STATE AND NATIONAL LANDSCAPE ON THE VALUE AND USE OF PEER SUPPORT SERVICES

Amy Brinkley, CRS/CHW, CAPRCII

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AGENDA

1) Introduction
2) Nebraska Peer Program
3) National Landscape for Peer Support
4) National Funding for Peer Recovery Supports
5) Return on Investment for Peer Services
6) Opportunities for Growing Peer Workforce
7) Resources for Peer Support Capacity Building
8) Questions

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AMY BRINKLEY, CRS/CHW, CAPRCII

Bio

Amy Brinkley served for (5) five years as the Director of Recovery Support Services in the state of Indiana working to expand peer/recovery support services across the state with the Indiana Division of Mental Health and Addiction. She most recently served for 2 years as the Chairperson for NASMHPD's Division of Recovery Support Services advocating for the professionalization of recovery supports across the country and currently Amy serves as NASMHPD's (National Association of State Mental Health Program Directors) Recovery Support Systems Coordinator. Amy has been author on several APA articles related to peer support through her work on the APA Policy Advisory Board and continues to serve in this capacity today.

Amy is a person with direct lived experience with Mental Health and Substance Use recovery and the criminal justice system. Her passion and expertise are driven from the loss of three brothers to suicide and her heart is to advocate for change across the country through effective recovery data collection and evaluation processes that drive recovery-oriented outcomes which will in turn improve the quality of life and recovery for people with substance use disorders and mental illness.

CRS/CHW, CAPRCII

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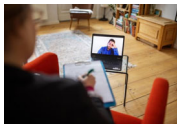
SESSION DESCRIPTION

Join us for an insightful session on Nebraska state peer certification and the national peer landscape.

Discover best practices for implementing peer support services and gain up-to-date guidance from state and national sources.

This training offers cutting-edge information on strategies for effective peer support implementation, allowing participants to grasp the return on investment for utilizing peer services.



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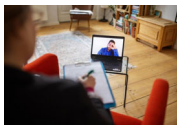
OBJECTIVES

1) Describe key aspects of Nebraska's peer certification process, including the ability to identify the lived experience qualifications for the Nebraska Peer Certification and locate the website for accessing Peer Support training.
2) Independently locate three (3) state and national resources for peer support services through reliable website sources.
3) Describe three (3) return on investment outcomes related to the utilization/implementation of peer support services.



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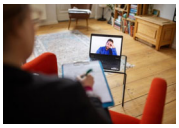
NATIONAL DIVISION OF RECOVERY SUPPORT SERVICES (DRSS HISTORY)

Office of Consumer Affairs (OCA's)
OCA's were first established in the late 1980s and early 1990s. Today the vast majority of State Mental Health Authorities (SMHAs) have established an Office of Consumer Affairs or Recovery Services in various stages of development and with various titles.

With the assistance of NASMHPD in 1993, directors of OCAs founded The National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA). The organization was made up of the then current directors who led the OCAs in their states. For over 25 years NAC/SMHA provided opportunities for directors to meet and discuss issues, plans, and practices, as well as opportunities for networking and peer support.
The members of NAC/SMHA reorganized to become the NASMHPD Division of Recovery Support Services (DRSS) in the late spring of 2019.



Quick Facts - Division of Recovery Support Services (DRSS)

- DRSS meets once a month on the first Friday of each month with an average attendance of 10-20 states regularly in attendance; two subgroups meet monthly focusing on recovery data collection and DEI issues (NRI State Profiles)
- DRSS completed a 1 pager on the Return on Investment for Peer Services
- DRSS completed a survey on the recovery support services in each state

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

Mission
SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Vision
SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

https://www.samhsa.gov/about-us/who-we-are

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SAMHSA'S OFFICE OF RECOVERY

The Office of Recovery's role was established to evaluate and intitiate policy, programs, and services with a recovery focus and ensure the voices of individuals in recovery are represented.

The Office of Recovery will serve as a national clearing house for recovery-oriented care across mental health, substance use, and co-occurring domains.

Objectives:
- Expand peer provided services within every community
- Support implementation of any dedicated recovery resources to states for recovery support services
- Address key social determinants that support recovery including access to housing, education, social support, and employment
- Promote training and public education opportunities on recovery
- Etc..

https://www.samhsa.gov/about-us/who-we-are/offices-centers/or

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SAMHSA National Recovery Agenda Goals

- Inclusion
- Equity
- Social Determinants
- Wellness

PEER SERVICES

To expand peer-provided services within every community.

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SAMHSA
PEER SUPPORT WORKERS

SAMHSA - 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's BH Workforce Report (December 2020) – Calculated the current workforce for SUD focused recovery coaches to be 23,507 and estimated a need for an additional 349,519 which is a (97% increase) to help meet the unmet need.

3. Peer Support Workers for those in Recovery | SAMHSA
4. behavioral-health-workforce-report.pdf (mainh.org)

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SAMHSA
(SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION)

Who are peer workers?

Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.

Peer Support Role

Peer Support Role

- Advocating for people in recovery
- Sharing resources and building skills
- Building community and relationships
- Leading recovery groups
- Mentoring and setting goals

Core Competencies

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services

VOLUNTARY: Peer workers are partners or consultants to those they serve.

RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided.

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

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CENTER FOR MEDICAID SERVICES (CMS)
ON PEER SERVICES

- **2007 CMS Guidance** - Peer Support is declared an evidence-based practice according to the 2007 CMS letter to the State Medicaid Authorities nationally.
  - Peer Support services were declared 'an evidence based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.
  - The letter also outlines the authority of state Medicaid agencies to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of services.
- **2013 CMS Guidance** to states updated to include family/parent peer supporters and states

Both letters reference the requirement that peer support providers must complete training and certification as defined by the State.

https://smiadviser.org/knowledge_post/is-peer-support-an-evidence-based-practice
https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/clarifying-guidance-support-policy_150.pdf

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NEBRASKA CERTIFIED PEER SUPPORT SPECIALIST (CPSS) PROGRAM

Who is a CPSS?

