

Created by The Ohio Empowerment Coalition

UTILIZING PEER SPECIALISTS TO IMPROVE OUTCOMES IN MEDICAID HEALTH HOMES

Integrating Peer Specialists into the Medicaid Health Homes of Ohio's Providers

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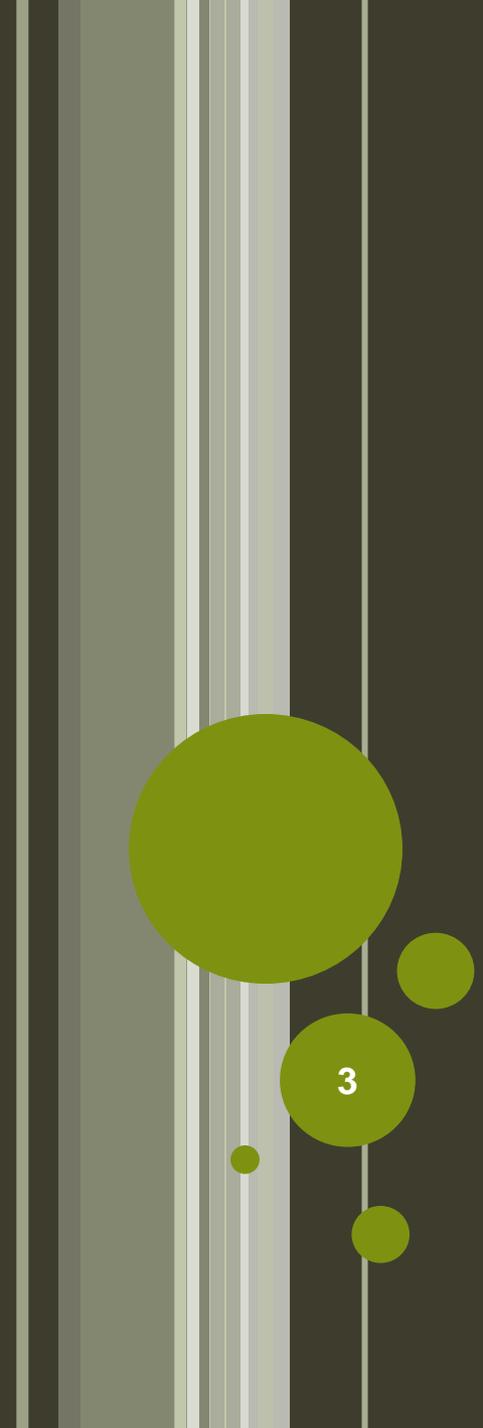
Funded by SAMHSA (Substance Abuse & Mental Health Services Administration) through BRSS TACS (Bringing Recovery Supports to Scale – Technical Assistance Strategies) contract with Center for Social Innovation

OBJECTIVES OF THIS WEBINAR

To be able to...

- Describe what Peer Support is
- Recognize some of the benefits of inclusion of Peer Specialists on staff.
- Identify the anticipated improved outcomes from the integration of Peer Specialists into the roles of Qualified Health Home Specialists in a Health Home.

WHAT IS PEER SUPPORT?

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WHAT IS “PEER SUPPORT?”

“Peer support is the act of people who have had similar experiences with mental illnesses giving each other encouragement, hope, assistance, guidance, and understanding that aids in recovery. It can be done anytime or anywhere when two or more peers are in a mutual, supportive relationship.”

