

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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The American Psychiatric Association has filed an amended complaint against Anthem Health Plans alleging that the Connecticut insurer is violating federal and state parity laws and restricting access to mental health care for patients. According to the complaint, Anthem is failing to pay psychiatric physicians in a manner comparable to other physicians performing similar services and resulting in fewer psychiatrists willing to participate in a network. APA filed a similar lawsuit against the insurer in April.
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Parity violation at issue in APA complaint against Connecticut insurer

Citing a violation of both federal and state parity laws and restricted access to mental healthcare for Connecticut patients, the American Psychiatric Association (APA), the Connecticut Psychiatric Society and the Connecticut Council for Child and Adolescent Psychiatry filed an amended complaint on Sept. 20 against Anthem Health Plans, Inc. alleging that the Connecticut insurer manipulated the rate reimbursed for psychiatrist-provided psychotherapy.

The provider associations initially filed a lawsuit against Anthem Health Plans, Inc., and its partner company, WellPoint, Inc., in April 2013. The amended complaint asks the U.S. District Court of Connecticut to enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) and state laws designed to protect mental health patients against direct

Bottom Line...

A favorable decision by the court would ensure access to mental healthcare for consumers and fair reimbursement rates to providers on par with providers of physical healthcare.

and indirect discrimination in the provision of healthcare benefits.

The amended complaint alleges that Anthem's discriminatory practices unfairly burden people with mental illness by discouraging receiving medical and psychotherapy services in one visit and instead setting up a system that would require patients to make two appointments, miss more time from work and make additional out-of-pocket payments.

These barriers to care do not exist.
See COMPLAINT page 2

Peers easing strain of mental health workforce issues, ACA service demand

In an era of health reform along with an increasing shortage of mental health workers, the employment of peers to help consumers with medication, employment and general health issues is gaining increasing importance. Georgia and Michigan state health officials, for example, are using peer support specialists as whole health and well-

ness coaches and as healthcare navigators in federally qualified health centers (FQHCs), respectively.

Research shows that by using peer specialists, states can save mental health money by reducing hospitalizations and other emergency interventions, according to a Sept. 11 article appearing in *Stateline*, the daily news service of the Pew Charitable Trusts. The article noted that people with mental illness who are helped by peers tend to experience more thorough and longer-lasting recoveries.

"We're looking at the future of the public health model," David Mill-

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Bottom Line...

State and federal grants and CMS reimbursement are helping states hire peers as employees to assist consumers with physical and mental healthcare needs.

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ist for other illnesses like cancer or diabetes, according to the APA. Anthem's failure to pay psychiatric physicians in a manner comparable to other physicians performing similar services results in fewer psychiatrists willing to participate in a network and restricts patient access and choice, the APA stated.

"We wanted to streamline the complaint to focus on the mental health parity issues so that these can be resolved as expeditiously as possible," Colleen Coyle, J.D., APA general counsel, told *MHW*. Coyle noted that after the APA filed its original complaint in April, two events occurred. Anthem sent out new rate schedules that it said would be retroactive starting Jan. 1, 2013, if it resulted in favor of the physician/patient and effective within the next day or so if it resulted in favor of Anthem, she said.

"Second, the Connecticut Department of Insurance announced a settlement with Anthem regarding 28,000 claims and we were not sure of how these two events impacted patients," said Coyle. "We had hoped that these actions would have a positive impact, but neither did, so we amended the complaint to reflect these new facts."

The APA dropped two of the state law claims alleging unfair trade

practices, said Coyle. "We believe that these claims have substantial merit, but that they are better handled by attorneys and plaintiffs who will address them in a class action and seek damages rather than injunctive relief."

Since the original lawsuit was filed, Theodore Zanker, M.D., joined as a plaintiff representing child and adolescent psychiatrists and pa-

'Individual patients rarely demand enforcement of their rights because of the stigma associated with mental illness.'

Colleen Coyle, J.D.

tients, said Coyle. "He is an out-of-network psychiatrist whose patients have had to incur a larger fee as a result of Anthem's rate changes than they did in 2012," she said.

The APA's primary aim with the lawsuit is to achieve better access to care for those with mental health and substance use disorders through enforcement of the MHPAEA, said

Coyle. "While we have seen frequent violations of its provisions by some in the insurance industry, we have seen little enforcement," she said. "Individual patients rarely demand enforcement of their rights because of the stigma associated with mental illness."

A spokesperson for Anthem told *MHW* that the company's policy is that they do not comment on pending or ongoing litigation. "Anthem Blue Cross and Blue Shield would like to first and foremost assure our members and participating providers that Anthem continues to cover all behavioral health services, including psychotherapy, in accordance with our members' health benefit plans," Sarah Yeager, Anthem spokesperson, said in a statement.

Yeager added, "In addition, Anthem also continues to cover all behavioral health services in accordance with applicable laws and the Connecticut Insurance Department requirements."

Reimbursement rate concerns

In this case, Anthem has reduced what it will pay psychiatrists for psychotherapy well below what it paid last year and what the physician actually charges, said Coyle. "This discourages the doctor from providing both services and encourages them

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Contributing Editor Gary Enos

Editorial Assistant Elizabeth Phillips

Production Editor Douglas Devaux

Executive Editor Isabelle Cohen-DeAngelis

Publisher Sue Lewis

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to provide only medication management and medical evaluation because they will get reimbursed nearly the same for a 45-minute visit that includes psychotherapy as a 15-minute visit without it.

Coyle added that on the other hand, if the patient comes back for a second visit for psychotherapy, Anthem will charge an additional co-pay and reimburse the psychiatrist considerably more for the same 30 minutes of psychotherapy as the patient could have received during the first visit.

“This discourages treatment in one visit and results in patients having to make two appointments, one for medical evaluation and one for psychotherapy, which requires additional co-payment and causes greater inconvenience for mental health patients,” she said.

“Our concern is that patients will come for the medical evaluation and management and forego the psychotherapy because they cannot afford the additional time away from work,” Coyle said. “It is hard enough to get mental health patients to begin and adhere to treatment — there should not be unnecessary barriers.”

Psychiatric care access declining

The APA noted that Anthem’s

failure to pay psychiatric physicians in a manner comparable to other physicians performing similar services results in fewer psychiatrists willing to participate in a network and restricts patient access and choice. In reference to data related to the declining number of psychiatrists who may not want to participate in a network due to the manipulation of reimbursement rates, the APA has to rely on anecdotal information from members and from surveys, said Coyle.

She pointed to a 2007 survey conducted by the Child Advocate and attorney general in Connecticut of child psychiatrists in the state. The findings are reported in a document on their website entitled “Connecticut Children Losing Access to Psychiatric Care.”

The summary of the survey results is telling, said Coyle. “The psychiatrists who responded to our survey are angry about what they see as unfairly low reimbursement rates, and punitive and burdensome coverage determination procedures,” according to the Child Advocate and attorney general’s report of the survey. “Many child and adolescent psychiatrists, almost half of the total in the survey, refuse to participate with any of Connecticut’s seven largest managed care plans,” according

to the report. The doctors agree that managed care companies have forced many psychiatrists to abandon quality, relationship-based psychiatric care in favor of practice inappropriately focused solely on the use of prescription drugs, according to the report.

“This is the result Anthem’s rate manipulation invites,” said Coyle. “In the survey, almost half of the psychiatrists surveyed said they would not participate in insurance plans as a result.” The APA anticipates that after Anthem changed its rate schedule, the data will show that participating psychiatrists continued to see existing patients but were reluctant to take on additional Anthem patients, making the networks inadequate to serve the need, Coyle said. “Claims data will also show a decline in psychotherapy provided by the psychiatrists and an uptick in 15-minute medical evaluation and management visits,” she said.

Coyle added, “We hope that the court will interpret MHPAEA as it is intended — to benefit the patients, to encourage treatment and to eliminate stigma. Favorable decisions may also get the attention of class action lawyers and garner their interest in parity, providing patients with a mechanism to recover damages when appropriate.” •

BH field sees opportunities in ACA enrollment outreach efforts

As enrollment for the Affordable Care Act (ACA) kicks into gear this week with 50 states launching their health insurance marketplaces and 26 states and the District of Columbia expanding Medicaid for 2014, mental health providers are poised to help consumers and families who currently do not have insurance sign up for coverage and learn more about what the new marketplaces have to offer.

A webinar held Sept. 18 to help behavioral health organizations better prepare for this event highlighted outreach and enrollment activities in such states as Oregon and Utah, and

Bottom Line...

