

## Peer Support Services Improve Clinical Outcomes by Fostering Recovery and Promoting Empowerment



Optum® has recognized the role of peer support services as an integral part of state Medicaid plans and has promoted the development and deployment of this workforce. As a recognized leader, Optum has supported the six annual Pillars of Peer Support initiatives, partnered with key peer-led organizations in the development of training and educational resources including monthly webinars, and helped to pilot new and innovative peer programs for their members. As health care becomes better integrated serving the combined physical and behavioral health needs of individuals, there is a recognized and important role for peer support services.

Peer support services provide necessary and important resources across the continuum of health care. This includes specialized services to help individuals in a behavioral health crisis, support and assistance facilitating their transitions across levels of care, and ongoing community support to foster recovery and improve community tenure. Sue Bergeson, Optum's Vice President of Consumer Affairs, has noted that "Peer support specialists can provide an array of services, including helping individuals establish a connection with a health care provider or systems, so they can become empowered to take action to improve their health status. It is just these engagement and activation services that are often missing or not well supported within traditional health care services."

Optum has recognized that engagement and activation are key elements of the services provided by peer specialists. These two terms are often used synonymously, but they are two different aspects of a continuum of health and well-being management. Engagement is the process by which an individual and a health care system are able to establish the connections that link health, illness, and well-being to a system of care. Activation occurs as an individual becomes empowered to improve and sustain their own health and wellness.

**Six core elements of activation have been identified:<sup>3</sup>**

- 1 | Symptom self-management
- 2 | Engagement in actions that support health and functioning maintenance
- 3 | Involvement in treatment decision making
- 4 | Collaboration with health care providers
- 5 | Critical, performance-based selection of providers
- 6 | Navigation of the provider system

Peer support services foster the engagement of individuals with health and community resources to initiate the recovery process. In Optum's service systems peer specialists support activation through meaningful interactions that promote hope and empowerment for improved health outcomes.

State Medicaid Plans are increasingly developing health care coverage that recognizes that individuals with serious mental illnesses (SMI), substance use, and co-occurring conditions are at a high risk of chronic health care conditions and premature death. There is a need to develop integrated whole-health resources that can address these physical and behavioral health conditions. Peer support specialists are generally trained and certified at the state level to provide services that help individuals achieve recovery from their behavioral health conditions and improve self-management of chronic health conditions. Some peers who work in addiction recovery may also have other levels of training or certification. Optum has developed peer support services at the national, state and local levels to achieve Medicaid's goals of improved health outcomes and to reduce unnecessary expenses.

### **Implementing Peer Support Services at a National, Regional, and Local level**

Optum has recognized that peer support services are an integral part of State Medicaid Plans and has worked to integrate these services as a part of their networks of care and operations. Candice Nardini, Optum's Vice President of Public Sector Growth has recognized that "over the last decade peer support services have become a basic requirement in public sector behavioral healthcare contracts. States are increasingly placing particular emphasis on mental health and/or substance use disorder services that demonstrate experience in developing and supporting peer-provided services. This includes strategies to ensure strong participation by consumers and family members, and provide member outreach and education focused on the expansion of peer support. Optum's commitment to peer support services are recognized as industry leading and support partnerships with states across the country.

### **Peer Support Services in Health Care**

Peer support services are defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as specialized assistance that is delivered by a person in recovery from a serious mental illness (SMI), substance use, or co-occurring mental and substance use condition, before, during, and after treatment to facilitate a recipient's long-term recovery in the community.<sup>1</sup> These services are considered evidence-based by the Center for Medicare and Medicaid Services (CMS), and are currently reimbursable as part of state Medicaid plans in at least 37 states. CMS defines a qualified peer support provider (Peer Specialist) as a self-identified consumer who is in recovery from a mental health or substance abuse condition and assists others with their recovery.<sup>2</sup> The emerging role of family support services is also increasingly recognized where family members with shared experiences are able to provide ongoing recovery supports to those they serve.