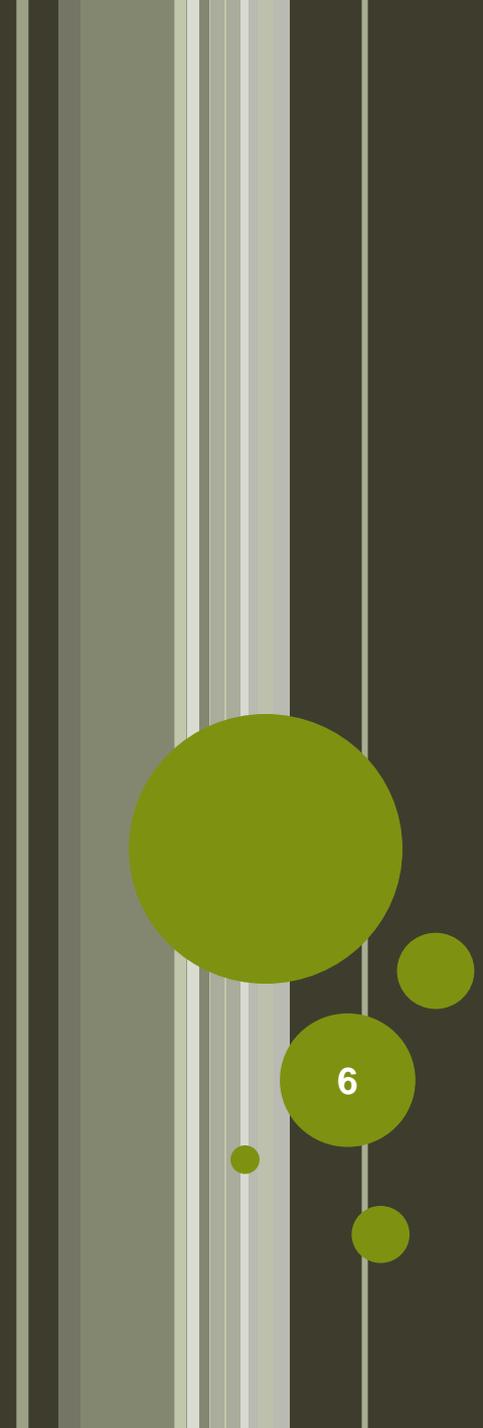
- Appalachian Consulting Group, 2011

WHAT IS “PEER SUPPORT?”

- An evidence-based practice
- Modeling/embodying recovery
- Providing hope
- Assisting a peer identify goals/strengths to overcome obstacles in order to create the life the peer wants
- Being an advocate
- Working to overcome stigma, negative messages, negative self-talk



WHAT IS A PEER SPECIALIST?



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WHAT IS A “PEER SPECIALIST?”

- an individual with a lived experience of mental illness and/or recovery from addiction who provides peer support to individuals
- someone able to forge an egalitarian relationship based on trust and common ground



WHAT IS A “CERTIFIED” PEER SPECIALIST?

- A peer who completes competencies-based training and testing in peer support
- The Ohio Empowerment Coalition (OEC) is ODMH’s sole designee to certify peer specialists in the state of Ohio
- Certification is recommended, but not currently, required for Health Homes.



THE CERTIFICATION PROCESS IN OHIO

- 56-hr training through Ohio Empowerment Coalition
- Passing grade on a competencies-based test
- Biennial continuing ed. & practicum requirements
 - 20 hours of Continuing Education Units
 - 20 hours of practicum experience
- Commitment to uphold Ohio Certified Peer Specialist (CPS) Code of Ethics
- The Ohio CPS certificate is valid for 2 years; automatically renewed if the requirements are fulfilled

WHAT ARE CERTIFIED PEER SPECIALISTS TRAINED IN?

- The fundamental beliefs & stages of recovery
- Utilizing their recovery story
- Effective listening
- Problem solving
- Ethics and Cultural Competency
- Facilitating recovery dialogues
- Identifying goals
- Whole Health and Wellness
- Wellness plans, such as WRAP® (Wellness Recovery Action Plan)

DIFFERENCE BETWEEN CERTIFIED PEER SPECIALISTS AND CPST WORKERS

- While some overlap exists between the occupational responsibilities of Certified Peer Specialists and Community Psychiatric Supportive Treatment workers, the roles are distinguished between in a few critical ways:

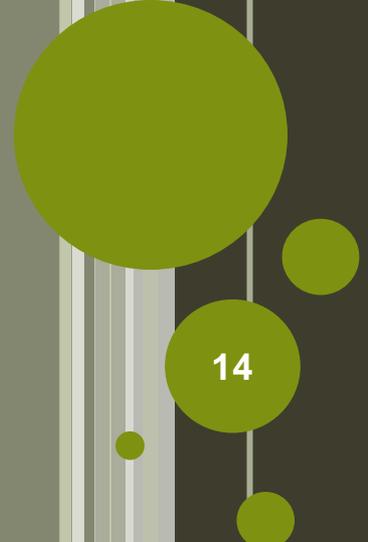
Certified Peer Specialist	CPST Worker
Lived experience required	No lived experience required
Lived experience is valued higher than formal education	2- or 4-year degree in human services is often a requirement
Mutual/reciprocal relationship	Helper/Helpee relationship