Certified Peer Support Specialist (CPSS) – is a person who is trained to use their personal lived experience and recovery with mental health and/or substance use disorders to mentor others who want to achieve recovery.

Or be a parent of a primary caregiver of someone who has been affected by a mental health or substance use disorder.

Who qualifies to apply for a CPSS certification?

In Nebraska to become a CPSS you first have to have lived experience with MH and/or a SUD and have been in recovery for at least one year or be a parent or primary caregiver of someone who has been affected by MH or an SUD.

How much does it cost and how do I sign up?

There is no set schedules for peer trainings at this time. To set up a training visit https://dhhs.ne.gov/Pages/Peer-Support-Approved-Core-Curriculum.aspx

Cost of training – varies by trainer – interested please visit http://dhhs.ne.gov/Pages/Peer-Support-Approved-Core-Curriculum.aspx

Testing Fees
IC &RC Exam Fee = $125

Adult and Child Protective Services background check = $5

https://dhhs.ne.gov/Pages/Peer-Support-Training-Certification.aspx

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NEBRASKA CERTIFIED PEER SUPPORT SPECIALIST PROGRAM

CPSS Certification Process

1) CPSS's applicants must complete a 60-hour training (covering 13 domains) offered from approved trainers located at http://dhhs.ne.gov/Pages/Peer-Support-Approved-Core-Curriculum.aspx
2) Applicants must pass the IC&RC Exam within 6 months of IC&RC receiving notice of eligibility to test.
3) Code of Ethics for CPSS's must be read and signed by applicant prior to certification.
4) No application fees.
5) Passing applicants will receive a certificate with the effective date and expiration date.
6) Recertification Process - CPSS's must recertify every 2 years.
   1) Renewal online application must be submitted.
   2) 20 CEU's completed within 13 Peer Support Core Curriculum domains, inclusive of 6 CEU's in Ethics.

- CPSS Certifications expire September 1st of odd number years.
- If applicant was certified within 12 months of the expiration date the CEU hours will be waived until the following renewal period.
- The individual will still need to complete the online re-certification application prior to the expiration of the certification.
- NE peers are currently going through their first renewal period and certifications expire 9.1.23.

NEBRASKA
Good Life. Great Mission.
DEPT OF HEALTH AND HUMAN SERVICES

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STATE RESPONSE

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CPSS 13 DOMAINS NEBRASKA

A total of 60 hours of training covering the following 13 domains and competencies are required to be completed prior to testing. Approved trainers only.

1. Engagement
2. Support
3. Lived Experience
4. Personalizes Support
5. Recovery Planning
6. Resources, Services, and Supports
7. Health, Wellness, and Recovery Skills
8. Crisis Management
9. Communication
10. Collaboration and Teamwork
11. Leadership and Advocacy
12. Professional Growth and Development
13. Ethics (minimum 10 hours)

https://dhhs.ne.gov/Pages/Peer-Support-Trainer-Curriculum-Requirements.aspx

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CPSS APPLICATION DOCUMENTS NEBRASKA

Complete the CPSS State of NE DBH OCA approved training first – 60 hours

- Documentation of any peer support training certificate of completion (including online).
- Official documentation of highest level of education, ie, diploma, GED.
- Copy of any state certification or license currently held in Nebraska or any other state if applicable.
- Documentation of any disciplinary action taken against any state issued certification or licensure received in Nebraska or other states.
- Documentation of (all) felony conviction(s) over the lifespan whether in Nebraska or other state.
- Documentation of (all)misdemeanor convictions within the last 7 years immediately precipitating the date of the CPSS application submission whether occurred in NE or other state. Documentation must include:
  - List date(s) of convictions, county, and state in which the conviction occurred and type of conviction. Include a brief description of the convictions, what happened and who was involved.
  - An explanation of actions the applicant has taken to address the behaviors related to the convictions.
  - If the applicant is on probation a letter from the probation officer addressing the terms and current status of probation.
- Applicants required to complete the APS/CPS registry check (you will be provided a request/confirmation number that will be a REQUIRED entry on the CPSS application before you can submit the application.)

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STATE RESPONSE

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IC&RC
PEER RECOVERY CREDENTIAL/EXAM

The Peer Recovery (PR) credential is designed for individuals with personal, lived experience in their own recovery from addiction, mental illness, or co-occurring substance and mental disorders.

Practice Exams available.
Peer Recovery Candidate Guide to Test available.
Additional Resources available.

Recovery Changes Lives

"Many recovery community organizations have established recovery community centers where educational; advocacy and sober social activities are organized. Peer recovery support services are also offered in churches and other faith based institutions, recovery homes/sober housing."

- U.S. Department of Health & Human Services, SAMHSA's Center for Substance Abuse Treatment 2008 Report

https://internationalcredentialing.org/exampreo
https://internationalcredentialing.org/resources/Candidate_Guides/PR_Candidate_Guide_2013.pdf

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STATE RESPONSE

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NEBRASKA PEER ETHICS

The purpose of the Certified Peer Support Specialist (CPSS) Code of Ethics is to outline the basic values and principles of peer support practice. The code shall serve as a guide for the CPSS in the State of Nebraska by defining professional responsibility and ethical standards for the profession.

