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The Certified Peer Recovery Specialist: Peer Services | Supports and the State of Maryland

Key terms in this presentation

BH = Behavioral Health

PH = Physical Health

PC = Primary Care

MH = Mental Health

SA = Substance Abuse & Addiction Disorder

ACA = Affordable Care Act

ACO = Accountable Care Organization

CPRS = Certified Peer Recovery Specialist

CHW = Community Health Worker Promotora

CMS = Center for Medicaid Services

MCO = Managed Care Organization

The Future is Now in Health Care

People living with shared lived experience are the providers of choice for embedding the Certified Peer Recovery Specialist into co-located community public health Behavioral and Primary Care Environments

Evidence Peer Support Services Work (1):

“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.”

Mounting Evidence, Continued (2):

“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.”

Mounting Evidence, Continued (3)

“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.”

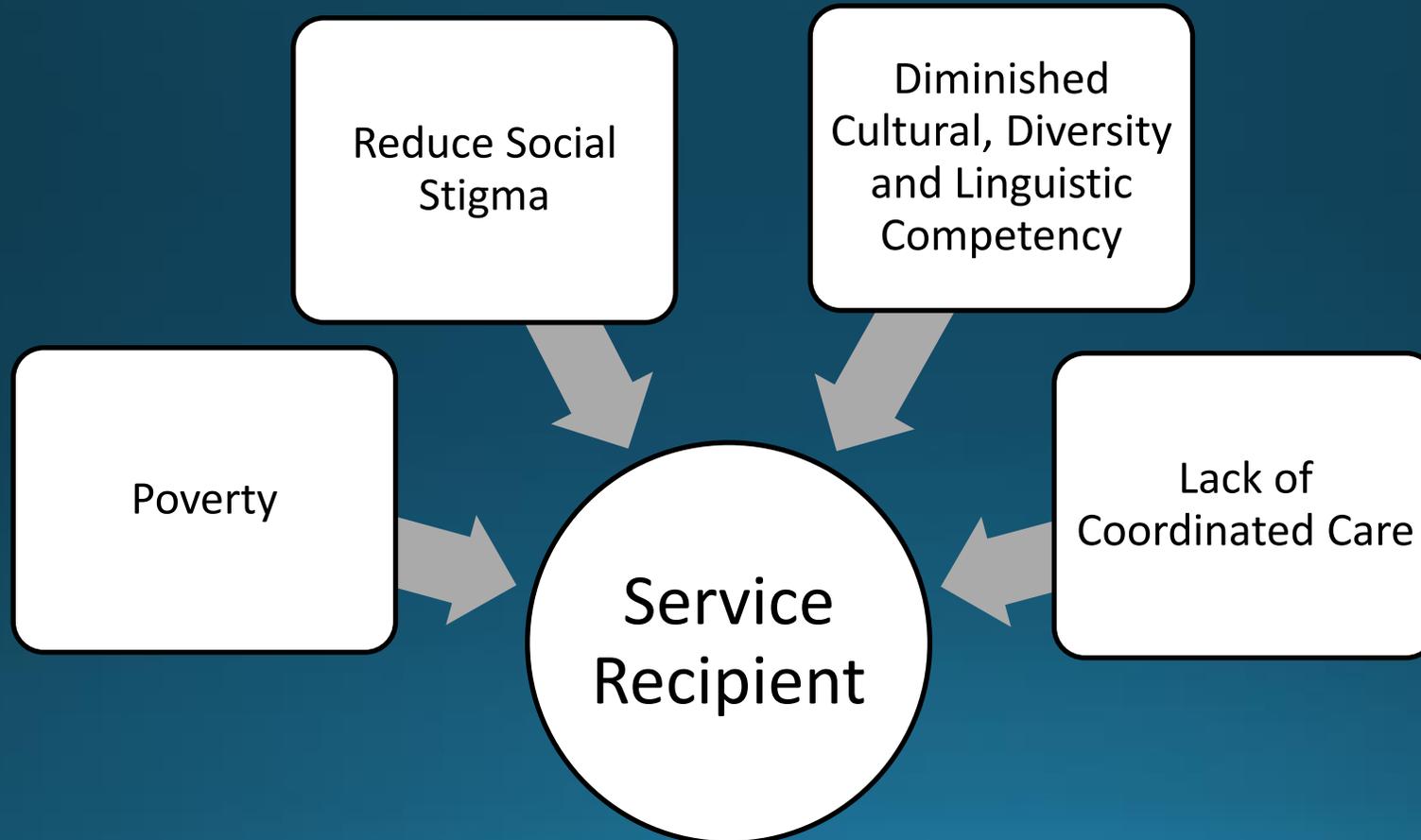
Mounting Evidence, (lastly):

“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.”

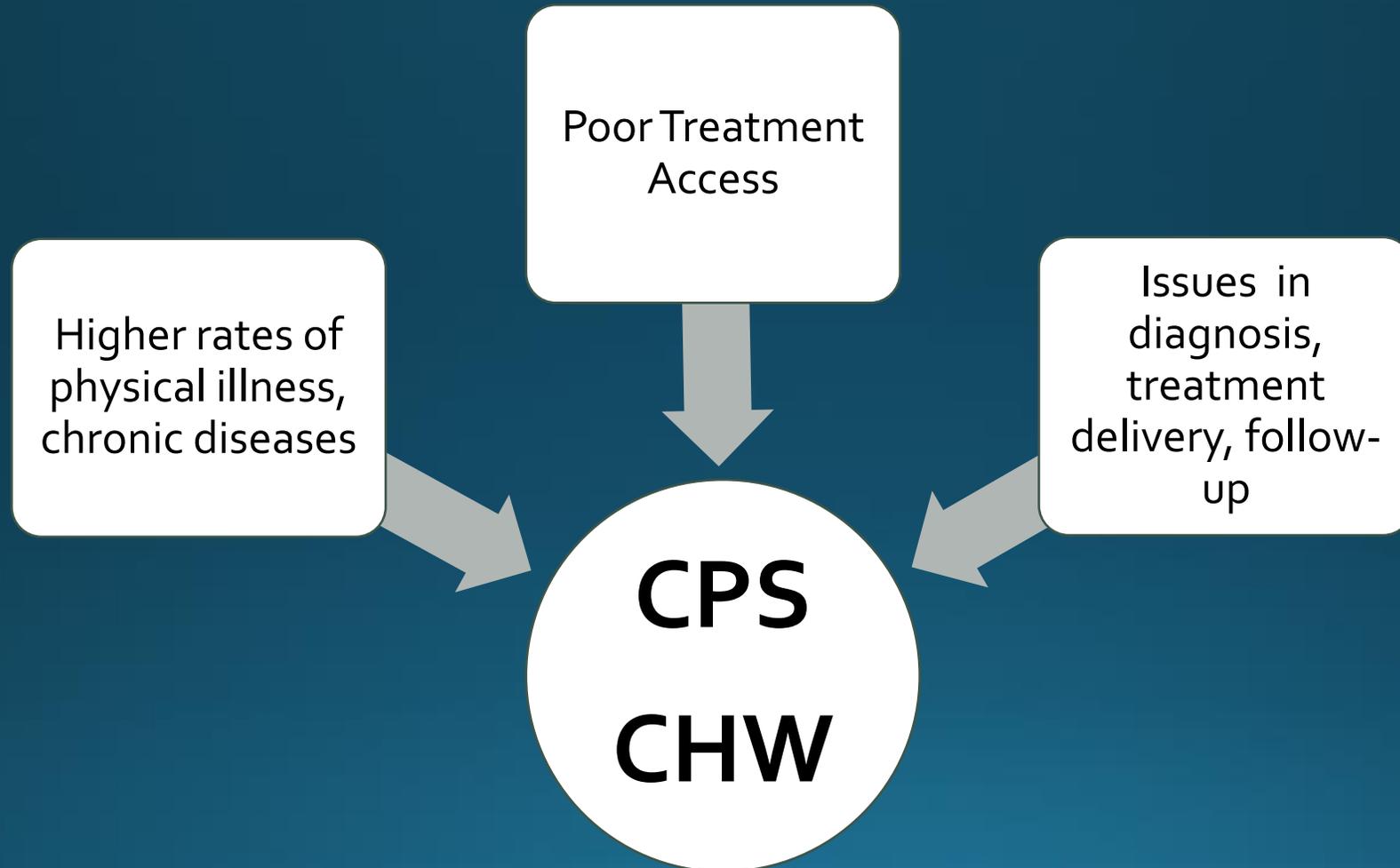
The CPRS is a subject matter experts specializing in the following areas:

- Wellness Recovery Action Plan (R) WRAP
- Intentional Peer Support (R) IPS
- Mental Health First Aid (R) MHFA
- Whole Health Action Management (R) WHAM
- emotional CPR (R) eCPR
- Mobile Crisis Investment Services MCS for MH and SA
- United States Certified Peer Recovery Specialist (CPRS) Certification, State of Maryland
- Substance Abuse and Addiction Disorders
- Shared Decision Making
- Whole Health, Wellness & Healing Solutions
- Social Inclusion & Community Integration
- Co-located Behavioral Health & Primary Care Integration | CPRS and CHW
- Trauma Informed Care Recovery | Peer Support, Social Change and Trauma Healing
- Works on a “triage” team model of care
- Peer Respite Attention
- Warm Line(s)
- SI/HI Early Intervention
- 1 to 1 F2F Peer Supports
- Group Peer Supports

Why People with Shared Lived Experience?



Why include CPS, RC and CHW?



Purpose

The purpose of State of Maryland CPRS peer services | supports, peer led, peer based project embedding the Certified Peer Specialist (CPS), Recovery Coach (RC) and Community Health Worker Promotora (CHW) into behavioral health and primary care environment.

Goal

Our goal is to improve the physical health status of adults with serious mental illnesses (SMI) and those with co-occurring substance use disorders who have or are at risk for co-morbid primary care conditions and chronic diseases.

Adults with a serious mental illness (SMI) are defined by SAMHSA as persons age 18 + who "... currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder to meet diagnostic criteria specified within the [DSM-IV], resulting in functional impairment which substantially interferes with or limits one or more major life activities..."

Objective

1. To support the Substance Abuse and Mental Health Services Agency's triple aim of improving the health of individuals with a serious mental illness;
2. Enhancing the consumer experience of care (including quality, access, and reliability), and;
3. Reducing/controlling the per capita cost of care.

Problems Worth Solving

Year-over-year increase in:

- Number of BH, SA and PH care admissions
- Number of BH Inpatient admissions
- Number of BH Outpatient visits
- ER visits and costs
- Overall BH care costs

Best Option and Best Providers

As subject matter experts all living with the shared life experience, we are your best providers and best option. We understand that community public mental health services in the US is **dire**.

We make it entirely possible for the CPS, RC and CHW to work within any provider organization which will inevitably lead to:

Increasing access to care

Reduced overall cost

Improve participant outcome

Grow provider outcomes

Background

People living with serious mental illness in the United States die, on average, 25 years earlier than those without a serious mental illness (receiving public community mental health care services).

There are higher incidences of certain physical disorders and addictions, among people with serious mental illnesses including:

- Diabetes
- Obesity
- High cholesterol or Dyslipidemia
- Metabolic syndromes
- Cardiovascular problems and
- Cancer

Solutions Peer Services Provide

Year-over-year decrease in:

- BH hospital admissions costs
- BH Inpatient days and costs for care
- BH Outpatient visits and costs of care
- Total BH costs for care
- SPMI morbidity and mortality

We Are the Select Providers of Choice

- Our familiarity with Behavioral, Substance Abuse/Addiction and Physical Care strategically leverages us as subject matter experts for the organic blending and embedding of peer supports
- Quick adaptive abilities and low learning curves
- We move quickly, getting things done for you effectively and from personal experience

Benefits of the CPRS and CHW

- Immediate Screening & Engagement
- Care Assessment
- Goal setting (Healthcare, Wellness/Lifestyle)
- Preparing for the Medical Appointment
- Coaching and Navigating the Medical Based Environments
- Coaching and Maintaining Appointments
- Continuum of Care and Whole Health & Wellness Plans