DIFFERENCE BETWEEN CPSs AND CPST WORKERS

Certified Peer Specialist Role (CPS)	CPST Worker/Case Manager Role (abbr.)
<ul style="list-style-type: none">• Does involve in-person and phone contact frequently to <u>offer support and assistance and to foster engagement</u> in mutual support groups, recovery oriented programming and other mental health services ¹	<ul style="list-style-type: none">• <u>Provides skilled services</u> concurrently with adult day habilitation services, including such skilled services as behavior management intervention, occupational therapy, speech and language therapy, physical therapy, and nursing services ²
<ul style="list-style-type: none">• Does organize <u>structured leisure and recreational activities</u> – based on participants' preferences – in order to provide opportunities for participants <u>to practice social and coping skills</u> ¹	<ul style="list-style-type: none">• <u>Counseling</u> and assistance provided to obtain housing, including such counseling as identifying options for either rental or purchase, identifying financial resources, assessing needs for environmental modifications, locating housing, and planning for ongoing management and maintenance of the housing selected ²
<ul style="list-style-type: none">• <u>Does not involve</u> an individual with mental illness <u>providing services as a mental health professional</u> as defined by the State (e.g., a psychologist) ¹	<ul style="list-style-type: none">• Is to <u>coordinate service delivery</u> and to ensure continuity and integration of services. ³

WHERE DO PEER SPECIALISTS WORK?

- Peer Specialists can work in a variety of settings:
 - Community Mental Health Agencies
 - Consumer Operated Services
 - VA Hospitals
 - In- and Out-Patient Clinics
 - Prisons
 - Crisis Centers
 - Medicaid Health Homes



WHAT SERVICES CAN PEER SPECIALISTS PROVIDE IN HEALTH HOMES?

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WHAT SERVICES CAN PEER SPECIALISTS PROVIDE IN HEALTH HOMES?

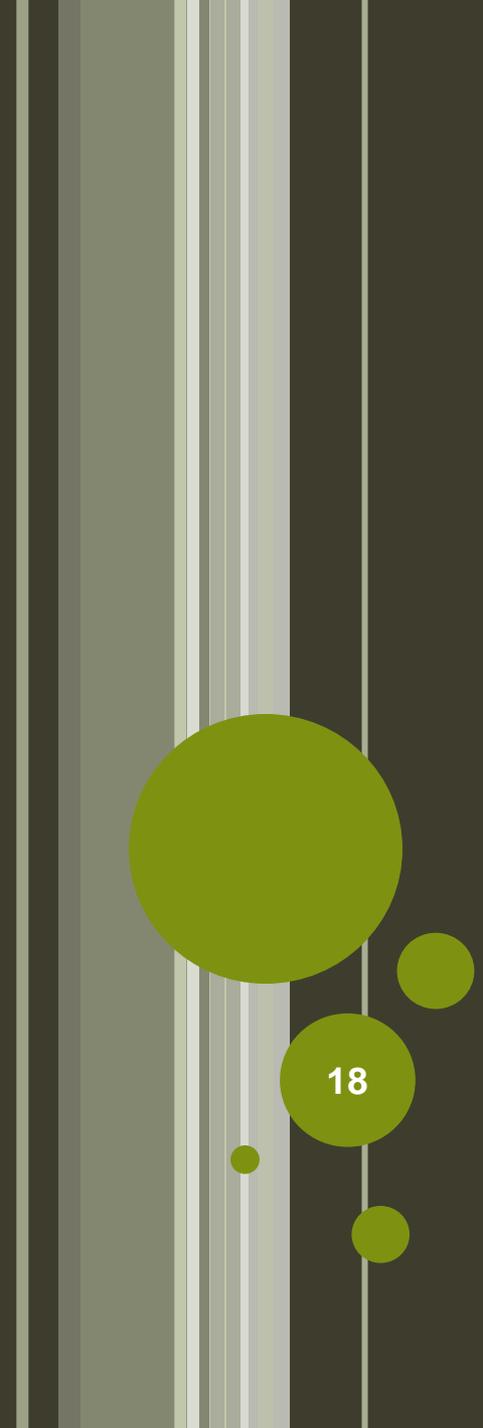
- Providers may hire peer specialists and/or peer recovery coaches as Qualified Health Home Specialists
- Peer specialists and peer recovery coaches use their “lived experience” to deliver health home services to consumers
- Peer Specialists may be part time or full time
- Providers may include Peer Specialists in Health Home Team Composition when applying to become Health Homes.

