Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Peer to Peer Support Services In Integrated Care Settings

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Today’s webinar PPT are posted on the CIHS website:

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars

How to ask a question during the webinar

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.
Agenda

Jake Bowling, National Council for Behavioral Health

- Defining peer support and its value
- Understanding the importance and process of environmental readiness in peer support
- Peer roles in integrated care settings

Emma Maki-Gianani, Jenniffer Braddock, and Janet Greenwood, University of Colorado, Addiction, Research and Treatment Services – Innovative Recovery Clinic, Denver

- Roles of Peer Educators and Roles in Supervision
- Billing for Peer Support Services
- Perspective from a Peer
“Revolutions begin when people who are defined as the problem achieve the power to redefine the problem.”

—John McKnight

Peer Specialists: Fastest Growing Workforce in Behavioral Health

- Medicaid billable peer support services delivered by certified peer specialists now in 34 states after starting in 2001 in Georgia
- First workforce to emerge after national shift in behavioral health to recovery vision
- Some 15,000 peer specialists trained over last 15 years
- State certification programs growing for youth, family members, wellness coaches and addiction recovery coaches
Gifts Peer Specialists Bring From “Lived Experience” of Recovery

- Focus on what’s strong rather than what’s wrong to activate self-management
- Understand impact of illness (e.g. social exclusion, poverty, stigma and discrimination)
- Sense of gratitude to give back manifested in compassion and commitment
- Insight into the experience of internalized stigma

Gifts Peer Specialists Bring From “Lived Experience” of Recovery

- Take away “you do not know what it’s like” feeling
- Experience moving from hopelessness to hope
- Foster relationship of trust to support recovery, especially trauma
- Sharing insight and skills to enhance recovery outcomes
The Case for Peer Support

- Decreases use of crisis and emergency services
- Provides more “face time” with client
- Facilitates similar or better outcomes at lower cost
- Brings different insights, attitudes and motivations to treatment encounters
- Associated with reduced depression and negative health behaviors
- Promotes mastery of self-care behaviors.
- Supports adherence to medication, diet and exercise
- Escalates social support (linked to decreased mortality and morbidity)
- Supports chronic disease management

Peers and the ACA

TRIPLE AIM

1 Better Health
2 Better Care
3 Lower Costs
Four Functions of Peer Support

• Assistance in Daily Management
• Social and Emotional Support
• Linkages to Clinical Care and Community Resources
• Ongoing Support, Extended Over Time

Peers for Progress

Strengths Peer Providers Add to the Integrated Care Workplace

• Personal experience with whole health recovery, including wellness of both mind and body
• Insight into the experience of internalized stigma and how to combat it
• Compassion and commitment to helping others, rooted in a sense of gratitude
• Can take away the "you do not know what it's like" excuse
• Experience of moving from hopelessness to hope
• In a unique position to develop a relationship of trust, which is especially helpful in working with people in trauma recovery
• A developed skill in monitoring their illness and self-managing their lives holistically
Peers in Integrated Care Settings

- Professional-Led Group Visits
- Peer-Led Self-Management Training
- Peer Coaches
- Community Health Workers
- Support Groups
- Telephone-Based Peer Support
- Web and Email-Based Programs


Integrating Peers into HIV Models of Care

Peer Navigators, HIV-positive, medication-adherent role models with shared experience and shared community membership
- Outreach and engagement
- Routine appointment reminders
- Transportation assistance
- Adherence education and support
- Accompaniment to appointments

Peer Navigator Implementation Checklist

- Establish Protocols for Procedures for Peer Navigation Programs
- Train Agency Staff and the HIV Care Team
- Implement a System of Open Communication and Coordination with Other Care Member
- Implement a Competency-Based Training for Peer Navigators and Supervisors
- Provide Consistent Administrative and Clinical Supervision to Peers
- Create an Integrated Documentation System


Peer-Inclusive EBPs

- STYLE
- HIV Outreach Interventions, HRSA
  http://hab.hrsa.gov/abouthab/special/outreachandintervention.html
- Peer Education and Outreach for Sex Workers
  http://www.ngoconnect.net/documents/592341/749044/Literature+Review+for+Peer+Educations+for+Key+Populations.pdf
- Street Smart
  http://www.cdc.gov/hiv/research/interventionresearch/compendium/rr/streetsmart.html
- Mpowerment
  http://mpowerment.org/
- RAPP
Environmental Readiness

• Addressing stigma and misconceptions among staff
• Promoting recovery and wellness culture and concepts
• Facilitating understanding about the value of peer roles
• Redesigning workflows to fully incorporate peers into clinical interventions and team processes
• Developing strong onboarding, training, and supervision protocols

Keys to Effective Peer Supervision

• Aware of stigma and discrimination within the agency and point out when appropriate
• Focus on mental illness only as it negatively impacts a person’s work
• Understand lowering expectations as subtle discrimination
• Promoting Wellness Recovery Action Plans (WRAP) for resilience

Keys to Effective Peer Supervision

- Commit to concept and culture of recovery
- Understand and value the philosophy of peer support
- Understand and value the role of peer staff
- Know the difference in ‘therapy’ and supervision

Tips for Hiring and Supervising Peers

- Clearly delineate the job description and performance expectations
- Provide adequate training
- Be clear about boundaries
- Conduct weekly individual and group check-ins
- Educate all staff on the role of the peer provider
- Be responsive – questions and situations emerge
Challenges That Negatively Impact Peer Staff

• Other staff attitudes e.g. “too sick to work” or “will relapse”
• Pathologizing behavior as illness/relapse symptoms rather than typical work-related stress
• Peer staff denied access to records because seen as less trustworthy for confidentiality
• Job descriptions not well defined and lacking clear performance standards

