The New Integrated Landscape of Health Care:

The Case for a Peer Workforce

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The Affordable Care Act (2010)

- The ACA initiated two groundbreaking changes to the delivery of health care services in the USA.

- Creating Organizations that will be responsible to federal and state authorities for the coordination of care and the integration of primary and behavioral health care.

- How coordinated/integrated care will be paid for.
Two Groundbreaking Changes

- Affordable Care Organizations (The Who)
- Global Payment (The How)
What's an ACO?

- Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicaid/Medicare patients.

- The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

- When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicaid/Medicare program.
The Triple Aim of ACO’s

- Improve quality of care
- Assure greater consumer participation and satisfaction
- Demonstrate cost effectiveness (and receive a % of cost saved; incentive driven)
The Landscapers (The Key Players)

- CMS
- EOHHC/MassHealth
- DPH and DMH
- ACO-s
- BHCP-s
Who are the approved Medicaid/EOHHS ACO’s in MA?

- Atrius Health with Tufts Health Public Plans
- Baystate Health Care Alliance with Health New England
- Beth Israel Deaconess Care Organization with Tufts Health Public Plans
- Boston Accountable Care Organization with Boston Medical Center HealthNet Plan
- Cambridge Health Alliance with Tufts Health Public Plans
- Central Massachusetts Accountable Care Organization with Tufts Health Public Plans
- Children’s Hospital Integrated Care Organization with Tufts Health Public Plans
- Community Care Cooperative
- Health Collaborative of the Berkshires with Fallon Community Health Plan
MA Medicaid/EOHHS approved ACO’s (continued)

- Lahey Health
- Mercy Health Accountable Care Organization with Boston Medical Center HealthNet Plan
- Merrimack Valley ACO with Neighborhood Health Plan
- Partners HealthCare ACO
- Reliant Medical Group with Fallon Community Health Plan
- Signature Healthcare Corporation with Boston Medical Center HealthNet Plan
- Southcoast Health Network with Boston Medical Center HealthNet Plan
- Steward Medicaid Care Network
- Wellforce with Fallon Community Health Plan
What are BHCP’s? What will they do?

Objectives for Community Partners (CP) program

* Support members with high BH needs, complex LTSS needs and their families to help them navigate the complex systems of BH and LTSS in Massachusetts
* Improve member experience, continuity and quality of care by holistically engaging members with high BH needs (SMI, SED and SUD) and complex LTSS needs
* Create opportunity for ACOs and MCOs to leverage the expertise and capabilities of existing community-based organizations serving populations with BH and LTSS needs
* Invest in the continued development of BH and LTSS infrastructure (e.g. technology, information systems) that is sustainable over time
* Improve collaboration across ACOs, MCOs, CPs, community organizations addressing the social determinants of health, and BH, LTSS, and health care delivery systems in order to break down existing silos and deliver integrated care
* Support values of Community First, SAMHSA recovery principles, independent living, and promote cultural competence
BHCP Functions

1. Outreach and active engagement of assigned members;
2. Identify, engage, and facilitate member’s care team, including PCP, BH provider, and other providers and individuals identified by the member, on an ongoing basis and as necessary;
3. Conduct comprehensive assessment and person-centered treatment planning across BH, LTSS, physical health, and social factors that leverages existing member relationships and community BH expertise;
4. Coordinate services across continuum of care to ensure that the member is in the right place for the right services at the right time;
5. Support transitions of care between settings;
6. Provide health and wellness coaching;
7. Facilitate access and referrals to social services, including identifying social service needs, providing navigation assistance, and follow-up on social service referrals, including flexible services where applicable.
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The ‘6’ Big Concepts

- Alignment
- Coordination
- Integration
- Continuity of Care
- Member Participation/Satisfaction
- Cost Effectiveness
The ‘6’ Key Functions

- Enrollment
- Assessment
- Integrated Care Team
- Social determinants addressed
- Prevention, Health Activation
- Accessed Community Based Resources
The Peer Integrated Health Care Workforce - 2017

Certified Peer Specialist (Mental Health)
  Peer Youth Bridgers  Peer Elder Bridgers  Forensic Peer Specialists

Peer Recovery Coaches (Addiction)

Peer Wellness Coaches (Integration)
What Does the Peer Workforce Bring To Integrated Health Care that is Unique?

- Lived Experience
- Time To Be With (Connect, Care, Model, Motivate)
- Mutuality with Continuity of Relationship
What is the nature of Peer Support?

We just don’t DO; we BE!

• Peer Support is
  Ontological not Clinical
  Intentional not Custodial
  Recovery Driven not Illness Focused
  Relationship Centered not Treatment Compliant
How The Peer Workforce Can Assure The Success of Integrated Health Care

- **Enrollment**: Finding, Translating, Assisting

- **Assessment**: Collaborating with the Medical Professional assessor that a truly integrated assessment occurs.

- **Assembling the Integrated Team**: Working with the enrollee to help him/her select and include the individuals they want.

- **Support with IAP**: Emotional, Physical, Environmental, Nutritional, Cultural and Educational supports.

- **Bridge to ICT and Community Based Supports**: Primary Care/Behavioral Health liaison and bridger to RLC’s, RSC’s, Clubhouses, Community Health Center and other community based supports.
Workplace Opportunities for CPS’s, Recovery Coaches and PWC’s
Peer Workplace Opportunities
Peer Workplace Opportunities

On Our Own, TOGETHER
Peer Programs for People with Mental Illness

Edited by Sally Clay
With Bonnie Schell, Patrick W. Corrigan, and Ruth O. Ralph
Peer Workplace Opportunities
Peer Workplace Opportunities

REHAB
IS FOR QUITTERS.
Forensic peer Support in your organization

What, How, Where and Why
Forensic Peer Support is...