The primary responsibility of the CPSS is to help Peer Support recipients to achieve their own recovery needs, wants, and goals. CPSS may have other duties as assigned as per their employer and their job description. The CPSS will maintain high standards of personal conduct and will conduct themselves in a manner that fosters their own recovery. CPSS will be guided by the principle of self-determination for all and shall serve as advocates for the people they serve.

The CPSS will perform services only within the boundaries of their expertise. The CPSS shall be aware of the limits of their training and capabilities and shall collaborate with other professionals to best meet the needs of the person(s) served. The CPSS will, at all times, provide an objective and professional relationship while recognizing there are multiple pathways to recovery.

https://dhhs.ne.gov/Behavioral%20Health%20Documents/Certified%20Peer%20Support%20Specialist%20Code%20of%20Ethics.pdf#:~:text=The%20purpose%20of%20the%20Certified%20Peer%20Support%20Specialist,professional%20responsibility%20and%20ethical%20standards%20for%20the%20profession

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NEBRASKA PEER ETHICS

1. The primary responsibility of a CPSS is to help individuals achieve their own recovery needs, wants, and goals. Certified Peer Support Specialists will be guided by the principle of self-determination for all.
2. The CPSS will maintain high standards of personal conduct. The CPSS will also conduct themselves in a manner that fosters their own recovery.
3. The CPSS will openly share with consumers and colleagues their own recovery stories from behavioral health challenges and will likewise be able to identify and describe the supports that promote their recovery.
4. The CPSS will, at all times, respect the rights and dignity of those they serve.
5. The CPSS will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. The CPSS will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
7. The CPSS will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. The CPSS will respect the privacy and confidentiality of those they serve.
9. The CPSS will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. The CPSS will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. The CPSS will not enter into dual relationships or commitments that conflict with the interests of those they serve.
11. The CPSS will never engage in sexual/intimate activities or relationships with the consumers they serve.
12. The CPSS will not abuse substances under any circumstances.
13. The CPSS will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. The CPSS will not accept gifts of significant value from those they serve. *

https://dhhs.ne.gov/Behavioral%20Health%20Documents/Certified%20Peer%20Support%20Specialist%20Code%20of%20Ethics.pdf#:~:text=The%20purpose%20of%20the%20Certified%20Peer%20Support%20Specialist,professional%20responsibility%20and%20ethical%20standards%20for%20the%20profession.

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DISCUSSION

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NATIONAL LANDSCAPE

Multiple Sources on Current Peer Landscape

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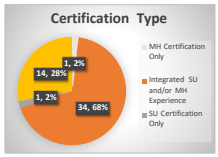
STATE BY STATE CERTIFICATION TYPE

State	Type of Certification	State	Type of Certification
Alabama	Separate	Montana	Integrated
Alaska	Integrated	Nebraska	Integrated
American Samoa	None	Nevada	Integrated
Arizona	Integrated	New Hampshire	Substance Use Only
Arkansas	Integrated	New Jersey	Separate
California	Integrated	New Mexico	Integrated
Colorado	Integrated	New York	Separate
Connecticut	Separate	North Carolina	Integrated
Delaware	Integrated	North Dakota	Integrated
District of Columbia	Integrated	Northern Marianas	None
Florida	Integrated	Ohio	Integrated
Georgia	Separate	Oklahoma	Integrated
Guam	None	Oregon	Integrated
Hawaii	Mental Health Only	Pennsylvania	Separate
Idaho	Separate	Puerto Rico	None
Illinois	Separate	Rhode Island	Integrated
Indiana	Integrated	South Carolina	Integrated
Iowa	Integrated	South Dakota	None
Kansas	Integrated	Tennessee	Integrated
Kentucky	Integrated	Texas	Separate
Louisiana	Integrated	Utah	Integrated
Maine	Separate	Vermont	Separate
Maryland	Integrated	Virginia	Integrated
Massachusetts	Separate	Washington	Integrated
Michigan	Separate	West Virginia	Integrated
Minnesota	Separate	Wisconsin	Integrated
Mississippi	Integrated	Wyoming	Integrated
Missouri	Integrated		



- **Integrated Substance and/or Mental Health** = 34 States
- **Substance Certification Only** = 1 State
- **Mental Health Certification Only** = 1 State
- **Separate Certifications** = 14 States

Every state except 1 state currently has a certified peer program.

https://peerrecoverynow.org/documents/2023-FEB-07-prcoe-comp-analysis.pdf

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MENTAL HEALTH AMERICA PEER WORKFORCE OVERVIEW

- Current workforce estimates show that over 30,000 peer supporters are working across the United States.
- With the growing research base for peers there is a growing demand for behavioral health services generally which is increasing the demand for peers and the number of settings in which peers are working nationally.
- Peers should not be considered a cost- saving service because it's cheap labor. Peer Support is a cost saving service because it reduces the use of the most expensive restrictive levels of care and empowers people to support their health and wellbeing in the community. Peers are often stuck in low wage jobs with limited room for growth. More info on peer wages can be found at https://papeersupportcoalition.org/wp-content/uploads/2016/01/CPS_Compensation_Report.pdf

Peers can serve in psychiatric units, emergency departments, peer run organizations, telehealth, outpatient services, and more.

https://www.mhanational.org/peer-workforce

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POSSIBLE PEER SETTINGS (NATIONALLY)

Non-Traditional Settings

Literature shows Peers working in many peer settings. Including:
- Recovery community centers
- Recovery fitness centers
- Various types of recovery housing
- Colleges
- Recovery high schools.

Research found promise in these non-traditional settings of care in that they created a network of recovery supports beyond medical stabilization and/or acute treatment.

Other Settings

Literature also documents successes in using peers in other social services that may not be peer-centric but still benefit from the presence of peers and the integration of peer principles.