There is also a growing body of evidence that recovery support services for individuals in addiction recovery improve outcomes of care. Optum has integrated community organizations that focus on peer supports for addiction recovery in our networks. Understanding that addiction recovery support may differ in some ways than mental health peer support, Optum values “meeting people where they are” and supporting their needs within a person centric model.

A four-level strategy has been adopted for deploying peer support services and the peer specialists that deliver them. These include:

**1 Embedded sites** — Optum contracts with States, counties, and others to develop Medicaid-covered behavioral health services and programs for defined populations. In this model Optum supports the development of peer support services in the networks of care that they develop. This includes reimbursing provider organizations that provide peer support services, and may also include peer specialists as part of the Optum administrative team. In some states Optum has also employed peer specialists to provide training and support the development of the peer specialist workforce. An example of this model of program development is seen in Optum’s Pierce County Regional Support Network.

**2 Care Advocacy Centers** — Optum maintains Care Advocacy Centers that support the coordination of care for covered members. In these centers Optum has hired and trained peer specialists to help in the engagement and activation of its members. Peer specialists work with both individuals and providers to help support the coordination of care and improvement of health outcomes. These services are generally provided telephonically, and peer specialists are able to promote recovery based care planning. An example of this model is seen in Optum’s Texas operations.

**3 Whole Health and the Integration of Peer Support Services** — In some markets Optum also has responsibility to support the full spectrum of health care for those they serve. In these programs Optum utilizes peer support specialists who are involved with both behavioral and physical health care coordination. These peer specialists actively work face-to-face with individuals and care team members to address comorbid physical and behavioral health conditions. In some cases these peer support specialists are involved in providing Whole Health Action Management (WHAM) services that help individuals establish health improvement goals. Integrated physical and behavioral health peer support services are currently deployed in Ohio, Hawaii, and other markets.

**4 Hot spotting** — In most of its service areas, Optum utilizes a hot spotting model of targeting key problem areas where utilization is very high, or where health outcomes are below expectations. Through the identification of individuals with high utilization patterns, Optum is able to aggressively work with local peer organizations to provide targeted services aimed at engagement and activation of these individuals.

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### Leadership in Providing Peer Support Service Programs

Optum has established peer support services in 21 states, with the common goal among these programs being to reduce readmit rates; increase community tenure; and demonstrate measurable impacts on member recovery and wellness. These include: California; Delaware; Florida; Hawaii; Iowa; Kansas; Massachusetts; Michigan; Mississippi; New Mexico; New Hampshire; New York; Ohio; Oregon; Pennsylvania; Rhode Island; Tennessee; Texas; Utah; Washington; and Wisconsin.

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**Demonstrated results**

Optum has achieved notable outcomes for their peer support services programs. Overall Optum’s programs have demonstrated improved health outcomes and effective service utilization across programs that include peer support services. These are seen across the four types of program models that Optum has developed.

In **Embedded Sites** Optum has used peer support specialists in their networks of services to improve member engagement and foster activation for improved health care. Some of the results of Optum’s peer programs include:

**Pierce County Washington Regional Support Network** — In this program, certified peer specialists are included in the spectrum of clinical services available across the provider network. Since the implementation of these services, improvement in clinical outcomes<sup>4</sup> are demonstrated by:



**Peer Coaching Programs for Level-of-Care Transitions** — Optum has developed and tested a peer support program in New York and Wisconsin to assist covered members as they transition from the hospital to the community. The results indicate that these services help improve engagement and activation of covered members.<sup>5</sup>

6 months pre- and post-treatment, enrolled program members show:	NEW YORK	WISCONSIN
Significant decreases in the use of inpatient services	<b>47.9% decrease</b> (from 92.6% to 48.2%)	<b>38.6% decrease</b> (from 71.5% to 43.9%)
Significant decreases in the number of inpatient days	<b>62.5% decrease</b> (from 11.2 days to 4.2)	<b>29.7% decrease</b> (from 6.4 days to 4.5)
Significant decreases in overall behavioral health costs per person	<b>47.1% decrease</b> (from \$9,999 to \$5,292)	<b>24.3% decrease</b> (from \$7,555 to \$5,716)

