Where are we and where are we going?

Future Developments in Arizona’s Peer/Recovery Support

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We’ve come a long way
The Arizona Model:

Program Standards, not a Standard Program.
Peer Support Training History in AZ

• Began in late 1990s
  o “Maricopa Model”

• 2007
  o DBHS Practice Protocol: Peer Workers/Recovery Support Specialists within Behavioral Health Agencies
  o CMS Letter to State Medicaid Directors (SMDL 07-011)
History Continued

- Oct. 1, 2012:
  - Development of Provider Manual Section 9.2 (PM9.2)
    - Training // Credentialing // Supervision Requirements
  - Focuses mostly on standardizing content of training programs

Since 10/1/12, 30 credentialing programs have met compliance with the requirements, and an estimated 6,000 people have been credentialed.
Let’s not congratulate ourselves, just yet.
Credentialed by year/per month

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Why should we care?

Volume of Credentialing

But size of the PRSS workforce does not grow.

Size of workforce has remained about 950 PRSS.
Our Data Sets

1. Master Registry of all PRSS that have been credentialed since Oct. 1, 2012

2. Deliverables from our Contractors listing the names of all persons working in their network with a PRSS credential and what their primary job duties are.
   - i.e. Dedicated PRSS
We selected a 180-Day Period

- Oct 1, 2018 – April 1, 2019
  - Average size of PRSS workforce: **895**
  - **66** PRSS New Hires
  - **105** Separations
  - **0** Transfers
  - Average length of employment as PRSS: **1,024 Days**
We selected a 180-Day Period (cont’d.)

- Oct 1, 2018 – April 1, 2019
  - **398** credentialed and added to the registry
  - 29 of the 66 PRSS new hires were trained during the 180-day period (29 out of 398)
  - Only 2 of those 29 were reported to AHCCCS OIFA Registry

4.52 / day
7.2% of 398
Other 37 Credentialed prior to 9/30/18

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Where are we going?

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PRSS Training is to prepare someone to support others, in behavioral health settings, in a very specific way.

- It is not a covered service *in and of itself*

- PRSS training is **not** meant to be:
  - A support group
  - A self-help class
  - A treatment intervention

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Changes to help us move forward

Specialized Programming that does not involve job-training or result in a credential.

- If seeking “Life Enrichment”, “Skills Building” or “Personal Growth”...
  - Weeks long, more intensive programs would be far more effective than the few hours they spend on these things in a PRSS training program.
Changes to help us move forward

#3 Deciding what is the right move

Which is the more important question?

“Could you provide peer support?”

or

“Should you provide peer support?”
Changes to help us move forward

#4 Admitting that Peer Support is an intense practice and a unique specialty

- The practice of Peer Support is just as intense as any other healthcare practice.

- Peer Support is not an adjunct specialty, but a distinct practice.
Changes to help us move forward

#5 Shrugging off the “Professional Mystique”

- Stop “Othering”
- Regulation does not equal respect
- PRSS and Clinicians work in the same environment and are exposed to the same job-hazards.
- Different disciplines, equally traumatized.
Objective—Physician distress is a well-documented phenomenon with costly consequences for individuals, patients, and society.

Existing services are not informed by physician preferences and are consequently underutilized.

We sought to design an evidence-based intervention based on the attitudes towards support among physicians at our hospital.
Physicians’ Needs in Coping with Emotional Stressors: The Case for Peer Support

Yue-Yung Hu, MD, MPH, Megan L. Fix, MD, Nathanael D. Hevelone, MPH, Stuart R. Lipsitz, ScD, Caprice C. Greenberg, MD, MPH, Joel S. Weissman, PhD, and Jo Shapiro, MD

Design—A 56-item survey was administered to a convenience sample (n= 108) of resident and attending physicians at Surgery, Emergency Medicine, and Anesthesiology departmental conferences.
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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3309062/

Conclusions—Despite the prevalence of stressful experiences and the desire for support among physicians, established services are underutilized.

As colleagues are the most acceptable sources of support, we advocate peer support as the most effective way to address this sensitive, but important issue.
Helping Clinicians Through Traumatic Events Also Helps the Bottom Line, Cost-Benefit Analysis Shows

Johns Hopkins, Bloomberg School of Public Health

- Peer-support program can save close to $2 million annually.
- A peer-support program launched six years ago at Johns Hopkins Medicine to help doctors and nurses recover after traumatic patient-care events likely saves the institution close to $2 million annually.
- The findings, published online in the Journal of Patient Safety, could provide impetus for other medical centers to offer similar

Clinicians who aren’t able to cope with the stress or don’t feel supported following these events, often suffer a decrease in their work productivity, take time off or quit their jobs.
What’s next?

Where do we go from here?

- 1. Adequate Planning and Preparation
- 2. Clearly Articulated Policies to Avoid Confusion
- 3. Systematic Screening with Defined Selection Criteria for Peer Supporters
- 4. Leverage Benefits from “Peer” Status
- 5. Enable Continued Learning through Structured Training
1. Systematic screening of applicants
2. Conducting core training in-person
3. Incorporating physical health and wellness into training or continuing education
4. Preparing organizations to support peer support specialists
5. Continuing education requirements specific to peer support
6. Engaging peers in the leadership and development of certification programs
Changes to help us move forward

SOMETHING NEW!

- A “systematic screening and application process”

- Currently: “Get it on your ISP”
  - Here we are, 6k credentials later...
Changes to help us move forward

SOMETHING NEW!

• A Statewide, Standardized Competency Exam

• Requested by AZ’s Credentialing Programs themselves

• The viability of the Arizona Model demands an equalizing component.
Changes to help us move forward

SOMETHING NEW!

- Going Competency-Based
  - Policy to focus more on the PRSS, themselves

- Which competencies?
  - *Those that Arizona’s PRSSs want for themselves, and each other, to provide a higher quality of care to the people they serve.*
    - iNAPS
    - SAMHSA
    - MHA
    - PSACC
Changes to help us move forward

SOMETHING NEW!

• A Community of Practice for PRSS

DOMAIN
Area of shared interest & key issues

COMMUNITY
Relationships built through discussion, activities & learning

PRACTICE
Body of knowledge, methods, stories, tools developed

quality health care for those in need
We are all in this together.

And together is the only way we can move forward.
Questions?
Discussions?
Thank You.

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