Guiding Principles of Recovery



Core Values

Certified Peer Recovery Specialist*	Recovery Coach Component of the CPRS**	Community Health***
Voluntary support	Gratitude	Access
Facilitate change	Recovery	Acceptance
Strengths-focused	Compassion	Advocacy
Person-driven	Respect	Self-determination
Shared power	Credibility	Strength
Mutual/reciprocal	Tolerance	Partnership
*Adapted from National Practice Guidelines for Peer Supporters	**Adapted from Ethical Guidelines for the Delivery of Peer-based Recovery Support Services	***Adapted from American Association of Community Health Workers

Roles of the CPS, RC and CHW

Peer Whole Health and Wellness Navigation	Peer to Peer MH/SA/PC Health Care Advocacy	Substance Abuse/Addiction Recovery Specialty
Substance Abuse/Addiction Health Coaches [Recovery Coaches]	Vocational Rehabilitation Job Developers & Supported Employment	Trauma Informed Care, Intentional Peer Support and WRAP® Recovery Trained Peer Coaches
Community Linkage Coaches	Housing Step Up Coaches	Mobile Crisis Intervention Linkage Specialists
Peer Respite Linkage Specialists	US Veteran Supporters & Coaches	Care Experts
Administrative Support Specialists	Recovery Experts	Whole Health and Management Wellness Coaches
Healing Arts Specialists	Educational Step-Up Coaches	Life Coaches
Physical Fitness Coaches	Family Member Supporters & Coaches	Youth Engagement & Mentoring Specialists

Billing Mechanisms

- Medicaid
- Managed Care Organizations
- Rehab Option (State of Texas)
- Pending Medicaid Open Billing for CPS & RC
- (State of Texas) outside of the Rehab Option

Quantifying Peer Services Deliverables Equation

$$[(a)(b)(c)/(c/(e/f) = x]$$

(a) Number(s) of CPS Medicaid Service Deliverable(s) **Code(s)** X (b) Dollar Value for Fifteen Minute Billable Protocol per type of Service Deliverable X (c) CPS Point of Contacts Per Annum Medicaid Service Deliverable / (d) FY [e.g., 15, 16, 17] / (e) number of months of service deliverable(s) = (x) Number of necessary Referrals is dependent upon the TYPE of CPS provided service deliverable (e.g., (f) PSR, Meds Management, Case Management, Crisis, Group, F2F Peer to Peer, etc...).

$$\frac{(a)(b)(c)}{c/(e/f)}$$

(c/(e/f) = x, where:

$$[x = [(a)(b)(c)/(12/(e)(f) \text{ Point of Contact Referrals as per 1) Months, and 2) Sum/annum for FY 2015, 2016, 2017}]] = d$$

- (f) PSR, Meds Management, Case Management, Crisis, Group, F2F Peer to Peer and other supports

Behavioral (MH/SA) Health Care	Physical Health Care	Substance and Addiction Disorders	Social Services, Human Wellness Solutions
CPRS: Skills training, psychosocial rehabilitation, medication, training and supports [Advocacy, Education, Mentoring H0036UK , H0038 , H2014 , H2015 , H2016]	CHW: • Use hospitals, clinics, physicians, APRN's, PHN's or mental health professional's National Provider Identifier (NPI) as billing provider• Use procedure codes: • 98960 Self-management education & training, face to face, 1 patient• 98961 Self-management education & training, face-to-face, 2 - 4 patients• 98962 Self-management education & training, face-to-face, 5 – 8/group	CPRS: Skills training, psychosocial rehabilitation, medication, training and supports [H0036UK , H0038 , H2014 , H2015 , H2016]	WRAP®, IPS, eCPR, MHFA, Trauma Informed Care & Recovery
Continuum of Care in Mental Health, Developmental Disabilities, Intellectual Disabilities) Services	Continuum of Care in Physical Primary Care	Continuum of Care in Substance Abuse and Addiction Disorders	Vocational Rehabilitation, (SE) Job Coaching & Development
Independent Living Centers (DD, ID)	Cancer, HIV/AIDS	Inpatient Care Direct, 1:1, Group, Assignment	Life Coaching
Direct, 1:1, Group, Referral and Assignment	Diabetes	Intensive Outpatient Tx (IOP) Direct, 1:1, Group, Referral	Fitness Training
Mobile Crisis Intervention	HDV	Partial Hospitalization Program (PHP) Direct, 1:1, Group, Referral	The Healing Arts
Peer Respite	Chronic Illness	Education & Training Supports	Trauma Informed Care & Recovery via Peer Supports Services
Peer Supports Services	Wellness & Whole Health Coaching	Peer Supports Services	

