Strategies for Effective Supervision of a Growing Peer Workforce

National Council for Behavioral Health
National Federation of Families for Children’s Mental Health
SAMHSA Technical Assistance Coalition
June 15, 2015 | 2:00-3:00pm EDT
Webinar Overview

- **Adam Swanson**, MPP, National Council
- **Larry Fricks**, National Council
  - *Recovery culture, stage setting, environmental readiness, etc.*
- **Jake Bowling**, MSW, National Council
  - *Funding, reimbursement issues, system challenges, etc.*
- **Lynda Gargan**, Ph.D. National Federation
  - *Types of peer models, familial considerations (crisis services), etc.*
Larry Fricks

National Council for Behavioral Health
Deputy Director, SAMHSA-HRSA
Technical Assistance Center
“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.
Challenges That Negatively Impact Recovery and Supervisory Relationship

- 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 Recovery and Supervisory Relationship

• 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.
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.
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.
Jake Bowling

National Council for Behavioral Health
Director, Practice Improvement
Overview

- Evidence for Peer Support
- Health Care Context
- Financing Opportunities
- New Roles
- Strategies for Implementation

What opportunities for peer services currently exist and what opportunities are on the horizon?
Evidence

- **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.
- **Reduces** depression and negative health behaviors.
- **Promotes** mastery of self-care behaviors.
- **Increases** adherence to medication, diet and exercise.
- **Escalates** social support (linked to decreased mortality and morbidity).
- **Supports** chronic disease management.
Health Care Reform

TRIPLE AIM

1. Better Health
2. Better Care
3. Lower Costs
Strategies to Achieve Triple Aim

Insurance Reform

Coverage Expansion

Delivery System Redesign

Payment Reform

Healthcare Reform
Challenges for Communities

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

68% of adults with a mental illness have one or more chronic physical conditions.

more than 1 in 5 adults with mental illness have a co-occurring substance use disorder.

SAMHSA
www.samhsa.gov • 1-800-662-HELP (4357)
Co-occurrence Between Mental Illness & Other Chronic Health Conditions

- High Blood Pressure: 21.9% in Mental Illness, 18.8% in No Mental Illness
- Smoking: 36% in Mental Illness, 21% in No Mental Illness
- Heart Disease: 5.9% in Mental Illness, 4.2% in No Mental Illness
- Diabetes: 7.9% in Mental Illness, 6.6% in No Mental Illness
- Obesity: 42% in Mental Illness, 35% in No Mental Illness
- Asthma: 15.7% in Mental Illness, 10.6% in No Mental Illness
Health Care Trends

• More covered lives.
• More covered services.
• Focus on prevention and wellness.
• Focus on integration.
• Paying for value, not volume.
• How can peers contribute to the goals of health care reform?
Roles for Peers

- Support groups
- Peer-led self-management and patient activation programs
- Peer coaches
- Community health workers
- Patient navigators
- Crisis workers
- Employment specialists
- Telephonic peer support
- Web and email-based peer support
- Treatment team members or other roles
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
Formulate Your Strategy

- Where should peers be across the healthcare system?
- How can peers contribute to prevention & early intervention?
- Who is paying for the peer services?
- What infrastructure is needed?
- Is the environment ready?
- How can I make the case?
  - How do peers improve client outcomes?
  - How do peers save money for payers?
  - How do peers improve the client experience?
Lynda Gargan

National Federation of Families for Children’s Mental Health
Interim Executive Director
Who Are Family and Youth Peers?

Family peers possess the lived experience of having parented a child with behavioral health challenges.

Youth peers are youth and young adults who have experienced a behavioral health challenge.
Family Peer Support

• Systems Navigators
• Intensive In-Home Teams
• Crisis Teams
• Family Court
Youth Peer Support

- Support Groups
- School Based Peer Mentor
- Public Health Mentor
Things To Consider — Family Peer

- A Family Peer Support worker may have a child receiving services from the same organization.
- Family Peers may require more a flexible schedule to meet the planned and unplanned disruptions in their work day.
- Family Peers are co-workers, not clients.
Things To Consider — Youth Peer

• Adolescent brain development.
• Youth may cross the child and adult serving systems.
• Generational differences.
• Language differences.
Supervision Considerations

- Must be based upon a job description.
- Youth Peers may benefit from a coaching/mentoring supervision model.
- Supervision should include both clinical and peer supervision.
- Team supervision is highly effective.
Summary

Training and supervision are extremely important elements in the support of both Family and Youth Peers.

Through the creation of core competencies, intertwined with support for the unique characteristics of peers, an organization can enhance the likelihood of excellent outcomes.
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

Whole Health Action Management (WHAM) Training

Health Affairs Blog by Paul Gionfriddo, Mental Health American 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/
Q & A
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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover