UCSF
University of California
San Francisco

Peer Providers in Behavioral Health: Case Studies from 4 states

California Mental Health Planning Council, WET Summit, March 9, 2017

UCSF: Susan Chapman, Joanne Spetz Lisel Blash, Krista Chan
California Institute for Behavioral Health Solutions: Kimberly Mayer

Study Purpose

- SAMHSA requested
- To identify and assess best practices in peer support including training and certification, employment, roles, billing, challenges, and key policy issues

What is a peer provider?

"A person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience."

(Kaplan, SAMHSA, 2008)

UCSF

Peer Provider Workforce Drivers

- Workforce and funding shortages drive demand for peers
- Greater recognition of peer role and unique contributions
- Emphasis on recovery model
- Emphasis on team models of care
- Financing and reimbursement changes

Key Research Questions

- How have states have implemented CMS-approved billing for peer providers?
- What are the models of care in states with successful practices in peer provider employment in MH and SA?
- What are the specific roles and functions of peer provider in teams?
- What are the skills and training required of peer providers?
- How do training and certification requirements vary across states?
- What is the impact of implementing peer provided services on the roles and responsibilities of other members of the healthcare team?
- How accepted are MH and SA peer providers by other members of the healthcare team?
- How does the implementation of peer provided services impact the level of service integration?

Methods

- Landscape analysis of related literature
- National panel of experts convened in Feb 2015
- Identified 4 states: Arizona (MH), Georgia (MH, SUD), Texas (MH, SUD), Pennsylvania (MH, SUD)
- Snowball sampling to identify best practice organizations
- Site visits of 3-5 days to each state
  - 193 KI interviews
- Interviewed state government reps, management and staff at a variety of organizations
  - Peer-led, traditional BH, for-profit, non profit
- Thematic analysis

Findings: Landscape Analysis

- Job titles vary
  - Outreach specialist
  - Telephone support specialist
  - Peer educator
  - Resident counselor
  - Forensic peer specialist
  - Peer evaluator
  - Employment/job coach
  - Peer navigator
  - Peer whole health and wellness coach

Findings: Landscape Analysis

- Peer providers work in a variety of settings
  - Peer-run organizations - non-clinical rehabilitation and recovery
  - Traditional care settings- MH clinics, detox centers
  - Forensic settings increasing for SUD- drug courts
- Training and Certification
  - 40 states statewide certification for MH peer support
  - 1/3 of states have SUD statewide certification
  - IC&RC national certification in 13 states for SUD peer training

Findings: Landscape Analysis

- Evidence of efficacy
  - Less hospitalization, higher medication adherence
  - Much research lacks rigor and longitudinal data
  - More evidence in MH than SUD
- Challenges in peer provider services
  - Acceptance from non-peer colleagues
  - Stigma of lived experience
  - Friction between traditional and recovery-oriented models

Lessons Learned: Case Studies (AZ, PA, GA, TX)

- Policy environment
  - Medicaid billing authorization key to sustainable funding
  - In GA and AZ, class action lawsuits expanded behavioral health access & use of peers
  - Some states and programs mandate use of peers
- Training and Certification
  - Statewide training and certification required for billing
  - Number of training organizations varied
  - MH and SUD trainings and certifications are often separate

Lessons Learned: Case Studies

- Employment
  - Little consistent data available on employment numbers, settings
  - Often part time, low wages and little opportunity for career growth
  - Workplace accommodations beneficial for retention
  - Stigma of lived experience in some settings
  - Reentry into workforce important component to recovery
  - Separation of policy decisions on billing for services – fewer states allow billing for SUD peer services

Policy Implications

- Standardized training to assure quality and allow mobility
- Better employment data to assess supply and demand
- More research on efficacy and outcomes
- Career advancement opportunities and sustainable wages
- Workplace accommodations essential for employees in recovery
- Coordination between MH and SUD trainings to address co-occurring disorders
- Billing requirements should not undermine a recovery-oriented model

Next steps for California

- California Consortium of Addiction Programs and Professionals (CCAPP) has been approved by IC&RC to begin issuing certifications for Peer Recovery Specialists
- SB 614 would have established MH certification but was “gutted and will be replaced”
- Advocates are working on new legislation
- Peer support growing in implementation of realignment at county level
- CA continues to lag other states in adoption of peer provider roles, employment, training, and payment

New study funded by CHCF

- Peer support in California for transitions of care
  - Incarceration to the community
  - Hospitalization to the community
  - Few studies specific to transitions of care
- Updated literature review
  - Fast-growing profession
  - Lack of consensus on core components of the role or core competencies needed
  - Little new evidence on client outcomes

Funding and Resources

- http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf

- http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Education_Certification_and_Roles_of_Peer_Providers-Lessons_from_Four_States.pdf#sthash.2Ca7Kdtn.dpuf

This study was funded by the Substance Abuse Mental Health Services Administration and the Health Resources Services Administration's National Center for Health Workforce Analysis


TIME FOR QUESTIONS
QUARTZ