CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS, PEER-DELIVERED SERVICES AND PEER-OPERATED AGENCIES:

OPPORTUNITIES FOR COLLABORATION AND EXPANSION

MEETING REPORT

OCTOBER 2019

NYAPRS
"Partners in Recovery"

NATI⊖NAL COUNCIL
FOR BEHAVIORAL HEALTH

New York Association of Psychiatric Rehabilitation Services, Inc.
National Council for Behavioral Health

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BACKGROUND

The behavioral health system has traditionally offered care that was organized and funded in silos, with little interaction and planning between substance use, mental health and primary care. Even within each of the systems, services have been developed and implemented in isolation, creating separate provider networks, eligibility criteria and reporting requirements. These rigid funding streams created systems with duplicative care and limited regard for how participants accessed and evaluated services. In the last few decades, federal and state governments, providers and advocates have been working to develop and deliver services that are fully integrated, accessible, and person-centered.

These efforts have been supported by recent findings that highlight how a comprehensive and extended continuum of care — that includes both treatment and recovery support services — improves engagement and activation with everyone, including those with disabling conditions and challenges (Anthony, 2000; Interdepartmental Serious Mental Illness Coordinating Committee, 2017; Sheedy & Whittier, 2013; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018b).
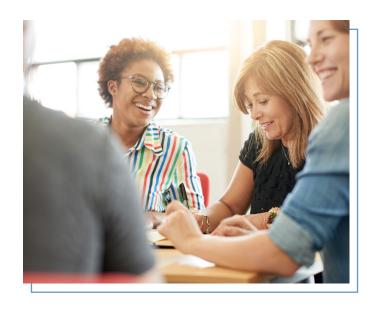
In October 2019, The National Council for Behavioral Health (National Council) and the New York Association of Psychiatric Rehabilitation Services (NYAPRS) collaborated to convene representatives from Certified Community Behavioral Health Clinics (CCBHCs) and peer-run/ recovery community organizations to explore best practice collaborations in delivering peer services in arrangements with CCBHCs. Meeting presentations and dialogue sessions were designed to bridge clinical and grassroots peer cultures and perspectives and explore partnership opportunities and challenges. The agenda focused on practices that increase engagement and retention of individuals accessing services and help them to achieve self-identified recovery outcomes. We examined strategies to offer peer delivered services in collaboration with clinical approaches that maintain fidelity to the core principles of peer support.

This brief is based on the conviction that peer-run agencies and CCBHCs can collaborate to improve consumer engagement and outcomes and the overall success of a truly comprehensive and integrated system of treatment services and supports.

Certified Community Behavioral Health Clinics (CCBHCs) are a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use treatment and support services to vulnerable individuals. CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. Required in this service array is the provision of peer support services presenting new opportunities for enhanced partnerships between CCBHCs and peer agencies.

A **peer-run/recovery community organization** is defined as a program or organization in which the majority of persons who oversee the organization's operation and governance have received mental health and/or substance use disorder services. Over the last three decades, peer-run/ recovery community organizations have created a variety of groundbreaking new models including peer crisis diversion, bridging, and wellness support services that are based on the principles of peer support that have helped to transform the lives of the people they support and the programmatic and policy environments in which they operate. Peer support grew out of a human rights movement that provided a strong voice for personal experiences and raised consciousness about injustice and inequality. The power of peer support lies in the quality of trusted relationships among people with "shared experiences that emphasize voluntariness and promote the belief that giving help is also self-healing, empowerment, positive risk-taking, self-awareness, and building a sense of community" (Penney, 2018). Peer support specialists typically serve as trusted and reliable strength-based allies who support person-centered treatment planning and decisions. Peer support specialists are not clinicians, case managers or coordinators and do not diagnose or provide treatment.

As CCBHCs continue to expand into communities nationally, promising opportunities have emerged to build partnerships between CCBHCs and organizations that provide peer support. Building a strong collaborative spirit will help reinforce a stable and sustainable peer workforce within CCBHCs. According to a U.S. Department of Health and Human Services report to Congress in 2018:

- The most frequently reported staff vacancies experienced by CCBHCs involved peer service staff/recovery coaches.
- In several states, CCBHCs experienced challenges in recruiting and hiring certain types of staff, such as peer service staff in rural areas.
- While 82 percent of the original cohort of CCBHCs established formal or informal relationships with peer-run/recovery organizations, few have established Designated

Collaborating Organization (DCO) arrangements with peer-run/recovery community organizations. The DCO relationship is a specific contractual arrangement in which the DCO provides services and gets paid by the CCBHC, while the CCBHC bills Medicaid for those encounters. This arrangement may help establish a sustainable partnership and funding stream for peer-run/recovery organizations.