The behavioral health community is ramping up enrollment efforts through brochures, social media, web resources and other outreach activities to help navigate the health insurance coverage system.

provided resource information.

The “Kickoff to the Fall ACA Insurance Enrollment Initiative” webinar, hosted by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), the National As-

sociation of Counties (NACO), the Coalition for Whole Health (CWH) and ACMHA: The College for Behavioral Health Leadership, also highlighted the challenges and opportunities involved in meeting the goal of enrolling at least seven million people in health insurance between Oct. 1, 2013, and March 31, 2014.

“We have a very huge task going forward to go into the field and enroll people in insurance,” Ron Manderscheid, Ph.D., executive director of NACBHDD, told webinar attendees. A total of 39 million people are

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eligible to enroll in health insurance and of that figure 11 million currently have a mental health or substance use condition, he said, citing data from the Substance Abuse and Mental Health Services Administration (SAMHSA). Providers who help enroll people also need to work with qualified health plans, he said.

Behavioral health providers are considered trusted sources to assist consumers with disseminating ACA materials, Suzanne Fields, senior advisor to SAMHSA on health care financing, told webinar attendees. Consumers can enroll in Medicaid at any time, said Fields. For individuals in private plans, the end of the enrollment period is March 31, 2014, she said.

Individuals who experience any of an enumerated list of qualifying life events (i.e., release from incarceration, marriage) are eligible for a special enrollment period, according to SAMHSA. A qualified individual has 60 days from the date of a “triggering event” to enroll.

Cherryl Ramirez, executive director of the Association of Oregon Community Mental Health Programs, said that Cover Oregon, the state’s online marketplace, will allow

individuals to purchase insurance and compare coverage. Staff is also available to answer questions at CoverOregon.com.

The state’s outreach efforts include working with community-based agencies, such as the health department and the National Alliance on Mental Illness of Oregon, said Ramirez. “We have tremendous support from the government, the [state] legislature and the health au-

‘All providers are essentially unofficial navigators.’
Patrick Fleming

thority,” she said. “We’re in a very good position to enroll people effectively starting October 1.”

One of the most difficult populations to target in Oregon is those who are young and healthy, she said. To address that challenge, the association has used social media, including YouTube ads, she said. They have also prepared brochures and formed community advisory

committees, said Ramirez.

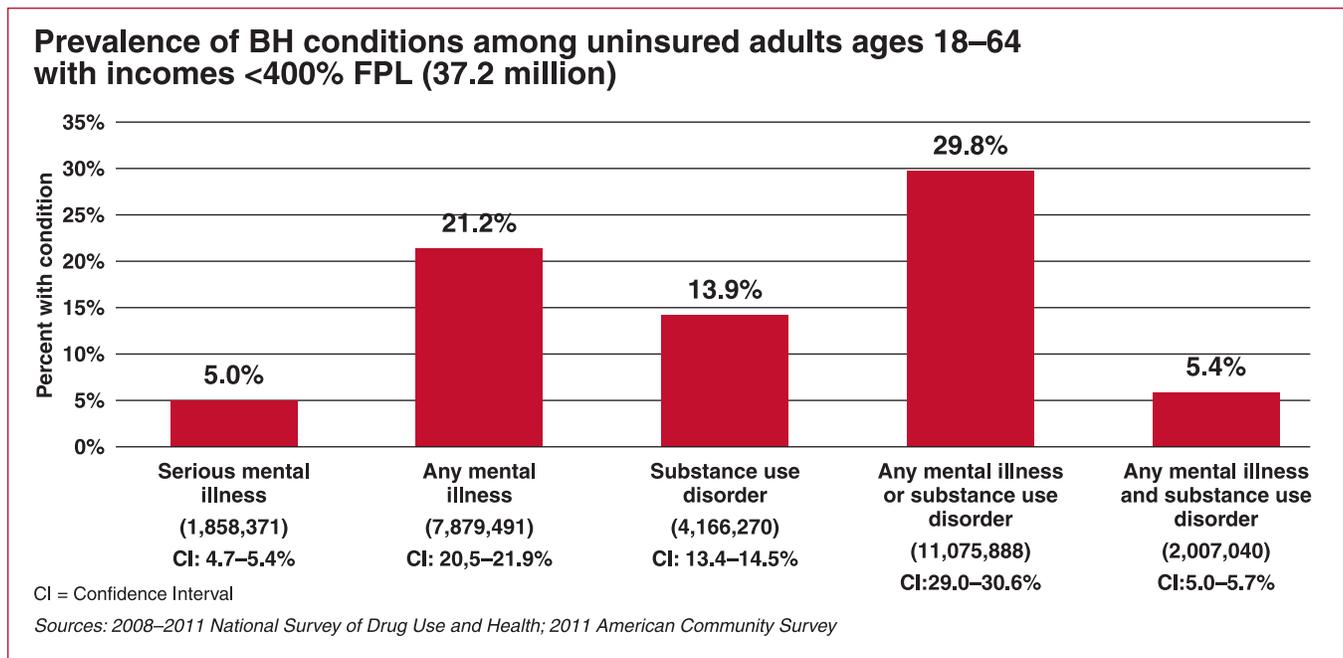
“It’s a top priority for our association to be involved,” said Ramirez. “This is in the best interest for our local system of care to take part in enrollment. We’re trying to prepare community mental health centers to be a part of the enrollment process.”

Criminal justice population

Providing outreach to the criminal justice population is also important, said Manderscheid. Approximately 885,000 people are in county jails throughout the United States, he said, and between 70 and 80 percent of them have behavioral health conditions; many do not have insurance.

There are major opportunities to reach out and enroll people in special population settings, and criminal justice is just one group, said Paul Samuels, director and president of the Legal Action Center. “The opportunity will be in the Medicaid arena,” he said.

Samuels added, “There is a huge benefit for having people enroll in Medicaid while incarcerated. They will be eligible for Medicaid reimbursement for healthcare services when they leave prison.” Once they leave the facility they may need to attend themselves of mental health or



'The best of times, the worst of times'

by Wayne W. Lindstrom, Ph.D.

Editor's note: Mental Health America (MHA) on Aug. 23 announced the resignation of its president and CEO, Wayne W. Lindstrom, Ph.D., effective Sept. 19. MHA is currently conducting a national search for a replacement.

I find myself frequently framing today's realities in mental health within the context of Charles Dickens' first line in *A Tale of Two Cities*: "It was the best of times, it was the worst of times." While many of us are familiar with this beginning quote, we are less familiar with the remainder of his opening line, which next goes on to say "it was the age of wisdom, it was the age of foolishness." Today I am increasingly astonished by evidence of the age of wisdom. We are learning almost daily of new discoveries in neuroscience, genetics and technology that offer us leaps forward in effective prevention, early intervention, treatment and recovery. Simultaneously I find myself stunned at hearing of another impact of sequester cuts on government-funded research that has been propelling these leaps forward.

Dickens goes on to say "it was the epoch of belief, it was the epoch of incredulity." With the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) and the requirement under the Affordable Care Act (ACA) that mental health services be fully integrated within the rest of healthcare, I had come to believe that mental health services would no longer be delivered within a separate and inferior care system. But now I find myself incredulous over the almost \$5 billion that has been lost to the publicly funded mental health service system over the last five years due to state budget cuts, and over the machinations by elements of the Republican Party to dismantle the very vehicle I had come to believe in, "ObamaCare."

The validity of Dickens' commentary applied to our field and in our time does not end there for me. He goes on to further say "it was the season of Light, it was the season of Darkness." When I look at how far consumer and family empowerment and recovery have come, I am convinced we are all embraced by a "season of Light." But when I hear voices calling for more involuntary commitment options and for more inpatient psychiatric beds, rather than intensive and comprehensive community-based treatment capacity,

I feel a "season of Darkness" is upon us.

As we begin to more fully understand neurophysiological brain development during the first five years of life and we begin to implement evidence-based services and supports that make for resilient children, who can withstand the stressors of life and be launched on a healthy life trajectory, it is indeed "the spring of hope." But for me, when we fail to treat gun violence as a public health problem and prohibit, by law, the Centers for Disease Control and Prevention (CDC) to even study it, and when we permit our children to be gunned down not only in Newtown, but also on the streets of Chicago, then "the spring" for me, turns to a "winter of despair."