Challenges That Negatively Impact Peer Staff

• Not compensated at same level as comparable jobs
• Lack of appropriate level of support
• Criminal background checks eliminating some qualified peer staff
• Individual serving as supervisor and mental health provider can create unethical dual relationship that impacts appropriate boundaries
Medicaid and Peer Services

➢ Non-Medical Services, Rehab Option
  ▪ Requires state plan amendment
  ▪ 34 states have billable peer services
  ▪ Pennsylvania Mobile Peer Support Teams

➢ Preventive Services
  ▪ Requires state plan amendment
  ▪ Important clarifications on provider roles re: preventive care from CMS
  ▪ Opportunities for Community Health Workers or other peer workers
  ▪ No examples yet

Medicaid and Peer Services

➢ Waiver programs
  ▪ 1915 B & C waivers
  ▪ 1115 waivers
    ▪ DSRIP Waivers
  ▪ New York, HARP Program
  ▪ North Carolina, Group and Individual Peer Support

➢ Health Homes
  ▪ Requires state plan amendment
  ▪ Ohio, Qualified Health Home Specialists
Financing Opportunities

Mental Health Block Grant (MHBG)
- DC, Peer Support in Housing Program

Veterans Administration (Tri-Care)
- Nationwide, Vets4Warriors

Private Health Plans
- New York, Optum Peer Bridgers

Foundations
- Maine, Peers in Mobile Crisis

State Innovation Models
- Washington, Peers and CHWs

Additional Resources

- Sample Job descriptions - for Wellness Peer Health Coaches
- WHAM Training - Whole Health Action Management Peer Support Training
- WRAP Training - Wellness Recovery Action Plan Training
- SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) webinar, Ethics and Boundaries for Peer Leaders, discusses the important issue of boundaries.
- Reducing Health Disparities for People with Serious Mental Illness: Development and Feasibility of a Peer Health Navigation Intervention
Additional Resources

• NASMHPD Peer Support Services Survey
  http://www.nasmhpd.org/docs/FMDPeerSupportServices31011.pdf

• Affordable Care Act Opportunity for Community Health Workers

• Harvey Rosenthal Keynote: Opportunities for Advocacy, Recovery and Peer Services in the Era of Healthcare Reform and Olmstead
  http://www.nyaprs.org/conferences/presentations/documents/NoCarolineKeynoteb.pdf

• Health Affairs Blog by Paul Gionfriddo, Mental Health America, CEO
  http://healthaffairs.org/blog/2013/10/30/peer-support-programs-offer-a-golden-opportunity-for-funders-to-affect-delivery-of-behavioral-health-services

• Medicaid Guidance on Peer Support

• Peers and Mental Health Shortage
  http://kaiserhealthnews.org/news/peer-mental-health-workers/

University of Colorado, Denver
Addiction, Research and Treatment Services (ARTS) – Innovative Recovery Clinic
Emma Maki-Gianani M.S.S., R.N., CACIII – ARTS Medical Case Manager
Jennifer Braddock – ARTS Project Coordinator
Janice Greenwood – ARTS Peer Educator
Addiction Research Treatment Services (ARTS) is dedicated to improving lives through prevention, education and treatment

“The mission of the Addiction Research and Treatment Services is to save lives and improve the quality of life for persons struggling with substance abuse and dependence, through the application of empirically supported treatments.”

ARTS Innovative Recovery Clinic (IRC)

Project REACH

- EBP Substance Abuse and Cognitive Therapy Groups
  - Individual Sessions
  - Medication Assisted Treatment
  - Transportation Assistance
    - Psychiatric Care
    - Coordination of Medical Care
  - Referral to Outside Medical Services as Needed
    - Peer Educator Services
- Culturally Specific Education and Support Groups
  - Risk Reduction Groups
    - Peer Groups
  - Abstinence Monitoring
  - Incentives for Participation
  - Infectious Disease Testing
  - Hepatitis A & B Vaccination
IRC – Roles of Peer Educators

- Community networking
- Educational activities/Peer Support Group, e.g., patient wellness, life skills, making decisions, setting goals, and self-advocacy
- Mentoring, e.g., support, coaching, and encouraging patient’s efforts to achieve personal and recovery goals
- Outreach and engagement, e.g., home visits and visits in the community
- Referral and/or navigating other needed community services, e.g., homeless shelters, food banks, sober activities, educational opportunities, etc.

Challenges

- Boundaries
- Confidentiality
- Documentation
- National Certification
- Self Confidence
Peer Educator Supervision:

- Peer educators are provided with weekly supervision (administrative and clinical)
- Always provide an open door for additional supervision and support as needed
- Review agency policies and procedures
- Provide coaching and supervision around personal/professional boundaries and confidentiality
- Encourage and support goals around certifications, continuing education, and educational goals
  - Peer Recovery (PR) Credential:
    International Certification and Reciprocity Consortium (ICRC)
    [http://internationalcredentialing.org/creds/pr](http://internationalcredentialing.org/creds/pr)

Peer Educator Advantages

- Assist peers with finding community resources
- Empower peers and facilitate positive change
- Provide advocacy and support
- Role models for recovery
Colorado Medicaid – Peer Support Program

- Peer Educator
- Peer Specialist II
- Peer Specialist I

Peer Support Program Resource

https://www.bhwellness.org/resources/toolkits/peer
Through the Eye of the Peer

- The Easy Stuff

- A Little More Complicated

- Why This Is Important

Questions?
Contact Information

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Additional Questions?
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UPCOMING WEBINARS

May 17
• Keys to Effective Outreach Strategies for Reaching High-Risk Populations Affected by HIV and Substance Use Disorders Session Objectives

June 21 – date tentative/TBD
• Motivational Interviewing
For More Information & Resources

Visit www.integration.samhsa.gov or 
e-mail integration@thenationalcouncil.org

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.