The Peer Recovery Specialist in MAT Clinics and Integrated Care

Cherokee Health Systems
November 2019
Webinar Reminders

1. Everyone is muted.
   • Press *7 to unmute and *6 to re-mute yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be sent out via email and posted to the program page.
Learning Objectives

• Identify the ways in which peer recovery services can improve your MAT program
• Understand the various job functions and scope of activities for peer recovery specialist
• Learn what qualifications to look for in recruiting and filling the role and review sample job functions of the peer recovery specialist
Giving our Best for Those Most in Need

Improving Access and Outcomes for the Underserved

Calendar Year 2018

72,911 Patients Seen
383,230 Services Provided
16,690 New Patients

PROVIDER STAFF

46 Psychologists
20 Primary Care Physicians
52 NP/PA (Primary Care)
32 Community Health Workers
8 Peer Support Specialists

1 Cardiologist
1 Nephrologist
3 OB/GYNs
2 Dermatologist
12 Clinical Pharmacists

8 Psychiatrists
10 NP (Psych)
38 LCSWs
3 Dentists
Cherokee Health Systems:

Merging the Missions of
Community Mental Health Centers and
Federally Qualified Health Centers
Cherokee Health Systems Mission:
To improve the quality of life for our patients through the blending of primary care and behavioral health

- Blended behavioral and primary care
- Go where the grass is brownest
- Outreach and care coordination
- Telehealth
- Training healthcare providers
- Value-based contracting
- Healthcare analytics
An Integrated Team Based Model

• Functions of care delivery shared across team
• Access to BH expertise “where behavioral problems shows up”
• Improved communication
• Improved care coordination
• Expanded health management support
• Supported patient engagement
Who’s on the Team?

- Physicians (Primary care and behavioral health)
- Nurse Practitioners (Primary care and behavioral health)
- Nurses
- Behavioral Health Consultants (Behavioral Health Providers)
- Consulting Psychiatrist
- Community Health Coordinators (Case Managers)
- Clinical Pharmacists
- Peer Support Specialists
What is a Peer Recovery Specialist?

Other terms you may hear to describe this role:

- Peer support specialist
- Peer counselor
- Peer recovery specialist
- Peer recovery coach

Other program-specific modifiers may include

- Behavioral or Mental Health peer support
- Substance use peer provider
- Wellness Coach
- Peer Navigator
Our experience in utilizing peer support staff

Here are the areas in which Cherokee Health uses the peer recovery staff:

• MAT Clinic peer specialists
• Recovery Navigators
• Peer Wellness Coaches (can serve both behavioral health and primary care patients)

Also...

• Peer Counselors in Peer Support Centers
• Behavioral Health Crisis Stabilization Unit peer specialist
Substance Use Disorder Services

• MAT peer support – service located in the outpatient MAT clinic

• Peer Navigator-service located in the hospital’s Emergency Department
Peer Support in MAT Clinic

Peer providers in the MAT clinic are able to build rapid rapport with patients and can serve as an important bridge that connects the patient and the clinical staff. Patients trust the peer providers more quickly, and this can enhance the delivery of prompt and accurate services. They also, by definition of their title and experience, hold the concept of HOPE for the patients.
MAT Peer Specialist Tasks

• Meets with patients individually and facilitates groups
• Assists patients with relapse prevention strategies
• Secures detox/inpatient treatment
• Provides community resource information
• Assists with goal setting and tips for sobriety
• Supplies a lived experienced perspective to the MAT team providers and works closely with team members
• Screening on the front end for MAT intakes
The MAT Physician Perspective

• “It definitely improved our program by: providing patients with a role model who had lived experience in addiction/treatment/healing and could offer practical, real-world recommendations for issues encountered through the continuum of substance use disorder care; improving patient accountability (i.e., the bull**** detector); providing education, feedback and advice to the behavioral and medical providers; assisting with care navigation for patients with inpatient, outpatient, and community services.” -- MAT Clinic Physician
From the MAT Nurse’s perspective

“I think having a Peer Support on the MAT team has added an extra layer of credibility that could not be established without their input. Regardless of the path that brought each member of the MAT team here, we can not discuss that with the patient. But, they [peers] can. Peer Support has been able to build rapport quickly with patients. Frequently, they tell pieces of truth to each provider, and typically not the same nugget of truth is given to each. With Peer Support, because they have the lived experience that they can share with the patient, they are able to get a cluster of nuggets that make the picture the rest of us see much clearer.

