



Florida Tries New Approach to Mental Health Treatment—<http://www.usatoday.com/story/news/nation/2014/07/05/florida-medicaid-mental-health-experiment/12071749/>

US Peer Leadership and Workforce Development—<http://jenpadrondotcom.wordpress.com/2014/06/03/white-paper-us-peer-leadership-and-workforce-development/>

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focus

What is the Focus?

The *Focus* newsletter highlights important issues in mental health, providing timely information on a range of topics, including work-force development, supported education, organizational development and sustainability, peer-to-peer services, youth transition and system transformation. Have a suggestion for a topic? Let us know!



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Peers at the Center of New Approaches to Coordinated Care

With the advent of the Affordable Care Act, the implementation of mental health parity laws and a continuing trend toward innovative, community-based solutions for individuals with behavioral health needs, a confluence of forces are coming together to shape the future of treatment in America. On one hand, there is a drive to integrate behavioral health into systems that have been designed to provide general healthcare. At the same time, systems that have evolved to improve outcomes for the behavioral health population are envisioning ways to integrate overall health and wellness, including physical health, into their efforts. As behavioral health and traditional health care systems move toward each other and begin to overlap, new possibilities will emerge, and people with lived experience will have a chance to play an essential role in the creation of new, integrated approaches.

Mental Health Medicaid

One attempt to better serve people with mental health needs through the traditional medical system is being made in Florida, where the state recently introduced a [Medicaid health plan designed specifically for people with “serious” mental health diagnoses](#), such as schizophrenia, bipolar disorder and major depression. Florida is a state that has chosen not to participate in the Affordable Care Act, so it has not expanded eligibility or accepted federal funding to enhance Med-

icaid. Nonetheless it is still required to provide mental health care as one of the “essential health benefits” required by the law.

In an effort to contain costs while meeting the need to support behavioral health, Florida has contracted with Magellan Complete Care to serve Medicaid enrollees with behavioral health needs through a plan that provides complete medical care, while emphasizing the behavioral health aspect. Previously, Medicaid recipients would receive primary health care through one entity, and behavioral health care through another. Under this new program, a single plan will cover the full range of services, with coordinated care provided by a team of nurses, doctors and specialists, as well as a “personal health guide” to assist participants in managing their treatment and setting their health goals. Additionally, the program places emphasis on the value of peer support, as it requires participants to have a peer support group, as well as a treatment plan.

While many advocates express reservations about the ongoing movement toward managed care, and the Florida Medicaid program does not include the explicit use of certified peer specialists as part of the care coordination team, the adoption of a care coordination approach that integrates behavioral and physical health does represent a significant step toward truly integrated care. With pressure on states mounting to simultaneously contain costs, while also addressing behavioral health treatment as an essential benefit, it seems likely that additional experiments in care coordination across behavioral and physical health will be undertaken in coming years.

Peer Specialists as Integrated Care Professionals

One of the pieces that is missing, or at least greatly underdeveloped, in Florida’s Medicaid experiment is the use of peer specialists as part of the care coordination team. Among people with lived experience, and among some policy-makers, providers and private insurers, the ability of peer specialists to mitigate costs and improve outcomes is generally well-understood. But what role can peer specialists play in integrating behavioral and physical health care into one comprehensive, wellness-based system? A new white paper, [*US Peer Leadership & Workforce Development* by Pamela Hardin, Jennifer Padron and Ron Mander-scheid](#), proposes an intriguing answer to this question.

This exhaustively-researched white paper makes a case for the development of a “national Lived Experience Workforce Development plan” to build upon the existing success of peer services in several states throughout the nation. Presently, projects that entail peer services have been shown to decrease hospitalizations, both in terms of frequency and duration, increase engagement with voluntary outpatient treatment, and reduce overall costs. This peer workforce, as currently structured, includes Certified Peer Specialists that work in mental health, Recovery Coaches that work in substance abuse and addiction, and Community Health Workers that work in physical health. What *US Peer Leadership & Workforce*

Development envisions is an additional rung on the career development ladder for people in those three disciplines: Licensed Integrated Care Provider.

The Licensed Integrated Care Provider would receive training in mental health, substance use and addiction, and community health and wellness. Their role would be to “mentor, support and manage the peer provider workforce lending value-added supports by integrating the strengths of the CPS, RC and CHW career paths” This would not represent an expansion of the role of people with lived experience within their current areas of expertise, but an integration of three aspects of public health in which people with lived experience work. This is an important distinction. What is proposed in *US Peer Leadership & Workforce Development* represents a movement by peer professionals with lived experience, from their established role within behavioral health, to becoming full-fledged partners in an integrated approach to health and wellness that recognizes the value of peers to not only support improved behavioral health outcomes, but to also use their unique expertise to foster whole health and wellness. It also signals a move toward greater recognition of those with lived experience as genuine professionals that play an essential role, with real opportunities for meaningful career development.

What's Next?

This is a dynamic moment, with many forces aligning to erase the traditional divisions between physical and behavioral health. As systems evolve, and the provision of behavioral health care on an equal footing with physical health care becomes the rule, not the exception, it appears inevitable that the physical health system will move toward a greater integration of behavioral health. Similarly, those in the behavioral health realm will continue to see the value of integrating physical health into their services, as opportunities for career development emerge and the larger healthcare system embraces what many people with lived experience have long understood about the connections between physical, mental, emotional and social health. As this process plays out, peer specialists and people with lived experience will need to find a way to ensure that the integrity and quality of peer support remains paramount, and that their unique ability to see those engaged with the system as whole people, whose physical and mental health are components of their greater humanity, remains at the center of every effort to design new approaches to integrated care.



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