In **Care Advocacy Programs** Optum has established a key role for peer support specialists within the care advocacy programs. This includes hiring and training this workforce in how to promote recovery-based services within these programs. Some of the key aspects of these programs and their outcomes include:

- Optum has promoted the Wellness Recovery Action Plan (WRAP) in conjunction with the Copeland Center to provide effective tools for Care Advocacy staff and outpatient practitioners to support better engagement and health activation.
- Optum has provided recovery training for the Care Advocate programs and nurse care managers. This training includes recovery-focused webinars that inform care advocates on the principles of peer support and recovery, whole health, and healthy behaviors including smoking cessation and lifestyle changes that promote resiliency. Additional training includes Mental Health First Aid, suicide prevention programs and recovery-focused assessments.
- Optum has implemented Seeking Safety programs for individuals who have experienced trauma, may also have substance use problems, and suffer from post-traumatic stress disorder (PTSD). Working with local community-based, consumer-led peer organizations, Optum has developed and implemented this program, training more than 70 peer specialists to provide these services. Seeking Safety is a structured model to that helps participants feel safe, and is focused on present-day coping skills. A claims review from a pilot sample of peer-led Seeking Safety program participants suggested that the program could lead to lower utilization of costly behavioral health services, as well as reduced inpatient readmission rates.<sup>6</sup>

### **Peer Recovery Activation — Intensive Support and Empowerment (PRAISE) Program**

Optum's PRAISE program is a newly initiated resource for individuals with a history of unsuccessful recovery engagement and activation. This is characterized by multiple hospitalizations, emergency department utilization, and limited success with prolonged community tenure. Peer Specialist teams trained to work in the PRAISE model with recovery based tools and awareness of community services are available to assist member establish and achieve desired goals. Intensive peer based services also include resources from community peer service provider organizations, Optum's Field Care Advocate staff, and National Consumer Affairs leadership team. The development of a recovery plan and recovery based milestones (including program completion) are established by the member, and are supported by PRAISE team members.

Preliminary program results offer encouraging outcomes. As an example one participant with a lengthy history of hospitalizations had baseline annual hospital expenses for 2013 of over \$240,000. In the first year of participation in the PRAISE program this member had initial success building community tenure and overall claims costs were reduced by over \$63,000. In the following year with continued involvement in the PRAISE program community tenure was increased with a 5 month period of no hospitalizations and combined reduced claims costs of over \$110,000.

In **integrated health and behavioral health programs**, Optum has been able to support a whole-health approach that promotes improved health outcomes for both chronic health and behavioral health conditions. This is achieved in a number of ways.

- In Pierce County WA, Optum has helped support the development and implementation of a mobile health van that provides primary care and peer support services. As of June 2015, the mobile van health care program has served 1174 individuals. Among these individuals: 49.5% have reduced their body mass index; 50.0% show decline in their Hemoglobin A1c; and 56.3% show reduction in their lipid counts. In this program the inclusion of peer support services helps with the engagements of covered members and helps promote activation for improved physical and behavioral health outcomes.
- In several markets Optum has developed the Whole Health Action Management Plan (WHAM) curriculum to help individuals develop whole health goals for improving both physical and behavioral health. The outcomes for these programs support reduced hospitalization rates, decreased length of stay among participants, and increased engagement and community tenure.
- In Texas, Optum piloted an innovative Whole-Health Peer Support program aimed to promote engagement and foster recovery among elderly individuals with comorbid mental health conditions, who would otherwise be at greater risk for isolation, poor engagement with health systems, and compromised resiliency. In partnership with a regional elder care behavioral health services organization, Optum assigned each participant a Whole-Health Peer Specialist (WHPS), who would contact the elder via phone or in-person as needed to provide encouragement and connect the person to services and resources that help maintain the recovery plan as well as improve quality of life. The program has resulted in significant results for those served:<sup>7</sup>



**70% decrease in hospitalization**



**62% reduction in length of stay**  
(from 6 days to 2.3 days)



Participants were **more engaged** in their local communities



Participants **willingly call** whole-health peer specialists as needed

Optum's **Hot spotting** programs are designed to identify those individuals who have a history of high service utilization and poor health outcomes.

