

# National Overview

Cutting-edge Approaches for Adults and Children with Complex Needs



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1. What is a Peer?
  - a. How a peer is defined **varies from state to state**
  - b. Many states: peer = **“person in recovery”** but **do not require an official diagnosis**
  - c. **Many states require a high school diploma** or GED to enter training.
  - d. The **National Certification** also **requires a diploma or GED.**
  - e. **Classroom training** requirements range from **24 to 480 hours**
  
1. Where and how peers are being employed
  - a. Peer specialists are **primarily employed in community mental health settings**
    - i. Street outreach teams, providing case management, conducting life skills classes, 1:1 support, and leading support circles
    - ii. Mental health hospitals, programs funded by behavioral health depts, in Corrections, supportive housing settings, and warm/crisis lines
  - b. While their use in **private insurance systems is virtually zero**, hopefully getting peer services reimbursed in **Medicare and Medicaid sets a precedent** for their use in private pay

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3. Peers and reimbursements / pay equity
  - a. Peer programs are **generally paid for through Medicaid**, federal **Mental Health Block Grant** dollars and other state funds
  - b. Peers are **grievously underpaid** for what is often intense, high-stress but transformative work
  
4. **MHA priorities in policy and research** to advance use of peers
  - a. Add peer support specialists to the **Department of Labor's Standards of Classification** (this would require national data collection around their work instead of lumping them in with community health workers)
  - b. **Pass the Peer-to-Peer Mental Health Support Act** to fund programs in schools
  - c. **Increase research on youth peer support** at the National Institute of Mental Health

# Mental Health America 101

1. Research
  - a. Explores cutting-edge approaches such as our **digital peer bridger online intervention** platform for those dealing with substance use issues
  - b. Conducts proprietary research as well as original analysis of federal data
2. Advocacy & Policy
  - a. Recently issued first-of-its-kind report from MHA's **Youth Policy Accelerator** dedicated entirely to **youth peer support policy and research priorities**
  - b. Worked to help **expand coverage of peer support services through Medicare**
  - c. Helped secure **bipartisan support** for a bill that would help **address behavioral health workforce shortage through** scaling up community **peer programming**
3. Screenings
  - a. We offer 11 **free, confidential screening** tests, with two available in Spanish, at [MHANational.org/screening](https://MHANational.org/screening)
  - b. Nearly 30M people have taken a mental health test through our online National Screening and Prevention Program in 10 years, with 6.5M screens in 2023 alone

# Mental Health America Affiliates

1. MHA has more than 140 affiliates located throughout the country
  - a. Affiliates provide wide array of programming ranging from direct service and public education to staffing warm lines, partnering with community health centers, and trainings
  - b. Peer-support programs are the top client service offered by our affiliates, with 67% offering peer programming and 21% offering peer specialist certification training**
  - c. Find the MHA affiliate in your area at [Arc.MHANational.org](https://www.Arc.MHANational.org)
  - d. We are always looking to expand the Affiliate Network!

