

Peer support: Its impact on behavioral health recovery



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 its members. As health care becomes better informed about the impact of untreated behavioral health needs of individuals, there is an increased understanding of the benefits of peer support services.

Peer support services provide vital 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 promoting ongoing community support to foster recovery and improve community tenure. Diane Johnson, Optum Manager of Consumer Affairs, notes that “peer support services (adult/family/youth/SUD) formalize a natural system of support that has been around since the beginning of civilization, legitimizing the lived experience as a bridge to engage individuals. Peers use their own lives as examples of hope. They provide a wide array of services and connect individuals to community and system resources. Peers, through their caring, empathy and practical support, activate individuals to engage and remain in services that foster recovery. Optum has committed to the key role of peer support services in behavioral health recovery and provides these resources across the service spectrum.”



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Optum has recognized that engagement and activation are key elements of the services provided by peer support 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:¹

- 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 service systems, peer support specialists encourage activation through meaningful interactions that promote hope and empowerment for improved health outcomes.

State Medicaid plans are developing health care coverage that recognizes that individuals with serious mental illnesses (SMI), substance use, and co-occurring behavioral health conditions are at a high risk of developing 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, as well as social determinants of health (SDOH).

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. Across Optum peer support programs, this can include the development of a whole-health recovery plan. The plan would address the physical, behavioral and social determinants of health, which can be monitored with the Whole Health Tracker tool. Some peers who work in addiction recovery may also have other levels of training or certification. Optum supports peer services across the life span and includes youth and transitional age youth, adults and older adults. To help expand this workforce, Optum has developed state-specific training programs for peer support specialists, and promotes peer support services at the national, state and local levels to achieve Medicaid's goals of improved health outcomes and reduction of unnecessary expenses.



Peer support services in behavioral 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.² 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 39 states. CMS defines a qualified peer support provider (peer support specialist) as a self-identified individual who is in recovery from a mental health condition or substance use disorder and assists others with their recovery.³ 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.

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 in its networks of care and operations. Optum Senior Behavioral Medical Director Dr. Jeffrey Meyerhoff notes that “all clinical programs are founded on the principles of recovery and resiliency, placing the member and family at the forefront of all we do. These principles are part of the Optum core organizational culture and values. Optum has brought innovations to the work of peer support by utilizing best practices, identifying evidence-based research and most importantly, listening to and learning from the peer community.”

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 individuals and family members, and provide member outreach and education focused on the expansion of peer support. The Optum commitment to peer support services is recognized as industry-leading, and it supports partnerships in states across the country. Optum also works closely with peer support advocacy organizations, such as the National Association of Peer Supporters (INAPS), to promote and foster the role of these services at all levels of health services.



Through direct staffing and/or provider contracts, Optum provides peer support services in 23 states, with the common goal among these programs being to demonstrate measurable impacts on member recovery and wellness. This is achieved by engaging members in their own recovery and activating them for improved health outcomes, including the development of person-centered recovery plans, reducing readmission rates and increasing community tenure. These services are available in Alaska, Arizona, Florida, Hawaii, Idaho, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New York, Ohio, Rhode Island, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin.

There is also a growing body of evidence⁴ that recovery support services for individuals in substance use recovery improve outcomes of care. Optum has integrated community organizations that focus on peer supports for addiction recovery into its networks. Understanding that addiction recovery support may differ in some ways from mental health peer support, Optum values the principles of meeting people where they are, and supporting their needs within a person-centric model.



Leadership in developing peer support service programs

Optum has developed a designated managerial level position to support recovery. The Recovery and Resiliency Manager has responsibility for the successful functioning of the Recovery and Resiliency unit (R&R unit) and serves as a member of the behavioral health management team. They also provide supervision of staff-level peer support specialists. The R&R unit is responsible for developing peer-based programs and services that enhance member engagement and help members reach their recovery goals. This includes working directly with members and families and collaborating with care advocates, providers and community agencies to support member access to needed services. The Recovery and Resiliency Manager is charged with ensuring that recovery and resiliency, as well as the perspective of members and families, are actively considered in every phase of Optum operations. Optum currently deploys R&R managers in nine states: Florida, Hawaii, Kansas, Maryland, Missouri, Nebraska, Nevada, New York and Texas.

