

# KANSAS MENTAL HEALTH COALITION

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*.Speaking with one voice to meet the critical needs of people with mental health illness*

## The Need for Expanded Peer Support in Kansas

**Position:** Kansas should take steps to increase access to peer support and peer mentoring programs across Kansas as recommended by the 2019 Mental Health Task Force Report.

**The Problem:** Kansas is facing a behavioral health workforce shortage. The future prosperity of Kansas depends on its ability to foster the health and wellbeing of people who go through emotional distress and their caregivers; this includes adults with diagnosable mental illness, and caregivers of children with severe emotional disturbance and/or substance use disorders. When a society invests wisely in its children, families, and people with disabilities, that investment is repaid through a lifetime of productivity and responsible citizenship. Kansas has, unfortunately, provided limited access to peer services across the state.

**Why this matters:** Living with significant emotional distress, or parenting a child with severe emotional disorder (SED) can be compared to working on a table that has only 3 legs. Even when one has all the things needed for a fulfilling life, when trying to put them together on an uneven table, energy is wasted in keeping things from slipping off, and items may fall to the floor. Traditional mental health services (e.g., medication, therapy, and case management) comprise three essential legs of the table. The addition of peer support adds the missing leg, leveling the surface to assure stability, and strength so a person can build a full and effective life. “[Peer support services] represent a best-practice model of care for promoting hope and recovery, improved self-esteem and self-care, and increased resiliency and well-being.” (Daniels et al, *Psychiatric Services*, Dec 2013, Vol. 64 No. 12) Peer support, a best practice, effectively provides the fourth leg of the table,

According to a 2003 report from the National Association of State Mental Health Program Directors, “participation in [peer] services yields improvement in psychiatric symptoms and decreased hospitalization (Galanter, 1988; Kennedy, 1990; Kurtz, 1988). In studies of persons dually diagnosed with serious mental illness and substance abuse, [peer support] was found to significantly reduce substance abuse, mental illness symptoms, and crisis” (Magura, Laudet, Rosenblum, & Knight, 2002).

Peer support also has the benefit of flexibility to address whole health and social determinants of mental and physical illnesses. Peers bring unique and personally tested strategies for obtaining and benefitting from medical and mental health care, social services, programs and community resources for oneself or one’s child. Use of these strategies by Kansans with emotional distress and mental illness, and those parenting them, improves the overall health of the consumer or child, and of the caregiver, reducing costly medical interventions and disability and increasing their ability to contribute meaningfully to our communities.

Peer support programs include drop-in centers, self-help groups, consumer run organizations, advocacy groups, community health workers, respite care programs, recovery coaching, and peer led treatment for substance use conditions. Peer support brings people together who have been in similar circumstances. These build a strong foundation in the early years of struggle so that there are much greater chances for positive outcomes.

**The bottom line:** Peer support works, and Kansas has many very creative and effective models that are recognized as national and international leaders, and which show significant long-term improvements for people. These should be expanded.

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## **The rest of the story about expanding peer support services**

Kansas is full of innovative nationally recognized peer support programs that enable recovery and wellness. Unfortunately, they do not exist in many parts of the state, or have been subject to budget cuts. Lots of people in Kansas know how to use their lived experience to solve emotional distress, prevent early mortality of people with mental health diagnoses by focusing on total body and mental health. Access to these supportive services effectively provides individual consumers and caregivers with good, practical, tested information they can use to make choices about use of medication, therapy and case management strategies to chart their course away from costly long-term interventions and toward a rich, self-determined life

Peer support, which enhances personal choice and accountability by each service recipient, greatly improves wellness and other key outcomes. This aligns with the trends toward whole health and value based funding which are becoming the national model for health care.

### **Recommendation 5.2 of the 2019 Mental Health Task Force Report states:**

5.2 Peer Support: Encourage integration of peer support services (MH) and Kansas certified peer mentoring services (SUD) into multiple levels of service, including employment services at CMHCs, hospitalization, discharge and transition back to the community (page 60 of the Report). 5.2.a. Expand training opportunities for those interested in providing peer support services (MH) and KS certified peer mentoring services (SUD). 5.2.b. Enhance incentives to Mental Health and Substance Use Disorder providers that hire and supervise peer support and Kansas certified peer mentoring workers. 5.2.c. Increase Medicaid reimbursement rates for peer support services.

### **The Following Recommendations are Aligned with the 2018 Children's Continuum of Care Report:**

- 1) Kansas should expand existing, and establish new, adult peer support services in areas where they are not currently available, and expand the availability of peer support specialists to all parents whose children with SED/SUD are enrolled in KanCare.
- 2) Kansas should explore national and state models of parent-to-parent peer support for best fit to rural, suburban and urban populations and the geographic and ethnic diversity of the state.
- 3) Kansas should re-evaluate the requirement of persons with lived experience parenting a child with severe emotional disturbance and/or substance use disorders as a criteria for peer support to remove barriers to providing this service to parents.
- 4) Kansas should increase and leverage funding for peer support programs. Federal match dollars are available from CCBHC grants, HBCS waivers, SAMHSA and HRSA, State Targeted Response Grants, and federal workforce initiatives (compiled by NACBDD 2017). Kansas should access these programs and increase resources to add peer providers, and expand peer support programs and consumer-run organizations across the state.
- 5) Kansas should restore Medicaid reimbursement rates for peer providers, and increase payment for parent peer support to a level, at minimum, commensurate with adult peer-to-peer services.
- 6) Kansas should assure professionalization and integration of the peer workforce. Kansas should restore certification programs for peer specialists working with adults, and require state or national training and certification covering the full scope of and fidelity to practice for parent peer supporters.

