Mini Plenary: Whole Health and Peer Workforce Development

Sherry Jenkins Tucker, M.A., C.P.S., I.T.E.

Executive Director, Georgia Mental Health Consumer Network

Wendy Tiegreen, M.S.W.

Director of Medicaid Coordination, DBHDD





Georgia's Health Integration through Peer Support



Georgia Department of Behavioral Health & Developmental Disabilities Wendy White Tiegreen, Director of Medicaid and Health System Innovation

and

Georgia Mental Health Consumer Network Sherry Jenkins-Tucker, Executive Director

for the

Carter Center November 2015

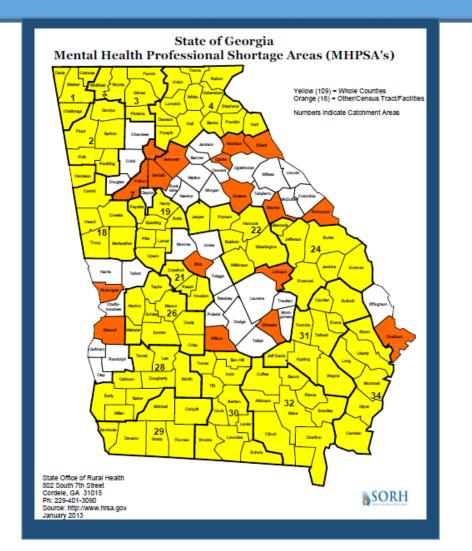
Introductions

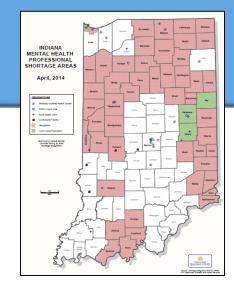
Who We Are

Intentional and Trusting Relationships

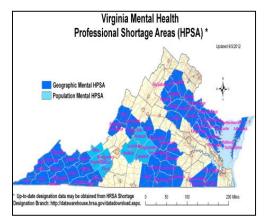
Strengths-Based Products and Outcomes

BH Workforce Issues





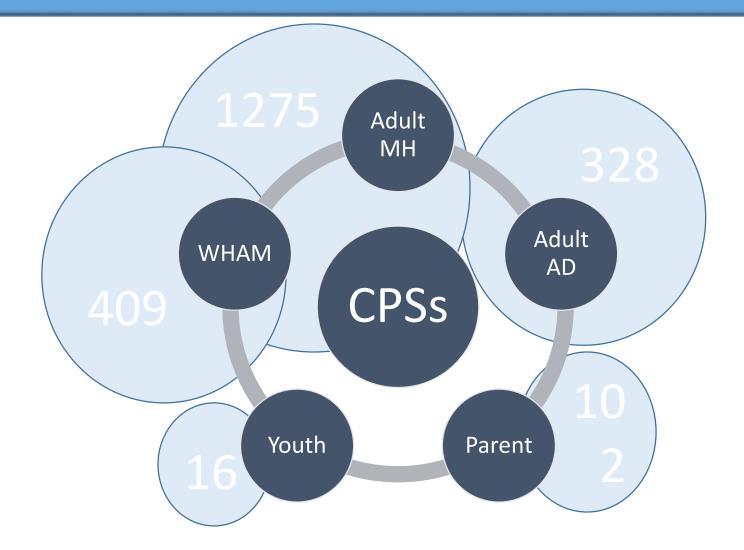




Peer Support approved in Summer 1999

- First specific "Peer"-delivered Medicaid approved service in nation
- Approximately ~1700 Certified Peer Specialists certified in GA

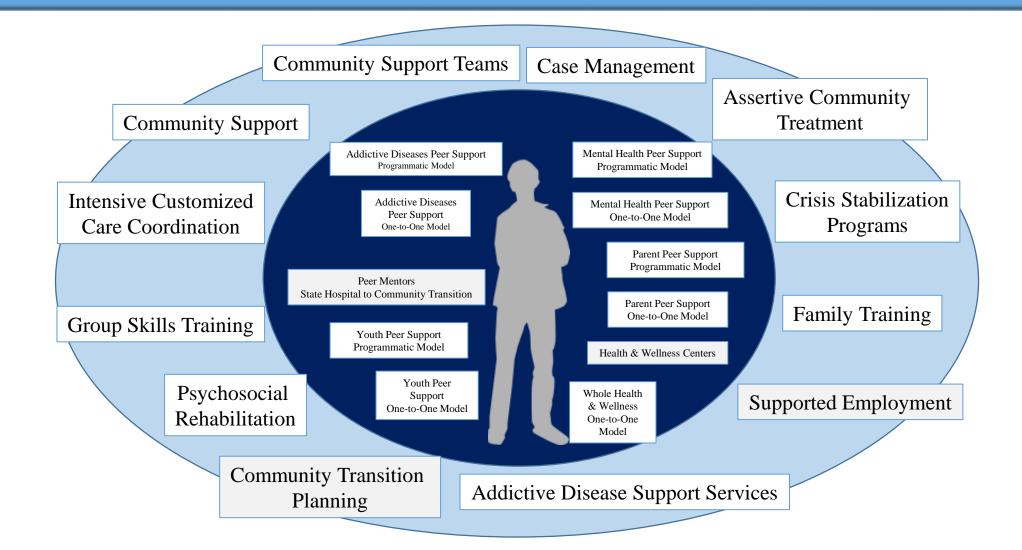
Georgia CPS Workforce



Georgia's Foundation: Peer Services



Georgia's Foundation: Peer Services



Georgia: New & Now

Peer Support Whole Health and Wellness

- Key Modification: Prevention
- Modified Medicaid Rehab Option State Plan to add:
 - "...support and coaching interventions to individuals to promote recovery and healthy lifestyles and to reduce identifiable behavioral health & and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions by teaching more effective management techniques that focus on the individual's self-management and decision making about healthy choices which ultimately **extend the members' lifespan**."

- CPS Training: Whole Health Action Management (WHAM)
 - Engaging in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors;
 - Supporting the person in writing a whole health goal based on personal motivation and person-centered planning;
 - Supporting the person in creating and logging a weekly action plan;
 - Facilitating WHAM peer support groups which create new health behaviors;
 - Building the person's Relaxation Response skills to manage stress;
 - Building the person's cognitive self-management skills to avoid negative thinking.

Specific Interventions Include:

- Skills development for sharing basic health information;
- Promoting awareness regarding health indicators;
- Assisting the individual in understanding the idea of whole health and the role of health screening;
- Supporting behavior changes for health improvement;
- Building skills on the use of wellness tools (e.g. relaxation response, positive imaging, wellness toolboxes, daily action plans, stress management, etc.) to support the individual's identified health goals;

Specific Interventions, continued:

- Working with the individual in his/her selection of incremental health goals;
- Teaching/modeling/demonstrating skills such as nutrition, physical fitness, healthy lifestyle choices;
- Promoting and offering healthy environments and skillsdevelopment to assist the individual in modifying his/her own living environments for wellness;
- Supporting the individual as they practice creating healthy habits;
- Personal self-care, self-advocacy and health communication;
- Assisting in the coaching related to disclosing history, discussing prescribed medications, asking questions in health settings

TECHNICAL ELEMENTS

- Requires Professional Supervision in accordance with CMS-SMDL #07-011
- Requires goal(s) on the official Treatment (Recovery) Plan
- Requires health-related training for the Certified Peer Specialist (CPS)

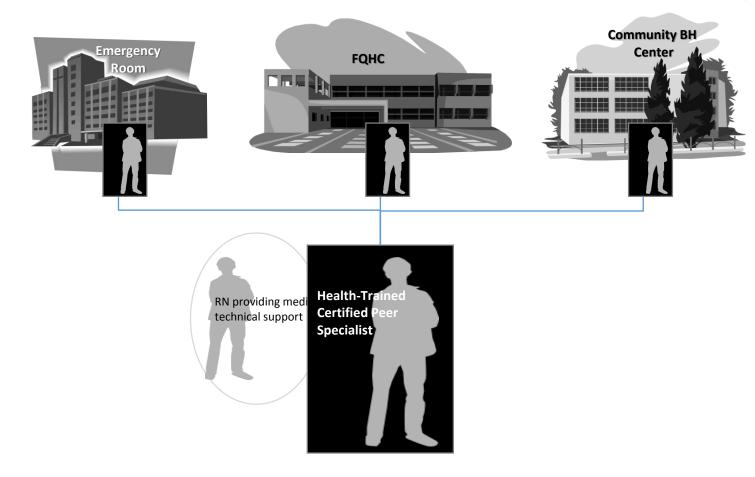
TECHNICAL ELEMENTS

- Health-trained CPSs are the **lead** practitioners
- Partnered with an agency-designated Behavioral Health Registered Nurse/s who provides technical medical advice, referral, and support as requested and as necessary

TECHNICAL ELEMENTS:

- HCPCS Billing Code:
 - Health and Wellness Supports, H0025
- Rate for 15 minute unit:
 - Ranges from \$15.13 to \$24.36 depending on CPS education level and location of service