As in Dickens' writing, we have "everything before us." We are becoming a global community that is experiencing rapid technological and social change. I look around and see us beginning to grow our own food again, becoming not only increasingly health- and wellness-conscious, but also mindful and respectful, while holding ourselves, others and the Earth in reverence. With this new consciousness, the elimination of health inequities and discrimination against those with mental health or emotional conditions, and others who are thought to be different, is indeed possible. But rapid change creates anxiety and a sense that events are beyond one's control. The associated fear-based reactions are an attempt to restore the old order, to return to fundamental beliefs, systems and institutions. We witness this desperation playing itself out even within the halls of the U.S. Congress and around the world. Should fear dominate our choices, then we have "nothing before us."

We need to stand firm against fear-based reactions but not become fearful and angry reactionaries in response to those who express them. To do so will result in us "going direct the other way" rather than "going direct to Heaven," as Dickens said as he drew his opening to *A Tale of Two Cities* to a close. For me, paraphrasing Gandhi says it best for all of us: "Be the change you want to see in the world."

Wayne W. Lindstrom, Ph.D., is a 42-year veteran of the behavioral health field. His last position was as president and CEO of Mental Health America.

substance abuse community-based services, he said.

Jeannie Edens, health policy planner at the Salt Lake County Divi-

sion of Behavioral Health Services, said there is a significant overlap between the Medicaid expansion and the criminal justice population.

"Studies have shown a reduction in rearrest rates for those [formerly incarcerated] and enrolled in Medicaid

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Enrollment activities

Patrick Fleming, director of the Salt Lake County Division of Behavioral Health Services, said the county was the first in Utah to endorse the Medicaid expansion in Utah. Although the state has not expanded the program, it may still happen over the next few months, he said. “We think it’s a good idea,” he said.

The division has established an ACA website with more information about online resources that can assist with enrollment efforts, he said. The site offers answers to general enrollment questions and also steers

viewers to healthcare.gov and other online resources, he said. “That’s a nice, customized way for residents of Salt Lake County to get good information,” Fleming said, noting that approximately 35 percent of Utah’s 1.1 million population live in Salt Lake County, he said.

The ACA created the Navigator Program to help individuals, families and small businesses purchase health insurance through their state’s health insurance exchange. ACA navigators are trained to help consumers learn about their health plan options and to assist with enrollment. However, Salt Lake County officials decided not to apply for navigators, said Fleming.

The county has a large network of providers, about 500, who can all be a part of that enrollment effort, he said. “All providers are essentially unofficial navigators,” Fleming said. “They’re getting people enrolled and giving them the right information.”

Fleming added, “We’re doing the training. Right now, Utah is not being quite as aggressive in terms of getting information out. We see this in our role to get the information out.”

A number of resources are available to assist providers, consumers and families with ACA enrollment information, including healthcare.gov, marketplace.cms.gov, and samhsa.gov/healthreform. •

APA medication list to trigger dialogue about treatment options

The American Psychiatric Association (APA) on Sept. 20 released a list of specific uses of antipsychotic medications that are common but potentially unnecessary and sometimes harmful, as part of the *Choosing Wisely* campaign, an initiative of the ABIM Foundation. The initiative helps physicians and patients engage in conversations to reduce overuse of tests and procedures, and support physicians’ efforts to help patients make smart and effective care choices.

The APA list identifies five targeted, evidence-based recommendations that can prompt conversations between patients and physicians about what care is really necessary:

1. Don’t prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.
2. Don’t routinely prescribe two or more antipsychotic medications concurrently.
3. Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.
4. Don’t routinely prescribe antipsychotic medications as a

first-line intervention for insomnia in adults.

5. Don’t routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.

“Antipsychotic medications have tremendous benefits and improve the quality of life for many people with serious mental illness; however, they carry risks, including potentially harmful side effects,” Joel Yager, M.D., chair of the APA Council on Quality Care, said in a statement. “Unnecessary use or overuse of antipsychotics can contribute to chronic health problems, such as metabolic, neuromuscular, or cardiovascular problems, in people with serious mental illness.”

Yager added, “Because of these risks, APA has recommended that antipsychotics should not be used routinely, and should never be used without considerable thought, good clinical reasoning, and discussion with patients as to why under particular circumstances such a course would be preferable to alternative options.”

The APA *Choosing Wisely* list

was developed after months of careful consideration and review, using the most current evidence and consensus of expert opinion about management and treatment options, according to APA officials.