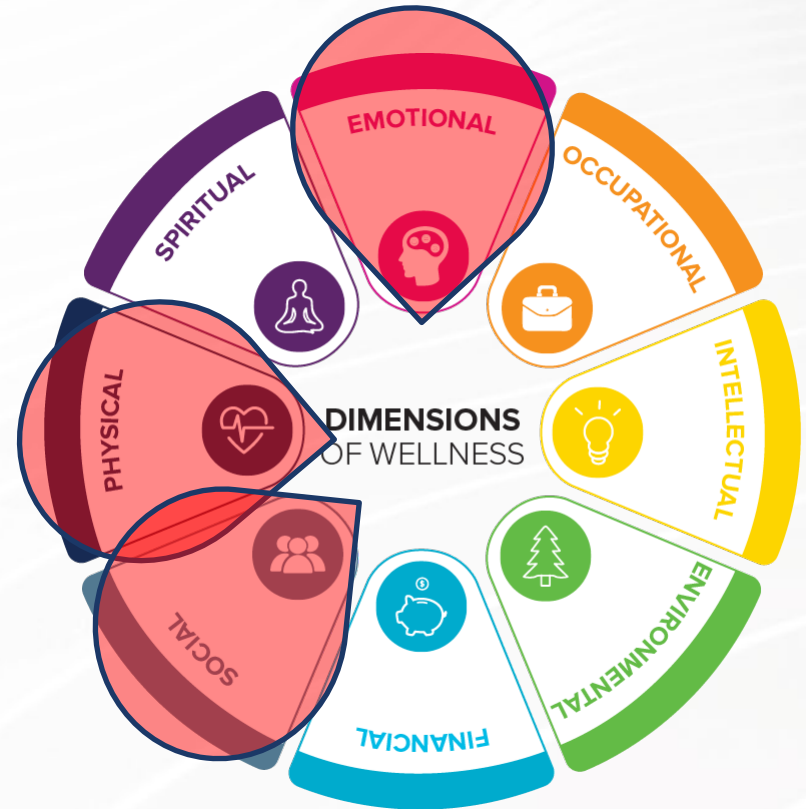
[vsterns@mhanational.org](mailto:vsterns@mhanational.org) Valerie Sterns, Director of Affiliate Affairs

# IV. Complex Needs and Effective Approaches

1. What do we mean by “complex needs?”
  - a. Most likely to involve not only **inter-related medical, mental, and behavioral health conditions**, but also:
  - b. Social health conditions** which can both cause and/or exacerbate the other:  
ex. Housing, income, food security, and basic safety at home, school, work, etc.  
(Complex but not mysterious – social drivers of health)
1. What are the most important elements of **servicing people with “complex needs?”**
  - a. Integration of care**—geographically, logistically, in clinical coordination
  - b. Care for the whole person**/whole-person health model
  - a. Social health services** – traditionally the role of “social workers” – vitally important – can be provided by any clinician. (Z Codes)

# Complex Needs

- **Numerous intersecting domains** of wellness—causes and effects, and **“co-morbidities”**
- equilibrium comes from balancing areas of strengths and challenge
- Illness and wellness are the sum of many parts and every individual is unique
- **Complex needs involve injury, illness, disability, crisis, or severe stress in multiple domains at once**
- In behavioral health, “dual diagnosis” – old term! – (both substance use and significant mental health issues such as SMI or severe depression, other conditions) is often the basis of complex needs which trigger social and financial and physical issues, etc.
- I would add “trauma” – a term undergoing popular and professional redefinition and reconsideration



# Best Practice Evidence | Complex Needs

## 1. **Permanent, supportive housing**

- a. Serving the most vulnerable, must have a “disability,” provides for the whole person
- b. Evidence suggests efficacy via individual stability, lower rates of hospitalization and recidivism
- c. Business case: Permanent, supportive housing is less costly than being unhoused

## 2. **Peer supports**

- a. Peer support services have demonstrated effective outcomes such as **reduced isolation** and increased empathic responses
- b. Peer programs have been shown to **reduce involuntary hospitalization**, overall behavioral health costs
- c. **Outcomes improve** when individuals serve as peer specialists on care teams
- d. Serving others **also helps sustain peer specialists’ own recovery**
- e. *(NSV example story - video)*



# Whole-Person Health and Healing

- Addressing complex needs requires seeing and attending to all the **intersecting drivers of health**
- **Priority Populations / “complex needs”** = especially those who are most vulnerable, at risk or in crisis (housing, legal, financial etc.) – this requires **coordination of wrap-around services to meet a variety of vital needs that have bearing on BH.**
- Thinking upstream, prevention should be inclusive of all of these areas driving our mental health and overall wellness from the onset of life
- **Secondary Prevention is important for persons with complex needs** to maintain well-being; Peers are excellent recovery supports.
- Health Promotion: Tending to the development of strength and resilience in all of these areas is important; as is tending to injury, illness or risk in any of these areas

