

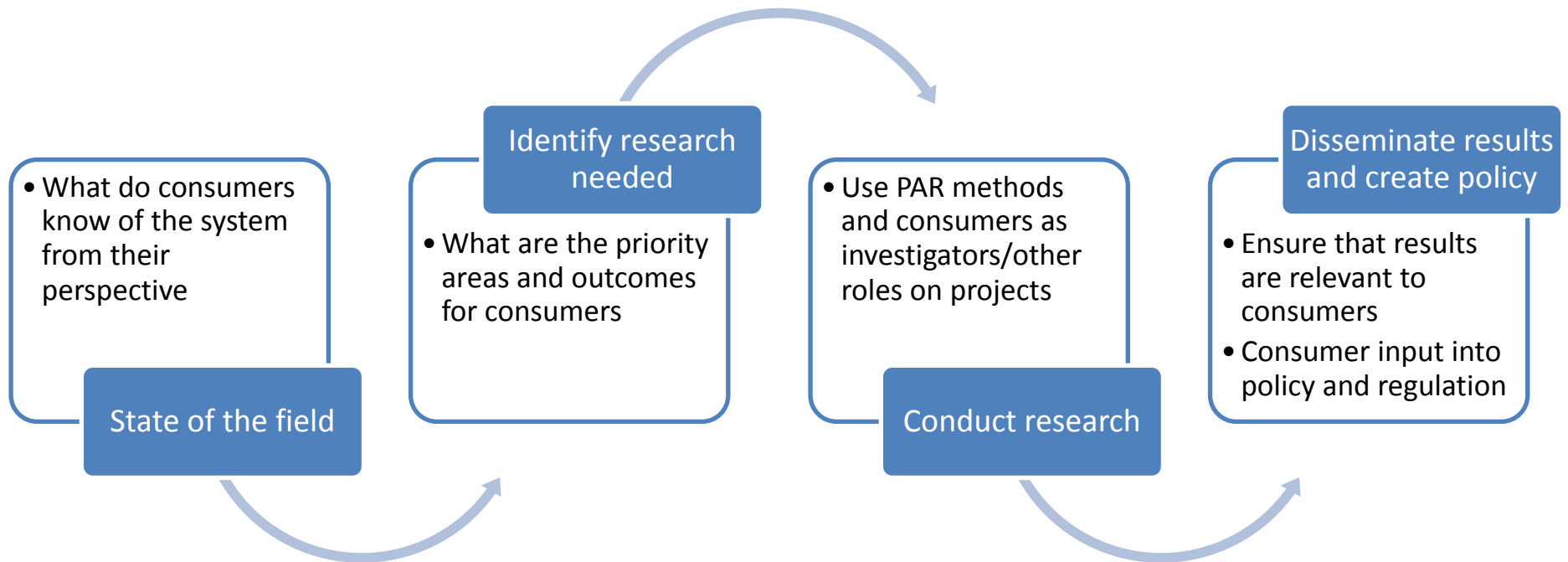
Peer-run and delivered mental health services

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Consumer involvement in policy research



What are peer-run and delivered services?

- Peer support (self-help) is:
 - “any act or activity in which consumers help themselves or other consumers to achieve their own goals” (Blyler, et al., 2010, pg. 236)
 - “people with a shared condition who come together can help themselves and each other to cope” (Surgeon General DHHS, 1999, pg. 289)
- Peer support can be delivered in peer-run organizations (PROs) or by peers working in traditional service systems
 - Organizations provide services (e.g. case management, wellness classes, drop-in centers, mutual support groups) or conduct policy-related activities (e.g. advocacy, organizing, education)
 - Peer specialists work in PROs and in traditional settings such as emergency rooms/inpatient, rehab centers, case managers

PROs and peers in the workforce

- It is estimated that there are ~7,500 PROs (Goldstrom, et al., 2005)
- 26 states have training & certification for peer specialists (CPSs); peers also work in other support positions that are not certified peer specialists (NCMHR, 2010, <http://www.ncmhr.org/priorities.htm>)
- The Annapolis Coalition identifies expanding the role of individuals in recovery as one of the important issues surrounding health care reform and the behavioral health workforce (Morris, Hoge, & Stuart, 2009)

Peer support is an essential part of health care reform because it has the potential to:

- Promote innovative & recovery-oriented practices
- Reduce costs
- Promote quality
- Increase coordination
- Promote person-centered care and choice

Affordable Care Act priorities

- Expand insurance coverage
- Develop the workforce
- Promote coordination between systems and providers
- Create sustainability for innovative practices
- Promote consumer and community wellness
- Meaningfully measure and ensure outcomes and quality
- Reduce costs/improve cost-effectiveness

Insurance coverage

- What we know:
 - 2% of PROs get money from insurance
 - Of those that provide case management, 85% help people get Medicaid/insurance
 - Managed care companies, such as OptumHealth, are interested in PROs joining their provider networks – but medical necessity criteria may interfere
- Research needed:
 - How can PROs participate in insurance reimbursement in a way that does not compromise values?
 - What do they need to help consumers obtain new insurance?

Workforce development

- What we know:
 - 53% of staff at PROs are full time
 - National Association of Peer Specialists has 1,200 members
- Research needed:
 - How can we promote training and certification of CPSs, improve hiring and reimbursement practices, and integrate peers into the workforce?
 - How can we support peers in going to work in PROs and traditional services?

Coordination with the system and other providers

- What we know:
 - 78% of PROs see themselves as working in addition to traditional services; in 21% of orgs, members hold both views that they are working in addition to and as an alternative to traditional services
 - 95% of PROs receive referrals from providers
- Research needed:
 - What are the tensions PROs face between independence and collaboration with the traditional system?
 - How can we support peers working in traditional settings so that they can coordinate with providers?

Sustainability

- What we know:
 - PROs receive funding from a variety of sources
 - CPSs are billable at an average of \$10 per billable 15 minute increment
 - 55% of PROs provide leadership training
- Research needed:
 - What kind of funding strategies do PROs need to remain sustainable?
 - How can we improve reimbursement policies for CPSs?
 - How can we promote consumer leaders?

Wellness

- What we know:
 - Wellness and recovery are priorities of peer support
 - 76% of PROs provide self-care training
- Research needed:
 - How is peer support currently contributing to wellness promotion?
 - How can peers perform these services better?

Outcomes and quality

- What we know:
 - The SAMHSA COSP multi-site showed improved outcomes for peer-operated services
 - CMS and SAMSHA consider peer support an EBP
 - Consumers value outcomes related to recovery and community integration
- Research needed:
 - What more evidence do we need about the contribution of peer support to recovery?
 - How can the quality of services be improved?

Cost and cost-effectiveness

- What we know:
 - Peer support services cost less; recent administrative data find them to be cost-effective (Bergeson, 2011)
 - They may contribute to reduced use of other costly service use
- Research needed:
 - Are peer support services cost-effective?
 - Do they contribute to the overall cost-efficiency of the system?

Recommendations

- Involve consumers in all levels of decision-making and research
- Increase support of research on peer support organizations and practices
- Support the implementation of peer support practice in coordination with traditional providers
- Promote consumer leadership in policy-making and research
- Ensure that research results are disseminated in language and format that is useful to consumers and advocates

Questions?

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