involve staff in the decision to employ peers to promote “buy-in”
- Involve all staff in understanding the principles and values of peer support services, competencies taught the peer workforce, and their code of ethics



## **Supervision Tips, Continued:**

- Promote work accountability – peers should not be treated differently than other staff after any issues of documented ADA accommodation are resolved upon initial hiring
- Provide choice to peer worker whether to receive services from employing agency
- Encourage ongoing recovery self-management using tools like a Wellness Recovery Action Plan (WRAP)
- Watch for the soft discrimination of low expectations like assuming peer workers cannot understand and practice important concepts like confidentiality



# Questions and Answers



## **Sustainable Funding for Peer Whole Health and Wellness Coaches at Cobb-Douglas Grantee Site:**

CMS recently approved Georgia as first state to have Medicaid-billable whole health and wellness peer services provided by peer support whole health and wellness coaches certified in WHAM training beginning sustainable billing on Jan. 1 and provided medical support by nurses



# Whole Health Action Management (WHAM)

Whole Health Action Management (WHAM) Peer Support Training was built on the foundation of whole health self-management and includes a person-centered planning process to set achievable whole health goals and weekly action plans that engage in peer support to create new whole health behavior and lifestyles.



# Peer Whole Health and Wellness Service Goals:

- Promoting recovery, wellness, and healthy lifestyles
- Reducing identifiable behavioral health and physical health risks
- Increasing health behaviors intended to prevent disease onset
- Lessening the impact of existing chronic health conditions



## **Peer Whole Health and Wellness Service Interventions:**

- Supporting the individual in building whole health improvement skills
- Providing health support and coaching interventions about daily health choices
- Promoting effective skills that focus on individual's wellness self-management and health decision making
- Helping individuals set incremental whole health and wellness goals and providing ongoing support for achievement of those goals



## **Peer Whole Health and Wellness Service Billing Detail:**

- HCPCS (Healthcare Common Procedure Coding System) Billing Code: Health and Wellness Supports, H0025
- Rate for 15 minute unit ranges from \$15.13 to \$24.36 depending on peer worker experience/education and location of service



# Poll Question

**Do you currently teach skills for whole health self-management?**

- Yes, we do
- No, but we are planning to do so
- No, we do not



# Upcoming WHAM Training for PBHCI Grantees

**November 28-29, 2012**

Weber Human Services

237 26th Street

Ogden, Utah 84401

To register:

<http://form.jotformpro.com/form/23086279644967>

Space is limited!

For more information, contact Hannah Mason at

[hannahm@thenationalcouncil.org](mailto:hannahm@thenationalcouncil.org)



# Questions and Answers



# **Four Corners Project...Integrating Primary Care with Behavioral Health, Substance Abuse, and Wellness**

- Cobb County Community Services Board (CCSB)
- West End Medical Center, Inc. (WEMC)

## **Deborah Strotz, MPA**

Director of Rehabilitation & Recovery Services (CCSB)

Four Corners Project Director



# Four Corners Healthcare Home

- Client-centered healthcare home
- Located within The CIRCLE - the CCSB's psychosocial rehabilitation facility
  - The CIRCLE offers an array of psychosocial rehabilitation services; client-driven goals guide the individual's integrated treatment plan and service delivery



## **It Is All About Partnership!**

- WEMC partnered with CCSB to create the Four Corners Healthcare Home
- Our healthcare home provides care management for psychiatric and medical needs in a behavioral health setting, familiar to the clients
- Program designed to enhance positive health outcomes with a solid wellness foundation



## Quick Overview of Those Served

- Self-report screened 1500+ clients
- Served 570 clients in the first two years
- Currently have 400+ active clients
- Generated 1800+ primary care encounters



# “Four Corners” Current Staffing

## **WEMC**

- Nurse Practitioner
- LPN (2)
- Intake Specialist

## **CCSB**

- Project Director
- Project Coordinator
- Integrated Healthcare Coordinator
- Data Specialists (2)
- Certified Peer Specialists (2)
- Certified Fitness Trainer



