



The Integration of Certified Recovery Peer Advocates:

Lessons from NYACH's
Behavioral Health Conference

INDUSTRY BRIEF

EXECUTIVE SUMMARY

As healthcare is in the midst of transformation, peer workers are taking on an increasingly important role in improving health and supporting a shift to patient-centered and community-based models of care. This brief outlines best practices and guidance on effectively integrating Certified Recovery Peer Advocates (CRPA) into service delivery models. These findings were captured through a New York Alliance for Careers in Healthcare (NYACH) conference that convened industry leaders and experts to share insights on addressing common challenges that behavioral health providers face in integrating recovery peers, including the sustainable financing model and business case, billing, supervision, and the development of the workforce.

This brief highlights the best practices that have wide applicability and benefit for the strategic, sustainable expansion of the CRPA workforce.



CONTEXT

In the advent of the new statewide CRPA certification – which came about in 2015 and is currently offered by The New York Certification Board – NYACH uncovered that the City lacked a clear, seamless educational pathway for New Yorkers that prepared them for the CRPA certification and the nuanced role of a peer. Moreover, through engagement with employers and industry leaders, NYACH observed challenges in hiring and integrating CRPAs as full-time employees in large numbers despite interest and excitement in doing so. Using our central perch as a healthcare intermediary with strong industry relationships and opportunity to leverage public and private workforce funding streams, NYACH was well positioned to quickly convene disparate partners and stakeholders in order to build capacity and infrastructure of both the education and behavioral health system for this role.

As part of this effort, on December 10, 2018, NYACH convened a behavioral health conference focused on the integration of CRPAs into NYC's healthcare workforce. The goal of the conference was to build the capacity of behavioral health providers – specifically those providing substance use treatment and recovery services – to hire, deploy, and integrate these critical roles into their service delivery models. Industry leaders that have embarked in this effort, both locally and nationally, highlighted their recovery peer workforce and integration models and the challenges and opportunities they have presented. The conference was supported by the JPMorgan Chase Foundation.

ABOUT PEERS

Peer support specialists are *non-clinical* workers that provide social and emotional support and assistance with effective management of health, independent living, and participation in practices that support overall well-being. Peers are unique as they have both specialized training and lived experience with the health condition(s) with which they are assisting individuals. While peers are non-clinical healthcare workers, integrating them into treatment plans is an evidence-based practice that is shown to reduce hospitalizations, hasten recovery, and improve patient experience.

There are many types of peers that assist individuals with varying conditions, but the following are the most prominent peer titles that require certification in New York:

- **CRPA:** work with those with a substance use diagnosis
 - CRPA-Youth and CRPA-Family: two additional certified peer roles that specifically work with youth and families respectively, experiencing difficulties with substance use diagnoses
- **Certified Peer Specialists:** work with those with a mental health diagnosis
 - Youth Peer Advocate: work specifically with youth or families that are experiencing difficulties with mental health diagnoses
- **HIV Peer Workers:** work with those living with HIV/AIDS
- **Hepatitis C Peer Workers:** work with those living with Hepatitis C
- **Harm Reduction Peer Workers:** work with those accessing harm reduction services

Certified Recovery Peer Advocates

The CRPA role is emerging in New York due to new delivery and payment models. These changes include:

- In July 2015, peer services provided by CRPAs became reimbursable by Medicaid at an increased rate.
- As part of New York State Medicaid Redesign, individuals with behavioral health needs are now eligible to enroll in Health and Recovery Plans (HARPs) which provide patients access to a suite of Home and Community Based Services (HCBS). HCBS includes peer services provided by CRPAs.
- Through a Center for Medicare and Medicaid Services 1115 Waiver, the Delivery System Reform Incentive Payment (DSRIP) Program in NYS includes a focus on integrating behavioral health services into primary care, in part through the integration of peer supports into community-based models.
- Local and State government efforts to support behavioral health needs, and in particular to combat the opioid epidemic, provided additional funding for both provider services and workforce training
- In NYC, training behavioral health peer service providers is one of 54 initiatives in First Lady Chirlane McCray's mental health roadmap, [*ThriveNYC: A Mental Health Roadmap for All*](#).

