



The Key

ASSISTANCE REPORT

FOCUS ON PEER ORGANIZATIONS
PARTNERING WITH MCOs

National Mental Health Consumers' Self-Help Clearinghouse

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The collaboration between peer-led organizations and managed care organizations (MCOs) may well be an important next step to transforming the behavioral health care system.

THE ROLE OF PEERS INSIDE MCOs

Increasingly, MCOs – which contract with state and county governments as well as individual employers to provide health care through both public programs (Medicare and Medicaid) and commercial or private insurance – are hiring peers (individuals in recovery from behavioral health conditions) in a variety of roles: from advisory to leadership, at the state and national levels. The goal is to improve services, save money and offer an important perspective that too often has been lost in health care delivery.

At the same time, peer-run organizations are partnering with MCOs to provide important services on a larger scale. These partnerships can be very rewarding, experts say.

“I highly recommend that peer-run organizations work toward creating relationships with their local MCOs,”



said Joseph Rogers, chief advocacy officer of the Mental Health Association of Southeastern Pennsylvania (MHASP). “In southeastern Pennsylvania, we have had wonderful opportunities working with MCOs. We have worked with both Magellan and Community Behavioral Health – a city-run MCO, in Philadelphia – and we have been doing some work with Community Care Behavioral Health, an MCO serving mostly central and western Pennsylvania. These MCOs have shown great enthusiasm for the peer-to-peer model, not just as an adjunct but as a core model in providing comprehensive, recovery-oriented, community integration services.”

Examples of best or promising practices adopted by MCOs and operated by peer or family organizations include psychiatric rehabilitation, peer support and drop-in centers, wellness coaching, peer bridge (created by the New York Association of Psychiatric

Rehabilitation Services) or PeerLink programs, peer-run crisis respite services, rights advocacy, certified peer specialists and others. Peer services may also help with employment, housing and other critical issues.

“Compared to the substance abuse side, peer services are relatively new for mental health. I believe it has taken mental health professionals longer to find a comfort level with this approach,” said Robert Waters, vice president of accounts for Magellan Behavioral Health, in Newtown, Pa. “But we are certainly seeing more MCOs starting to integrate peer services and peer perspectives in different ways.”

Rogers agreed. “These relationships have allowed us to do some innovative projects, such as self-directed care and mobile peer teams,” he said. *[Editor's note: In self-directed care, individuals have the opportunity to control their own budgets, which they can use*

to purchase goods and services that support their recovery.] MHASP's mobile peer projects include Peer Net, which serves individuals in their homes; Peer Ahead, which works with individuals with mental health conditions and HIV/AIDS; and Trail Guides, targeted toward young adults.

A FRUITFUL EXCHANGE

As vice president for consumer affairs at OptumHealth, Sue Bergeson works to expand peer services across a number of fronts, including peer bridgers in Wisconsin, Tennessee, New York and New Mexico; whole health coaches in Texas; addiction recovery coaches in Baltimore; as well as a peer-run warmline, crisis respite and peer bridgers in Washington.

Elsewhere, ValueOptions, another MCO, offers a self-directed care program in Texas and peer services

in Massachusetts. And these are just a few examples of the ways MCOs and peer groups are partnering.

THE ARRANGEMENT BENEFITS BOTH PARTNERS.

"By hiring peers, managed care companies can make sure that people who use mental health services are getting the right service at the right time, based on national standards. Peer bridging programs can help people get unstuck from revolving hospitalization," Bergeson said. "In New York State we were able to dramatically reduce the rate of hospitalization, [which] typically costs \$1,200 per person a day."

In addition to reducing hospitalizations and offering supports, peer services can provide health literacy training for better self-managed care, and support active participation in outpatient services.

A managed care organization can also lend technical support to organizations that work with Medicaid funds. "Many organizations struggle with billing and coding for providers," Bergeson said. "When you work inside of an MCO, you benefit from their infrastructure." Peers from OptumHealth are taking it a step further, actively working with peer- and family-run organizations to teach them how to contract with MCOs in productive ways.

Further, many organizations are struggling with funding, which has become scarcer as states have cut back in recent years and the recession has meant fewer donations to peer and family groups. Managed care can be a sustainable source of income for the organization and for individual peers. "From what we've seen, a lot of the state money is going away and it's not coming back, no matter how much the economy improves; so this is a critical option for organizations to consider," Bergeson said.

At the same time, support from MCOs may give peer-run organizations more flexibility in their programming. "But it's also important for groups to understand just what managed care will pay for," Bergeson said. "For instance, they won't pay for training; they will pay for services for people.

Sometimes it's a matter of knowing how to position what you ask for."

"I've never seen so much opportunity for well-run peer services that can demonstrate great impact at so many key points in the service spectrum," said Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services in Albany, N.Y. Engaged in his own personal recovery since 1970, Rosenthal has devoted his career to advancing recovery, rehabilitation and rights-based services and policies, and helping to support users of mental health services to wield more power to get what they want from the system.

MCOs stand to gain from the assistance of peers and family members by cutting costs and making services more effective overall. Magellan Behavioral Health has used peer services in a variety of roles, including in hospitals, in community treatment teams, and as stakeholder consultants in day-to-day operations. In addition to the self-directed care program in Delaware County, Pa. (noted above), Magellan offers crisis alternatives in Arizona and psychiatric rehabilitation in Iowa.

"Peer services have truly been a game changer," said Waters. "We have very much benefited from bringing these resources into the system. Working with peers and stakeholders can be inspirational."

RESISTANCE AND CHANGE

Some see partnerships between peer-run organizations and MCOs as threatening to weaken or co-opt true peer-run services.