Holistic person-centered, strength based support offered to individuals with psychiatric and/or co-occurring challenges, involved in the Criminal Justice System, from initial contact with law enforcement through re-entry into the community from incarceration.
Forensic Peer Support Specialists...

- **Support** people during their involvement in the Criminal Justice System
- **Promote** Recovery Principles including Self-Advocacy
- **Advocate** for recipients of behavioral healthcare when they are unable to advocate for themselves
- **Educate** all stakeholders in the Criminal Justice System about MH Recovery
- **Inspire** hope through shared life experiences
In What Settings Can Forensic Peer Support Be Effective

- Crisis Intervention Teams
- Co-Response Program
- State Hospitals
- Emergency Rooms
- Jails/Prisons

- Courts/Specialty Courts
- Halfway Houses
- Mental Health Offices
- Community Settings
- Reentry/Release
Forensic Peer Support Specialists Can...

1. Assist individuals with understanding and navigating the Criminal Justice System
2. Aid in finding and utilizing resources to gain and sustain employment and housing
3. Help individuals to complete parole/probation requirements
4. Reduce the time Mental Health Consumers stay in jail/prison due to the lack of community supports, housing options and resources
5. Identify positive supports and pro-social associates, thus targeting a peer centered reduction of criminogenic factors. There are 8 identified risks.
Forensic Peer Support: 8 Criminogenic Risk Factors

ASSESS THE "BIG 8" CRIMINOCENIC NEEDS

The more you help offenders drive down criminogenic needs, the better are their chances of quitting crime.

RISK FACTORS

OUTLAW OUTCAST IDENTITY

OFFENDER

EXTRINSIC (OFFENDER) INTRINSIC (LEAST control) (MOST control)
A Way to Think About Diversion; Training for Forensic Peer Support Specialists

(Munetz and Griffin, 2006)
The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness.

- Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness, 2006
5 Points of Intercept

1. Law Enforcement and Emergency Services
2. Initial Hearings/Initial Detention
3. Jails and Courts
4. Re-entry (from Jails, Prisons, and Hospitals)
5. Community Corrections / Community Support Services
I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Courts, Forensic Evaluations and Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Sequential Intercepts

Munetz & Griffin
Psychiatric Services 57: 544–549, 2006
Incorporating Forensic Peer Support at Each Intercept

- **Intercept One:** Peer training, crisis worker, emergency room peer support, CIT involvement, public relations (systems understanding liaison), living room model, drop-in support, warm lines
- **Intercept Two:** Court process education, peer support and self advocacy development during process, general support, talking with public defender or lawyer, aiding in diversionary options
- **Intercept Three:** Mail Correspondence, medication education, peer support in the jail, recovery education groups, re-entry planning, parole review board prep
- **Intercept Four:** aid in resources, home-planning, employment preparation, general socialization, community resources, support through parole sign up process
- **Intercept Five:** continuous support, social activity, home visits to those on house arrest, scheduled activities to help individual maintain house monitor radius
A Strategy for advancing the Peer Workforce in Integrated Health Care

- Bold Promotion
- Collaborate
- Infiltrate
- Instigate
- Celebrate Success
Strategy 1: Bold Promotion

- Investigate and list the Medicaid Approved ACO’s in your State
- Ask to meet with the CEO or COO or other senior leadership within the ACO – be persistent. Remember the answer is only “NO” until the next time you ask.
- Be Prepared with how the hiring of peer workers will meet the three fold aim of ACO’s – be concrete and specific. Give examples of how $$ will be saved by hiring a peer workforce.
- Investigate and list the BHCP’s who are partnering with the ACO’s and repeat the above process with them.
Strategy 2: Collaborate

• **Don’t work in silos:** Certified Peer Specialists, Peer Recovery Coaches, Forensic Peer Specialists, Peer Wellness Coaches need to collaborate by forming peer support service teams. A peer support service team can consist of any combination of the above named roles including TAY and ELDER Bridgers.

• **Work with allies:** Associate and integrate Family Support Specialists and Community Health Workers into your non-clinical support vision.
Strategy 3: Infiltrate

- **Be Informed**: Many states have established or will be in the process of establishing Implementation Councils for Integrated Health Care initiatives. Do whatever it takes to get peer workers on these councils. If there is no peer voice on existing state boards that oversee integrated health care meet with state officials to advocate for inclusion.

- **Put your Body where your Heart is**: Volunteer to serve on committees or subcommittees associated with state councils and boards involved with the oversight and implementation of federally funded integrated health care initiatives.
Strategy 4: Instigate

- **Be An Agent of Change:** Once you are a part of state operated boards and councils relentlessly advocate for the development of a peer workforce. Know and promote the positive outcomes that the peer workforce has accomplished. In view of the opioid/fentanyl epidemic advocate for the hiring of peer recovery coaches in hospital emergency settings. Detoxes and Addiction Treatment Centers.

- **Challenge systems that have not incorporated peer support:** If your state has not incorporated peer support in the court and correctional system, the school system, or in elder care advocate of its inclusion.
Strategy 5: Celebrate Success
Contact Information

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