The number of CRPAs in the field is expected to grow as a result of these changes and increased demand.

- Thirty-nine U.S. states are currently using Medicaid funding to reimburse for peer services.¹
- As of March 2019, there are 531 fully certified CRPAs in New York State, and 497 CRPA-Provisionals (CRPA-P).¹ This is up from just 250 active CRPA's a little over a year earlier.²

¹The CRPA-P is a certification that allows those who have gone through approved CRPA training to provide Medicaid-reimbursable services while they gain the 500 hours of volunteer or paid work experience needed to complete the work requirement for full certification.

²According to the New York Certification Board, as of March 2019.

¹ <https://www.globenewswire.com/news-release/2018/04/27/1488741/0/en/39-States-Cover-Peer-Support-Services-For-Behavioral-Health-OPEN-MINDS-Releases-Reference-Guide-On-Medicaid-Reimbursement-For-Peer-Support-Services.html>



CONFERENCE LEARNINGS



Overview

NYACH's Behavioral Health Conference brought together over 70 behavioral health providers, peers, educators, and government representatives to learn from industry leaders about their workforce and integration models, and the challenges and opportunities they have provided.

Employers, government officials, and experts in the field presented on the value of the peer role and provided in-depth guidance on the following challenges facing the industry:

- Building a business case for peer integration through research on the efficacy of peer services
- Billing appropriately for peer services
- Effectively supervising recovery peers
- A pipeline development and training model for the emerging role

Keynote Speaker Tom Hill explained the history and importance of recovery peers and provided context and momentum for engaging discussion throughout the conference. With the emergence of this role, Mr. Hill noted, there should also be an emphasis on developing advancement opportunities for peers to ensure CRPAs do not get stuck in entry-level roles. To this end, institutional culture must embrace the peer role as an integral part of the behavioral health care team- a shift that necessitates buy-in from organizational leadership.



"There has been great interest in developing peer support workers as part of the greater behavioral health workforce. Considering this, it is important to recognize the uniqueness of the peer role and to attain fidelity to the values and principles of peer practice."

- Tom Hill, Vice President of Practice Improvement at the National Council for Behavioral Health and former Presidential Appointee as Senior Advisor on Addiction and Recovery to Substance Abuse and Mental Health Services Administration



"Recovery peers do so much to transform our workforce and the way that we care for individuals and our communities. Peers tangibly improve the experience of individuals engaged with the health care system, but they are also a living embodiment of the principle of recovery and every individual's aspiration to be a meaningful contributor in our workforce. As such, they are powerful symbols of healing not only for a patient, but for staff as well."

- Dr. Kishor Malavade, Associate Medical Director, Department of Population Health, Community Care of Brooklyn

Research Study: Making a Business Case for Peer Integration

Given that the CRPA role is still emerging, more research is necessary on the efficacy of using recovery peer advocates to improve patient outcomes and reduce costs. The successful scaling of this workforce model and treatment approach will require evidence as to:

- the impact of CRPA services on patient engagement;
- patient adherence to medication assisted treatment;
- the reduction of Emergency Department (ED) visits; and
- the cost effectiveness and return on investment of using these services.

As healthcare organizations work to ensure institutional practices are evidence-based and can be paid for through value-based care models, it is critical that the efficacy of the CRPA role is demonstrated through data.

To address this need, NYACH worked with NYC Health + Hospitals (NYC H+H) and New York University (NYU) to study the impact of newly trained and hired CRPAs deployed across the country's largest public hospital system. Conference attendees provided feedback on the preliminary findings and approach of the multi-year, mixed-method quantitative and qualitative study, including the primary research questions and evaluation design.

