Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
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National Certification for Adult & Parent/Family Peers

Lori Ashcraft
Lynda Gargan
Patrick Hendry
Overview

• History of Peer Credentialing

• Mental Health America’s National Certified Peer Specialist Credential

• Federation of Families National Parent Peer Certification
Peer Certification
Brief history of practice guidelines & core competencies for certification

Compliments of iNAPS and SAMHSA
Lori Ashcraft
The Evolving Story of Peer Practices – an amazing time to witness a transformation in behavioral health care

• “Nothing is more powerful than an ideas who time has come”
  • Victor Hugo, 1817
Recovery Consciousness

- Mid 1990s thru 2000 -- A collective unconscious swells to the surface
  - Conversations about Recovery being possible
  - Peers hired here and there
  - Georgia and Arizona add peer support to state plan
  - B.U. Bill Anthony declares no more research without peers involved
  - Pat Deegan speaks eloquently about recovery
  - Maryellen Copland and her associates develop WRAP
  - Peer leader emerge across the country
Parallel Processes

- States realize the need for control quality and begin to develop certification processes for the new profession
- Substance Use begins to reinvigorate peer workforce in their programs
- SAMHSA supports the certification efforts of the states and also begins to think about national guidelines
- Family “peer partners” come on line
- Things happen in Michigan – the birth of iNAPS
- Peer operated Technical Assistance funded by SAMHSA
iNAPS Mission and Vision

- Our mission is to grow the profession by promoting the inclusion of peer supporters throughout mental and behavioral health systems worldwide.
- Our vision is to make peer support services an option for anyone who needs the compassion and understanding of someone who has been there.
Purpose of iNAPS National Practice Guidelines

- Identify guidelines for developing appropriate and meaningful job descriptions.
- Provide a foundation upon which peer support core competencies can be identified.
- Create a basis for peer support ethical guidelines.
- Create a foundation for a potential national credential.
- Facilitate reciprocity policies (recognized in multiple states).
- Provide information that could be used to examine peer supporter training curricula.

To view the full National Practice Guidelines click here https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf
National Practice Guidelines for Peer Supporters, iNAPS survey (1000 participate) defines the core values as:

Peer Support is:
• Voluntary (supports choice)
• Mutual and reciprocal
• Equally shared power
• Strengths-focused
• Transparent
• Person-driven

Peer Supporters are:
• Hopeful
• Open-minded (non-judgmental)
• Honest and direct
• Empathetic
• Respectful
• Agents of change

(Adapted from the 2013 National Practice Guidelines for Peer Supporters, iNAPS)
<table>
<thead>
<tr>
<th>Peer Support Is / Does</th>
<th>Peer Support Is NOT / Does NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person in recovery</td>
<td>A professional</td>
</tr>
<tr>
<td>Share lived experience</td>
<td>Give professional advice</td>
</tr>
<tr>
<td>A role model</td>
<td>An expert or authority figure</td>
</tr>
<tr>
<td>See the person as a whole person in the context of the person’s roles, family and community</td>
<td>See the person as a case or diagnosis</td>
</tr>
<tr>
<td>Motivate through hope and inspiration</td>
<td>Motivate through fear of negative consequences</td>
</tr>
<tr>
<td>Support many pathways to recovery</td>
<td>Prescribe one specific pathway</td>
</tr>
<tr>
<td>Advocate with and for the person</td>
<td>Represent program perspective</td>
</tr>
<tr>
<td>Teach the person how to do tasks</td>
<td>Do tasks for the person</td>
</tr>
<tr>
<td>Teach the person how to acquire resources; including money</td>
<td>Give resources, basic necessities, and money to the person</td>
</tr>
<tr>
<td>Use language based on common experiences</td>
<td>Use clinical language</td>
</tr>
</tbody>
</table>
SAMHSA definition of recovery

• SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use disorder recovery communities:

• *Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

• [https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf](https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf)
The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.”

Peer support has been described as “a system of giving and receiving help” based on key principles that include “shared responsibility, and mutual agreement of what is helpful.”

https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf
SAMHSA Releases core competencies for peers in behavioral health settings, the first integrated guidance on peer support, Dec 2015

- Bringing Recovery Supports to Scale (BRSS TACS) worked to identify and describe the core competencies required by a range of peer roles within behavioral health services

- Convened a panel of experts in peer support reviewed the literature, synthesized lists of potential competencies, and came to consensus about a proposed set of core competencies
SAMHSA Core competencies can be used to:

- Guide delivery and promote best practices in peer support.
- Inform peer training programs, assist in developing standards for certification, and inform job descriptions.
- Appraise peer workers’ job performance
- Peer self-assessment
Core competencies can be used…..