- As an example in pierce County WA Optum has identified their top 55 emergency department utilizers. They have established a dedicated team to serve this population that is available 24 hours per day, 7 days a week. These teams serve both youth and adults and include peer specialist roles on each team.
- In other states, Optum has identified individuals who have multiple recurring hospitalizations and dedicated a peer specialist to provide support services to help transition from the hospital and build community tenure. The peer specialist is available to help address crisis situations, and establish community supports that foster resiliency. In several states Optum has achieved multiple successes in helping to reduce and in some cases eliminate the need for additional hospitalizations. Optum is in the process of formalizing this program with specific guidelines and procedures for how peer specialists engage in hot spotting support and interventions. In one current example Optum has been able to effect an 18% reduction in health care costs based on an individual's recurrent admissions in one state.

### **Next Steps for Peer Support Services**

As State Medicaid plans increasingly require peer support services to be a mandatory component of their coverage plans, Optum has led the way with its commitment to making these recovery-based services available to consumers. As a national leader, Optum has established model peer support service resources across its state programs. Working with states Optum is able to customize their peer support service programs to meet the unique needs of each region. This includes inclusion of peer support services in their provider networks, as part of the core staff in their care advocacy programs, in integrated health settings and programs, and in targeted hot spotting initiatives. Optum welcomes the opportunities to partner with states and regional provider resources to build effective peer support services for those they serve.

1. Chinman, M., George, P., Dougherty, R.H., Daniels, A.S., Ghose, S.S., Swift, A., & Delphin-Rittmon, M.E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services*, 65(4), 429-441.
2. Department of Health and Human Services Centers for Medicare & Medicaid Services (2007), State Medicaid Director Letter – Peer Support Services SMDL #07-011. Available at: [www.cms.hhs.gov/SMDL/downloads/SMD081507A.pdf](http://www.cms.hhs.gov/SMDL/downloads/SMD081507A.pdf).
3. Hibbard, J.H., Stockard, J., Mahoney, E. R., Tusler, M. (2004) Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Services Research* Vol 39, #4, 1005–1026.
4. Optum analysis of redesigned Pierce County regional support network, G. Dolezal and F. Motz, 5/1/2015. Reduction in hospitalizations and reduction in 30-day readmission rate percentages are calculated as the average reduction over the five-year period compared to the prior benchmark year. Bed days per 1,000 is calculated as bed days divided by total covered county population.
5. Results within six months after enrollment in peer support programs in Wisconsin and New York, compared to six months prior to enrollment; among a subsample of participants (Wisconsin: 130; New York: 54) with continuous eligibility for six months pre- and post-referral and at least one behavioral health claim during that period; referred to the program between 09/01/2009 and 07/31/2012(New York) and between 12/01/2009 and 12/31/2011 (Wisconsin).
6. Based on a sample of 77 members who enrolled in the Seeking Safety Program between March 2014 and August 2015. Members included in the analysis were required to have behavioral health claims 90 days before and after program participation (N=61). Optum Consumer Solutions Group Healthcare Analytics, June 20, 2016.
7. Results within six months after enrollment in whole-health peer support program in San Antonio, Texas, compared to six months prior to enrollment, among a sample of 25 participants 60 years of age or older with continuous eligibility for six months pre- and post-referral, at least two hospitalizations in the prior year, and diagnosed with both a mental health issue and a general health issue; enrolled in the program between 06/1/2010 and 09/30/2011.



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