The campaign reaches consumers nationwide through consumers and advocacy partners, led by *Consumer Reports*. •

To view the complete APA list and additional detail about the recommendations and evidence supporting them, visit www.psychiatry.org/choosingwisely. Also, see more on the *Choosing Wisely* national effort at www.choosingwisely.org.

PEERS from page 1

er, project director for the National Association of State Mental Health Program Directors (NASMHPD), told *MHW*. “Having peers is absolutely critical to every aspect of our system. Mental health peers in the public health system — where mental health is considered part of public health and not a separate service — fits where we are going.”

“We’ve seen a dramatic impact with employment, and healthcare,”

Miller said. “Peers who are in better physical condition are more engaged in looking for work and keeping a job.”

Miller cited the Transformation Transfer Initiative (TTI) grant program created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist states in their efforts to transform behavioral health delivery systems. “There’s no reason peers can’t fill many roles in our workforce,” Miller said.

“SAMHSA is promoting these critical initiatives by funding states to address these transformational kinds of issues,” Robert Glover, Ph.D., NASMHPD executive director, told *MHW*. “We are hopeful that will continue.” States are making sure to continue with their own funding, he said. State officials realize the value peers bring to their involvement in service delivery, Glover added.

Glover noted one TTI project in Georgia that includes peer specialists working in the whole healthcare arena. “Now Georgia is the first state in the nation to be allowed reimbursement for its peers involved in whole health training,” he said. “We hope all states do the same thing. We think that’s valuable.”

“We are delighted that CMS [Centers for Medicare & Medicaid Services] has acknowledged that and is actively [supporting] peer delivery service,” Glover said. “Now they’re funding the whole health support, which includes not just mental health, but also tobacco cessation, weight loss, exercise, lower blood pressure and a variety of other issues.”

“Consumers and peers are invaluable to the future public mental health system,” said Glover. “Not only do they have a role to play, but they should be at the table in all aspects of our system.”

Georgia peers in whole health

On June 6, 2012, CMS approved Georgia as the first state to have Medicaid-recognized whole health

and wellness peer support provided by certified peer specialists (CPSs). Georgia’s approved Medicaid service is delivered by peer support whole health and wellness coaches certified in Whole Health Action Management (WHAM) training — a health plan developed by peers for peers to help them improve chronic health and behavioral health conditions.

The WHAM training is based on the curriculum developed by the SAMHSA-HRSA Center for Integrated Health Solutions, run by the National Council for Behavioral Health, to promote whole-health self-management and strengthen the peer workforce’s role in integrated health-care delivery.

‘Peers are working to prevent the 25-year early-death mortality rate for consumers with serious mental illness.’

Pamela Werner

Georgia has had several pilot programs involving CPSs throughout the state prior to implementing its health and wellness initiative, Wendy Tiegreen, director of the Office of Medical Coordination and Health System Innovation, told *MHW*. The Peer Support Whole Health and Wellness program began offering services to consumers with serious mental illness in January 2013, following two program pilots, she said.

A study of the pilot was subsequently published in *Schizophrenia Research*. “What we learned during our study is that the individuals who were participants in the pilot and had a serious mental illness and physical health condition achieved a 67 percent positive change in their whole health [condition],” Tiegreen

told *MHW*.

Overall, participants were asked a series of questions regarding their whole health, including sleep, diet and exercise. Forty-seven percent of individuals in the pilot indicated specifically that their physical health improved, she said.

The program is funded partially through Medicaid reimbursement, she said. “We have a Medicaid billable service code for health and wellness,” she said. Some state funds are also available for individuals who are not enrolled in Medicaid, Tiegreen noted.

“Georgia’s whole health program is unique because very few states are addressing this in an integrated manner,” said Tiegreen. Some states still have a behavioral health benefit that is separate from the managed general healthcare benefit, she said. Others have subcontractor agreements with vendors who provide behavioral health services separately, Tiegreen said.

“Peers coaching people about their general health is a natural fit for peer specialists who approach services from a strength-based, recovery-oriented perspective,” she said.

Michigan peers in FQHCs

The Michigan Department of Community Health received a TTI grant provided through NASMHPD a year and a half ago to support the work of certified peer support specialists (CPSSs) in an urban and rural federally qualified health center [FQHC], said Pamela Werner, manager of the peer support initiative for the department.