WHAT SERVICES CAN PEER SPECIALISTS PROVIDE IN HEALTH HOMES?

As Qualified Health Home Specialists, peer specialists can provide programs, discussions, events, groups, etc. within the mental health system that are led by people in recovery and based on the philosophy of peer support.

WHAT SERVICES CAN PEER SPECIALISTS PROVIDE IN HEALTH HOMES?

- Peer Specialists as Qualified Health Home Specialists can:
 - Assist Health Home Team with care coordination activities;
 - Provide individual and family support and act as a liaison/support system for the consumer and family;
 - Support the consumer when transitioning from hospital to community or between care settings;
 - Assist Health Home Team with health promotion and wellness programming and directly provide health promotion services;
 - Assist with and facilitate referral and linkage to community resources and social services.

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WHY SHOULD YOU INCLUDE PEER SPECIALISTS ON YOUR HEALTH HOME TEAM?

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WHY INCLUDE PEER SPECIALISTS ON YOUR HEALTH HOME TEAM?

- Individuals recovering from a mental health challenge face some specific issues
 - Shorter lifespan due to a higher instance of certain health concerns
 - Negative experiences within the mental health system and social structure inequalities can cause some of these individuals to be difficult to engage
- Peer Specialists can effectively reach out to these individuals, build trust, engage them, provide them with community resources, and instill them with the hope of recovery, which generally results in greater adherence to care plans.

WHY INCLUDE PEER SPECIALISTS ON YOUR HEALTH HOME TEAM?

- Persons with SPMI die an average of 26 years earlier than a person without SPMI

- Information is from "Focus on Wellness to Increase Life Expectancy and Healthy Living of Individuals with Mental Health Problems" (2010) by Joseph Parks, M.D., Chief Clinical Officer, Missouri Department of Mental Health

This is generally due to four issues:

FOUR SPECIFIC HEALTH ISSUES FOR INDIVIDUALS WITH MENTAL ILLNESS

1. Lack of a primary care physician

- Health concerns go unaddressed or are discovered at a later stage

2. Increased rates of tobacco use

- Increased risk of lung-related diseases, COPD, high blood pressure

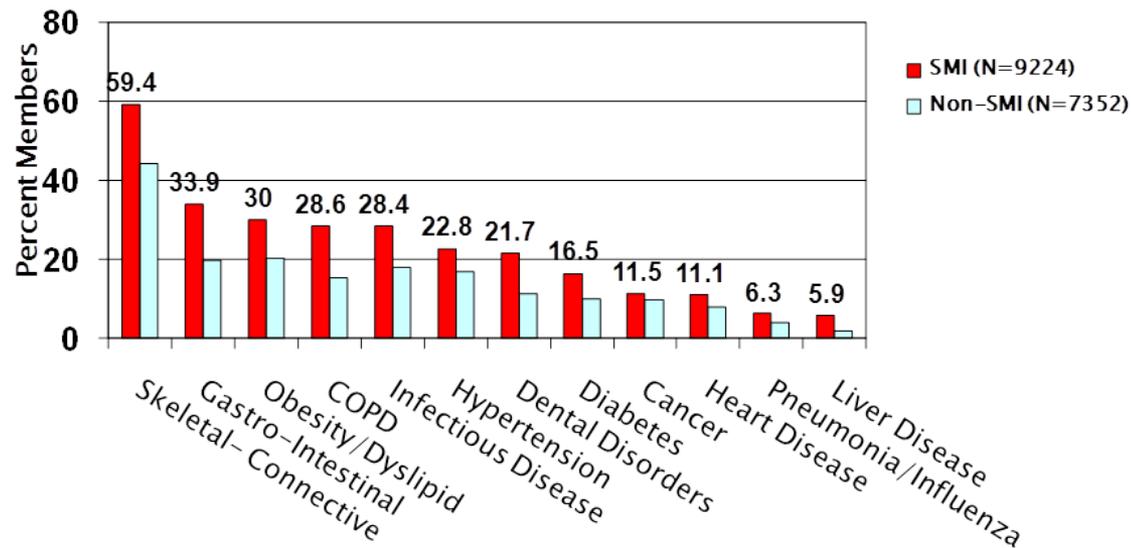
FOUR SPECIFIC HEALTH ISSUES FOR INDIVIDUALS WITH MENTAL ILLNESS

3. Lack of access to fresh and nutritious food

- Living in a “Food Desert”
- Prohibitive cost of fresh foods
- Low costs of preservative-laden, unhealthful foods

