

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

Amy Spagnolo, Ph.D. and Rita Cronise, M.S.

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Amy Spagnolo, Ph.D.

spagnoam@shp.rutgers.edu

Rita Cronise, M.S.

rita.cronise@rutgers.edu

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

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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>

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

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>

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>

Webinar Excerpts

Definition of Peer Support Worker

Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

(SAMHSA, Bringing Recovery Supports to Scale Technical Assistance Center Strategy, 2016).

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 a majority (at least 51%) 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).

What kinds of programs are peer-run?

Programs that have been designed, developed and delivered by peers range from crisis respite programs to transitional housing and employment to wellness coaching. Drop-in centers, wellness and recovery centers, hospital discharge peer bridger programs back to the community, prison reentry programs, and supportive housing are just a few of the many types of services offered in peer-run programs.

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)

There is a lot of focus on Medicaid reimbursement for peer support services, but consumer operated service programs (COSPs) were funded and providing effective peer support services for years prior to the recognition of peer support as an evidence-based practice by Medicaid.

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

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).

Most peer-run organizations do not qualify for Medicaid reimbursement. Services under Medicaid must be provided or supervised by licensed behavioral health care or clinical staff. As a medical insurance, Medicaid services must meet criteria for medical necessity, which includes assessment, diagnostic and documentation requirements that differ from the orientation and role of peer support.

The deficit-based restrictions and requirements associated with Medicaid funding make the ability to offer genuine peer support more challenging and some of the more innovative programs are moving to the practice of contracting with peer-run or consumer-operated services to provide peer support specialists that receive supervision through the consumer-operated service and greater fidelity to the values of peer support. For an example of how this can work, visit the site for the Wellness Collaborative of New York – Independent Practice Association (<https://www.wcnyipa.net>)

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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).

Medicaid Funding (Requirements and Restrictions)

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).

Summary: Each state has its own unique Medicaid plan with different requirements for all funded positions (not just peer support positions). Due to the differences in the plans (and the amendments or waivers that were created to those plans), each state needed to create its own unique process for training and certifying qualified peer support workers.

The qualifications for someone to be a supervisors of Medicaid reimbursable peer support services is also determined by the state. While there is a growing demand by he peer support workforce for supervisors who have lived experience as a peer support provider themselves, at this time most states recognize (at a minimum) a masters level professional from a behavioral health care discipline.

Peer Specialist Training and Certification Programs: A National Overview

Every 2-3 years, the Texas Institute of Excellence in Mental Health issues a report on training and certification of the Medicaid reimbursable peer support workforce. 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 (with a range from 32 to 126 hours) and 8 states required a supervised work practicum (either paid or volunteer) ranging from 72 to 2000 hours. The report offers a state by state listing of the training, the testing, the cost, and the continuing education requirements. The Appendix 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). (Kaufman, et al, 2016).

Options on the Academic Ladder toward Advancement

Although the requirements vary by state, and most certification and training programs are state-specific, there are opportunities for continuing education that are recognized by most.

Rutgers School of Health Professions offers options for academic preparation toward career advancement. Two fully online programs that can be used by working peer specialists (beyond state certification) for continuing education* or by those looking for masters level qualification toward becoming supervisors of peer specialists:



Undergraduate Certificate in Peer Support

*Check with your state's certification authority to ensure the program will be accepted toward continuing education.

[Learn More](#)



MS Health Care Management

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Additional Resources (based on questions submitted prior to the webinar)

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 (One Example from 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 (One Example from 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->
- 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>

Recommended
Supervision Resource

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

- 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.

One Classification Counts

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 initiative aimed toward developing a standard occupational classification. For more, <https://inaps.memberclicks.net/census>