Discussions throughout the convening revealed four focus areas for successful integration of peer delivered and CCBHC services:

1. Create a team approach for successful partnerships.
2. Understand the organizational shifts necessary to support the integration of peer services and encourage a recovery-oriented organizational culture.
3. Maintain fidelity to the principles of peer support.
4. Address disparities in funding of peer services.

CREATING AND SUSTAINING SUCCESSFUL PARTNERSHIP

Partnerships between CBHCs and peer organizations offer a unique and extremely valuable opportunity to ensure the delivery of high-quality fidelity level peer services that are especially successful in engaging individuals who have not connected to or responded to more traditional treatment and rehabilitation approaches.

Three partnership models were discussed at the convening:

1. CCBHCs contract with peer-run/recovery community organizations in a **Designated Collaborating Organization arrangement**, whereby the peer agency hires, trains and directly supervises peer staff and ensures a close and seamless collaboration with the CCBHC to provide high quality and successful engagement while ensuring fidelity to the core principles of peer support. **In this model, the peer staff are employed by the peer organization.**

2. CCBHCs contract with a peer-run/recovery community organization to develop an optimal job description and to **hire, train and supervise** peer staff in a manner that achieves positive outcomes while ensuring fidelity to the core principles of peer support. **In this model, the peer staff are directly 'managed' by the peer organization but are employed by the CCBHC.**

3. CCBHCs contract with a local peer-run/recovery community organization that provide on going **technical assistance and consultation, starting with** an initial and ongoing assessment of the CCBHC's recovery culture and organizational readiness, leadership development and buy-in.

SHIFTING ORGANIZATIONAL CULTURE TO INTEGRATE CCBHC AND PEER SERVICES

Although peer services have been in existence for decades and have proven a viable and successful intervention for people with mental health and substance use related challenges, there has been a limited understanding and acceptance of peer services as valuable and essential. In part, this stems from limited knowledge about recovery and peer delivered services. As CCBHCs were faced with rapid implementation of peer specialists, there was little time to engage with peer-run/recovery community organizations about recommended culture shifts and potential collaborations. As many CCBHCs had never worked with peers, some were unprepared for the degree of organizational change that was required to integrate peer-delivered services.

Organizational shifts required of the CCBHC may also include building leadership buy-in for peer-delivered services; assessing organizational barriers to integrating peer services; identifying opportunities to partner with peer-run agencies; and the development of appropriate training on supervision and ongoing support for peer specialists. Peer organizations may also need to make organizational shifts that include building knowledge of CCBHC required services; understanding the shift toward value-based payment

Strategies to Build Successful Partnerships Include:

- Explore different partnership models between CCBHCs and peer-run/recovery community organizations that enhance staffing models, technical assistance and guidance.

- Increase synergy between CCBHCs and peer-run/ recovery community organizations.

- Establish a clear understanding of both peer and clinical staff team member roles and expectations at every level of the organization.

- Ensure that peers are considered equal members of the team, with equal voice and equal access.

- Establish a shared mission, vision and values for peer delivered services.

- Encourage and create space for respectful and challenging conversations.

- Address stigma and structural racism and discrimination in every facet of the organization.

and related documentation; and promoting an awareness of team-based and collaborative care models central to the CCBHC model. A shift in organizational culture needs to be accomplished on both sides, incorporating extensive training and exposure to organization values, clinical interventions and outcomes.

Strategies to shift organizational culture Include:

- Develop clear guidance across the organization on peer specialist roles and responsibilities, job descriptions, scope of practice and performance metrics.

- Build support at all levels of the CCBHC and peer-run/recovery community organizations, ensuring there is buy-in at the highest levels of both agencies.

- Acknowledge and address the power differential between clinical and peer staff.

- Provide system-wide training on CCBHC services, recovery, peer support and peer-delivered services to all staff including clinical, environmental and support staff.

- Elevate the value of peer support specialists as trained and experienced professionals.