The peers work with medical practitioners, physician assistants, doctors, nurses and diabetes educators to help individuals who have a serious mental illness and/or substance use disorder in addition to at least one physical health condition, she said.

“The goal is to support people in self-managing their chronic conditions by providing patients with

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health and wellness classes, and with navigating the health system to improve quality of care and assisting with physical and behavioral health integration among several health systems and providers,” Werner told *MHW*. “The end result of the grant is to sustain the program, with the FQHC providing peer services after the funding has ended.”

The CMS leaves it up to states to decide if CPSS services provided at the FQHC are covered by Medicaid, said Werner. An FQHC can still hire peer specialists and look for other sources of funds in its current resources, she said.

Werner said she has received inquiries from other states about similar work with CPSSs. The Carter Center on Sept 24–25 hosted its Pillar of Peer Support conference, which included discussion on how states can expand their peer workforce in the FQHC, she said. Werner spoke and shared information about Michigan’s TTI grant and the kind of work CPSSs are doing while employed at FQHCs.

Peers throughout Michigan are working in the physical health arena and helping consumers achieve healthy lifestyles, she said. “They’re also working in emergency rooms and co-location sites that include PCPs and behavioral health providers. Peers are working to prevent the 25-year early-death mortality rate for consumers with serious mental illness,” Werner said. •

BRIEFLY NOTED

Skyrocketing Alzheimer’s rates to burden world’s caregivers

The World Alzheimer Report 2013, “Journey of Caring: An analysis of long-term care for dementia,” says plans need to be implemented to address rising Alzheimer’s rates, which are expected to surge worldwide due to the aging population, CBS News reported. The report calls for sweeping changes on the caregiving

Coming up...

The **New York University Silver School of Social Work** will hold a special conference, “*DSM-5: Changes, Controversies, and Impact on Clinical Practice*,” **Oct. 4 in New York, N.Y.** For more information, visit www.nyu.edu/socialwork/continuing.education/dsm-5-2013-register.html.

The **Department of Child & Family Studies at the University of South Florida** will host its 27th Annual Children’s Mental Health Research & Policy Conference **March 2-5, 2014 in Tampa Fla.** Visit <http://cmhconference.com> for more information.

infrastructure, and more improvements in quality of care that is more affordable. The authors recommend systems to be put in place that oversee and monitor quality of dementia care in all settings, not just in nursing homes and facilities but also throughout the community. More training must also be given to caregivers, and they should be paid, even those caring in more informal settings. For the full report, visit www.alz.co.uk/research/world-report-2013.

STATE NEWS

Michigan mental health courts could reduce prison overcrowding

A bill that just passed the Michigan state house would offer treatment to inmates with mental illness through mental health courts, without any jail time, www.wnem.com reported September 19. Supporters of the legislation say having more money directed to the courts would help reduce the risk of repeat offenders because judges would be able to refer non-violent

offenders with mental illness for treatment, instead of jail. Those convicted of violent crimes would not be eligible for the program. The state currently has mental health courts in 10 counties. The four-bill house package is now heading to the state senate for consideration.

Tennessee to plant ‘Living Matters’ tree for survivors of suicide

The Tennessee Department of Mental Health and Substance Abuse Services is joining with the National Alliance on Mental Illness and the Tennessee Suicide Prevention Network on Sept. 30 to highlight Suicide Prevention Awareness Month with the planting of a special “Living Matters” tree in Bicentennial Park in Nashville. According to tn.gov, between 1981 and 2011, the number of Tennessee deaths attributed to suicide almost doubled. Major depression is the psychiatric diagnosis most commonly associated with suicide. About two-thirds of people who die by suicide are clinically depressed at the time of their deaths.

In case you haven’t heard...

Children and young people experiencing racism experience poor mental health, depression and anxiety, according to a new study published in the October issue of *Social Science & Medicine*. The review study showed 461 cases of links between racism and child and youth health outcome. Most studies reviewed were conducted in the U.S. with younger people ages 12–18. The three most common ethnic/racial groups represented in the studies were African American, Latino/a and Asian. “The reviewed showed there are strong and consistent relationships between racial discrimination and a range of detrimental outcomes such as low self-esteem, reduced resilience, increased behavior problems and lower levels of well-being,” said lead researcher, Naomi Priest, Ph.D., from the University of Melbourne.