- Provide guidance for the development of initial and on-going training

- Provide foundational principles identified by peers as critical aspects of peer work
Foundational Principles

- **RECOVERY CENTERED**: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life.
- Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
Foundational principles

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

• Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.
Foundational principles

• VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
Foundational principles

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

• The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
Foundational principles

• TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment
Categories of Core principles

1. Engages peers in collaborative and caring relationships
2. Provides support
3. Shares lived experiences of recovery
4. Personalizes peer support
5. Supports recovery planning
6. Links to resources, services, and supports
7. Provides information about skills related to health, wellness, and recovery
8. Helps peers to manage crises
9. Values communication
10. Promotes leadership and advocacy
11. Promotes growth and development
SAMHSA Future Plans

- SAMHSA is in the process of developing a peer workforce strategy in 2017 to guide future efforts and address gaps that remain for peer specialty areas.
Many of us have become close friends and we have a great time when we get together. Of course we also have a common interest, and we hope to further our cause. And the more of us there are, the stronger our voice when advocating for peer specialists.
Other SAMHSA Resources

- SAMHSA Recovery Support Resources: https://www.samhsa.gov/recovery
- Bringing Recovery Supports to Scale (BRSS TACS): https://www.samhsa.gov/brss-tacs
- Recovery to Practice: https://www.samhsa.gov/recovery-to-practice
Parent/Family Peer Support Certification

Lynda Gargan, Ph.D., Executive Director
National Federation of Families for Children’s Mental Health
National certification was developed to provide a structure for individuals who were performing peer support services to become certified.

National certification was developed through the work of subject matter experts from across the country.

The national certification exam was designed by a psychometrician with input from numerous families.

Numerous titles are used for parent peers. The national certification unifies these titles into one classification.
Eligibility Criteria

Parent Support Providers Must Have the *Lived Experience* of parenting a child who has experienced social, emotional and/or behavioral challenges
Core Competencies

1. Ethics
2. Confidentiality
3. Effecting Change
4. Behavioral Health
5. Education
6. Communication
7. Parenting for Resiliency
8. Advocacy
9. Empowerment
10. Wellness and Natural Supports
11. Local Resources
Additional Requirements

- 8 Contact Hours of Training in Each of the 11 Competency Domains or Equivalent On-the-Job Training (total 88 hour minimum)
- 1000 Hours of Experience Performing Parent Support Tasks (paid or unpaid)
- Agreement to Abide by the Code of Ethics
- A Passing Score on the National Examination
Currently, over 400 individuals across 35 states and the District of Columbia are certified Parent Peer Support Providers (CPSP)
Recertification Requirements

• Recertification is required every 3 years

• Candidates must document 44 contact hours of training across the Core Competencies

• Candidates must demonstrate that they are in good standing and abiding within the requirements of the Code of Ethics
Next Steps for National Parent Peer Certification

- Review and update of national exam and application process:
  Subject matter experts will be convened to review the current exam, which was piloted in 2013, and construct new dimensions and skills to reflect advances in the field of parent peer support.
Determinations will be made regarding the current Core Competencies to ensure that these requirements continue to reflect best practices in the field.
Current, nationally certified parent peers will also review the current application process and will make recommendations to streamline the process and to make it more user-friendly.
Reciprocity

Work is ongoing with states to create a process that would create reciprocity between state and national certification. State certification requirements are being cross walked with national requirements to determine the appropriateness of reciprocal agreements. This will allow greater portability of the certification credential nationwide.
In collaboration with national experts, NFFCMH is planning to begin research to identify key strategies that support positive outcomes as parent peers are embedded in a variety of work settings.
For More Information

Please visit our website

www.ffcmh.org/certification
Mental Health America’s National Certified Peer Specialist Credential

Patrick Hendry, Vice President
Peer Advocacy, Supports & Services
Mental Health America
Peer Support

• Mental Health America believes that we are just at the beginning of understanding the capabilities of peer support.

• We believe that it cuts across all health domains and helps to support people in increasing their quality of life within and without the public health system.

• It is now time for peer support to move into whole health and the private health sector.
Private health insurance companies and the private behavioral health care system are being shown that the outcomes for people who receive peer support services including the cost savings attained by keeping people out of critical care such as hospitals and crisis units, are increased.
There is a wide disparity in the pay scales of peers working in behavioral health. According to a survey, conducted for the College for Behavioral Health Leadership, private health care organizations, health plans and managed care organizations have the highest average wage.