- Ensure representation by peers at every level of the organization including on CCBHC governing boards.

- Provide organization-wide training on CCBHC and peer services — including top level management and administration.

- Measure outcomes that demonstrate recovery and community inclusion.

- Address and work toward eliminating stigma, structural racism and discrimination at every level.

- Incentivize working collaboratively.

- Join peer and clinical cultures and systems (with differing approaches, working protocols, and metrics) to increase synergy without compromising either.

- Demonstrate the importance and worth of the peer voice by ensuring representation of peers at every level of the organization including on CCBHC governing bodies.

MAINTAINING FIDELITY TO THE PRINCIPLES OF PEER SUPPORT

Peer support is a multi-dimensional set of interventions that has been developed and honed over many years. It improves access, engagement and activation and has shown to improve quality of life and assist many people in obtaining and maintaining long-term recovery, independence and community inclusion. Peer-run/recovery organizations have expertise in peer models and fidelity, peer supervision, and in providing technical assistance to organizations on establishing a peer model. CCBHCs and peer agencies need to work together to dismantle misconceptions, ensure peer workers are fully valued as equal team members, and create a culture that embraces the peer model, with a commitment to reinforcing the roles, responsibilities and methods of peer practice.

The National Practice Guidelines for Peer Supporters" as developed by the International Association for Peer Supporters, provides an excellent resource in identifying the core principles of peer support: See https://na4ps.files.wordpress.com/2012/09/national-guidelines1.pdf.

Strategies to ensure fidelity include:

- Clarify and communicate the fidelity models of peer support to all involved in the service delivery system, including management, direct staff and service recipients.

- Explore state certifications for peer support specialists and build awareness across organization about competency as it relates to CCBHC service delivery.

- Ensure that peer support specialists are properly credentialed and engage in ongoing peer support training.

- Establish role clarity through job descriptions and practice protocols for the peer specialist and ensure the organization is trained and knowledgeable about this role.

- Identify core competencies for peer support specialists.

- Ensure appropriate supervision and training for the peer specialist.

- Develop policies and protocols that reinforce peer specialist scope of practice within the CCBHC.

ADDRESS DISPARITIES IN FUNDING OF PEER SERVICES

Traditionally peer-delivered services have been grant-funded, existing outside mainstream funding. Clinical services have been funded through Medicaid, Medicare, managed care and, more recently, value-based payment arrangements.

As a result, peer agencies have adopted different documentation, expectations and metrics than clinical service providers that have not prepared them for funding mechanisms like value-based payment. As peer-run/recovery community organizations advance to be more business-oriented, there is a need to develop recovery-based outcome measures that demonstrate the effectiveness of peer support and to prepare peer-run/recovery community organizations for value-based payment. Peer agencies can partner with CCBHCs to initiate conversations about documentation requirements, the use of EHRs, data sharing, and to develop value propositions.

Strategies to integrate mainstream funding include:

- Develop standard recovery-based outcome measures.

- Develop a collaborative value proposition and engage with payers about the value of peer services.

- Advocate for value-based conversations to include recovery-based outcomes that demonstrate quality of life and community inclusion.

- Engage with payers to share recovery outcomes and demonstrate medical necessity for peer services.

- Acknowledge that the pay scale of a CCBHCs may be higher than that of a peer-run/recovery community organizations and advocate for appropriate compensation for peer specialists regardless of where they are employed.

SUMMARY

This forum provided the opportunity to have open discussions about how peer-run/recovery community organizations and CCBHCs can work together to provide an innovative, integrated approach to providing peer, recovery-based services that meets the goals of CCBHC adoption. The CCBHC model holds promise to provide a whole health approach by breaking down silos and providing easier access to care so people can live a full and healthy life in the community.

Peer and family delivered services are key to the success of the CCBHC. To assure future success in integrating peer services in CCBHCs, the National Council and NYAPRS suggest that organizations consider the key areas outlined for developing healthy partnerships, shifting organizational culture to support an integrated peer and CCBHC service model, and advancing toward integrating peer-run/recovery community organizations into mainstream funding. We applaud the development of this new model and recognize the hard work of all the clinics and their partners who are working to make the CCBHC successful and viable model.

Many thanks to the participants who came to Albany from around the country to share their experiences on creating partnerships needed to create a successful CCBHC and an accessible and recovery-based continuum of care.

