



Policy Recommendation – Expanding Mental Health Peer Support Services

Recommendation:

HHSC and DSHS will identify and implement changes needed to expand the use of certified peer specialists in the provision of mental health services in Texas. This should include, but not be limited to:

1. Expanding Medicaid reimbursement opportunities for peer support services
2. Expanding opportunities for consumer operated service programs
3. Revising current peer specialist supervision requirements to expand supervision options to allow Medicaid reimbursement for peer support services in a variety of settings.

Rules will be developed relating to peer certification and supervision requirements and other issues identified by the executive commissioner as necessary to promote health and safety in peer specialist services. Development of the rules will include input from certified peer specialists and other stakeholders.

Background/Justification:

According to the Centers for Medicare and Medicaid Services (CMS), “peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their *recovery* from mental illness and substance use disorders.”¹ Under state-defined training, supervision and certification requirements, Medicaid reimbursement is available for peer support services provided to Medicaid beneficiaries experiencing mental health or substance use conditions.² Certified peer specialists are approved providers of mental health rehabilitative services under the Texas Medicaid program. Currently, mental health rehabilitative services are authorized through the LMHAs. Consequently, LMHAs and their subcontractors are the only entities that have access to Medicaid reimbursement for peer support services.

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their potential.

SAMHSA’s definition of *recovery* for people with lived experience with mental illness.

Peer support services are not intended to replace other mental health services, but the frequency of other services can be reduced when an individual is supported by a peer, often resulting in lower costs and better outcomes.³ When peer support services are included within the continuum of community care, the mental health system expands quantitatively by reaching more people, and qualitatively by helping people become more independent.⁴

Via Hope is the organization in Texas sanctioned by the Department of State Health Services to certify peer specialists. Via Hope has certified approximately 400 peer specialists in Texas. Certification requires 35 hours of face-to-face training based on a curriculum developed by the Appalachian

Consulting Group, the nation's leader in peer specialist training. Those completing the training must also pass a certification exam and must earn a minimum of 20 CEUs every two years.

Peer specialists assist individuals experiencing mental illness by helping them focus on recovery, wellness, self-direction, responsibility and independent living. Certified peer specialist services could be provided in a myriad of environments such as emergency rooms, FQHCs, consumer operated service centers, criminal justice facilities, and many more. Expanding the Medicaid reimbursement and supervision options for peer support services offers significant opportunities to address the mental health workforce shortage. As is the case with many people experiencing crisis, people experiencing serious mental illness are often more willing to listen to and work with someone who understands first-hand what they are experiencing. They are often more willing to seek treatment in a crisis when supported by a peer and are more willing to participate in the management of their mental illness. Peer support services increase the likelihood of recovery, which reduces the high costs associated with people cycling through ERs, county jails and state mental health facilities.⁵ One study showed that study participants assigned a trained peer mentor had significantly fewer hospital admissions and hospital days over a 9-month period than patients not assigned a mentor.⁶

Current initiatives to address the mental health needs of Texans are being met head-on with a critical mental health workforce shortage.⁷ It is in the best interest of the state to find effective and economically feasible ways to ensure that needed mental health services are provided. Expanding the use of certified peer specialists is a promising way to begin addressing the expanding need for services and the co-occurring shrinking of the mental health workforce.

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“To build a recovery-based system, the mental health community **must draw upon the resources of people with mental illness in their communities. It is widely recognized that changing the mental health system to be more responsive to consumer needs requires the participation of consumers at all levels of policy planning and program development, implementation and evaluation. Meaningful involvement can ensure that consumers lead a self-determined life in the community rather than remaining dependent on the mental health system for a lifetime.”**
President's New Freedom Commission, March 2003

¹ Department of Health & Human Services Centers for Medicare and Medicaid Services (August 15, 2007). State Medicaid Director Letter #07-011.

² Ibid.

³ Velicer, C. (2013). *Mental health peer support: effectiveness and cost-effectiveness*. American Academy of Family Physicians Foundation. Retrieved at http://peersforprogress.org/pfp_idea_exchange/mental-health-peer-support-effective-and-cost-effective

⁴ Gartner & Reissman, 1982 (quoted in Emerging New Practices in Organized Peer Support)

⁵ SAMHSA. (2012). *With peer support, recovery is possible*. SAMHSA News, Vol. 20, No. 3. Retrieved at http://www.samhsa.gov/samhsanewsletter/Volume_20_Number_3/peer_support.aspx.

⁶ Sledge, W., Lawless, M., Sells, D., Wieland, M., O'Connell, M., Davidson, L. (2011). *Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations*. *Psychiatric Services*, 62:541-544)

⁷ Hogg Foundation for Mental Health. (nd). *Crisis point: mental health workforce shortages in Texas*. Retrieved from http://www.hogg.utexas.edu/uploads/documents/Mental_Health_Crisis_final_032111.pdf.