



# Employer Application of Community Health Workers

Adrienne Mims, M.D. MPH

Medical Director

---

• APS Healthcare, Georgia

APHA

Washington, DC

November 6, 2007

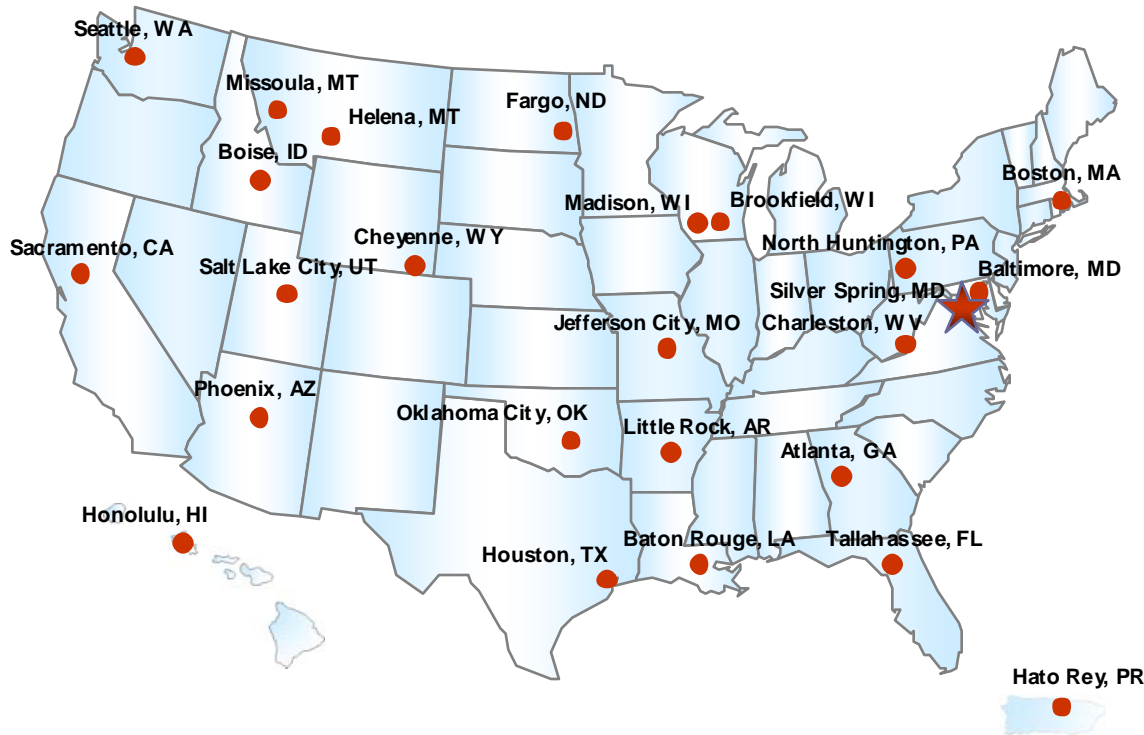


# Agenda

- Who is APS Healthcare
- Use of Community Health Workers in the medical setting
- Use of Certified Peer Specialist in Mental Health



# APS Healthcare Overview – National Presence



- Leading Privately-Held National Specialty Healthcare Company
- Over 1,200 Employees
- More than 40 programs in 20 states
- Serve more than 20 Million People
- \$60 million in revenue (2006 projected)
- Organized into Three Business Units – Commercial Programs, Public Programs and Puerto Rico
- Serves more than 40% of all Medicaid beneficiaries in the US
- 2005, 2006, 2007 DMAA Award Recipient



# Patient Characteristics In Georgia Public Programs

- Multiple co-morbidities -85%
- High prevalence of mental illness- 50%
- Mental retardation, medically fragile children
- Services as alternatives to institutionalized care
- Social needs predominate – homeless, transportation
- Low health literacy
- High use of caregivers

"the Georgia Enhanced Care program, developed by APS Healthcare in partnership with the Morehouse School of Medicine, represents an exciting new model of community-focused, multi-level intervention (patient, practitioner, and system) designed to reduce Medicaid costs by reducing suffering and improving health outcomes in this high-disparity population."

## Morehouse School of Medicine



## National Center for Primary Care

# Coordinate Interventions to Eliminate Disparities



Patient & Family

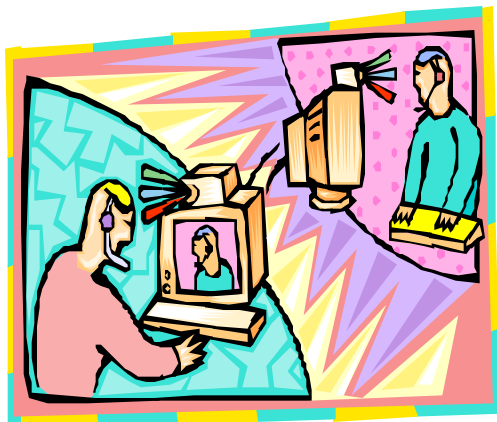
Community Resources



Physician

Behavioral Health

Payment System



# Community Health Workers

- **Placed in Federally Qualified Health Centers (FQHC) by National Association of Community Health Centers (NACHC) in conjunction with AmeriCorps**
- **APS Healthcare funded stipends for positions in Georgia, Wyoming and Missouri**
- **Much expressed interest from FQHC executives**
- **Enthusiastic, hard working, young individuals**
- **Lay health workers – community outreach, coordinate health fairs, patient follow up, transportation, health education**