FOUR SPECIFIC HEALTH ISSUES FOR INDIVIDUALS WITH MENTAL ILLNESS

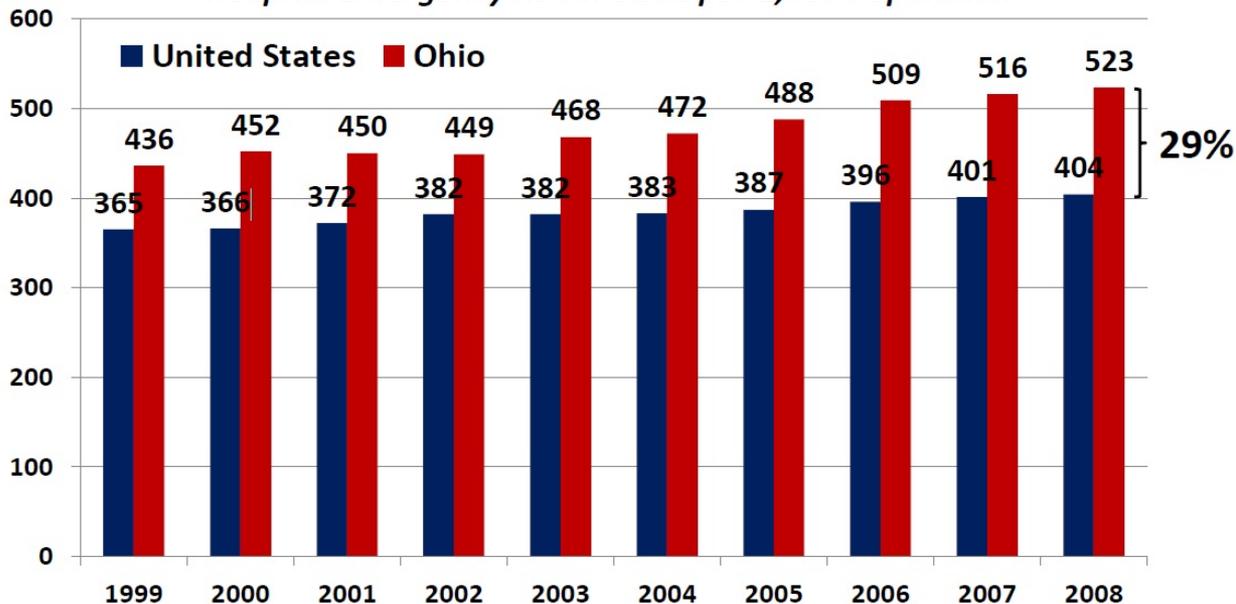
4. Lack of exercise resulting in higher rates of somatic physical health morbidity



- Information is from "Focus on Wellness to Increase Life Expectancy and Healthy Living of Individuals with Mental Health Problems" (2010) by Joseph Parks, M.D., Chief Clinical Officer, Missouri Department of Mental Health

Medical Hot Spot: Emergency Department Utilization: Ohio vs. US

Hospital Emergency Room Visits per 1,000 Population



Adult Medicaid beneficiaries with SPMI have a 2 to 3x higher visitation rate to emergency rooms.