Three main research questions are being studied by NYU:

- Does the use of services provided by CRPAs increase utilization of substance use and recovery services?
- If so, does the use of services provided by CRPAs also improve outcomes and reduce Medicaid costs for (former) substance users?
- How were peers integrated into service delivery models, what were the main successes and challenges of implementation, and what are the main lessons for replication?

Study design:

- The evaluation will examine CRPAs in the EDs of three NYC H+H hospitals: Metropolitan Hospital, Woodhull Hospital, and Harlem Hospital.
- Qualitative data will include key informant interviews with ED staff, including peers.
- Quantitative data will include Medicaid claims, encounter, and enrollment data from the NYS Department of Health Medicaid Data Warehouse.

The preliminary findings based on the first wave of site interviews will be released in the Spring 2019. The final report including the analysis of program impacts on other utilization outcomes will conclude in spring 2020. The research project is supported by the JPMorgan Chase Foundation.

The conference presentation on the research study was by Tod Mijanovich, Research Associate Professor, Steinhardt School of Culture, Education, and Human Development, NYU

Billing for Peer Services

Providers report that billing appropriately for peer services is a challenge and barrier to integration, despite the model to bill for services being very similar to that of other services that clinics provide.

Below are the eligibility requirements for Medicaid reimbursement for services delivered by CRPAs:

- Peer support services must be provided by a CRPA on behalf of a NYS Office of Alcoholism and Substance Abuse Services (OASAS) certified 822 outpatient program for the purpose of outreach for engaging an individual to consider entering treatment, reinforcing current patients' engagement in treatment or continuing care, and connecting patients to community-based recovery supports consistent with treatment/recovery and discharge plans.
- Alternatively, peer services are also billable when they are provided through an HCBS program if the individual is eligible through a HARP.
- Individuals may not receive services through an outpatient clinic if they are receiving HCBS peer services.

When services are provided as part of Part 822-Certified Outpatient Clinic services, the format for billing and reimbursement is the same as it was under the previous fee-for-service model.³

- Peer support is coded as a procedure-based weight that recognizes units, with each unit being 15 minutes.
- Only four units can be coded per visit date equaling an hour maximum of peer services.
- The HCPCS procedure code is H0038 and the description category is Self-Help/Peer Services.

³<https://www.oasas.ny.gov/ManCare/documents/PeerSupportServicesGuidanceFINALDraft2017.pdf>

The payment rate is as follows:

FREESTANDING	822 Clinic Upstate	822 Clinic Downstate	822 Opioid Upstate	822 Opioid Downstate
Peer Service	\$11.15 per 15 minute unit	\$13.05 per 15 minute unit	\$10.28 per 15 minute unit	\$12.03 per 15 minute unit
HOSPITAL BASED	822 Clinic Upstate	822 Clinic Upstate	822 Opioid Upstate	822 Opioid Downstate
Peer Service	\$11.08 per 15 minute unit	\$13.87 per 15 minute unit	\$11.88 per 15 minute unit	\$13.87 per 15 minute unit

Currently, a fifty percent increase in reimbursement rates for peer services is pending approval from the Centers for Medicare and Medicaid Services (CMS) and the removal of the cap on the number of peer visits per day is being considered by the NYS Department of Health.

Find additional information on and resources for billing for peer services at [OASAS](#), including [organizational readiness information](#) and a [peer integration toolkit](#) with a break-even budgeting tool to support organizations in making the business case for peer integration.



“By using OASAS’ implementation guidance for peer services and the correct peer billing codes and protocols, the revenue generated from peer services can offset the labor and administrative costs incurred by an organization. Therefore, not only can peer services pay for themselves, but they have also been shown to increase retention rates which can lead to greater overall revenue for an organization and better patient outcomes.”