# Community Health Workers - Challenges

- Stipend was modest
- Hard to recruit – staff time
- Part time for a few months
- Facility acceptance
- Contract ended with NACHC



# State of Georgia Mental Health Services

Up to 1998



- Traditional Day Treatment
- Audit triggering Accountability Questions
- Change in the basic beliefs on mental health

Basic Belief: People Cannot Recover - People Can Recover - System Can Promote *Recovery*

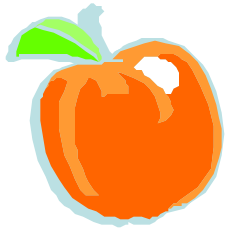
1999

- Rehabilitation Option
- Dismantling and Restructuring of Day Services
- APS Healthcare receives ERO contract and hires State mandated Manager of Consumer Relations to **oversee development of Peer Support**

# The Definition of Recovery

**Recovery refers to the process in which people (with a mental illness) are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.**

**The President's New Freedom Commission**



## Distribution of State of Georgia Mental Health Dollars

### Pre-July 1999

**Day  
Treatment**

**100%**

**\$6,490**

### Current Distribution (2004)

**Peer Supports 27%**

**\$2,148**

**Psychosocial Rehab 68%**

**\$3,841**

**Day Treatment 5%**

**\$1,699**

# State of Georgia PEER SUPPORTS



Peer Supports provides an opportunity for mental health consumers to teach and support each other in the acquisition and exercise of skills needed for the management of symptoms and utilization of natural resources within the community.

**Medicaid Funds – Pay Rate=\$6.12 an hour  
Approximately \$6M annually**

# State of Georgia Peer Supports

- State Certification is overseen by Office of Consumer Relations = Certified Peer Specialists
- APS Healthcare sponsors- **Manager of Consumer Relations** to provide oversight and training
- Training for certification is standardized and includes:
  - Continuing Education, Code of Ethics, Confidentiality, Authorization Forms and Medical Necessity documentation
- Over 170 Certified Peer Specialists have received credentials
- Average class size is 31 participants.
- Average pass on 1st exam is 75%; re-test is 98%.





## Role is to address Key Recovery Tools

- Starting and Sustaining mutual support groups
- Wellness Recovery Action Plan (WRAP)
- Combating negative self-talk
- Realistic recovery goal setting
- Problem solving
- Employment Support
- Recovery dialogues
- Self-advocacy
- Consumer Rights
- Role-modeling recovery
- Best practice data for peer support
- Understanding of services delivery system
- Symptom reduction

# Certified Peer Specialist – Unpublished Evaluation - 2004


## Employment Status

<b>Full Time</b>	<b>66%</b>
<b>Part Time</b>	<b>22%</b>
<b>Contract</b>	<b>2%</b>
<b>Volunteer</b>	<b>0%</b>
<b>Unemployed</b>	<b>10%</b>

## Efficacy of Peer Supports versus Day Supports

- Comparative change rather than experimental design
- Outcome of interest is amount of change (enrollment versus follow-up)
- Measures three key outcomes: Current symptoms/behaviors; Skill deficits; Available resources/needs
- SPMI – serious and persistent mental illness
  - Primary diagnosis of schizophrenia, bipolar disorder, or major depression

# Certified Peer Specialist – Unpublished Evaluation - 2004

- Measurement instrument - Georgia's Treatment Request and Integrated Georgia Reporting Survey (TRIGRS)
  - Completed by providers as part of Medicaid service authorization
- 
- Enrollment in **Peer Supports** in FY2003
  - N=160 with an average of 260 days between TRIGRS
- vs.
- Enrollment in **Day Supports** during FY2002
  - Consumers who subsequently enroll in peer supports are excluded
  - N=488 with an average of 247 days between TRIGRS



## Within Group Results

- Overall, peer support consumers showed improvement in each of the three outcomes
- Current symptoms/behaviors
  - Treatment effect = .35,  $p=.001$
- Skills/Abilities
  - Treatment effect = .25,  $p=.01$
- Resources/Needs
  - Treatment effect = .38,  $p=.001$
- For each outcome, impact of peer supports is positive and small, but statistically different from zero.



- **To compensate for lack of randomization, controls instituted for:**
  - enrollment (pre-test) TRIGR score
  - time between assessments
  - attitude towards recovery (pre-test)
  - gender
  - age
  - primary diagnosis of schizophrenia
  - race/ethnicity
  - marital status



# Certified Peer Specialist – Unpublished Evaluation - 2004

## Between Group Results

- Between groups effects (peer supports versus day supports) estimated through OLS regression
- For each of the three outcome measures - symptoms/behavior, skills, and needs/resources - the level of improvement for consumers enrolled in peer supports was greater than day supports and the difference between the groups was statistically significant at the  $p < .05$  level of confidence

Larry Fricks and Ike Powell, of Appalachian Consulting Group, are currently working with Emory University to research the effectiveness of the Certified Peer Specialists.

# Contacts

- Adrienne Mims, M.D. MPH – Medical Director  
[amims@apshealthcare.com](mailto:amims@apshealthcare.com)
- Linda Buckner – Manager of Consumer Relations – [lbucknes@apshealthcare.com](mailto:lbucknes@apshealthcare.com)
- Larry Fricks – Evaluation