# Our Passion is Self-Directed Recovery

- We base our model on SAMHSA's working definition of recovery
- Address the 10 guiding principles of recovery
- Focus today on Peer Support, with highlights of hope, person-driven, holistic and respect



# Peer Support Program Provided Initial Support to “Four Corners”

- Located in the same facility, The CIRCLE
- CCSB’s Peer Support Program was built on wellness/recovery long before Four Corners existed
- The Peer Program’s energy has fueled successful integrated efforts
  - Nationally distributed healthy eating cookbook “Healthy Eating on a Limited Budget”
  - “Let’s Get Physical - Have You Had Your Annual Physical Campaign?”
  - Peer Garden
  - Walking Groups
  - Integrated Healthcare Peer Blog



## Peers Lead the Way!

- Enhance your staff by adding Certified Peer Specialists (CPS) to the team
- The Peer Workforce will clearly help you build a client-driven program that has a solid self-directed recovery foundation
- Four Corners hired their first CPS in November 2011 (Year 2)
- Currently, Four Corners employs two CPSs



# Examples of Peer Responsibilities in Daily Operations

- Fitness Center
- Assessments
- Engagement
- Service Coordination
- Social Media



# What is Your Culture Like as a Support for the Peer Workforce?

## Complete a self-inventory; ask yourself...

- Do we know who our champions are?
- Do we employ and certify Peer Specialists (CPS)?
- Where do we stand in our support of CPS employees?
- Do we treat CPS staff the same as non-CPS staff?
- Do we have both full-time and part-time CPS staff?
- Do we offer career advancement to CPS staff?
- What type of supervision do we offer?



# Identify and Expose Your Champions!

- Are your executive leaders champions of the CPS workforce?
- Give them, and other champions, the opportunity to share their passion and excitement with co-workers; allow them the time to spread the word
  - Provide the forum for informal discussions and dialogue
  - TA is available and is most effective/beneficial in building this component of integrated healthcare



# Increasing Peer Involvement Increases Client Engagement and Community Involvement

- Our experience has been that the team got stronger as we recognized and built upon the individual staff strengths
- There is no “set task” automatically assigned to a CPS; build on his/her individual strengths
- Team approach.....do not stigmatize the Peer Workforce
- Address supervision needs and give choice to the CPS about where he/she would like to receive their own treatment
- Involve your primary care partners early on



# Sustainability Opportunities!

- It is exciting to be in Georgia!
- CMS recently approved Georgia as the first state to have Medicaid billable whole health and wellness peer services provided by peer support whole health and wellness coaches, certified in WHAM training; coaches to be supported by nurses
- Billing is planned to begin in Georgia on January 1, 2013
- Billing detail-WOW-reimbursement rate for 15 minute unit ranges from \$15.13 to \$24.36, depending on experience/education of the peer coach and the location of services delivered



# Thank You!

“I am honored to be part of these integrated healthcare efforts and to be given the opportunity to share my belief, hope and passion for building a phenomenal Peer Workforce”

- Debbie Strotz, MPA

“Four Corners” Project Director



# Questions and Answers



# Resources

## Cobb County CSB Resources

“Be One in a Million” video created by Intecoverly and the Cobb CSB Peer Support Program

<http://www.youtube.com/watch?v=cm8E1j4vzCg>

Integrated Healthcare Peer Blog

<http://www.peersupportprogram.blogspot.com/>



# Resources

Pillar of Peer Support (Information on Medicaid support for Peer Support Services)

<http://pillarsofpeersupport.org/>

Peerlink National Technical Assistance Center

<http://www.peerlinktac.org/>

Recovery Opportunity Center

<http://www.recoveryopportunity.com/>

Wellness Institute

<http://welltacc.org/>



# Thank You!

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