These settings include:
- Medication assisted treatment program
- Emergency departments
- Mobile crisis units
- Criminal justice settings
- Child welfare settings

> "In general, we found ample evidence that peer recovery support is successful in closing these gaps and helping people transition from one stage of the care continuum to another by addressing some of the barriers that people face… However, we could benefit from more research on culturally and gender specific PRSS in order to address many of the barriers that minorities and women in particular are facing in the initial stages of treatment and recovery initiation." (Stanojlovic & Davidson, 2021)[2]

https://peerrecoverynow.org/wp-content/uploads/2023-APR-03-prcoe-yr2-lit-review.pdf

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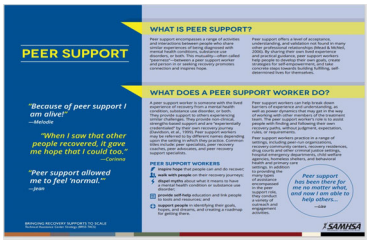
POSSIBLE PEER SETTINGS (NATIONALLY) SAMHSA

- Peer run organizations
- Recovery community centers
- Recovery residences
- Re-entry courts (ie. Drug court)
- Criminal justice settings
- Hospital emergency departments
- Child welfare agencies
- Homeless shelters
- Behavioral Health and Primary Care settings



https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf#:~:text=Peer%20support%20workers%20practice%20in%20a%20range%20of,shelters%2C%20and%20behavioral%20health%20and%20primary%20care%20settings.

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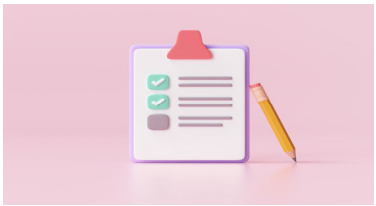
SURVEY CHECK IN



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DISCUSSION

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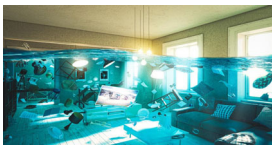
EMERGING SETTINGS INCLUDE CRISIS SETTINGS

2021 CMS Guidance letter to states indicated that incorporating trained peers who have lived experience from mental illness and/or a substance use disorder and formal training within a mobile crisis team is a best practice.



sho21008.pdf (medicaid.gov)

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NRI WORKFORCE REPORT (NOVEMBER 2022)

Out of 44 states who responded to the survey, the following number of states reported Peer Support Workers as being short staffed as well within the categories identified below:

Workforce Report

- 17 States Reported a Shortage of Peer Support Workers within Call Centers
- 24 States Reported a Shortage of Peer Support Workers within Mobile Crisis Teams
- 23 States Reported a Shortage of Peer Support Workers within Crisis Stabilization
- 18 States Reported a Shortage of Peer Support Workers within Crisis Residential

Of the 44 states that responded, 75% indicated that they were actively recruiting peer support workers.

https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf

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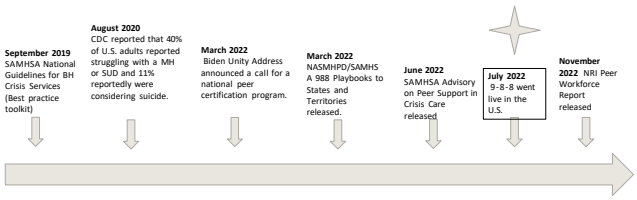
CRISIS SERVICES RESOURCES



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NATIONAL DATA

- On May 18, 2023, NASMHPD sent a feedback form to 44 state and territory recovery leads in state government roles through the NASMHPD Division of Recovery Support Services (DRSS).
- Out of the 44 states and territories who received the request to provide their feedback, a total of 17 states provided responses.
- The settings were listed across Pre-Crisis Care, Sub-Acute Care, Acute Care, Stabilization, and Post-Crisis Care within the SAMHSA Crisis Advisory which the feedback form modeled.

Crisis Continuum	SAMHSA's Recommendations for Integration of Peers	In a Sample of 17 States How Many Had These Integration
Pre-Crisis Care *Services Intended to avert a crisis*	Outreach	14
	Warmlines	14
	Crisis Planning	14
	Linkage of Resources	16
	Individual and group digital support	10
	Harm Reduction	13
	Peer Run Organizations	16
	Mobile Recovery Centers	6
	Outpatient	13
	Rehabilitation Programs	10
	Homeless Outreach	12
Sub-Acute Care *Services provided to those who experience a mental and/or substance use disorder crisis, but do not require acute care*	Inpatient hospitalization care	14
	Partial hospitalizations care	5
	Short term Intensive Treatment	9
	Linkage to Resources such as 23-hour stabilization units/bed, inpatient hospitals, and partial hospitalizations, Hospital diversion homes	14
Acute Care *Services Provided to de-escalate a crisis and/or when acute BH is required*	Crisis Hotlines	11
	Emergency Department care/advocacy	15
	Intensive treatment and services	10
	Linkage to resources such as Emergency Department, Mobile Crisis Teams, Crisis Intervention and response teams, Police and Correctional Diversion	13
Stabilization *Services designed to assist with symptoms stabilization before returning to community.*	Residential Stabilization	9
	Step- down services	11
	One-on-one services	12
	Linkage to Resources such as crisis receiving and stabilization facilities, Crisis Respites, Recover Residences, and Living Rooms	15
Post-Crisis Care *Services aimed to support the individual after the crisis has subdued*	Post crisis supports groups	12
	Recovery supports	16
	Social inclusion and structure	10
	In home peer companionship	4
	Self-care supports and digital support such as Peer run organizations, ACT teams, other outpatient and rehabilitative settings	16