"Peer support has its beginnings in rights protection and advocacy to provide people with alternatives to illness-based medical models," Rosenthal said. "Yet MCOs are currently serving millions of people with a whole variety of serious needs, including dealing with isolation, poverty, housing and homelessness, addictions and major medical and mental health needs. These are people who could really use the hope, empathy, support and service we are capable of providing. Our challenge is to clearly present

WEIGHING THE PROS AND CONS OF PARTNERING WITH AN MCO

(From The Next Step to Sustainability)

"There are a few basic questions to answer when considering becoming part of a managed care network." Among them are:

- "Does this fit with our mission?"
- "Are we able to manage the administrative burden?"
- "Do we believe we will learn something that will help us advocate on behalf of those we serve by being part of a managed care network?"
- "Can we commit to remaining advocates despite being part of an MCO network?"
- "Can we see ways our organization can help an MCO learn to be more recovery- and resiliency-oriented by being part of a network?"
- "Can we meet the terms of the contract within the time frames specified?"

what our services can do for which groups and at what cost – and to negotiate strong contracts to ensure that we can do this while maintaining the integrity of true peer support.”

Ultimately, he added, managed care plans and specialty behavioral health organizations such as OptumHealth, Magellan and ValueOptions have the potential to place the values and practices of true peer support at the center of how health care reform is implemented all across the country, provided that states require those organizations to promote recovery and peer support.

“Increasingly, a number of peer programs understand that playing an integral role in managed care is a win-win,” Rosenthal noted. “It’s simply another way for us to do what we came to do, which is to help support people to heal and thrive, while helping to protect them from systemic and social injustices.”

HEALTH CARE REFORM

Rosenthal sees the relationship between managed care and peer-run organizations as a tactic within a bigger strategy for health care reform. “Peers have a big role to play in health care reform overall. In New York State and elsewhere, we are seeing that increasingly sophisticated peer innovations are cost effective and promote good outcomes for the people we support – when we can engage people with WRAP plans [Wellness Recovery Action Plans] and help them avoid going back to the hospital or the emergency room, help them move ahead with their wellness, get jobs and get out of the system. And, along the way, we can help to humanize and transform the emerging new health care systems.”

Peer services may even be able to reach people that the existing system has not served. “We have traditionally served people who receive Social Security disability benefits and are involved with the public mental health system,” Rosenthal said. “But health care reform and Medicaid expansion will be looking for our expertise ... to help people before they end up in those systems.

“We also have the tools to help these groups improve their health; address social, housing, and economic challenges; while also addressing trauma and addiction,” he continued. “We are experts in finding and engaging people in hopeful, trusting relationships that start with where the person is and to develop a recovery plan over which people have ownership.”

A GROWING FIELD

As states and counties embrace the recovery movement and person-centered services, peers are finding an expanding place at the table. States can even require MCOs to use peer services. “Whether managed care organizations are tuning in to this idea because it’s politically correct or because they genuinely believe in our value, this climate gives us the chance to demonstrate our great value,” Rosenthal said.

He adds that a certain degree of skepticism about organizations hiring peers is healthy. “What we don’t want to see are organizations that are looking to hire peers because they think they’re getting cheap staff who get people to take their medicine. That’s not what we’re about.”

Rosenthal sees the collaboration as an important step in the evolution of peer services. “This is helping us become more businesslike, become more comfortable finding our proper place within the health care workforce, and to build better internal human resources, financial and supervisory systems. This, in turn, helps us to raise the bar overall for our organizations and our work, and allows us to move beyond part-time entry-level jobs to instead offering peer professionals full-time jobs with career ladders and full benefits.” He referred to a national Pillars of Peer Support study that demonstrated that the national average for full-time peer workers is around \$37,500. NYAPRS has recently negotiated a contract with a health plan where trained peer bridgers would earn almost \$40,000 annually.

Another important goal is to fine-tune the job descriptions and thus the career possibilities for peer workers. “I am strongly against the term ‘peer

RESOURCE LINKS

The Next Step to Sustainability: Guide for Family- and Consumer-Run Organizations Seeking to Expand Their Funding by Becoming Part of a Managed Care Network
<http://www.optumhealth.com/~media/OptumHealth/Podcast/Pdfs/public-sector/The-Next-Step-to-Sustainability.pdf>

New York Association of Psychiatric Rehabilitation Services
<http://www.nyaprs.org>

Pillars of Peer Support
www.pillarsofpeersupport.org

“Self-Directed Care Puts Consumers in the Driver’s Seat,” People First, Winter 2011
<http://www.nyaprs.org/e-news-bulletins/2011/2011-04-29-Self-Directed-Care-Pilot-Puts-Consumers-in-Drivers-Seat.cfm>

specialist’ because ... it’s too vague and lends itself to co-optation in roles like drivers and assistant case managers,” Rosenthal said. “I believe we need to define our services more clearly, based on what they actually do to promote true peer support, which can include more sophisticated models like peer bridgers, peer wellness coaches and peer crisis diversion experts. This kind of clarity makes immediate sense to MCOs and other new payers. They can immediately understand and value the specialized skills and impact of our particular services.”

Peer services are a natural fit with health care reform’s triple aims: promoting wellness while decreasing unnecessary hospitalization and reducing costs. These are all some of the nobler goals and demonstrated benefits of peer participation in MCOs, and those involved expect more positive changes. “Because of peer services, thousands of people are ... working toward recovery,” Bergeson said. “The biggest win of all is the fact we are getting services out there to the people who need them.” ■



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