Optum strategies for implementing peer support services in systems of care

A four-level strategy has been adopted for deploying peer support services across the continuum of behavioral health services, and the peer support specialists that deliver them. These include:

Embedded sites — Optum contracts with states, counties and others to deliver Medicaid-covered behavioral health services and programs for defined populations. In this model, Optum promotes peer support services in the networks of care that they develop. This includes reimbursing provider organizations that deliver peer support services. Optum also has peer support specialists on staff as Recovery and Resiliency Managers in Florida, Hawaii, Kansas, Maryland, Missouri, Nebraska, Nevada, New York and Texas. Recovery and Resiliency Managers serve the function of assisting states to develop and enhance peer services across the continuum of care. Additionally, these peer support specialists deliver direct peer support services to members when the service is not available under the Medicaid plans for members who need it. Optum also employs peer support specialists to provide training and support for the development of the peer support specialist workforce in multiple states.

Staff-level peer support specialists

Optum currently employs direct care peer support specialists and recovery and resiliency managers with lived experience in over 25 states and expanding. Trained peers with lived experience including peer liaisons, adult & family peers, youth peers, recovery coaches, whole health peers with intellectual and developmental disabilities (I/DD), and other specially trained specialists are being added to the program.

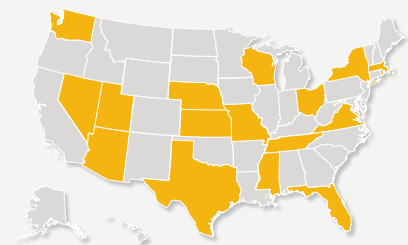
Care Advocacy Centers — Optum maintains Care Advocacy Centers that support the coordination of care for covered members. In many of these centers, Optum has hired and trained peer support specialists to help in the engagement and activation of its members. Peer support specialists work with both individuals and providers to help support the coordination of care and improvement of health outcomes. These services are generally provided telephonically, and peer support specialists are able to promote recovery-based care planning.

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 it serves. In these programs, Optum utilizes peer support specialists who are involved with care coordination for both behavioral and physical health services. These peer support specialists actively work face to face with individuals and care team members to address comorbid physical and behavioral health conditions. Peer support specialists work with individuals to create and manage their personal Whole Health Tracker as part of their recovery plans. In Michigan, Optum also works with community health workers to provide peer support services for those with comorbid physical and behavioral health conditions.

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 or poor health outcomes, Optum is able to work aggressively with local peer organizations to provide targeted services aimed at engagement and activation of these individuals.

Peer support specialist network

Optum has developed networks of peer support specialists and provides these as a covered benefit in 17 states. In 2021, the network will also include Kentucky, Indiana, and North Carolina.



Demonstrated results

Optum has achieved notable outcomes for its peer support services programs. Overall, Optum programs have demonstrated improved health outcomes and efficient service utilization across programs that include peer support services.

Embedded sites — Optum has used peer support specialists in its networks of services to improve member engagement and foster activation for improved health outcomes. Some of the results of Optum embedded site peer programs include:



Care Advocacy programs — Optum has established a key role for peer support specialists as recovery and resiliency managers. 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 provided recovery training for the behavioral health care advocates, clinicians 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. Using the Whole Health Tracker, peers and care advocates focus on wellness goals and lifestyle changes that promote recovery and resiliency. Additional trainings provided include: Mental Health First Aid, suicide prevention programs including QPR (Question, Persuade and Refer), and recovery-focused self-management tools including the Whole Health Tracker.
- Optum has implemented Seeking Safety programs for individuals who have experienced trauma and may also have mental health and/or substance use problems. Working with local community-based, consumer-led peer organizations, Optum has developed and implemented this program, training more than 300 peer support 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 sample of peer-led Seeking Safety program participants suggested that the program leads to lower utilization of costly behavioral health services, as well as reduced inpatient readmission rates.⁵



Integrated health and behavioral health programs — Optum supports 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. Routine data is collected as part of each of these programs and preliminary findings support improved health outcomes and reduced costs.

- In Michigan, Optum has developed a whole-health coaching program. A Whole Health Coach is a person who has progressed in his or her own recovery from mental illness and/or substance use and is working to assist other people with a similar experience. The Whole Health Coach, who also has a chronic medical condition, serves as an advocate, and provides information and support for members in emergency, outpatient or inpatient settings. This role complements the individual's overall health services. As a result of this program, avoidable medical utilization and health care costs declined over a six-month period of time. Average medical outpatient services for the population served declined by 17.56 visits and an average reduction in costs of \$3,191. Average inpatient admits also declined by 1.87, with a demonstrated cost reduction of \$19,283.⁶

As a result of this program, **avoidable medical utilization and health care costs declined** over a six-month period of time.