-The Best Practice in Schizophrenia Treatment (BeST) Center at NEOMED, 2011

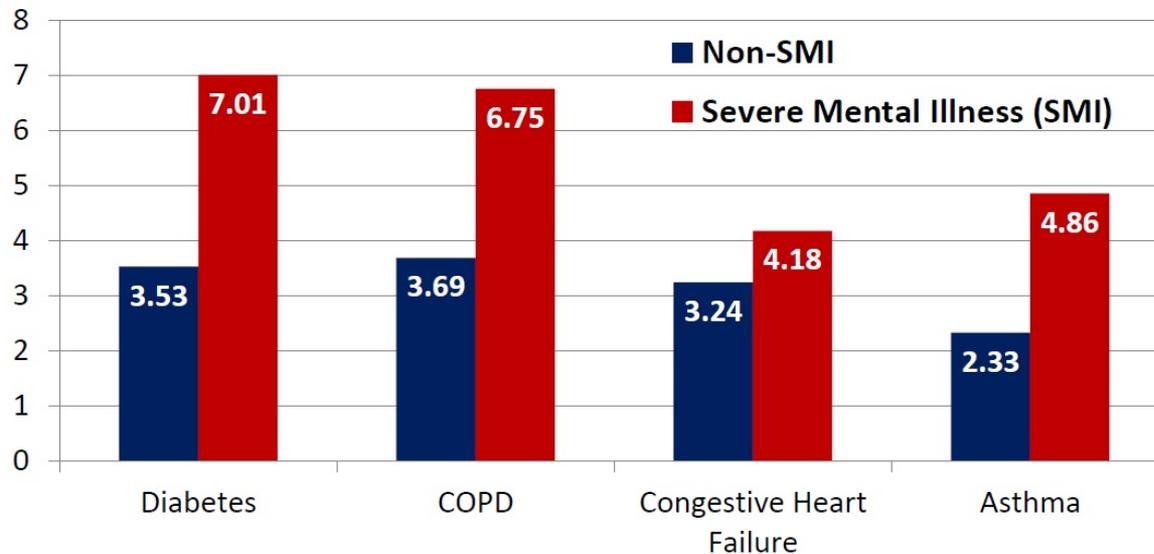
Source: American Hospital Association Annual Survey (March 2010) and population data from Annual Population Estimates, US Census Bureau: <http://www.census.gov/popest/states/NST-ann-est.html>.



Governor's Office of Health Transformation

Medicaid Hot Spot: Hospital Admissions for People with Severe Mental Illness

Avoidable hospitalizations per 1000 persons for ambulatory care sensitive conditions (avoidable with proper treatment)



Governor's Office of
Health Transformation

Source: Ohio Colleges of Medicine Government Resource Center and Health Management Associates, Ohio Medicaid Claims Analysis (February 2011)

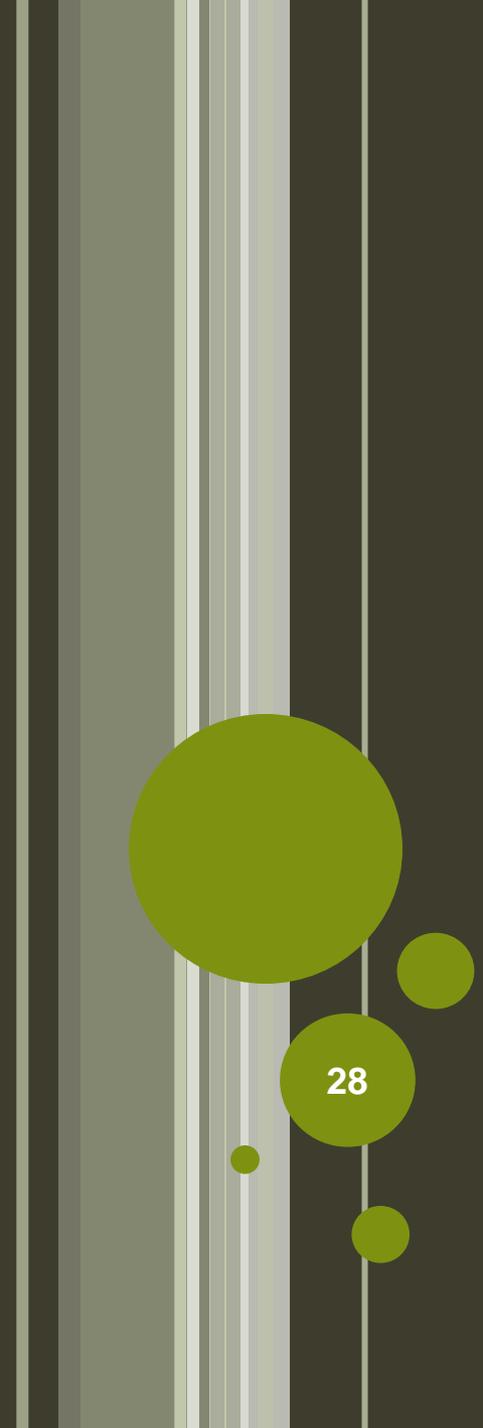
Hospital admission rates are
higher for individuals with SPMI.