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NATIONAL DATA

- **Pre-Crisis Care**
  - Warmlines – 14 states
  - Crisis Planning – 14 states
  - Peer Run Organizations – 16 States
  - Homeless Outreach – 12 States
- **Sub-Acute Care**
  - Inpatient Hospitalization – 14 States
  - Partial Hospitalizations – 5 States
- **Acute Care**
  - Crisis Hotlines – 11 States
  - Emergency Departments – 15 states
- **Stabilization**
  - Step Down Services – 11 States
- **Post – Crisis Care**
  - Post crisis support groups – 12 states

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STATE RESPONSE

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BRIDGING GAPS IN UNDERSERVED COMMUNITIES

- Communities that have experienced historical trauma caused by emergency response systems, including Black, Indigenous, and People of Color (BIPOC), may have mistrust of behavioral health crisis response systems and providers.
- It is crucial to expand the crisis response system to meet the unique needs of people of color. Without trust in the services provided, individuals in these communities may be less likely to seek help during a crisis.
- It is essential to establish a crisis response system that is culturally competent, responsive, and inclusive to build trust and increase accessibility for communities that have been historically underserved.

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WORKING WITH DIVERSE POPULATIONS

- Due to national workforce shortages, crisis service providers serving more than one specialized population will require peer support workers to adapt to serve diverse populations.
- Peer support workers need training and experience to be able to interact with all people in crisis, including Veterans, LGBTQI+ individuals, racially and ethnically diverse populations, immigrant populations, neurodivergent individuals, people with criminal and Juvenile Justice System involvement, older adults, Youth, children and young adults, and linguistically diverse populations.
- Specialized training for people without the lived experience of the target population is difficult but can be achieved in environments that are trauma-informed, in which employees are aware of their own implicit biases, and in which there is a positive and open and welcoming organizational culture.

T McGilloway A, Hall RE, Lee, et al.: A systematic review of personality disorder, race and ethnicity: prevalence, aetiology and treatment. BMC Psychiatry 10: 1–14, 2010.

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IMPLICIT BIAS
AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

Implicit bias, also known as implicit prejudice or implicit attitude, is a negative attitude, of which one is not consciously aware, against a specific social group.

Implicit bias is thought to be shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender. Individuals' perceptions and behaviors can be influenced by the implicit biases they hold, even if they are unaware they hold such biases.

Implicit bias is an aspect of implicit social cognition: the phenomenon that perceptions, attitudes, and stereotypes can operate prior to conscious intention or endorsement.

https://www.apa.org/topics/implicit-bias

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TRAUMA INFORMED PRACTICES FOR PEER SUPPORT

- Trauma-informed peer support is essential in crisis services because individuals who are in crisis may be experiencing or re-experiencing trauma, which can impact their mental, emotional, and physical well-being. Trauma-informed care recognizes that traumatic experiences can affect a person's thoughts, behaviors, and emotions and that they may require specialized care and support to heal.
- Trauma-informed peer support is critical in crisis services as it provides a unique form of support that is sensitive to the needs of individuals who have experienced trauma and can help them on their path to healing and recovery.
- To have a trauma informed lens Peer Specialist needs to be in healing place in their own recovery to understand their own issues. They must also understand the trauma of the person they serve, and the trauma from a systemic level and how systems have failed to serve the community.

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DISCUSSION

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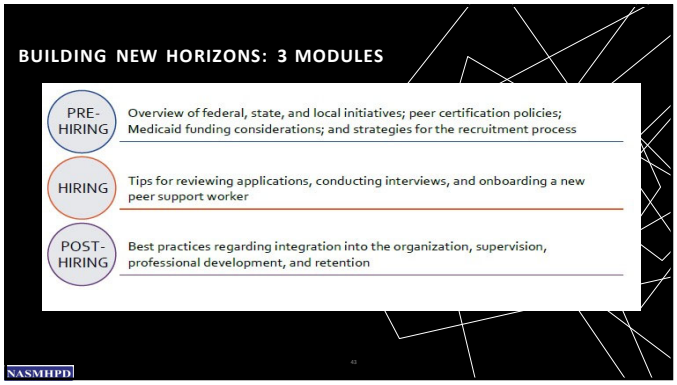
BUILDING NEW HORIZONS: 3 MODULES
PRE-HIRING
Overview of federal, state, and local initiatives; peer certification policies; Medicaid funding considerations; and strategies for the recruitment process
HIRING
Tips for reviewing applications, conducting interviews, and onboarding a new peer support worker
POST-HIRING
Best practices regarding integration into the organization, supervision, professional development, and retention
NASMHPD

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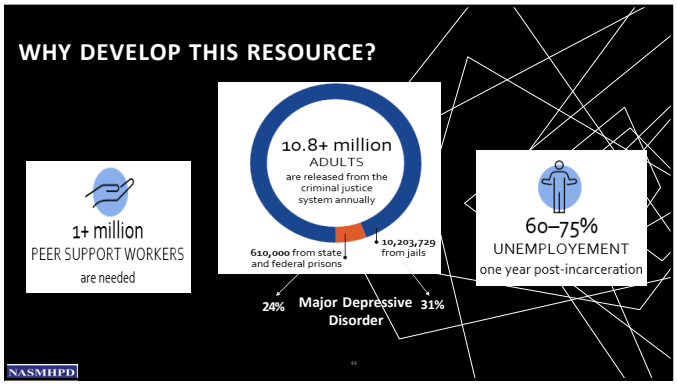
WHY DEVELOP THIS RESOURCE?
1+ million
PEER SUPPORT WORKERS
are needed
10.8+ million
ADULTS
are released from the criminal justice system annually
610,000 from state and federal prisons
10,203,729 from jails
60–75%
UNEMPLOYEMENT
one year post-incarceration
24%
Major Depressive Disorder
31%
NASMHPD

