


California Association of Mental Health Peer Run Organizations (CAMHPRO) 


COMIO Presentation  
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CAMHPRO 


- California Association of Mental Health Peer Run Organizations (CAMHPRO)
  - Non profit statewide organization of consumers, consumer run organizations and programs for nearly 5 years
  - Mission: To transform communities and the mental health system, to empower, support, and uphold the rights of consumers, to eliminate stigma, and advance self-determination for all those affected by mental health issues

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Overview 


- 1) What is peer support?
- 2) What are best practices?
- 3) What is the value?
- 4) What's the evidence?
- 5) What is State peer certification and what are the benefits?

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Peer Support is a Distinct Practice 


- A relationship of mutual learning
- Key principles are hope, equality, respect, personal responsibility & self-determination
- Therapeutic interactions between people who have a shared lived experience
- A relationship without the constraints of the traditional expert/patient or expert/family member role
- Peer Support is differentiated from other mental health services such as rehabilitation, targeted case management or collateral.
- Key distinctions are: WHO does it and HOW the service is done.
- Peer Providers may also provide any other allowable MH service to their scope of practice.

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A Peer Support Practitioner 

- A practitioner who uses language and behaviors that support a relationship of mutuality and power sharing.
- A practitioner who provides services in a culturally relevant manner and assumes a position of cultural humility in their interactions with others.
- A practitioner who is trauma responsive.
- A change agent
  - transforming the system to improve outcomes through the increased use of effective engagement to reduce the utilization of involuntary care
  - to increase wellness, recovery, resiliency-based voluntary services so that people served will become integrated and supported by their communities and be empowered to access the services best serve their needs and/or to exit the system

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CMS Defines Peer Support Services 

**US Centers for Medicaid & Medicare (CMS):**

- "Peer support services are an **evidence-based mental health model of care** ... CMS recognizes that the experiences of peer support providers, as consumers of behavioral health care services, can be an important component in a State's delivery of effective treatment." --CMS State Medicaid Directors Letter #07-01
- "Peer support providers are a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders." --CMS website

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### Where is Peer Support Provided?

- Peer support is being used to provide diverse services in many systems and organizations:
  - Systems navigators
  - In home and community services
  - Hospital transition services
  - Assertive Community Treatment (ACT) teams
  - Housing services
  - Whole health coaches
- Mental health and addiction recovery coaches
- System advocates
- Throughout the Veterans Administration
- Recovery Educators
- System liaisons
- Forensic Services (Diversion, Jails, Prisons, Re-entry)

### What is Forensic Peer Support?

- Forensic peer support involves trained peer specialists with histories of mental illness and criminal justice involvement helping those with similar histories.

### What are Best Practices?

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) for adults with behavioral health conditions
  - [Wellness Recovery Action Plan \(WRAP\)](#)—entirely peer-led
  - [Honest, Open, Proud](#)—entirely peer-led
  - [Housing First](#)—must include peer specialists
  - [Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking \(MISSION\)](#)—must include peer specialists
  - Assertive Community Treatment (ACT) —teams must include peers
  - [Forensic Assertive Community Treatment \(FACT\)](#)—San Jose—teams must include peer specialists
  - [Behavioral Health Courts](#)—San Francisco—include peers

### Benefits of Peer Support Services Research


Less inpatient use	Clarke et al, 2000; Klein et al, 1998. Min et al., 2007; Landers and Zhou, 2009
More time and engagement with the community	Clarke et al., 2000; Min et al., 2007
Better treatment engagement	Craig et al., 2004; Sells et al., 2006; Felton et al., 1995
Greater satisfaction with life	Felton et al., 1995
Greater quality of life	Klein et al., 1998
Greater hopefulness	Cook et al., 2010
Better social functioning	Klein et al., 1998
Fewer problems and needs	Craig et al., 2004; Felton et al., 1995
Decreased symptoms	Chamberlin, et al, 1996; Humphreys, 1997; Raiff, 1984; Davidson, et al 1999
Increased coping skills	
Increased life satisfaction	
Reduces overall ongoing need for mental health services	Chinman, 2001; Klein et al, 1998; Simpson & House, 2002
Decreased substance use	Klein et al, 1998