Impact on Behavioral Health Utilization – Participants in New York Peer Program (NYAPRS) OptumHealth

	Enrolled (N = 54)		
	6 month Pre-Period	6 month Post-Period	Sig. of Pre-Post Difference
% of Members Who Used Inpatient Services	92.6%	48.2%	p<.001
Inpatient Cost	\$9,212.05	\$3,858.21	p<.001
Inpatient Days	11.2	4.4	p<.001
% of Members Who Used Intermediate Services	5.6%	11.1%	ns
Intermediate Cost	\$102.84	\$314.76	ns
Outpatient Cost	\$693.79	\$1,118.62	p<.01
% of Members Who Used Outpatient Services	79.6%	85.2%	ns
Outpatient Visits	8.5	11.8	p<.05
Total BH Cost	\$9,998.69	\$5,291.59	p<.01

*Among subsample referred to NY Peer Program 09/01/09 - 07/31/12, agreed to participate, had a closed case at the time of analysis, had continuous eligibility 6 months pre and post referral, and at least one behavioral health claim during that period, OptumHealth

Impact on Behavioral Health Utilization – Participants in Wisconsin Peer Program (GEP), OptumHealth

	Enrolled (N = 130)		
	Pre-Period	Post-Period	Sig. of Pre-Post Difference
% of Members Who Used Inpatient Services	71.5%	43.9%	p<.001
Inpatient Cost	\$6,247.48	\$3,881.54	p<.01
Inpatient Days	6.4	4.5	p<.05
% of Members Who Used Intermediate Services	22.3%	23.9%	ns
Intermediate Cost	\$308.70	\$411.88	ns
% of Members Who Used Outpatient Services	83.9%	86.9%	ns
Outpatient Cost	\$999.32	\$1,422.88	p<.05
Outpatient Visits	9.1	11.8	p<.01
Total BH Cost	\$7,555.49	\$5,716.31	p<.05

*Among subsample referred to the WI program between 12/09/09 – 12/31/11, agreed to participate, had a closed case at the time of analysis, had continuous eligibility 6 months pre and post referral, and at least one behavioral health claim during that period, OptumHealth

Summary of Preliminary Utilization Cost Findings

6 months pre-post, members who enroll in the peer supported program show:

- **Significant Decreases in % who use inpatient services**
 - NY: 47.9% decrease (from 92.6% to 48.2%)
 - WI: 38.6% decrease (from 71.5% to 43.9%)
- **Significant Decreases in # of inpatient days**
 - NY: 62.5% decrease (from 11.2 days to 4.2)
 - WI: 29.7% decrease (from 6.4 days to 4.5)
- **Significant Increases in # of outpatient visits**
 - NY: 28.0% increase (from 8.5 visits to 11.8)
 - WI: 22.9% increase (from 9.1 visits to 11.8)
- **Significant Decreases in total BH costs**
 - NY: 47.1% decrease (from \$9,998.69 to \$5,291.59)
 - WI: 24.3% decrease (from \$7,555.49 to \$5,716.31)

*Among subsample of enrollees in NY (N = 54) and WI (N = 130) with continuous eligibility 6 months pre-referral and 6 months post-referral and at least one behavioral health claim during that period, OptumHealth

OptumHealth's Peer Coaching Services: Results

Members who received Peer Coaching services:

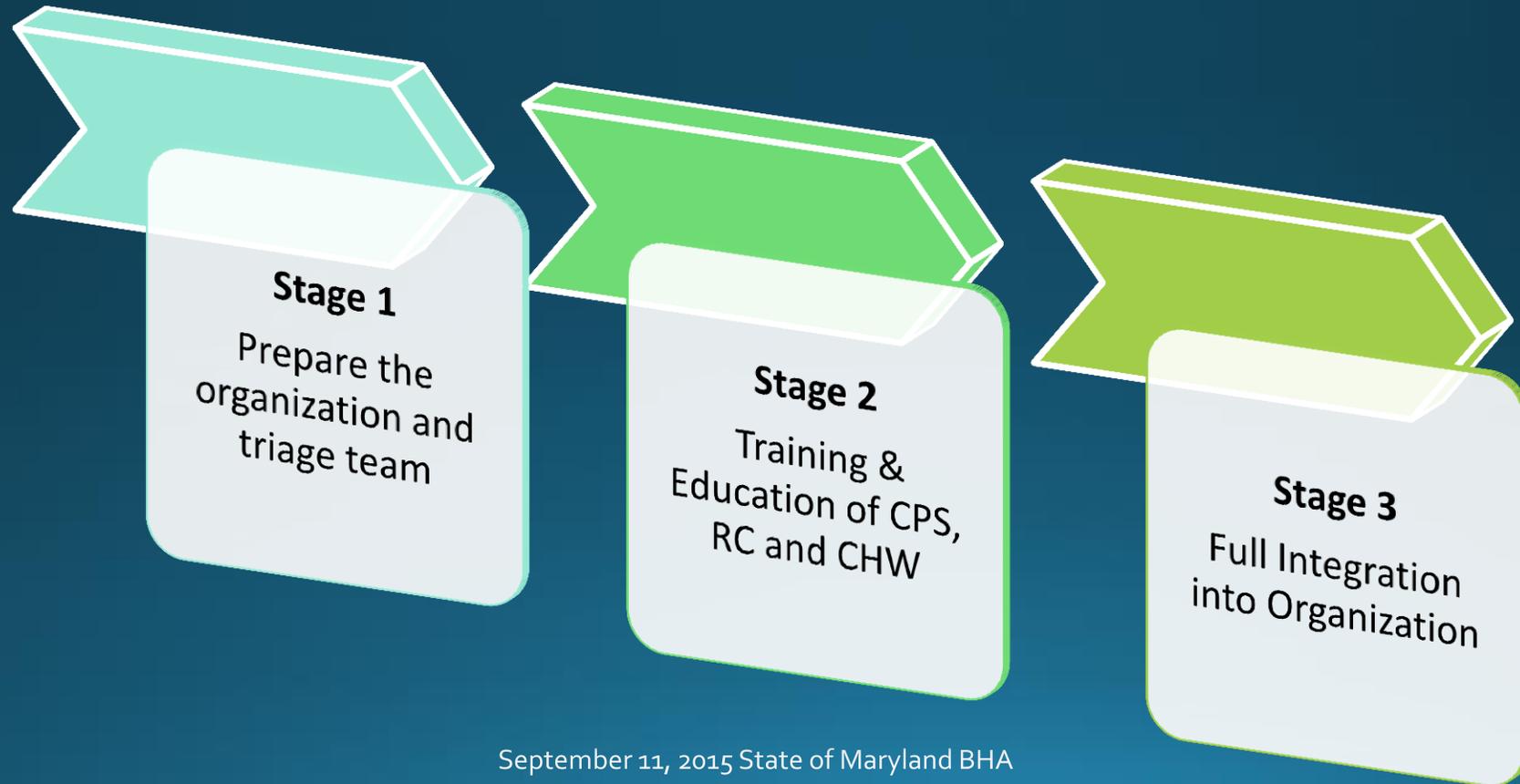
- Have a Significant Decrease in the number of behavioral health hospital admissions
- Have a Significant Decrease in the number of behavioral health inpatient days
- Have a Significant Increase in outpatient behavioral health visits
- Have Significantly Decreased total behavioral health care costs

The Next Phase of Integration

The next phase of integration is to include physical health concerns including preventative services and wellness planning for all individuals living with a mental health issue, substance abuse/addiction issue, and/or a physical health chronic condition requiring immediate care.

Implementation of CPRS and CHW

Integration Model



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