- In Texas, Optum has developed a peer support and coaching model program. The peer support program focuses on helping people live healthier lives. The peer support specialist is assigned to members who have been hospitalized or are currently in the hospital, and works with them for an average of six months to assist them through the peer support program. The average case load per peer support specialist is about 20 members. Program goals include:
 - Identifying and building on member strengths
 - Reducing isolation and both internal and external stigma
 - Building recovery goals with the member to frame his or her treatment
 - Providing coaching and engagement tools
 - Serving as a translator between “doctor talk” and the member
 - Providing empowerment tools and community-based resources
 - Offering support and promoting hope
 - Being a positive advocate

As a result of this program, behavioral health acute inpatient admissions six months pre- or post-engagement demonstrated a 66% reduction for the 107 study participants. This included a decrease in average admissions per participant of 1.3, and an average length of stay reduction of 0.6 days. There was an average cost savings of \$280 per admission. Reductions in medical service admissions are also noted for this program. Average pre/post medical visits declined by 5.72, and average total paid visit costs declined by \$492. Average costs for medical admissions also declined by \$597.⁷

Peer Recovery Activation — Intensive Support and Empowerment (PRAISE) Program. The Optum PRAISE program is a resource for individuals with a history of unsuccessful recovery engagement and activation. This is characterized by multiple hospitalizations, high emergency department utilization and limited success with prolonged community tenure. Peer support specialist teams trained to work in the PRAISE model with recovery-based tools and awareness of community services are available to assist members in establishing and achieving desired goals. Intensive peer-based services also include resources from community peer service provider organizations, Optum Field Care Advocate staff and the 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. Optum has deployed this program with both community provider organizations and internal staff. Preliminary findings demonstrate considerable savings on the utilization of unnecessary services.

- Preliminary results for an initial group of eight Medicaid members who remained engaged in the program for more than six months:
 - **38%** reduction in total benefit expense⁸
 - **68%** decreased acute inpatient admissions (a projected two-year savings of **\$549,053**)⁹

Hot-spotting programs — These resources are designed to identify those individuals who have a history of high service utilization and poor health outcomes.

- In several states, Optum has identified individuals who have multiple recurring hospitalizations and dedicated a peer support specialist to provide support services to help transition from the hospital and build community tenure. The peer support 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 has established this program with specific guidelines and procedures for how peer support 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 members. As a national leader, Optum has established model peer support service programs and resources across

its state programs. Working with states, Optum is able to customize its peer support service models to meet the unique needs of each region. This includes inclusion of peer support services in its provider networks, as part of the core staff in its 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 train and build effective peer support services for those it serves.

Visit [optum.com](https://www.optum.com) or contact your Optum representative for more information.

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5. Based on a sample of 77 Medicaid 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.
6. Results from an Optum February 2018 analysis of 16 Michigan Medicaid beneficiaries who successfully completed the Optum peer support program between January 1, 2016, and January 31, 2017; results are within six months after enrollment, compared to six months prior to enrollment; participants had continuous eligibility for six months pre- and post-referral and at least one behavioral health (mental health and/or substance use) claim during that period.
7. Results from an Optum November 2019 analysis of 107 Texas Medicaid beneficiaries who enrolled in Optum peer support services between January 1, 2016, and December 31, 2018; results are within six months after enrollment, compared to six months prior to enrollment; participants had continuous eligibility for six months pre- and post-referral and at least one behavioral health (mental health and/or substance use) claim during that period.
8. Results from an Optum February 2018 analysis of eight Rhode Island Medicaid beneficiaries who enrolled in Optum PRAISE between June 1, 2016, and July 15, 2017; results are projected costs 24 months after enrollment, compared to 24 months prior to enrollment. Average monthly cost post engagement is projected for 24 months based on current post trend.
9. Results from an Optum February 2018 analysis of eight Rhode Island Medicaid beneficiaries who enrolled in Optum PRAISE between June 1, 2016, and July 15, 2017; results are projected costs 24 months after enrollment, compared to within 24 months prior to enrollment. Based on an average cost of \$5,387 per admission for these members. Projected savings for 24 months post-peer services are based on current post trend.



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