Benefits of Parent/Family Peer Support Services	Research
Improved youth functioning and lower parental stress	Becker and Kennedy, 2003
Improved family member's ability to cope and feelings of empowerment (Family to Family)	Dickson, et al, 2013
Reduced anxiety, improved problem-solving, improved coping and knowledge (Family to Family, sustained at 9 months)	Lucksted, et al, 2013
Reduction of parental stress	Davis and Spurr, 1998; Treacy, 2005
Reduced symptoms of anxiety and depression	Davis and Spurr, 1998; Sonuga-Barke, et al, 2001
Significant decreases in behavioral problems of the child	Davis and Spurr, 1998; McCleary and Ridley, 1999; Sonuga-Barke et al, 2001
Increased engagement in service initiation and continuation	McKay et al, 1999
Decreased symptoms or severity of illness of the child	Barret et al, 2004; Cohen and Mannarino, 2008; Feinfeld and Baker, 2004; Pavuluri et al, 2004; Pfeffer et al, 2002; Shortt et al, 2001; Valderhug et al, 2007
Decreases in negative parental reactions as well as more likely to maintain contact with other parents	Deblinger et al, 2001

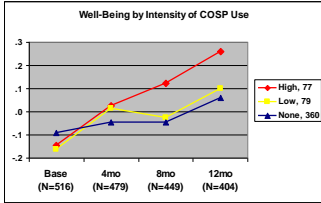
### What is the Evidence?

- Federal Multi-site Study Finds Consumer-operated Service (COS) Programs Are Evidence-based Practices
- TMHS= traditional services Control group
- COS= TMHS plus consumer operated services

### Evidence



- Higher use of COSP resulted in higher well-being reported



**Well-Being by Intensity of COSP Use**

Time Point	High (77)	Low (79)	None (360)
Base (N=516)	-1.0	-1.0	-1.0
4mo (N=479)	0.0	-0.2	-0.2
8mo (N=449)	0.1	-0.1	-0.1
12mo (N=404)	0.2	0.0	-0.1


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### RI International's Peer Experience



- RI International has provided Peer Training for 15+ years.
- Approximately 650 RI staff members are peers (about 2/3rds of the total team) and they all bill Medicaid.
- RI International has trained 8500+ peers in California, the USA and abroad since the year 2000.
  - Lisa St. George, MSW, CPRP, Director of Recovery Practices RI International


### Outcomes



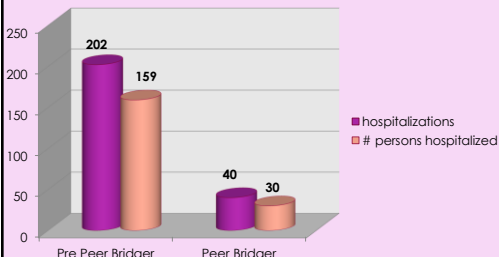
**Significant Reduction in Hospital and ED Visits:**

- When a crisis center opened in Ellendale, DE where the team used high levels of peer support there was a **50% reduction in ED use**
- The same center in Ellendale, DE caused a **reduction in hospitalization from 48% down to 10%** hospitalization rate
- The use of peer supporters in **Fife, Washington created reduced hospitalizations by 79% (From 202 individuals per year to 40 individuals per year)**
  - Lisa St. George, MSW, CPRP, Director of Recovery Practices RI International

### Outcomes in Georgia



- Results were published: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811/>
- This study indicates that:**
  - Participants had a significantly greater improvement in patient activation than those in usual care;
  - Participants had a significantly greater improvement in rates of having one or more primary care visit;
  - Intervention advantages were observed for physical health related quality of life (HRQOL), physical activity,
  - medication adherence
- Lisa St. George, MSW, CPRP, Director of Recovery Practices RI International




■ hospitalizations  
■ # persons hospitalized

Pre Peer Bridger: 202 hospitalizations, 159 persons hospitalized  
Peer Bridger: 40 hospitalizations, 30 persons hospitalized

An RI International Peer Bridger program in Pierce County, Washington has demonstrated wonderful outcomes in reductions in hospitalizations and the numbers of individuals hospitalized. Peer Support creates great outcomes.