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NEW RESOURCE
SMIAdviser
Building New Horizons
OPENING CAREER PATHWAYS FOR PEERS WITH CRIMINAL JUSTICE BACKGROUNDS
JULY 2023
NASMHPD
Contact information: christy.malik@nasmhpd.org

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BREAK

Be Back in 15 Minutes

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NATIONAL FUNDING FOR PEER RECOVERY SUPPORTS

Funding for Peer Services Nationally

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NASMHPD DIVISION OF RECOVERY SUPPORT SERVICES (DRSS)-2021

DRSS Members	• 44 States/Territories Received the Survey • 19 States/Territories Responded
Types of RSS Focus of RSS	• 20 Distinct RSS Types Reported • 12 Diverse Populations Targeted
RSS Partnerships RSS Funding	• 12 Diverse State Agencies/Systems Involved in RSS Implementation • 8 Diverse Funding Streams Used to Implement RSS

2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)

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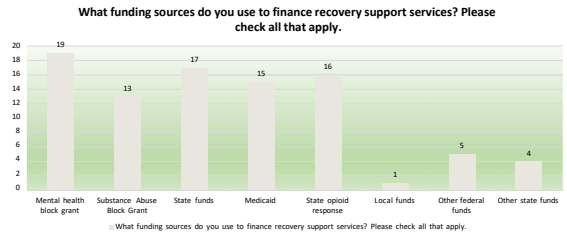
DIVERSE RSS FUNDING OPTIONS



2. Division of Recovery Support Services | National Association of State Mental Health Program Directors (nasmhpd.org)

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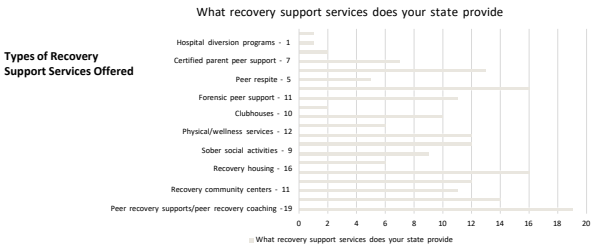
DRSS 2021 SURVEY



2. https://nasmhpd.org/content/division-recovery-support-services

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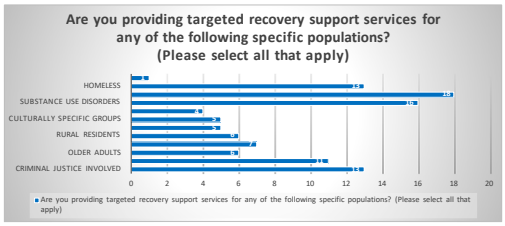
DRSS 2021 SURVEY
TARGETED POPULATIONS



2. https://nasmhpd.org/content/division-recovery-support-services

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DISCUSSION

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DRSS ONE PAGER ON THE RETURN ON INVESTMENT FOR PEER SUPPORT SERVICES

The Facts
Data shows that peer support, an evidence based service dramatically:

- Reduces hospital admissions and re-admissions
- Reduces the use of probation and parole services
- Reduces the need for residential treatment
- Decreases the level of psychosis
- Decreases substance use and depression
- Increases self esteem
- Increases hope and acceptance
- Increases housing stability

Key Takeaways

1) Peer Support services improve outcomes and decrease costs.
2) For every peer support encounter taken away there will be an automatic increase in the cost of care.
3) Cutting peer support services will actually increase costs rather than save money.

Data shows that people who received peer support had better outcomes at 15% of the cost of treatment as usual, when compared to those who did not receive peer support.

https://www.nasmhpd.org/sites/default/files/DRSS_PeerSupport.onepager.pdf

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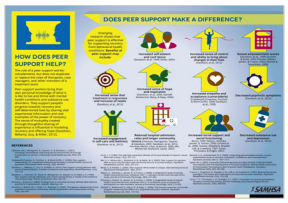
BENEFITS OF PEER SERVICES (SAMHSA)

Emerging research shows that peer support is effective in for supporting recovery from behavioral health conditions.

Benefits of peer support may include:

- Increased self esteem
- Increased sense of control and ability to bring about change in their lives.
- Raised empowerment scores.
- Increased sense of treatment is response and inclusive of needs.
- Increased sense of hope and inspiration.
- Increased empathy and acceptance.
- Decreased psychotic symptoms.
- Increased engagement in self care and wellness.
- Reduced hospital admission rates
- Increased social support and social functioning.
- Decreased substance use and depression.



https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

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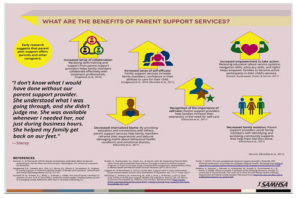
BENEFITS OF PARENT PEER SERVICES (SAMHSA)

Early research suggests that parent peer support offers parents and other caregivers:

- Increased sense of collaboration
- Increased sense of self efficacy
- Increased empowerment to take action
- Decreased family isolation
- Recognition of the importance of self care
- Decreased internalized blame



https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf

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DISCUSSION

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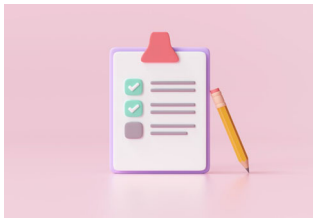
SURVEY CHECK IN



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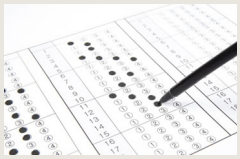
SURVEY SAYS…

Correct Responses

1) Reduces hospital admissions and re-admissions
2) Reduces the use of probation and parole services
3) Decreases substance use and depression



Incorrect Response

1) Increases the need for residential services.
2) Increases levels of psychosis
3) Decreases self esteem

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OPPORTUNITIES FOR GROWING PEER WORKFORCE

Certified Community Behavioral Health Clinics

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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC'S)

Certified Community Behavioral Health Clinics (CCBHC's)
Is a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use treatment and support services to vulnerable individuals. CCBHCs are responsible for directly providing *(or contracting with partner organizations to provide)* nine types of services, with an emphasis on 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. Required in this service array is the provision of ***peer support services***, presenting new opportunities for enhanced partnerships between CCBHCs and peer agencies.