# Peer Support Compensation

Table 11. Average Wages by Hours Worked and Type of Organization

<table>
<thead>
<tr>
<th>Hours Worked and Type of Organization</th>
<th>&lt; 10 Hours/Week</th>
<th>11-20 Hours/Week</th>
<th>21-30 Hours/Week</th>
<th>31-40+ Hours/Week</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer/Peer Run Organization</td>
<td>$12.04</td>
<td>$11.07</td>
<td>$11.58</td>
<td>$14.93</td>
<td>$11.69</td>
<td>$13.73</td>
</tr>
<tr>
<td>Community Behavioral Health Organization</td>
<td>$14.01</td>
<td>$12.54</td>
<td>$12.95</td>
<td>$14.80</td>
<td>$13.79</td>
<td>$14.18</td>
</tr>
<tr>
<td>Health Care Provider Organization</td>
<td>$13.60</td>
<td>$12.26</td>
<td>$12.26</td>
<td>$18.02</td>
<td>$27.22</td>
<td>$17.23</td>
</tr>
<tr>
<td>Psychiatric inpatient Facility</td>
<td>$10.45</td>
<td>$14.76</td>
<td>$14.20</td>
<td>$16.43</td>
<td>--</td>
<td>$15.85</td>
</tr>
<tr>
<td>Health Plan/Managed Care Organization</td>
<td>--</td>
<td>$13.40</td>
<td>$11.95</td>
<td>$18.85</td>
<td>--</td>
<td>$17.96</td>
</tr>
<tr>
<td>Multiple</td>
<td>$12.95</td>
<td>$13.21</td>
<td>$12.31</td>
<td>$17.86</td>
<td>$19.23</td>
<td>$16.43</td>
</tr>
<tr>
<td>No Response</td>
<td>$16.37</td>
<td>$13.03</td>
<td>$12.24</td>
<td>$18.60</td>
<td></td>
<td>$17.76</td>
</tr>
<tr>
<td>Total</td>
<td>$13.62</td>
<td>$12.49</td>
<td>$12.67</td>
<td>$16.36</td>
<td>$16.73</td>
<td>$15.42</td>
</tr>
</tbody>
</table>
Peer Support Compensation

- One of the key goals of creating a national certification with uniform high standards is to elevate peer support to a livable wage for peers returning to the workforce.
- Peer support in the private sector is competitive, integrated employment, with peers working alongside behavioral healthcare workers from a diversity of backgrounds and education.
Mental Health America National Certified Peer Specialist Credential

- MHA has developed, in partnership with the Florida Certification Board (FCB), a national peer support certification, the Mental Health America National Certified Peer Specialist credential.

- The standards meet and exceed those used in other certifications around the country. It is an advanced certification for highly qualified peers.

- In order to become certified peers are required to have an extensive set of core competencies and skillsets and have substantial prior experience working as a peer supporter.
A properly designed certification is not built around a specific training, rather an examination is developed that tests critical core competencies and skillsets. The individual can receive their training from a number of sources as long as they are prepared to pass the rigorous examination and other requirements.
Requirements

The requirements for the NCPS credential include:

- Have a High School Diploma, GED or higher.
- Hold a current state peer specialist certification requiring a minimum of 40 hours of training.
  
  **OR**

- Hold a certificate of completion of a MHA approved training.

- Have a minimum of 3000 hours of supervised experience (paid or volunteer) within the last 6 years.
- Earn a passing score on the certification examination.
- Renew the certification every two years.
- Earn 10 CEU’s every year. The content must be related to a Peer Specialist domain of practice and must be from an approved provider.
Requirements

The certification requires a 125 question examination compiled by working peers specialists across the country. The questions cover:

- The Foundations of Peer Support
- Foundations of Healthcare Systems
- Mentoring, Shared Learning and Relationship Building
- Activation and Self-management
- Advocacy
- Professional and Ethical Responsibilities
Requirements

- Within those 6 domains there are 55 required skillsets including:
  - Explain the impact of trauma on an individual's physical and behavioral health.
  - Describe how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals.
  - Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals.
Requirements

• Skillsets:
  o Demonstrate a basic knowledge of medical language and chart/record documentation standards in order to communicate effectively with care providers and help the individual understand clinical situations and/or terminology.
  o Help the individual learn how to locate and evaluate the effectiveness of online activation tools and resources like phone apps, twitter feeds, discussion boards, interactive programs and more.
The Mental Health America National Certified Peer Specialist

- While the individual’s holding the MHA NCPS credential will be qualified to work in community mental health, public peer settings and private/commercial settings, this program is not intended to replace existing peer support credentialing or certification programs at the state or local level.
- The NCPS credential is intended to denote a higher level of competency and experience.
The Mental Health America
National Certified Peer Specialist

• For detailed information please visit:
  www.centerforpeersupport.org
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