### Outcomes



- One program took peer support into the county hospital.
- Here are the outcomes they were tracking:
- After one year of peer support in the hospital units for only 3 hours per day:
  - 36% reduction in the use of seclusion
  - 48% reduction in the use of restraints
  - 56% reduction in recidivism at one year
- Lisa St. George, MSW, CPRP, Director of Recovery Practices RI International

## Outcomes in Alameda County



- **Alameda Peer Mentoring Program**
  - Management provided by Consumer-run Agency
  - 26 Peers completed 40-hour training called "The Art of Facilitating Self-Determination."
  - 18 month pilot: Mentors meet and provide phone check-in weekly with individuals upon discharge from John George Pavilion hospital
- **Results:**

72% Reduction in hospital admissions:	125 count
Avg cost of hospital admission :	\$8,500
Total gross systems savings:	\$1,062,500
Less total grant dollars:	<u>-\$238,000</u>
- **Return on investment: 470% or \$824,500 (2014)**
  - Source: Peers Engaging & Empowering in Recovery Services (PEERS) and Alameda County DBH

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## Outcomes in Riverside County



- **Riverside County Peer Specialist County Employees: 168 peer, family, youth, and parent support specialists**
  - fulltime
  - unionized
  - five steps on career ladder for peers
- **Peer Specialists are on all teams including mobile crisis teams**
  - **Diverted 71% from hospitalization**

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## San Diego County Outcomes



- **San Diego Neighborhood House Association Project In Reach**
  - Repeat incarcerated adults with behavioral health issues & homelessness about to exit detention
  - Receive pre and post release case mgmt., care coordination, peer support
  - **Recidivism went from 48-51% prior to program to 13% after each of two years of the program**
    - MHSOAC Commission Presentation, March 23, 2017

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## What is State Peer Certification?



- **Formal State Program that typically designates the State Department of Mental Health or another agency to establish certification components including:**
  - Lived experience required; work experience
  - Responsibilities and practice guidelines
  - Curriculum and core competencies
  - Training and continuing education requirements
  - Code of ethics
  - Certification revocation process
  - Billing status
  - Supervision

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## CA Stakeholder Certification Types



- CA stakeholders recognize the need to provide Peer Support across the lifespan, to individuals with behavioral health challenges as well as their family members across systems of care
- Stakeholders Proposed several Peer Specialist Certifications
  - Adult Peer Support Specialist
  - TAY Peer Support Specialist
  - Older Adult Peer Support Specialist
  - Family Partner Support Specialist (Adult system)
  - Parent Partner Support Specialist (Child and Youth system)

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## Definition of Certified Peer Specialist



- Trained in core content, passed the state certification exam, can articulate their experience to support a peer of similar lived experience in many settings, AND who as a peer specialist...
  - is actively pursuing their own wellness, recovery, resiliency (Certified Youth Peer Specialist, Peer Specialist Older Adult Peer Specialist) or
  - actively supports a family member in their recovery (Certified Family Member Peer Specialist), or
  - has supported the child/youth in building resiliency (Certified Parent Partner Peer Specialist, Family Support Partner)

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## Where is State Peer Certification?



- In 2008, only 8 states certified peer support specialists.
- Over 42 States have State Certified Peer Specialist protocols
- 2 States in process of developing State protocol for certifying peers
- Billing Medicaid for Peer Services is the primary impetus
- U.S. Veterans Administration Certifies Peer Specialists
  - Employs over 1,000 Peer Specialists (5 grades, career ladder)
- The International Association of Peer Specialists (INAPS) developed competencies for international Peer Certification
- SAMHSA drafted 62 Competencies for Peer Support workers in behavioral health (2015)
- Over 30 states have unique peer support Medicaid billing codes

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## CMS Guides States How to Create Peer Specialist Billing with State Plan



- In 2007, the Centers for Medi-Care and Medi-Caid Services (CMS) disseminated a set of guidelines for states to establish Peer Providers and Peer Services as a unique Medi-CAL billable services.
- Guidelines minimally require a State Plan to:
  1. **Train and Certify** Peer Providers
  2. **Address the supervision** of Peer Providers
  3. **Ensure care coordination** in the context of a comprehensive and individualized plan of care with goals.
- Then the Federal Government pays for half of all state Medicaid-eligible services

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## What are the Benefits of CA State Peer Specialist Certification?



- Defines the service of peer support.
- Provides formal validation of the role of peer support.
- Standardizes the quality of services provided by Peer Support Specialists.
- Assures that practitioners receive standardized training and demonstrate competency.
- Provides a scope of practice that service recipients can benefit from.
- Can be utilized as a basis for the ability to bill Medi-Cal for services provided.
- Allows for portability of Certification to all counties in State
- Allows licensed providers to work more within their scope as peer specialists provide support to recipients outside of clinicians' scope.

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## Thank you!



Please feel free to contact us with any questions:

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