

Peer Support: State Credentials, Continuing Education, Retention/Recruitment Strategies

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Websites

Academy of Peer Services

<https://www.academyofpeerservices.org>

APS Virtual Learning Community

<https://aps-community.org/>

Rutgers the State University, School of Health Professions

<https://shp.rutgers.edu/programs>

Rutgers the State University, Certificate in Peer Support

<https://shp.rutgers.edu/psychiatric-rehabilitation/certificate-peer-support/>

Rutgers the State University, Master of Science in Healthcare Management, Behavioral Health Track

<https://shp.rutgers.edu/interdisciplinary-studies/master-of-science-in-health-care-management/>

References

Kaufman, L., Kuhn, W., & Stevens M., S. (2016). [Peer Specialist Training and Certification Programs: A National Overview](#). Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

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Smith, D. (2007). Letter to State Medicaid Directors, Guidance on Providing Peer Support Services Under the Medicaid program. Dept. of Health and Human Services. SMDL #07-011

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Substance Abuse and Mental Health Services Administration. (2013). [Expert Panel on Strategies for Peer-Run/Recovery Community Organizations to Build Collaboration & Relationships with Local, County & State-Level Governments](#). Meeting date: September 17-18, 2013.

Threnhauser, S. (2019). [Executive Briefing: Bringing Peer Support to Scale in Service Delivery](#). *Open Minds*, January 4, 2019, Gettysburg, PA

U.S. Government Accounting Office (2018). [Report to Congressional Committees – Mental Health: Leading Practices for State Programs to Certify Peer Support Specialists](#).

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Wenger, E., McDermott, R. & Snyder, W. (2002). *Cultivating Communities of Practice: A Guide to Managing Knowledge*. Harvard Business School Press.

Technical Assistance and Allied Organization Websites

Café TA Center, Tallahassee, Florida
<http://cafetacenter.net>

Depression and Bipolar Support Alliance (DBSA)
<https://www.dbsalliance.org>

Doors to Wellbeing, Brattleboro, VT
<https://www.doorstowellbeing.org>

Mental Health America
<https://www.mhanational.org>

National Alliance on Mental Illness
<https://nami.org>

National Association for Peer Supporters (NAPS)
<https://www.inaops.org>

National Coalition for Mental Health Recovery
<https://www.ncmhr.org>

Rutgers University School of Health Professions, featuring 40 Career Programs from Undergraduate Certifications through Doctoral Programs <https://shp.rutgers.edu/programs>

National Council for Behavioral Health

<https://www.thenationalcouncil.org>

National Empowerment Center, Lawrence, MA

<https://power2u.org>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org>

National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support – National Recovery Institute at Faces and Voices of Recovery, <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/National-Recovery-Institute-2019.pdf>

Peerlink, Portland Oregon

<https://www.peerlinktac.org>

Peer-Run Organizations

<https://power2u.org/consumer-run-statewide-organizations>

Psychiatric Rehabilitation Association (PRA)

<https://www.psychrehabassociation.org>

SAMHSA Bringing Recovery Supports to Scale, Technical Assistance Center Strategy (BRSS TACS)

<https://www.samhsa.gov/brss-tacs>

SAMHSA National Technical Assistance Center

<https://www.samhsa.gov/national-consumer-technical-assistance-center>

SAMHSA Technology Transfer Centers (TTC)

<https://www.samhsa.gov/technology-transfer-centers-ttc>

STAR Center, Arlington, VA,

<http://www.peerstar.org>

Excerpts from the Webinar

Consumer Operated Services (Peer-Run Organizations)

What are Peer-Run Programs?

Consumer-operated services are peer-run service programs that are owned, administratively controlled, and operated by mental health consumers and emphasize self-help as their operational approach.

Consumer-operated services may be called by other names such as consumer operated service programs, consumer-run organizations, peer support programs, peer services, or peer service agencies (SAMHSA, 2011, p. 1).

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What is the Evidence?

The Consumer-Operated Services Program (COSP) Multisite Research Initiative (1998-2006), funded by SAMHSA, is the largest and most rigorous study of consumer-operated services programs conducted to date. It looked at several models of peer-operated services around the country to determine whether consumer-operated services are effective as an adjunct to traditional mental health services in improving the outcomes of adults with serious mental illness. This study found that consumer-operated services are effective, pointing specifically to the following:

- An overall increase in well-being among study participants and a greater average increase in well-being among those who used consumer operated services the most
- A significant effect on well-being for users of drop-in type services
- An increase in most measures of empowerment correlated with the extent to which consumers used consumer-operated services

These positive findings were not limited to one program model but encompassed all the consumer operated service models studied (SAMHSA, 2011, p. 9)

How are Peer-Run Programs Funded? (SAMHSA, 2011, p. 10)

- Federal Mental Health Block Grant
- Other federal sources: SAMHSA, National Institute of Disability and Rehabilitation Research (NIDRR), and Departments of Veterans Affairs (VA) and Housing and Urban Development (HUD)
- State or county general funds and county tax levies
- Other state funds: vocational rehabilitation, social and substance abuse services, & reallocations from state psychiatric hospital downsizing
- Community reinvestment and community redevelopment initiatives
- Grants from national, regional, and community foundations for specific projects or initiatives
- Managed care organizations and behavioral health care networks
- Charity groups, faith-based organizations, and nonprofit organizations
- Entrepreneurial ventures and businesses run by consumer-operated services or programs
- Fundraising activities
- Medicaid

An Example: The 2018 Peer Respite Essential Features Survey – Program Operations Report: Funding, Staffing, Evaluation

Peer respites were asked about their funding sources and the percent of their budget that came from each source. More than half (n=18) reported relying on a single funding source. The figure (*as shown in the webinar*) shows on average how much peer respites overall receive from each source. County funding increased from 35% in 2016 to 45% in 2018, and state funding decreased from 46% to 36%. Federal funding showed a slight increase from 3% to 7% between the two years. Interestingly, there were no guest contributions observed in 2018, in contrast with 3% funding from guests in 2016. There

was a slight decrease in Medicaid Managed Care from 7% in 2016 down to 5% in 2018 (Live & Learn, 2018, p. 3).

Guidance on Medicaid Funding

The following is an excerpt from the August 15, 2007 letter to the State Medicaid Directors from CMS Director Dennis Smith.

Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

3) Training and Credentialing

Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place (Smith, 2007).

Peer Specialist Training and Certification Programs: A National Overview

In September 2012, 36 states offered a certification program for peer support specialists. By March 2014, 38 states and the District of Columbia had established programs to train and certify peer specialists and 8 states were in the process of developing and/or implementing a program. The average length of training was 55 hours and 6 states required supervised work practicum as part of certification.

As of July 2016, 41 states and the District of Columbia were offering certification for peer support specialists. The average length of training was 52 hours and 8 states required a supervised work practicum (either paid or volunteer) ranging from 72 to 2000 hours (Kaufman, et al, 2016).

Medicaid Funding

States have two options for funding the reimbursement of peer support services under their Medicaid program—either adding peer support services through a Medicaid state plan amendment (usually under the Medicaid Rehabilitation Option) or as part of a waiver program...

...states (to meet the needs of their unique state Medicaid plan or waivers) have a primary responsibility for determining required competencies, best practices, and training needed to become certified as a peer support specialist, and the fact that each state determines certification requirements means there will be a lot of variability (Threnhauser, 2019 p. 1).

The Appendix to the Peer Specialist Training and Certification Programs: A National Overview contains a state by state listing of the types of Medicaid Reimbursement that are provided for Peer Services (Kaufman, et al, 2016, pp. 128-134).

Additional Resources (based on submitted questions)

Finding Qualified Peer Specialists (Mental Health) – Medicaid Funded

- National Overview of Peer Specialist Training and Certification (look up the certification authority by state), <http://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf>
- Academy of Peer Services, Virtual Learning Community Job Bank (New York), <https://aps-community.org/job-bank>

Finding Qualified Peer Specialists (Mental Health) – Other Funding

- Consumer-Run Statewide Organizations, <https://power2u.org/consumer-run-statewide-organizations>
- National Coalition for Mental Health Recovery, <https://www.ncmhr.org>
- Wellness Coalition of New York, Independent Practice Association, <https://www.wcnyipa.net>
- Academy of Peer Services, Virtual Learning Community Job Bank (New York), <https://aps-community.org/job-bank>

Medicaid Reimbursement Rates Across the States

- 2015 National Survey of Compensation of Peer Specialists, https://www.leaders4health.org/images/uploads/files/PSS_Compensation_Report.pdf

Guidance for Peer Support Specialists (Best Practices, Guidelines)

- Definition of Peer Support Specialist, <https://www.inaops.org/what-is-a-peer-supporter->

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- National Practice Guidelines for Peer Supporters, <https://www.inaops.org/values>
- Pillars of Peer Support, <http://www.pillarsofpeersupport.org>
- Wellness Recovery Action Plan (WRAP), <https://mentalhealthrecovery.com/wrap-is/>
- SAMHSA BRSS TACS, Core Competencies, <https://www.samhsa.gov/brss-tacs>

Guidance for Supervisors of Peer Support Specialists

- National Association of Peer Supporters (NAPS), Supervision Resources, <https://www.inaops.org/supervision-resources>
- National Council, Mastering Supervision, <https://www.thenationalcouncil.org/training-courses/mastering-supervision-moving-effective-excellent>
- National Practice Guidelines for Supervisors (NAPS), <https://inaps.memberclicks.net/assets/National%20Practice%20Guidelines%20for%20Peer%20Supporters%20and%20Supervisors%20%28final%20101816%29.pdf>
- New York City Toolkit, Supporting Peers and Community Health Workers in their Roles, <https://www1.nyc.gov/site/doh/providers/resources/supporting-peers-and-community-health-workers-in-their-roles.page>
- Philadelphia Peer Support Toolkit, <https://dbhids.org/peer-support-toolkit>
- Pillars of Peer Support (Supervision), <http://www.pillarsofpeersupport.org/POPS2014.pdf>
- SAMHSA BRSS TACS, <https://www.samhsa.gov/brss-tacs>

National Certification

Refer to the Texas Institute of Excellence in Mental Health on state requirements for Medicaid Billing (each state’s requirements for Medicaid billable services are different and the training and certification within each state reflects these differences).

Mental Health America offers a “national” test-based certification, but peer advocates have long expressed concern about this non-peer organization defining, evaluating, and profiting from peer support practice.

Youth and Family Advocate Specialist Certification

- National Federation of Families, <https://www.ffcmh.org/certification>
- Youth Move National, <https://youthmovenational.org/>

One Classification Counts

In a national survey, there were over 200 unique job titles for peer support work. With so many different job titles, it has been hard for researchers and policy makers to get consistent data on hiring or retention. The Dept. of Labor currently classifies peer jobs under several different categories, none of which require lived experience of recovery or self-disclosure as a defining characteristic of the work.

The National Association of Peer Supporters has a current campaign toward developing a standard occupational classification. For more, <https://inaps.memberclicks.net/census>

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