A peer-run/recovery community organization is defined as a program or organization in which the majority of people who oversee the organization's operation and governance have received mental health and/or substance use disorder services. Over the last three decades, peer-run/recovery community organizations have created a variety of groundbreaking new models including peer crisis diversion, bridging and wellness support services that are based on the principles of peer support that have helped to transform the lives of the people they support and the programmatic and policy environments in which they operate. Peer support grew out of a human rights movement that provided a strong voice for personal experiences and raised consciousness about injustice and inequality. The power of peer support lies in the quality of trusted relationships among people with "shared experiences that emphasize voluntariness and promote the belief that giving help is also self-healing, empowerment, positive risk-taking, self-awareness and building a sense of community" (Penney, 2018). Peer support specialists typically serve as trusted and reliable strength-based allies who support person-centered treatment planning and decisions. Peer support specialists are not clinicians, case managers or coordinators and do not diagnose or provide treatment.

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CCBHC'S AND PEER ORGANIZATIONS

As CCBHCs continue to expand into communities nationally, promising opportunities have emerged to build partnerships between CCBHCs and organizations that provide peer support. Building a strong collaborative spirit will help reinforce a stable and sustainable peer workforce within CCBHCs. According to a U.S. Department of Health and Human Services report to Congress in 2018:

- The most frequently reported staff vacancies experienced by CCBHCs involved peer service staff/recovery coaches.
- In several states, CCBHCs experienced challenges in recruiting and hiring certain types of staff, such as peer service staff in rural areas.
- While 82% of the original cohort of CCBHCs established formal or informal relationships with peer-run/recovery organizations, few have established Designated Collaborating Organization (DCO) arrangements with peer-run/recovery community organizations. The DCO relationship is a specific contractual arrangement in which the DCO provides services and gets paid by the CCBHC, while the CCBHC bills Medicaid for those encounters. This arrangement may help establish a sustainable partnership and funding stream for peer-run/recovery organizations.

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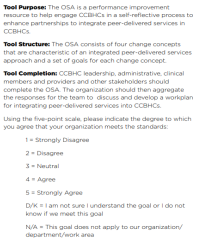
ORGANIZATIONAL SELF ASSESSMENT (OSA)
INTEGRATING PEER-DELIVERED PEER SERVICES IN CCBHC'S

Tool Purpose: The OSA is a performance improvement resource to help engage CCBHCs in a self-reflective process to enhance partnerships to integrate peer-delivered services in CCBHCs.

Tool Structure: The OSA consists of four change concepts that are characteristic of an integrated peer-delivered services approach and a set of goals for each change concept.

Tool Completion: CCBHC leadership, administrative, clinical members and providers and other stakeholders should complete the OSA. The organization should then aggregate the responses for the team to discuss and develop a workplan for integrating peer-delivered services into CCBHCs

https://peertac.org/wp-content/uploads/2023/03/110620_CCBHC_Self-Assessment_Guide-1.pdf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Tool Completion: CCBHC leadership, administrative, clinical members and providers and other stakeholders should complete the OSA. The organization should then aggregate the responses for the team to discuss and develop a workplan for integrating peer-delivered services into CCBHCs.

Using the five-point scale, please indicate the degree to which you agree that your organization meets the standards:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

D/K = I am not sure I understand the goal or I do not know if we meet this goal

N/A = This goal does not apply to our organization/ department/work area

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FUNDING FOR PEER SUPPORT SERVICES

What we know is that each state is funding peer support workers with a diversity of funding streams. States are using Block Grant dollars, General Revenue dollars, Medicaid dollars, Federal, State, and Local dollars to varying degrees.

Federal Funding Opportunities Available for Peer Services (not crisis specific necessarily)

1. Substance Abuse Block Grants
2. Mental Health Block Grants
3. SAMHSA Grants
4. Building Communities of Recovery Grants (BCOR) - SAMHSA
5. Recovery Community Services Program (RCSP) Grants
6. Statewide Family Network Grants (SAMHSA)
7. Statewide Consumer Network Grants (SAMHSA)
8. Harm Reduction Grants (SAMHSA)
9. State Opioid Response (SOR) Grants – States Only
10. Treatment, Recovery, and Workforce Grants
11. Bureau of Justice (BJA) COSSAP Grants
12. Human Resources and Services Administration (HRSA)

Medicaid Options for Funding Peer Support Workers

1) State Plan Rehabilitation Service Options
2) Health Home State Plan Option
3) Section 1915 (I)
4) Section 1115 Demonstration Waivers
5) Certified Community Behavioral Health Clinic Demonstrations

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FUNDING OPTIONS FOR PEER SUPPORT RECOVERY SUPPORT SERVICES BEYOND MEDICAID