In many cases when patients don’t want to be honest with myself or providers about relapses, they ask to speak with Peer Support because they know they will understand because they have that shared life experience. In many cases, I believe we have been able to intervene quicker because Peer Support was able to garner the information.” -- MAT RN
From the MAT Patient’s Perspective

• “I think it’s a fantastic idea to have a recovering person on staff.....It makes it more whole... We don’t have to explain ourselves as much.”

• “They know where I’ve been and are on the same page as me.”

• “If none of my support is available, that’s another person I can reach out to.”

• “I think it’s important to have peer support because it brings closer recognition with someone instead of just medical providers.”

• “They are proof that we can do it too.”

• “It does give you a lot of hope because you would never know.” [that the provider had lived SUD experience]
Peer Navigator

This project is funded under a Grant Contract with the State of Tennessee, Department of Mental Health and Substance Abuse Services.

- Sees patients in the hospital ED that are admitted for overdose
- Goal is establish rapid treatment planning and referrals after medically stable
- Need good relationships with hospital administrative and ED staff
- Need patience while the program gains acceptance
Peer Wellness Coaching
Peer Wellness Coach

This project is funded under a Grant Contract with the State of Tennessee, Department of Mental Health and Substance Abuse Services.

• The Peer Wellness Coach (PWC) is a behavioral health peer provider whose focus is working with patients to address their primary care needs and learn skills to build healthier lifestyles.

• Grew out of a Statewide Health and Wellness Initiative, “My Health, My Choice, My Life” The program was developed to promote healthier behaviors in consumers with behavioral health or substance use disorders. Details can be found at https://www.tn.gov/behavioral-health/my-health-my-choice-my-life.html

• Provides one-on-one peer wellness coaching in 8-week cycles, with a high degree of focus on weekly action planning.

• Available for Brief Wellness Interventions on demand for Primary Care Providers.
Peer Wellness Coach

- Facilitates self-management workshops that are recognized as evidence-based programs
  - The Chronic Disease Self-Management Program
  - The Diabetes Self-Management Program
  - The Chronic Pain Self-Management Program
  - Tobacco Recovery
  - Whole Health Action Management
  - Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Conducting a pilot program of telehealth peer wellness coaching for patients at remote site
Peer Wellness Coach

• The Peer Wellness Coach uses Motivational Interviewing and health education materials to assist patients with improving health outcomes.
• Provides visual aids (tear sheets, posters, and models) to boost patient engagement and understanding.
• Works closely with other members of the team, attends team meetings, documents visits in the electronic chart, and has a schedule alongside other providers.
• Provides the educational and food portions of some PCP diabetes management groups.
Other Behavioral Health Peer Support Roles
Other peer support roles and services

Other peer roles can include work in the following programs:

• Self-help groups and peer support centers
• Medicaid-billable peer counseling sessions recommended by BH provider and listed on care plan (if covered in your state)
• Peer wellness coaching (addressing primary care needs of BH patients)
• Crisis Stabilization Unit – can develop into the mainstay of psychoeducation and support
• Some agencies use peer providers in psychosocial rehabilitation centers or in case management positions
Provider comments about peer support

• “Peer Support services enhances the team approach (education and communication).”  -- Registered Nurse

• Peer services give a “depth” of services that we would not have otherwise.  -- Operations Manager

• “I also think having peer support allows us to provide good quality care to more patients on any given day. So much of what we BHCs do is similar to what CPRSs do, and having more providers able to engage patients in thinking about their recovery means the team can see more patients! I would also explicitly say that having the living example of our CPRSs gives patients hope that they can reach their goals in recovery.”  -- Behavioral Health Consultant and MAT Psychologist
Provider comments about peer support

• “I think one of the biggest factors is having someone with lived experience being available to the pts. I think this has the potential to break down some barriers that can be found in traditional care.” -- Registered Nurse

• “It has allowed us to add a new level of intervention. Peer programs add a level of “richness” to the our clinical services. The ability to target individual and group interventions whether aimed at PC goals or mental health goals is a very important part of our treatment team now. We have seen the benefit very clearly in the CSU where the Peer groups have become one of the primary modes of intervention.” -- Behavioral Health Consultant, VP of Psychosocial Services
Recruiting Peer Support Providers
Examples of duties of the peer support provider