Health-Certified CPSs have the ability to function in a variety of settings

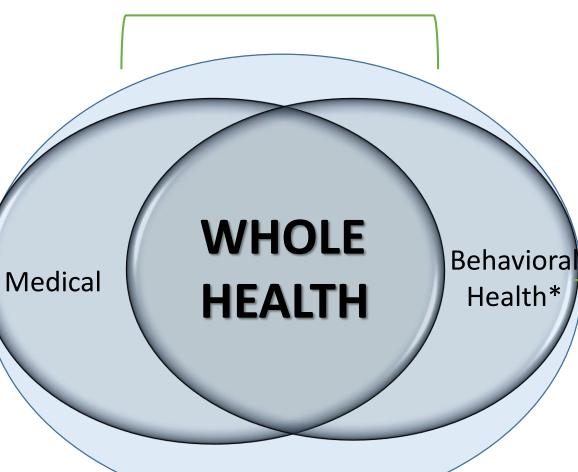


Examples of Models:

- Emergency Rooms: Negotiations with Medicaid
- FQHCs:
 - Per Diem billing
 - Options for consideration:
 - CMHC Partnership
 - Specialized Medicaid Enrollment for Peer Support
 - Outcomes Orientation



FQHCs



*Substance Abuse Center Services are noncovered

Core

"Medical history, physical examination, assessment of health status and treatment of a variety of conditions amendable to medical management on an ambulatory basis by a physician "*

"Evaluation and Diagnostic services"

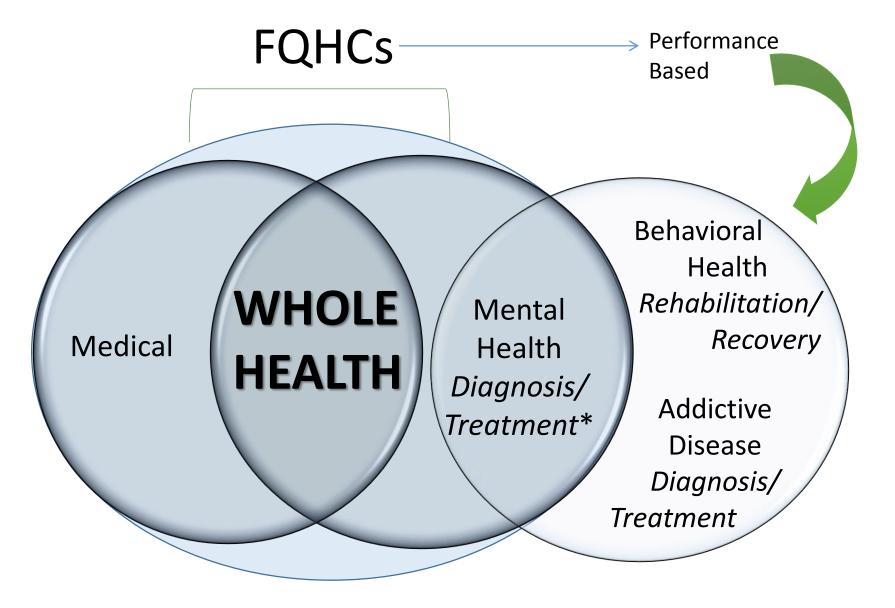
"Services and supplies incident to a physician services including pharmaceuticals "

Optional

"Centers may offer additional services that are beyond the scope of FQHC core..."

- Psychiatric Diagnostic or Evaluative Interview Procedures
- Psychiatric Therapeutic Procedures
- Office or Other
 - **Outpatient Services**
 - New Patient
 - Established Patient





Points of Dialogue

- Dialogue:
 - Mutual goals
 - Role discernment
 - Our role, their role, combined roles
 - Behavioral Health Treatment and Rehabilitation
 - Addiction Treatment and Recovery
 - Complementary functions/strengths
 - Medicaid penetration

- Lived Experience Perspective
 - Improved Lives
 - Health Engagement
 - Patient Activation

Emerging Outcomes:

- Health and Recovery Peer (HARP) Program study (Druss, et.al):
 - "...significantly greater improvement in patient activation than those in usual care."
- DHHS AHRQ features PSWHW:
 - "Policy Innovation"
 - State Medicaid Program Designates Physical Health and Wellness Services Provided by Mental Health Peers as Reimbursable Service http://www.innovations.ahrq.gov/content.aspx?id=4084

Emerging Outcomes:

- Cobb/Douglas Community Service Board (SAMHSA PBHI grantee):
 - Significant improvements in cardiometabolic risk factors were seen (hypertension, smoking status (breath CO), and A1C).
 - Individuals with high blood pressure: % in sample group normal range increased from 33% to 41%
 - 8% in sample group (n=21) quit smoking
 - Improvements were also seen in BMI, total and LDL cholesterol (statistically insignificant).

Contact Information

Wendy White Tiegreen wtiegree@dbhdd.ga.gov