WHY INCLUDE PEER SPECIALISTS ON YOUR HEALTH HOME TEAM?

By providing high-cost Medicaid SPMI beneficiaries with coordinated care, health and wellness education, and support – it is anticipated that those consumers will better adhere to their care plans, make positive healthy changes in their lives, and generally increase their wellness, thus resulting in lower costs.

WHY INCLUDE PEER SPECIALISTS ON YOUR HEALTH HOME TEAM?

By linking consumers to community resources, they will be able to better manage their symptoms so as to not immediately direct themselves to an emergency room when they encounter health issues, thus reducing hospitalization admission/recidivism rates.

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WHAT IS THE EMERGING EVIDENCE FOR PEER SPECIALISTS?

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EMERGING EVIDENCE FOR PEER SPECIALISTS

- New York State (1998) CPS Program resulted in 41% reduction in psych hospitalizations
- Wisconsin/Tennessee (2011) CPS Programs resulted in 71% reduction in psych hospitalizations
- Georgia (2006) Compared the annual cost of Day Treatment @ \$6,491 vs CPS @ \$997
- Saved Georgia \$5,494 per person



More Emerging Evidence That CPS Works

- Washington State (2012) CPS Program resulted in 73% reduction in psych hospitalizations
- Saved the Pierce County, Washington \$550,000
- Respite Program saved \$1.99 million in one year in Pierce County, Washington



EMERGING EVIDENCE FROM OPTUM HEALTH

Pierce County, WA

Crisis System Redesign

- Recovery Response Center staffed 24/7: 50% peer support, 50% clinical staff
- Features a “living room” model providing a secure welcoming environment
- 19.5% reduction in hospitalizations
- 32% reduction in Involuntary Treatment Act (ITA)
- 32% reduction in readmission rate
- Inpatient Bed Days/1,000+ 38% below state average

New York

Peer Wellness Program

As part of Chronic Illness Demonstration Project (CIDP), contracted with NYAPRS to provide certified peer specialists with additional certification in health and wellness coaching to members; evaluation in process

Peer Bridger Program

- United Healthcare Community and State New York Program; NYAPRS provides 210 peer bridger slots
- Increase 7-day follow-up rate by 12 percentage points; 30-day follow-up by 9 points

Texas

Late Life Peer Whole Health Coaching

- Certified peer specialists are used as health coaches with late life populations
- Average age of consumer served: 71
- 100% of consumers had been hospitalized prior to peer coaching; only 3.4% were hospitalized after getting a coach
- Average length of stay prior to having a coach was 6 days; average length of stay after getting coach was just 2.3 days

EMERGING EVIDENCE FROM OPTUM HEALTH

San Diego County & Hawaii

Peer Warm Lines

- Allow consumers to seek help/support from person with similar experiences
- Offer sympathetic ear to reduce panic, fear and isolation
- Through 3 memorandums of understanding with peer and family warm lines in San Diego, OptumHealth staff can warm transfer callers to warm lines for specialized support
- Peer warm lines have resulted in fewer ER visits and hospitalizations

New Mexico

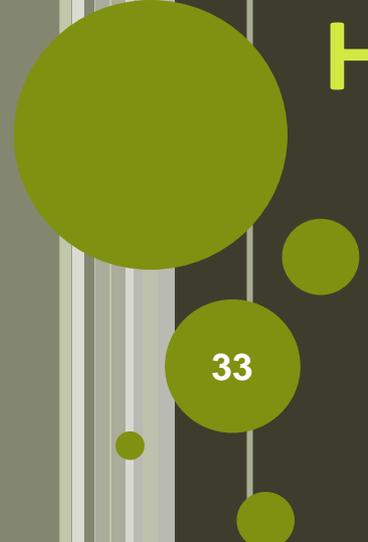
Peer Care Coordinators

- Peer and family specialists serve as adjunct care coordinators, helping to facilitate support groups, seeking out non-traditional resources and services
- Provide technical assistance to consumer- and family-run organizations
- OptumHealth New Mexico employs 18 Peer and Family Specialists





HOW CAN PEER SPECIALISTS IMPROVE HEALTH HOME OUTCOMES?



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HOW CAN PEER SPECIALISTS IMPROVE HEALTH HOME OUTCOMES?

- Peers have a lived experience that is unable to be replicated through formal training
- The competencies that they require throughout Certified Peer Specialist training bolsters the asset of their lived experience making them uniquely qualified to provide peer support services
- The role of the Qualified Health Home Specialist can be utilized to provide the beneficiaries of a Health Home with peer support

PEER SPECIALISTS SUPPORT GOALS OF HEALTH HOME

1) Integration of physical and behavioral health care; Whole Health and wellness

- By providing health home consumers with health and wellness education, support and hope – we anticipate those consumers will better adhere to a care plan, make positive healthy changes in their lives, and generally increase their wellness, resulting in lower costs.
- OEC currently has an 8-hour integrated health and wellness component built into the peer specialist training. There are many other topics within the core training that address integrated care.

PEER SPECIALISTS SUPPORT GOALS OF HEALTH HOME

- 2) Improved care coordination and health care experience
- When a consumer is partnered with a peer specialist, the consumer is more likely to stick to his/her recovery plan
 - The health care experience is elevated due to the relationship of mutual respect and shared lived experience – the peer specialist models recovery and provides hope to the consumer

PEER SPECIALISTS SUPPORT GOALS OF HEALTH HOME

- 3) Reduction of emergency room use, hospital admission/recidivism, and reliance on long-term care
- Peer specialists can empower consumers in recovery – to allow them to take their recovery process into their own hands. It has been proven that the use of peer support in a care plan does reduce hospitalization admission and recidivism
 - Peer specialists with co-occurring physical health disorders are able to coach a consumer to make healthy living choices, link to community health resources and maintain their symptoms so as to not immediately direct themselves to an emergency room when they encounter health issues.

PEER SPECIALISTS SUPPORT GOALS OF HEALTH HOME

- 4) Improved health outcomes and quality of life for consumers
- Consumers who utilize peer support as part of their recovery stick to their recovery plans at higher rates than those consumers who do not
 - Peer specialists are able to reach out to the beneficiaries in the Medicaid Hot Spot and those most resistant to treatment in a way that other health care providers are not, based on their lived experience and connections to community resources.

PEER SPECIALISTS SUPPORT HEALTH HOME OUTCOMES

CMS Core Measures

- Follow-Up After Hospitalization for Mental Illness
- Adult BMI Assessment

Corresponding Effect Peer Support Specialists Can Have

- Improve stabilization and transition back to home and community by provision of peer support, transitional care and follow-up
- Improve individuals' health through Whole Health and Wellness education; offer support in adhering to exercise/wellness plans

PEER SPECIALISTS SUPPORT HEALTH HOME OUTCOMES

CMS Core Measures

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Ambulatory Care Sensitive Conditions Hospitalization Rate; &
- All-Cause Readmissions

Corresponding Effect Peer Support Specialists Can Have

- Reduce substance abuse through providing support and hope
- Offer peer support as an alternative to hospitalization

PEER SPECIALISTS SUPPORT HEALTH HOME OUTCOMES

State Selected Measures

- Cholesterol Management/
Controlling High Blood
Pressure; &
- Comprehensive Diabetes
Care

Corresponding Effect Peer Support Specialists Can Have

- Improve cardiovascular
care, preventative care, and
diabetes management
through Whole Health and
Wellness education

PEER SPECIALISTS SUPPORT HEALTH HOME OUTCOMES

State Selected Measures

- Adult Access to Preventive/Ambulatory Services; Annual Dental Visit
- Smoking and Tobacco Use Cessation
- Client Perception of Care

Corresponding Effect Peer Support Specialists Can Have

- Assist consumers with scheduling appointments; encourage active participation in their care plans and dialogue with their care team.
- Able to offer peer support to stick to cessation plan
- Advocate for consumers and encourage their active participation and sense of ownership of the care plan; improve satisfaction with and experience of care received.

**INCLUSION OF PEER SPECIALISTS IN
HEALTH HOMES WILL RESULT IN
MANY POSITIVE OUTCOMES!**

THANK YOU FOR YOUR ATTENTION!

- We hope that you feel confident in:
 - explaining what Peer Support is
 - identifying examples of improved outcomes that are a result of Peer Support Specialists
 - identifying the benefits of integrating Peer Specialists into the roles of Qualified Health Home Specialists in a Health Home setting

CONTACT US FOR INFORMATION

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The Ohio Empowerment Coalition

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