• Assisting in the development of individual recovery and wellness goals
• Serving as an advocate, mentor, or facilitator as needed
• Helping patients navigate the health care system, mental health care system, or the SUD recovery system
• Providing sound and appropriate educational information that supports wellness and recovery
• Informing patients about resources
• Teach and model skills that are needed to promote symptom management
• Promote patient engagement
• Promote patient accountability
• Inspire an “I can do this” attitude
Recruitment of Peer Support Staff

- May look different due to various peer support roles (some require a degree others do not)
- Lived experience with mental illness and/or substance use disorder
- Demonstrated recovery for a minimum of 24 consecutive months
- Ability to set professional boundaries
- Ability to provide quality documentation
- Be willing to pursue certification as required
Recruitment of Peer Support Staff

• Unlike other health care positions, the peer position has a history of an illness or a condition as a job qualification. The requirement for self-disclosure can pose challenges in the effort to balance disclosure with professional boundaries.

• In addition, the peer provider has to hold all the other skills needed in the health care field (documentation, communication, ability to deal with difficult situations, ethics and confidentiality, computer skills, good judgment, problem-solving skills.)
Peer Support Recruitment – Provider comments

“To anyone considering bringing a CPRS onto their team, I would say it will enhance the services you provide to patients significantly...I think collaborating with colleagues with the lived experience of addiction and recovery helps me think about my patients in a more nuanced and sophisticated way.” -- Behavioral Consultant and MAT Psychologist

“Based on our experience which I think goes back 20 years, the primary things I would tell someone would be to be patient with their recruitment search and to hire quality staff and then to provide ample supervision and training. Over the years the greatest problem we had with the peer program was professional boundary issues. Hiring quality staff and providing ample training and supervision helps to avoid these potential problems.” -- Behavioral Health Consultant, VP of Psychosocial Services
Perspective from California

Valley Health
Funding & Sustainability
Peer Support Services
"Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State’s delivery of effective treatment."

Dennis Smith, CMS Director
Letter to State Medicaid Directors, August 15, 2007

Funding Options
Peer Support Services

• Peer services are billable to Medicaid in some states, however they aren’t billable in California.

• Billable services may be contingent on specific requirements of the State Medicaid authority or their designated payors such as Managed Care Organizations.

• Peer services may be funded by SAMHSA block grant dollars

• Can be considered Enabling Services for FQHCs

• Grants/Contracts (e.g. Hospitals for ER Diversion)

• Can be supported by Value Based Payment contracts

• SAMHSA/HRSA provides information at the following site
  https://www.integration.samhsa.gov/workforce/team-members/peer-providers#who are peer providers
Peer Specialists in California

• A certification system has been proposed in California that is strikingly similar to the process established in Tennessee.

• Certification standards include application procedures, training and supervision requirements, code of ethics, range/scope of practice standards, and renewal guidelines including a continuing education requirements.

• Additional information:

• https://www.dhcs.ca.gov/provgovpart/Documents/DMC_ODS_Peer_Support_Training_4.5.18.pdf
Current California Status Regarding Certification

• Establishment of a certifying body and a mechanism for Medi-Cal reimbursement (SB-10) passed the legislature in September 2019 but was vetoed by Governor Newsom in October because of cost.

• In his veto message, Governor Newsom noted: “Currently, counties may opt to use peer support services for the delivery of Medicaid specialty mental health services.”

• Extensive details about the legislature’s proposal to establish a certification system can be found at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB10
Thank you
Questions?
Your feedback is needed!

• Please complete our 2-question poll in the chat box

• If you have any additional comments or suggestions, please fill out our post-session evaluation: https://www.tfaforms.com/4775736

• We value your feedback and will use it to help design future ATSH webinars.
Upcoming ATSH Webinars

• **MAT in Youth: How to Develop and Manage Treatment for Youth and Young Adults** Sarah Bagley, MD, MSc, from Boston Medical Center, will lead this webinar on December 9, 2019, 12 - 1pm. Sarah will discuss ways to structure a program to provide MAT to youth and young adults and discuss approaches to tailor psychosocial support for this population. [Register here](#)

• **MAT for Everybody: The Fundamentals of Providing Compassionate Care in the Primary Care Setting** Katie Bell, RN, ATSH Coach and Consultant, will lead this webinar on December 11, 2019, 12 - 1pm. The webinar is geared toward those who want to learn more about opioid use disorder, using medications for addiction treatment, etc. **Note:** Any staff member from your clinic can register, they do not need to be part of your MAT core team. [Register here](#)