Great thanks to the National Council's Brie Reimann and Tom Hill and NYAPRS' Harvey Rosenthal, Edye Schwartz, Daniella Labate, Len Statham and consultant Richard Dougherty for their skillful facilitation of the program and the breakout groups.

NATIONAL COUNCIL
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APPENDIX A

National Council for Behavioral Health (National Council)
New York Association of Psychiatric Rehabilitation Services (NYAPRS)

CCBHC and Peer Agency Forum
October 10-11, 2019 | Desmond Hotel, Albany NY

Thursday, October 10, 2019		
Time		
5:00pm	Welcome and Meet and Greet	All
5:30pm	Opening remarks	Harvey Rosenthal, NYAPRS Tom Hill, National Council Amanda Saake, NYSOMH
Friday, October 11, 2019		
Time		
8:30am	Continental breakfast	
9:00am	Welcoming remarks	Harvey Rosenthal, NYAPRS Tom Hill, National Council Don Zaluki, NYSOMH
9:30 - 10:30am	Peer Agency Panel: What is True Peer Support?	Facilitated by Tom Hill
10:30 - 10:45am	Break	
10:45 - 11:45am	CCBHC Panel: Successful Partnerships	Facilitated by Tom Hill
11:45am - 12:30pm	Lunch	
12:30 - 1:30pm	Small Group Discussions: CCBHCs and Peer Agencies: Action Steps to Establishing Successful Partnerships	Brie Reimann, Tom Hill, Len Statham, Edye Schwartz, Daniella Labate-Covelli, Ellen Helion
1:30 – 2:30pm	Small Group Report Out	Each group
2:30 – 3:00pm	Closing Remarks and Recommendations for Next Steps	Harvey Rosenthal, NYAPRS Tom Hill, National Council

APPENDIX B

National Council for Behavioral Health (National Council)
New York Association of Psychiatric Rehabilitation Services (NYAPRS)

Questions and Areas of Exploration for the Forum

Peer Agency Panel Questions
1. Describe essential values, skills, roles and principles of peer support (needs to be broken out into several questions).
2. Describe several peer service models and the outcomes they are generating.
3. What challenges do peer specialists face in collaborating and/or integrating with more traditional approaches and environments?
4. How do you view the peer specialist role as distinct and different than other team members?
5. What role do you believe that peer staff should play in the treatment team discussions and decision and in documentation?
6. Describe experience you've had in subcontracting or collaborating with behavioral and physical health clinical programs.
7. Based on those, what are your hopes and concerns around how peer specialists can be integrated with CCBHCs
8. How have you seen peer specialists' impact and/or transform more traditional environments?
9. How do you see the differences between MH and SUD based peer-delivered services?

CCBHC Panel Questions
1. Please describe the CCBHC model and offer comments around what's working and what's been challenging.
2. How do you view the peer role as distinct and different than other team members?
3. Current deployment of peer staff: what specific services are the peers offering, under what job title and supervision and with what anticipated outcomes?
4. What role do the peer staff play in the treatment team discussions and decision and in documentation?
5. What have been the successes and challenge of your peer services model and partnership?
6. What accommodations has your CCBHC made to onboard peer services?
7. What are the top 3 things to consider when partnering with peer agencies (include hopes and concerns)
8. What advice would you give a new CCBHC regarding peer services?
9. What advice would you give a peer agency regarding partnering with a CCBHC?

APPENDIX C

National Council for Behavioral Health (National Council)
New York Association of Psychiatric Rehabilitation Services (NYAPRS)

Questions and Areas of Exploration for the Forum

Small Group Discussion Questions

1. What are the key considerations for successful peer agency/CCBHC partnerships?
2. What accommodations might need to be put in place to support CCBHC/peer agency partnerships?
3. What tools and resources help to support successful partnerships?
4. What outcomes are expected from peer agency and CCBHC partnerships?
5. How have you worked with existing clinical staff to understand and accept the power of peer services in the service continuum?
6. Have you experienced a change to your organizational culture with the addition of peer services? If so describe.
7. Have you experienced challenges in your organizational culture while integrating peer services into your continuum? If so how and what have you done to begin to shift the culture?
8. What has been the feedback from the folks you are supporting regarding the addition of peer services from your organization?

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