



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Hiring and Supervising Peer Providers to Support Integrated Care

Larry Fricks  
April 29, 2016

# Setting the Stage: Today's Moderator



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**Slides for today's webinar  
will be available on the CIHS  
website:**

**[www.integration.samhsa.gov](http://www.integration.samhsa.gov)**

**Under About Us/  
Innovation Communities**

# Our format:



## Structure

Presentations from experts

## Polling You

At designated intervals

## Asking Questions

Responding to your written questions

## Follow-up and Evaluation

Ask what you want/expect  
and presentation evaluation

# Listserv

Look for updates from:  
hiring\_supervising\_peers\_ic

# Setting the Stage: Today's Facilitator



Larry Fricks  
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# Setting the Stage: Today's Presenter



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# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Peer Support, Wellness, Whole Health and Respite

April 29<sup>th</sup>, 2016



Peer respite and wellness services are an evolving promising practice offering community based supports that fosters wellness.

# Learning Objectives

- Review components of successful peer respite center
- Understand key outcomes and ingredients that contribute to success, and who seems to benefit
- Gain insight into the day to day operations of centers in Georgia and success stories from these programs.
- Identify challenges, barriers and strategies for optimal operations of peer respite and wellness services.
- Understand core operational features including development, funding, and training

# Roadmap

## Overview –

- What they are, how they evolved and where they are (current landscape)

## Research found to date

- Overview of studies to date, including outcomes and ingredients that contribute to success
- What is Working- Georgia

## Challenges & strategies for making them work

- Future directions/Planning
- How to develop, fund and operate
- Advocacy

# Hospitalization:

Often the only resource or support service available to individuals experiencing a psychiatric crisis or an acute exacerbation of symptoms

(Agar-Jacomb & Read, 2009; Burns-Lynch & Salzer, 2001; Fenton, Mosher, Herrell & Blyler, 1998; Mosher, 1999; Toprac, Sherman, Holzer, et al., 1996).

This is problematic on a number of levels.

# Hospitalization:

- Psychiatric hospitalization targets treatment of identified psychiatric symptoms though bit the underlying causes of the psychiatric crisis itself.
- The focus solely on symptoms during periods of crisis inhibits the enhancement of autonomy and coping skills to meet life challenges.
- Psychiatric hospitalization does not provide important needed instrumental support.

# This Traditional Service

- Is Very Costly
  - fiscally, emotionally, spiritually and more
- Is not person centered
- Often Neglects holistic nature of the individual



# Ironically.....

Traditional mental health crisis services are often a study in what not to do. At a time when people need the support of family and friends, they are often isolated in hospital emergency departments and psychiatric units, forced onto medications they do not want or need by doctors who do not know them, and deprived of various personal rights.

# Good News.....

In contrast to this, many state systems are funding efficacious alternatives to traditional crisis services, and a number of peer-run crisis respite models have developed. Both as part of cost containment and transition to a recovery-oriented system, we can expect such alternatives to increase and prevalence, and to be further studied and eventually standardized.



# Crisis Alternatives

- Crisis service users prefer more fully developed community-based approaches outside of inpatient settings.
- Despite empirical support for the effectiveness of crisis alternatives they are often not available to many individuals who could benefit from them.
- Limited availability of treatment options eliminates individual choice and self-determination when presenting for crisis services (which undermines recovery)

# Crisis Alternatives

- People often do not get help in resolving crises early enough because of the different perspectives of their subjective experience provider or system's definitions of crisis.
- Survey participants endorsed a variety of services that provided crisis intervention services including phone help lines, peer support services, and crisis respite that provide support and refuge (Lyons, Hopley & Horrocks, 2009).

# Research

- There is a growing body of evidence that reveals that crisis alternatives can have positive impacts.
- Alternatives to Hospitalization often provide a significant cost savings in addition to have positive impacts on quality of life domains.

Agar-Jacomb & Read, 2009; Burns-Lynch & Salzer, 2001; Greenfield, Stoneking, Humphreys, Sundby, Bond, 2008; Kiesler, 1982; Landers, & Zhou, 2009; Lloyd-Evans, Slade, Jagielska, Johnson, 2009; Mendel & Rapport, 1969; Mosher, 1999; Stein & Test, 1980; Toprac, Sherman, Holzer, et al., 1996; Whittle, 1992).

# Beneficial Features of Crisis Alternatives Engagement Skills

- Staff behaviors are most helpful in times of crisis; consumers responded:
  - “having my point of view and my perception of events listened to”
  - “having input about what treatment and/or interventions may or may not be helpful”
  - “engaging me respectfully and not resorting to coercion”
  - “respecting my views about what I want or need”  
(Allen, Carpenter, Sheets, Miccio, & Ross, 2003).

# Georgia Mental Health Consumer Network Peer Support and Wellness Center

We are a peer-operated alternative to traditional behavioral health services. We are focused on wellness, not illness.

# Trauma Informed Environment

- We recognize that trauma is far too common.
- We maintain an atmosphere of respect and dignity.
- We can't begin to address the totality of an individual's healthcare, or focus on promoting health and preventing disease — both tenets of healthcare reform — unless we address the trauma that precipitates many chronic diseases.

# Why is a focus on trauma important?

- Trauma is now considered to be a near universal experience of individuals with behavioral health problems.
- According to the U.S. Department of Health and Human Services Office on Women's Health, from 55 to 99 percent of women in substance use treatment and from 85 to 95 percent of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.