**– Julia Fesko, Director of the Bureau of Talent Management,
NYS Office of Alcoholism and Substance Abuse Services**

Peer Supervision

Another challenge commonly cited by employers considering peer integration is effectively supervising CRPAs. There is concern around cooptation of this emerging role, with CRPAs being either under-utilized by being relegated to clerical or administrative tasks or over-utilized by being asked to perform clinical tasks. In addition, given the burnout risk and triggers associated with this role, supportive supervision is critical to success.

Peer supervision is a structured relationship with the goal of helping the CRPA gain the attitudes, skills and knowledge needed to be a responsible and effective worker. Critical functions of the supervisory role include:

- **Administration:** hiring, orienting, and helping CRPAs understand practices, policies, and procedures of the organization
- **Support:** building rapport by providing constructive feedback, applying a strengths-based approach to help CRPA's problem-solve, and promoting wellness and self-care
- **Education:** providing training opportunities, coaching on how to engage program participants, and context on the "big picture"
- **Advocacy:** building morale, strengthening peer support discipline, and negotiating work accommodations
- **Evaluation:** conducting performance evaluations, managing job performance expectations, and providing feedback on areas needing improvement



"Supervising peers can be a wonderful experience; the connections they make with people are heartfelt and genuine. As supervisors, it is most important to provide a safe space and professional environment as we would for any other staff member."

– Gita Enders, Director, Office of Behavioral Health, NYC Health + Hospitals

Workforce and Pipeline Development

Many employers are still unsure about where to source qualified talent to fill these roles. In order to meet this growing industry need for CRPAs, NYACH took the lead in working with NYS OASAS, NYC Department of Health and Mental Hygiene (DOHMH), and the City University of New York (CUNY) to develop a continuing education certificate program to prepare peers for the new State certification, while also preparing students for the nuanced role of working as a peer. NYACH worked in close collaboration with a wide array of experts, the Peer Network of New York, and over a dozen behavioral health organizations, including NYC H+H and Community Care of Brooklyn (the Maimonides-led Performing Provider System [PPS] under DSRIP), to ensure the curriculum was authentic and aptly prepared individuals for the peer role.

Queensborough Community College (QCC) worked with NYACH to develop, and ultimately deliver, the credit-bearing certificate program covering need-to-know topics such as peer advocacy, ethical responsibilities, mentoring, and wellness. This curriculum, provided over the course of three months, fully prepares trainees to sit for the certification exam and begin work as CRPAs.

Once certified, peer advocates can perform tasks such as helping peers develop recovery plans, helping patients self-monitor their progress, modeling effective coping skills, attending court and other system meetings as a support, and supporting other peers in advocating for themselves to obtain effective services.

The program model is particularly unique in that it connects individuals with nontraditional employment histories, many with a personal history of substance use and former interactions with the criminal justice system, with a chance to earn college credits and pursue higher education and careers in the growing field of behavioral health.

Program Eligibility

In order to be eligible for the program, students must fulfil both CUNY and certification board requirements.

New York Certification Board eligibility requirements:

- 46 hours of training specific to the Peer Recovery domains
- HS diploma or equivalent
- lived experience with substance use and recovery
- 500 hours of volunteer or paid work specific to Peer Recovery domains*
- 25 hours of supervision specific to the Peer Recovery
- passage of the IC&RC Peer Recovery Exam

*Prior to completing all 500 hours of volunteer or paid work experience, students may apply for a provisional certification which allows them to provide Medicaid-reimbursable services while they gain the necessary hours for the work requirement

QCC program eligibility requirements:

- demonstrated 8th grade reading level through screening assessment
- demonstrated proficiency with basic computer skills through screening assessment
- demonstrated interest, stability in recovery, and professionalism through one-on-one interview with CRPA program case manager

80 Hours

4 Domains

3 Credits

Curriculum Content

The 80-hour curriculum covers four domains defined by the New York Certification Board's Recovery Coach Job Task Analysis Report, integrates skills necessary to be successful in the peer role as defined by the industry, and includes many group and role play activities designed for students to actively develop practical skills. The program model is continually improved through the analysis of student learning outcomes and employer feedback.