- **SAMHSA Grants -**
  - SABG Block Grant - https://www.samhsa.gov/grants/block-grants
  - Mental Health Block Grant - https://www.samhsa.gov/grants/block-grants/mhbg
  - SAMHSA 2022 Grant Overview - https://www.samhsa.gov/grants
  - BCOR Grants - https://www.samhsa.gov/grants/grant announcements/ti-19-003
  - RCSP Grants - https://www.samhsa.gov/grants/grant-announcements/ti-17-006
  - Statewide Family Network Grants - https://www.samhsa.gov/grants/grant-announcements/sm-15-001
  - Statewide Consumer Network Grants - https://www.samhsa.gov/grants/grant-announcements/sm-15-002
  - Harm Reduction Grants - https://www.samhsa.gov/grants/grant-announcements/sp-22-001
  - SOR *States Only - https://www.samhsa.gov/grants/grant-announcements/ti-22-005
  - Treatment, Recovery, and Workforce Grants (already awarded) - https://www.samhsa.gov/grants/grant-announcements/ti-20-013
- **Bureau of Justice Affairs Grants (COSSAP)** - O-BJA-2022-171280 | Office of Justice Programs (usdoj.gov) - https://www.bja.ojp.gov/program/cossup/about
- **Human Resources and Services Administration (HRSA)** - https://www.hrsa.gov/grants/find-funding/HRSA-21-090
- **MACPAC Recovery Support Services -**
  https://www.medicaid.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html

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STATE RESPONSE

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FUTURE OPPORTUNITIES

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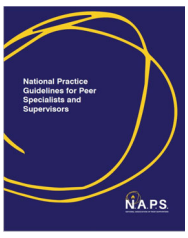
NATIONAL PRACTICE GUIDELINES FOR PEER SPECIALISTS AND SUPERVISORS (N.A.P.S.)

Core Values of Peer Support

1. Peer Support is Voluntary
2. Peer Supporters are Hopeful
3. Peer Supporters are Open Minded
4. Peer Supporters are Empathetic
5. Peer Supporters are Respectful
6. Peer Supporters Facilitate Change
7. Peer Supporters are Honest and Direct
8. Peer Support Is Mutual and Reciprocal
9. Peer Support is Equally Shared Power
10. Peer Support is Strengths Focused
11. Peer Support is Transparent
12. Peer Support is Person Driven



https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf

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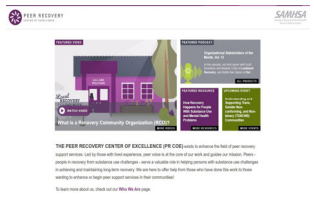
PEER RECOVERY CENTER OF EXCELLENCE (TECHNICAL ASSISTANCE AND RESOURCE RICH)

THE PEER RECOVERY CENTER OF EXCELLENCE (PR COE) exists to enhance the field of peer recovery support services. Led by those with lived experience, peer voice is at the core of our work and guides our mission. Peers - people in recovery from substance use challenges - serve a valuable role in helping persons with substance use challenges in achieving and maintaining long-term recovery. We are here to offer help from those who have done this work to those wanting to enhance or begin peer support services in their communities!

SAMHSA Funded Technical Assistance Center

https://peerrecoverynow.org/



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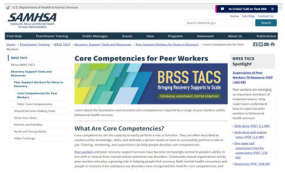
SAMHSA PEER SERVICES/SUPERVISION RESOURCES

Peer Workers and peer recovery support services have become increasingly central to people's ability to live with or recover from mental and/or substance use disorders. Community-based organizations led by peer workers also play a growing role in helping people find recovery. Both mental health consumers and people in recovery from substance use disorders have recognized the need for core competencies, and both communities actively participated in developing these core competencies for peer support workers.
https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

Peer workers are emerging as important members of treatment teams. Help supervisors understand how to supervise peer workers in behavioral health services:

- Supervision of Peer Workers (samhsa.gov)
- Guidelines_Peer-Supervision-4_PPT_withpresenterenotes_10_03_19MT (samhsa.gov)
- Supervisor of Peer Workers Self-Assessment (samhsa.gov)



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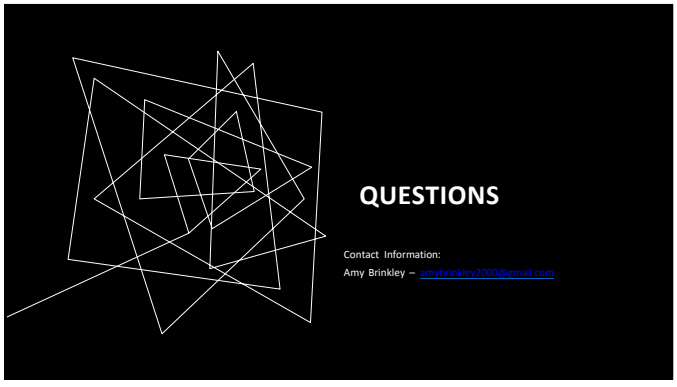

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SOURCES

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- https://www.samhsa.gov/about-us/who-we-are
- https://www.samhsa.gov/about-us/who-we-are/offices-centers/or
- Peer Support Workers for those in Recovery | SAMHSA
- behavioral-health-workforce-report.pdf (mamh.org)
- https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers
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- https://internationalcredentialing.org/examprep
- Certified Peer Support Specialist (CPSS) Code of Ethics (ne.gov)
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SOURCES

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- T McGilloway A, Hall RE, Lee, et al.: A systematic review of personality disorder, race and ethnicity: prevalence, aetiology and treatment. BMC Psychiatry 10: 1–14, 2010.
- https://www.apa.org/topics/implicit-bias
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- https://peertac.org/wp-content/uploads/2023/03/110620_CCBHC_Self-Assessment_Guide-1.pdf
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- https://peerrecoverynow.org/
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- https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf
- https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf

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