Linda Rosenberg, MSW; President and CEO, National Council for Community Behavioral Healthcare; Notes from Linda: February 24, 2011 "Asking what happened to you, not what's wrong with you." Internet Retrieved March 4, 2011

# Five Peer Support, Wellness and Respite Centers

- Daily Wellness Activities
  - 3 Respite Rooms
  - 24/7 Warm Line



# Wellness Activities

Daily activities address whole health, wellness, and having a life in the community Mind/Body/Spirit/Nutrition:

- Whole Health/Smart Shopper
- Education:
- Job Readiness
- Creative Writing
- Wellness Recovery Action Plan (WRAP)
- Peer Support Services:
- Trauma Informed Peer Support
- Double Trouble in Recovery (DTR)
- Exercise/Recreation/Mindfulness:
- Stretching, Walking, Aerobics, Weights, Swimming
- Bowling, Tennis, Kick Ball, Volley Ball, Basketball
- Yoga, Meditation, Tai Chi, Zen

# Respite

- Three respite rooms per center
- Proactive Interview to establish a relationship
- An alternative to psychiatric hospitalization
- Often the best opportunities for growth arise during crisis situations and their outcomes
- The focus is on learning and growing together
- 87% of respite guests report that accessing a respite bed kept them out of the hospital

# 24/7 Warm Line

- Peer Support over the phone
- We rely on our lived experience and employ active listening rather than offering advice and direction
- Peers throughout the state of Georgia utilize our Warm Line 24 hours a day
- Partnership with Georgia Crisis and Access Line

# Staff Training

All staff are Certified Peer Specialists and many are also Certified Addiction Recover Empowerment Specialist

They are all trained in the following:

- Warm Line Protocol
- CPRP, First Aid
- Georgia Mental Health Consumer Network Policies and Procedures
- Peer Support Whole Health and WRAP
- Trauma Informed Peer Support created by Beth Filson
- Intentional Peer Support (IPS) created by Shery Mead

# Survey Research Results

Overall, 87% of the participants who completed surveys at the PSWRCs in Georgia report that accessing services at the Centers have prevented hospitalization for them.

# Georgia's Foundation

Peer Support approved in Summer 1999

- First specific “Peer”-delivered Medicaid approved service in nation
- Approximately ~2000 Certified Peer Specialists certified in GA
- Over 500 CPSs have been trained as Whole Health and Wellness Coaches

# Georgia: New & Now

## Peer Support Whole Health and Wellness

- Key Modification: Prevention
- Modified Medicaid Rehab Option State Plan to add:  
“...support and coaching interventions to individuals to promote recovery and healthy lifestyles and to reduce identifiable behavioral health & and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions by teaching more effective management techniques that focus on the individual’s self-management and decision making about healthy choices which ultimately extend the members’ lifespan.”

# Georgia: New & Now

## CPS Training: Whole Health Action Management (WHAM)

- o Engaging in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors;
- o Supporting the person in writing a whole health goal based on personal motivation and person-centered planning;
- o Supporting the person in creating and logging a weekly action plan;
- o Facilitating WHAM peer support groups which create new health behaviors;
- o Building the person's Relaxation Response skills to manage stress;
- o Building the person's cognitive self-management skills to avoid negative thinking.

[http://www.thenationalcouncil.org/cs/press\\_releases/eight\\_weeks\\_to\\_whole\\_health\\_national\\_council\\_offers\\_wham\\_peer\\_trainings](http://www.thenationalcouncil.org/cs/press_releases/eight_weeks_to_whole_health_national_council_offers_wham_peer_trainings)



# Georgia: New & Now

## Specific Interventions Include:

- Skills development for sharing basic health information;
- Promoting awareness regarding health indicators;
- Assisting the individual in understanding the idea of whole

health and the role of health screening;

- Supporting behavior changes for health improvement;
- Building skills on the use of wellness tools (e.g. relaxation response, positive imaging, wellness toolboxes, daily action plans, stress management, etc.) to support the individual's identified health goals;

# Georgia: New & Now

## Specific Interventions, continued:

- Working with the individual in his/her selection of incremental health goals;
- Teaching/modeling/demonstrating skills such as nutrition, physical fitness, healthy lifestyle choices;
- Promoting and offering healthy environments and skills development to assist the individual in modifying his/her own living environments for wellness;
- Supporting the individual as they practice creating healthy habits;
- Personal self-care, self-advocacy and health communication;
- Assisting in the coaching related to disclosing history, discussing prescribed medications, asking questions in health settings

# Georgia: New & Now

## TECHNICAL ELEMENTS

- Requires Professional Supervision in accordance with CMS-SMDL #07-011
- Requires goal(s) on the official Treatment (Recovery) Plan
- Requires health-related training for the Certified Peer Specialist (CPS)

# Georgia: New & Now

## TECHNICAL ELEMENTS

- Health-trained CPSs are the lead practitioners
- Partnered with an agency-designated Behavioral Health Registered Nurse/s who provides technical medical advice, referral, and support as requested and as necessary

# Georgia: New & Now

## TECHNICAL ELEMENTS

- HCPCS Billing Code:
  - Health and Wellness Supports, H0025
- Rate for 15 minute unit:
  - Ranges from \$15.13 to \$24.36 depending on CPS education level and location of service

# Georgia's Foundation

- Lived Experience Perspective
  - Improved Lives
  - Health Engagement
  - Patient Activation



# Resources

- [gmhcn.org](http://gmhcn.org)
- [gacps.org](http://gacps.org) (CPS)
- [mentalhealthpeers.com](http://mentalhealthpeers.com) (IPS)