CRPA graduates also earn three credits for completing **HE 104: Addictions and Dependencies**, which is an academic course that was woven into the continuing education program and contextualized for the CRPA role. The class focuses on the recent research related to the psychological and physiological effects of various dependencies and methods of rehabilitation. HE 104 fulfills a course requirement for students in the Health and Behavior concentration for A.A. Liberal Arts and an elective in A.S. Public Health.

Curriculum overview:

Module Content

Introduction

This module introduces the student to the CRPA role and functions, including the qualities, attributes and scope of work. Students also gain an understanding of the benefits to the individual receiving services. The module describes the evolution of the grassroots peer movement to the current CRPA role – including how it differentiates from and complements other members of the recovery team. The benefits of working with integrated team members are highlighted.

Domain 1: Advocacy

This module reviews the skills needed to assist an individual in recovery while helping them learn to champion for themselves. It teaches students multiple levels of advocacy, from micro to macro. The module reviews barriers to navigating the system and achieving recovery goals, as well as the social services and support systems available to circumvent these challenges. Students learn skills for creating a supportive, collaborative working relationship including the use of self-disclosure, the person-centered approach, motivational interviewing, and the teach-back method.

Domain 2: Ethical Responsibilities

This module covers ethics as it relates to the peer role. Students explore risk indicators that affect the welfare and safety of the individual, CRPA, and organization, are introduced to mandated reporting, and learn to differentiate between a problem and a crisis. The module emphasizes the importance of establishing professional and personal boundaries and teaches skills for building and maintaining those boundaries through case scenarios and role-plays. It covers the importance of effective documentation, and relevant laws including HIPAA and CFR 42. The module also explores cultural competence to ensure effective multi-cultural interaction within a system.

Domain 3: Education and Mentoring

This module explores how to be a positive role model to support the skill development of the person in recovery and the importance of this role. Students learn self-care skills to prevent fatigue, burnout, and ensure quality of care.

Domain 4: Wellness and Recovery

This module covers setting achievable goals and creating wellness plans while using one's own experience to support progress. It also defines wellness and the role it plays in a CRPA's life.

Lori Conkling, Continuing Education Director of Labor Market Research & Workforce Development, and Josephine Troia, Program Coordinator, QCC

NEXT STEPS

NYACH will be working with its employer, industry expert, and education partners to support proliferation and integration of the CRPA workforce through the below next steps:

- **Expansion of the CRPA Education Program Model**- Due to the success of the pilot cohorts at QCC and the recognition statewide of this program as a valuable education model, NYACH is working with regional partners to roll out the program to different areas of the state. To start, the program was replicated with NYACH support at Bronx Community College. It's also being adopted by the College of Staten Island in partnership with the Staten Island PPS, and at Westchester Community College and Suffolk Community College in partnership with WMCHHealth PPS. NYACH will continue to work with education providers and industry to expand this model in accordance with demand.
- **Peer Research**- The research on peer integration and impact at NYC H+H hospitals will conclude in spring 2020 and will be shared with the field. Additional studies on the effectiveness of this model in alternate, community-based settings might also be necessary to build a body of research and promote evidence-based practice.
- **CRPA Integration**- NYACH continues to work with behavioral health leaders, NYS OASAS, and NYC DOHMH to support providers in hiring and integrating peers into service delivery models. For more information, please contact NYACH.

ABOUT NYACH

NYACH is an industry partnership at the NYC Department of Small Business Services focused on building an effective, integrated, and accessible healthcare workforce development ecosystem in NYC. To do this, NYACH convenes key players in the healthcare industry to identify employer needs and workforce trends, helps education and training organizations adapt their approach to better meet those needs, and builds accessible onramps and community pipelines to ensure low-income and unemployed New Yorkers have access to viable career pathways in healthcare. NYACH is supported by the NYC Workforce Funders and JP Morgan Chase Foundation. For more information, please go to <http://nyachnyc.org/>.

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